

Posting Date: 2020-05-15 (edit)
Posting History Dates: 2020-03-21; 2020-04-30 (edit)
Next Review Date: 2021-05-12

Title: Peri – Endoscopy Protocol for the Management of the Suspected of Confirmed COVID-19 Patient Coming to the Endoscopy Department

Applies to: All HHS staff working in the Perioperative Program in Endoscopy

1.0 Purpose

1.1 This is a working document (managed by the Chief of GI, Chief of Surgery and Endoscopy manager) to guide the endoscopy team on the management of suspected or positive COVID-19 patients. In preparation for an expected surge in COVID-19 patients, there has been a reduction of endoscopic activities across sites to create capacity in the system by performing only urgent and emergent cases. Endoscopy services will aim to reduce the risk of transmission, preserve capacity, reduce loss of personnel due to exposure and preserve PPE.

2.0 Policy

2.1 General Statements

2.1.1 Aerosol-generating medical procedures (AGMP) carry a high risk of COVID-19 transmission. Manipulation of the airways such as intubation or bronchoscopy are considered AGMPs and as such N95 respirators and eye protection are required. The current Canadian Public Health recommendations do not consider upper GI procedures (endoscopy, ERCP, EUS) to be AGMPs but the major GI societies including the Canadian Association of Gastroenterology, American Gastroenterological Association, American Society of Gastrointestinal Endoscopy, European Society of Gastrointestinal Endoscopy, and the British Society of Gastroenterology do classify them as such, and HHS acknowledges this. Therefore, contact/droplet precautions plus N95 are used (N95 respirator, face shields/goggles, blue impermeable gowns and gloves).

Whenever possible, obtain a NPS within 24-48 prior to the procedure. There is no need for a N95 respirator if patient was tested negative.

3.0 Procedure

3.1 Before the Procedure Inpatients with suspected (symptomatic and COVID-19 test pending) and COVID-19 confirmed cases:

3.1.1 Test all symptomatic patients for COVID-19 prior to procedure. These include patients with concerning respiratory symptoms and/or gastrointestinal symptoms for COVID-19 with or without travel history or contact with a COVID-19 positive patient. Whenever possible, wait until the test results have been received before proceeding.

3.1.2 A procedure in a symptomatic patient without testing result or confirmed COVID-19 positive patient will only proceed if it is deemed to be emergent

3.1.3 A suspected or confirmed COVID-19 patient must be identified as such by the MRP when the patient is booked for procedure. The booking physician should communicate directly with the Endoscopy Charge Nurse. The transport team will also need to be alerted to the COVID-19 positive patient.

3.1.4 Suspected or confirmed patients should be provided a surgical mask while being triaged, and should be isolated or separated from other patients by at least 6 feet.

3.2 Before the Procedure Outpatients with suspected (symptomatic and COVID-19 test

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pending) and COVID-19 confirmed cases:

