WEO Advice to Endoscopists Update 9 April 2020

Introduction

The WEO COVID-19 Response Taskforce endeavors to keep the endoscopy community updated as to advances and guidelines that they may find useful in their practices. This update includes additional options in the recommendations and an updated reference list of guidelines and papers.

COVID-19 disease is due to the SARS-CoV-2 novel coronavirus. It is highly infective and carries a case-fatality rate of 1-3%. Patients most at risk for adverse outcomes are the elderly and those with serious chronic diseases and immunosuppression. It is spread through contact and by respiratory droplets and aerosols. While fever and respiratory symptoms are the most common presenting features, most patients will have anorexia with 1/3 or more having diarrhea. Endoscopists need to be vigilant and take precautions.

Recommendations

1. During the pandemic, avoid doing routine elective endoscopic procedures. If the procedure can be safely delayed without patient harm, it may be postponed.
2. At presentation the following patient information should be obtained:
    a. Fever of more than 37.5 C
    b. Travel history
    c. Occupational exposure
    d. Contact history
    e. Clustering
3. Upper endoscopic procedures (EGD, ERCP, EUS) carry the highest risk of aerosols
4. Colonoscopy and sigmoidoscopy carry some risk of aerosols since the virus can be isolated from GI secretions and stool and may persist for an extended period.
5. Patients with or at high risk of COVID-19 should only undergo emergent or highly urgent endoscopic procedures such as for control of GI bleeding, foreign body or impacted food bolus removal, and ERCP for cholangitis.
6. For patients with or at high risk of COVID-19 undergoing endoscopic procedures:

a. Use personal protective equipment (PPE):
    i. Respirator mask (e.g., N95, FFP2/FFP3, CAPR, PAPR)
    ii. Waterproof disposable gown
    iii. Gloves, consider double gloving
    iv. Protective eyewear (e.g., goggles, faceshield)
    v. Disposable hairnet
    vi. Shoe covers
b. Observe proper putting on (donning) and taking off (doffing) technique of PPE (see: https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf)
c. Hand washing or disinfection prior to donning and after doffing PPE is mandatory
d. In resource restricted settings consider reuse of respirators until visibly soiled or no longer properly sealed and use of a surgical mask as an outer protective barrier over the N95 FFP2/FFP3.
e. Procedures at highest risk for aerosols should be performed in a negative pressure room if available
f. For procedures requiring endotracheal anesthesia
    i. Intubation and extubation should be performed in a negative pressure room
    ii. Endoscopic staff should not be in the room during intubation and extubation
    iii. All providers in the room should wear full PPE including respirators even after intubation
g. The room must be thoroughly cleaned and disinfected using virucidal cleaning agents between procedures. Most standard cleaning agents will kill this virus.
h. Standard endoscope reprocessing is sufficient to kill the SARS-CoV-2 virus and should be performed according to manufacturer's instructions for use (IFU)

7. For asymptomatic and low risk patients (e.g. no history of exposure or travel to high risk area) standard PPE including surgical mask, eye protection, gown and gloves is recommended. The decision to use a respirator mask should be based on local availability of respirators, the potential for aerosol generation (e.g. endotracheal intubation) and COVID-19 prevalence recognizing that asymptomatic patients may shed virus.
8. Use of pre-procedure COVID-19 testing for risk stratification may be considered.
9. To conserve PPE and limit potential exposure, only essential personnel should be present in the endoscopy room.
10. Resumption of elective endoscopic procedures following the pandemic should be guided by control of COVID-19 in the local community, clinical demand, and availability of personnel and supply resources.

WEO recommends endoscopists adhere to local advisories and institutional guidelines for infection control. These WEO recommendations are meant to provide guidance to endoscopists as they seek to optimize practice in their endoscopy centers as local conditions allow.

References

Guidelines

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