



## **WEO Advice to Endoscopists**

### **Introduction**

COVID-19 disease is due to the novel SARS-CoV-2 coronavirus. It is highly infectious 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.

The World Endoscopy Organization (WEO) recommends endoscopists adhere to local advisories and institutional guidelines for infection control. The following WEO recommendations are intended to provide guidance to endoscopists as they seek to optimize practice in their endoscopy centers as local conditions allow.

### **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.

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, removal of foreign body or impacted food bolus, 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)
    - ii. Waterproof disposable gown
    - iii. Gloves
    - iv. Protective eyewear
    - v. Disposable hairnet
    - vi. Shoe covers.
  - b. Observe proper procedures for putting on (donning) and removal (doffing) of PPE.
  - c. Hand washing or disinfection prior to donning and after removing PPE is mandatory.
  - d. Procedures at highest risk for aerosol generation should be performed in a negative pressure room.
  - e. For procedures requiring endotracheal anesthesia:
    - i. Intubation and extubation should be performed in a negative pressure room.
    - ii. Endoscopy staff should not be in the room during intubation and extubation.
  - f. The room must be thoroughly cleaned and disinfected using virucidal cleaning agents between procedures. Most standard cleaning agents will kill this virus.
  - g. 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 and COVID-19 prevalence, recognizing that asymptomatic patients may shed virus.
8. To conserve PPE and limit potential exposure, only essential personnel should be present in the endoscopy room.

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