- 3.2.1 All outpatients will be done on designated pooled lists by service.
All outpatients will be screened according to the HHS guidelines. If patients fail screening questions (i.e. suspected or confirmed COVID-19), they will not be able to proceed with the procedure.
- Patients with suspected COVID-19 will be referred for testing.
 - Patients with confirmed COVID-19 infection will be reassessed by the MRP and if the procedure is still deemed to be urgent, it will be rebooked after alerting the Endoscopy Charge Nurse, and processes for COVID-19 positive patients will be followed.
- 3.3 Before the Procedure Emergency Department (ED) Patients (After Hours) with suspected (symptomatic and COVID-19 test pending) and COVID-19 confirmed cases:**
- 3.3.1 Due to the urgent/emergent nature of the endoscopic procedures performed in the ED, it is not always possible to obtain a NPS and wait for test results before proceeding.
- 3.3.2 **Risk assessment and stratification of patients should occur prior to any endoscopic procedure in the ED.**
- 3.3.4 Patients deemed to be at low or no risk for COVID-19 infection, procedures can be performed in closed room with no negative pressure.
- 3.3.5 For patients deemed to be at high risk for COVID-19 infection, procedures should be deferred until NPS results are available whenever possible. Procedure will only proceed if it is deemed to be emergent, and should be performed in a negative pressure room (PR at JH and TR 1 at HGH). If a negative pressure room is not available, a portable HEPA filtration unit should be placed in the room from the time the patient enters the room if available. It is considered safe to proceed with the procedure in the absence of a HEPA filter.
- 3.3.6 Contact/droplet precautions plus N95 are used (N95 respirator, face shields/goggles, blue impermeable gowns and gloves) for all urgent/emergent procedures performed in ED without NPS testing.
- 3.4 During the Procedure for Suspected / COVID-19 Positive Patients**
- 3.4.1 Only health care professionals essential for performance of the procedures should be in the procedure room. Avoid personnel switches during procedures. Non-procedural personnel should avoid entering the procedure room once a patient has entered.
- 3.4.2 Procedure should occur in a negative pressure room, if available.
- 3.4.3 If a negative pressure room is not available, a portable HEPA filtration unit should be placed in the room from the time the patient enters the room if available. It is considered safe to proceed with the procedure in the absence of a HEPA filter.
- 3.4.4 All extra equipment present in the room will be removed.
- 3.4.5 Place a plastic bag over the processor in the room and scope as much as possible.
- 3.4.6 Droplet/contact plus N95 signage to be hung outside of the room.
- 3.4.7 Only 1 door will be allowed for entry and exit of the room including the HCA. This will minimize opening and closing of the door.
- 3.4.8 Have a team meeting with staff (MRP/Endoscopist, nursing staff, HCA team) prior to sending for patient.
- 3.4.9 Transportation to and from the endoscopy unit will be managed through transportation

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protocol.

- 3.4.10 Nursing support will be 2 nurses in the room: 1 will support charting, 1 will support patient.
- 3.4.11 Have an extra nurse outside of the room to support extra equipment if needed (runner) .
- 3.4.12 A positive patient will be admitted and recovered in the negative pressure procedure room and then transferred back to their admitted area.
- 3.4.13 Ensure PPE supplies are available before entering the procedure room. These include:
- N95 respirator
 - Face shields/goggles
 - Blue impermeable gowns
 - Gloves.
 - OR hat (optional)
- Shoe cover (optional)
- 3.4.14 Donning and Doffing of PPE should be done according to HHS procedures. Use the buddy system to confirm that the PPE is correctly in place.
- 3.4.15 Once patient recovers, a stat transfer will be put in by business clerk.

3.5 After the Procedure for Suspected / COVID-19 Positive Patients

- 3.5.1 HCA attendant will pre-clean scopes inside the procedure room wearing surgical mask, eye protection, gloves, and impermeable gown.
- 3.5.2 Take scope directly to the MDRD area and communicate COVID + patient to reprocessing staff.
- 3.5.3 Dispose any unused equipment.
- 3.5.4 Wipe down processor and all other equipment in the room, i.e. tables, desk, biopsy table, stretchers.
- 3.5.5 For endoscopes and reusable medical equipment utilized on patients regardless of COVID-19 status, standard cleaning endoscopic disinfection and reprocessing protocols should be followed.
- 3.5.6 Call EA stat to clean room once the procedure is finished. Environmental cleaning policy for COVID-19 to be followed.

4.0 Cross References

[IC - Transportation of Patients Within or Between Healthcare Facilities of Who are Suspected or Confirmed COVID -19](#)

5.0 Developed By

Service Chief, Division of Gastroenterology

6.0 In Consultation With

HHS COVID-19 SME Group
 Infection Prevention and Control
 Joint Health and Safety

