



WEO Guidance to Endoscopists: Reopening of Endoscopy Services

The WEO COVID-19 Response Taskforce

INTRODUCTION

The WEO COVID-19 Response Taskforce is endeavoring to keep the endoscopy community updated as to advances and guidelines that they may find useful in their practice. This update includes additional resources and guidance for reopening endoscopy services in areas where the number of new COVID-19 cases has begun to level off rather than continuing in a sharp upward trajectory and, there is easing of restrictions.

Please also refer to the previous WEO advice statement on endoscopy and the COVID-19 pandemic, noting that the present guidance supersedes any differences in recommendations

(http://www.worldendo.org/wp-content/uploads/2020/04/200409_WEO-Advice-to-Endoscopists-COVID-19-Update-April-9-2020.pdf)

GUIDANCE TO ENDOSCOPISTS

- Before reopening endoscopy services, please check with your local government/regulatory authorities.
- In general, it is recommended that there should have been no surge in COVID-19 cases for 2 weeks in your region prior to planned resumption of services.
- Contact all your endoscopy unit staff to ensure availability to return to work.
- If your unit was completely shut down, please follow manufacturer's guidance for scope cleaning. Perform terminal cleaning of the unit prior to resumption of services.
- We recommend an initially limited reopening of the unit with incremental increases in volume rather than becoming fully operational at the outset.
- Adequate personal protective equipment (PPE) must be available in sufficient quantities. In general, a 2-week supply is recommended.
- Notify your vendors (supply chain), referral providers, and other ancillary services and local health agencies when applicable. Ensure that your affiliated or local hospital has adequate capacity to admit your patients should the need for hospitalization arise.
- Assess the endoscopy unit including the pre-procedure and post-procedure areas to maximize safety for patients and staff. This includes adequate ventilation, negative pressure capabilities, possibility of use of portable high-efficiency particulate air (HEPA) filter equipment, air change rate settings, and adequate spacing or barrier separation of patients in the pre- and post-procedure areas.
- Recommend patients be evaluated for COVID-19 symptoms or any exposure to suspicious or already diagnosed individuals. Patients with positive answers to screening

tests are advised to have a COVID-19 PCR test and/or delay their procedure for 14 days.

We do not recommend antibody testing for triage. We recommend that the following be assessed and recorded, noting that the threshold for fever may vary by institution:

- Cough
 - Dyspnea
 - Fever $\geq 38^{\circ}\text{C}$ (100.5°F)
 - Chills
 - Myalgias
 - Sore throat
 - New diarrhea
 - New loss of taste or smell
 - Exposure to a known COVID-19 patient or cohort
- If available, consider PCR-based COVID-19 testing of all patients within 72 hours prior to their procedure (within 24 hours beforehand is ideal). Patients who are COVID-19-positive should either have their procedure delayed until recovery has been completed or done in a negative pressure room in a facility able to manage infected patients.
 - We recommend limiting the number of personnel/teams on any given day to minimize exposure.
 - Body temperature measurement of patients and accompanying persons may be performed at presentation (e.g., at the door).
 - Encourage all patients to come to the unit with a face mask. A face mask should be kept in place except for a brief time when endoscopy is performed.

- During colonoscopy and sigmoidoscopy, the patient's mask may be left in place provided it does not interfere with breathing, monitoring, or application of supplemental oxygen.
- Limit accompanying personnel to no more than 1 escort. Consider curbside drop-off or pick-up rather than having the visitor enter the facility. Visitors are also recommended to remain masked while in the facility and maintain proper physical distancing (2 m).
- Strategies to stagger patient arrival times to avoid crowding at check-in desks or in waiting areas are encouraged. Reception staff should observe universal masking. Additional barriers at reception (e.g. Plexiglas barriers) may be considered. For documents that require signature consider using disposable pens or wiping down electronic pads and styluses between patients with a germicidal cleaning agent.
- Ideally have the lobby area devoid of any visitors or other patients. We recommend that lobby seating be rearranged with seat removal, taping off chairs, and/or signage to maintain physical distancing (2 m). Lobby and waiting areas should be regularly cleaned with special attention to high-touch surfaces. Hand sanitizers should be readily available in these areas.
- Recommend self-monitoring of staff for fever and other symptoms daily.
- Masks should be worn whenever in the healthcare facility (exceptions for private offices and eating). Adequate physical distancing in staff lounges must be obtained (especially when eating), and staggered breaks are recommended. Consider temperature checks of staff on arrival to work.
- PPE for the unit staff:

- *Pre-admission staff*
 - Surgical mask
 - Nitrile gloves
- *Pre- and post-procedure area*
 - Surgical mask
 - Nitrile gloves
 - If direct contact with a patient, consider respirator if COVID-19-positive or uncertain
 - Eye protection if patient masking is not secure
- *Operative/procedure room*
 - Surgical mask if low prevalence or tested negative for COVID-19
 - Fit-tested respirator (N95, FFP2/FFP3, CAPR, PAPR) if no test and prevalence is >1% or uncertain
 - Nitrile gloves – double glove is recommended
 - Impervious gowns/laundered gowns
 - Face shield/eye protection
 - Head covering
 - Shoe covers (optional)
 - No makeup/jewelry/facial hair especially if respirator masks are to be used
- Between each procedure, all high-contact areas and all horizontal surfaces should be cleaned with a hospital-grade disinfectant.

- Please refer to the manufacturer's guidelines for scope cleaning/reprocessing. Standard high-level disinfection is recommended. No special adaptation to the current COVID situation is necessary.
- Mop and clean all the areas of the endoscopy unit and clean the restrooms regularly, ideally after each patient but at least 2–3 times a day.
- Consider performing terminal cleaning of the unit at least at the end of each day.
- To limit infectious dissemination on clothing, we recommend donning and doffing of surgical scrubs on arrival to and departure from the work area. If this is not feasible, we advise that staff wear washable clothing that is removed and laundered upon arrival at home from work.
- Endotracheal intubation may be associated with a higher risk of creating respiratory aerosols. Avoid intubation in favor of IV sedation (moderate sedation, monitored anesthesia care sedation). If a patient is intubated, then only anesthesia staff and a nurse should be in the room at the time of intubation and extubation.
- Colonoscopies also carry the risk of aerosolization. PPE requirement remains the same. Observe proper PPE donning and doffing guidelines.
- Remove all PPE before going to workstations to complete the operative note. If possible, convey the results of the procedure by phone/video.
- Assignment of a single workstation per provider is recommended. Otherwise, cleaning desk, phone, computer, and other work items before use are recommended.

- We recommend surveilling patients 1–2 weeks post-procedure for symptoms of COVID-19. The patient and family should be advised to contact the unit immediately if the patient develops any symptoms or tests positive for COVID-19.
- Consider reuse of clean undamaged respirator masks. Hydrogen peroxide vapor or UV light treatments may be considered.

DISCLAIMER

WEO recommends endoscopists adhere to local advisories and institutional guidelines for reopening units and infection control. These WEO recommendations are meant to guide endoscopists worldwide, should be interpreted in light of specific clinical conditions and resource availability, and may not apply in all situations.

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