



Uniendo la Endoscopia
de las Américas

TO: Member Societies and staff of Endoscopy Units

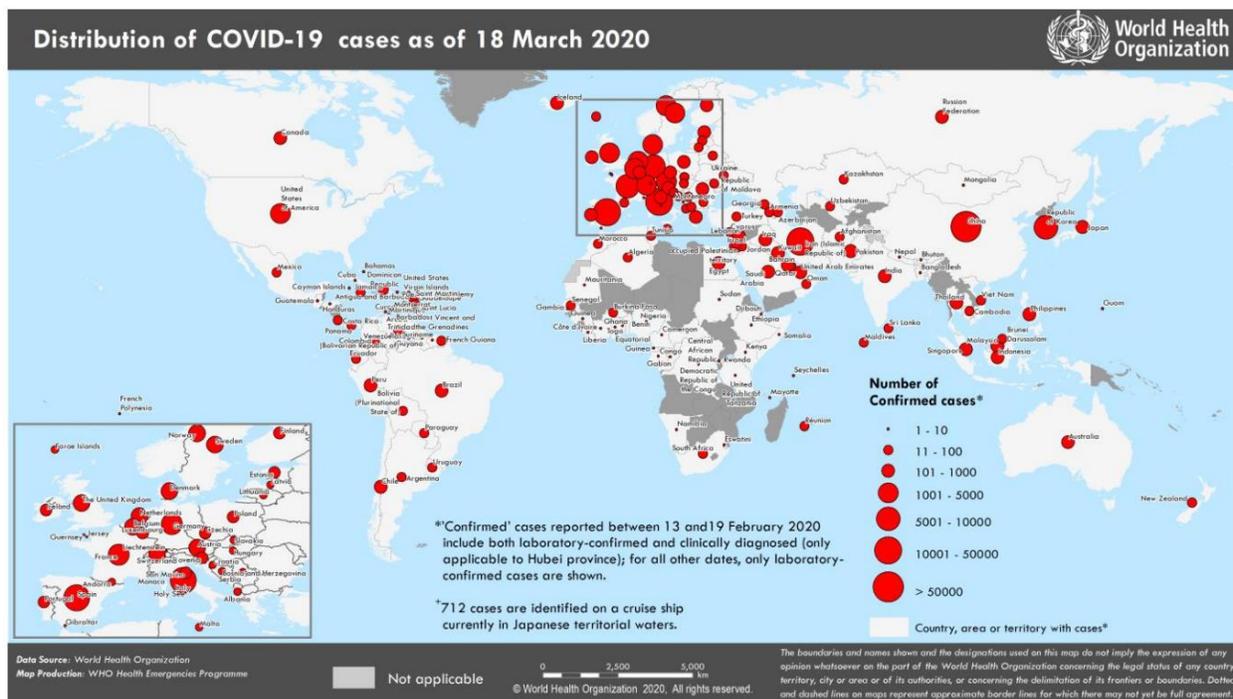
Released date: **Updated version as to March 18, 2020**

Subject: **RECOMMENDATIONS FOR THE ENDOSCOPY UNITS DURING THE CORONAVIRUS INFECTION OUTBREAK (COVID-19)**

Background:

The world is facing an emerging infectious disease from a new pathogen belonging to the Coronavirus family. The new virus has been named SARS-CoV-2 and causes the disease named coronavirus 2019 “COVID-19”. This virus has spread very rapidly, and it has spread to multiple countries worldwide. This virus spreads easily and has a higher mortality rate than seasonal influenza. On January 30, the World Health Organization (WHO) declared this situation as a Public Health Emergency of International Importance (PHEIC) and on March 11th it declared a pandemic.

Data as reported by national authorities by 00:00 CET 18 March 2020 (WHO, Situation Report – 58): Total number of cases in the regions of the Americas: 4979 confirmed (2243 in the last 24 hours), 68 deaths (18 in the last 24 hours).



Updated version as to March 17, 2020

The key in this context is to limit the spread of this virus.

STRATEGIC OBJECTIVES (summarized from WHO)

- Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread*

- Identify, isolate and care for patients early, including providing optimized care for infected patients

- Communicate critical risk and event information to all communities and counter misinformation

*This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in health care settings, implementation of health measures for travelers, awareness-raising in the population and risk communication.

Given the unique situation and the rapid changes experienced in the last days, the Interamerican Society for Digestive Endoscopy (SIED) has issued a document of recommendations for Endoscopy Units with the aim of optimizing the safety of healthcare personnel and patients on March 13th. This is the updated version as to March 18. Released in English.

These recommendations are based on the clinical guidelines of the WEO, WHO, Communiqués from Ministries of Health and Scientific Societies and new evidence available.

These recommendations do not constitute a rigid guide nor are they a mandatory document but are intended to provide information to guide work in endoscopy units in the Americas. These recommendations do not replace the current ones in each country, city or hospital center.