7.0 Approved By

HHS COVID-19 Corporate Command Centre

8.0 Appendices

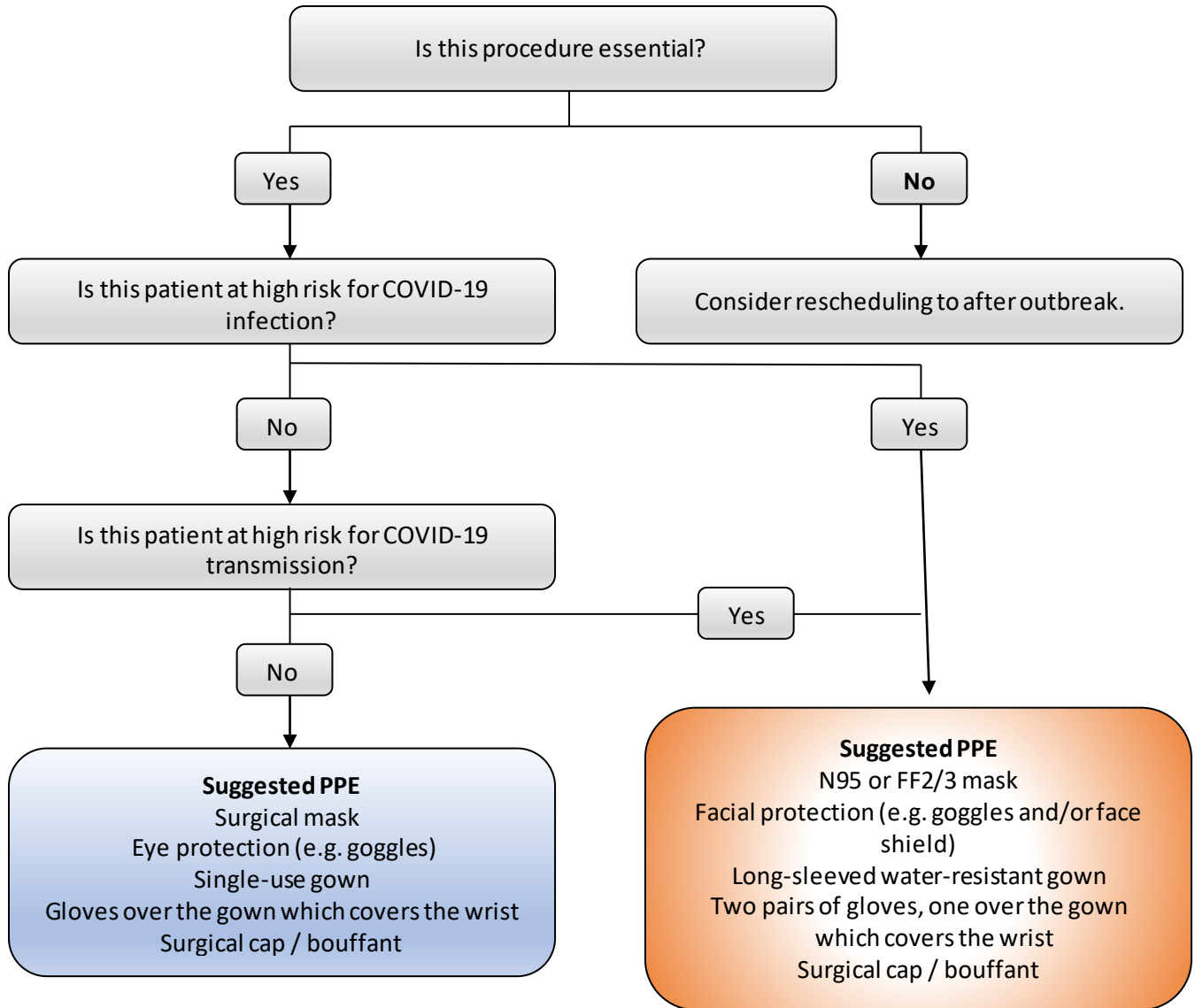
Hamilton Health Sciences	Page 4 of 5
Posting Date: 2020-05-15 (edit) Posting History Dates: 2020-03-21; 2020-04-30 (edit) Next Review Date: 2021-05-12	
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[Endoscopy PPE Guideline](#)

Keyword Assignment	COVID-19, covid, coronavirus, endoscopy, PPE
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- Endoscopy facilities should define and repeatedly adjust criteria for essential endoscopic procedures, based on the rate of loss of personnel and resources, and the rapidly evolving local and global epidemiology of COVID-19. Given the limited resources of N95, each institution will have to decide on the criteria for essential GI procedures. If the resources are too low, the institution may have to severely restrict GI procedures to only life-threatening GI bleeding, obstruction of esophagus by food bolus or foreign body, and ascending cholangitis.
- Risk assessment and stratification of patients should be repeatedly adjusted based on rapidly evolving local and global epidemiology of COVID-19.
- Upper GI procedures are considered high risk procedures for COVID-19 transmission. Insufficient evidence to consider lower GI procedures high risk procedures for COVID-19 transmission at present.