Activity in the Endoscopy Units:

- It is strongly recommended to limit endoscopic activity to those cases that are emergent or urgent

- Review the scheduled endoscopic activity of each agenda to decide if it can be deferred or not. In this case, encourage the population not to carry out elective procedures at the present time.

- The validity of the previous recommendation will be maintained at least while the outbreak is active.

Patients:

In the first days after the national outbreak the elective procedures must be defer.

After this period (recommended 14 days), the patients can be stratified by their risk and elective procedures can be resumed considering the national epidemiological situation and following the national guidelines. The following chart can be used for this task.

Scheduling patients for <u>elective</u> procedures AFTER the 14 days period		
Low risk	No history of travel, high risk contact and no symptoms (cough, fever, breathlessness, diarrhea)	Low risk patients then may undergo endoscopic procedures.
Intermediate risk	Positive symptoms, no history of travel or high-risk contact	For patients who are intermediate risk we recommend deferring the endoscopic procedure and consider COVID-19 testing
High risk	Positive symptoms and history of travel and/or high-risk contact	For patients who are high risk we highly recommend deferring endoscopic procedures and test for COVID-19 infection.

Personnel/Staff:

- It is suggested that all the staff of the Endoscopy Units check their body temperature at home before going to the Hospital. In case of presenting a temperature higher than 37.3 degrees Celsius, inform the staff in charge of your healthcare area. Personnel who have respiratory symptoms should stay at home until symptoms have resolved. If they have a known contact with a COVID-19 individual or have a travel history, they should be quarantined and contact the staff in charge at the respective institution for COVID-19 testing.
- Strictly follow standard preventive measures.
 - Hand hygiene (alcohol-based hand sanitizer solution, soap and water) before and after each endoscopic procedure.
 - Avoid touching your eyes, nose and mouth.
 - Respiratory hygiene measures when coughing or sneezing.
- Reduce as much as possible the number of people present in the endoscopy room.

- All healthcare personnel entering the endoscopy room must wear a mask and Personal Protective Equipment (PPE) proportional to the risk of infection.
- N95 or similar masks may be used on more than one occasion, by the same user, if it is ensured that accidental exchange is avoided and that they are kept in adequate conditions. Continuous use of them for a period of more than 4 hours is not recommended in order to avoid supportive injuries.
- The reusable material for the protection of the staff may be worn again after its adequate reprocessing with the usual cycles of hospital laundry.

PERFORMANCE OF ENDOSCOPIC PROCEDURES

- Please refer to the aforementioned recommendations for scheduling procedures.
- Hospital headquarters should obtain the appropriate **Personal Protective Equipment (PPE)** for this type of cases. Institutional guidelines must be followed. A shortage in PPE has been reported and rationalization and proper use are strongly advised.
- **Patients should wear surgical mask in low risk patients and N95 + double gloves in intermediate risk pts.** Remove the mask just before the endoscope insertion
- Positive or suspected patient procedures will preferably be performed in an ad-hoc area, ideally (but not mandatory) in a negative pressure room.
- It is suggested to carry out the emergency procedures in the Emergency Room in an approved, well equipped space, avoiding the use of the endoscopy unit for these procedures.
- Avoid transient de-inflation of the distal balloon of the endotracheal tube during Upper Digestive Endoscopy in a ventilated patient, since this carries a high risk of aerosols carrying the virus.

Recommendations for the anesthesia

- If available place a high-efficiency filter on the expiratory valve of the self-inflating bag.
- In mechanical ventilation equipment, a high-efficiency antimicrobial filter must be placed in the inspiratory and expiratory branches.

Personal Protective Equipment (PPE) during endoscopy procedures:

Due to the reported shortage of N95 or FFP-3 masks, these should be used during procedures with high risk or COVID-19 positive patients.

- Cap
- Surgical Mask
- Eye protector: Face protection (for the operator) / Sealed glasses (assistant)
- Double gloves, do not require to be sterile
- Disposable over-tunic
- Shoe protector
- Wash hands before and after the procedures.

Endoscopy Disinfection Staff: Wear the mask for the entire stay in the hospital.

Endoscopy location:

- It is highly recommended to measure the temperature to everyone that enters the endoscopy Unit. If Temp. exceeds 37.3°C. report to the infectious committee or appropriate hospital responsible.
- Keep a record of all personnel entering and leaving the Endoscopy Unit, with full name and contact number.
- Once gloves are worn by the endoscopist, only the tube can be touched.
- To unlock the endoscopy device from the processor at the end of the exam, the endoscopist will place the device on the appropriate tray. The nurse with new (clean) gloves and PPEs disconnects the device from the processor, disconnects the buttons from the processor (according to the service routine) and takes the tray to the disinfection area.
- The report/computer/telephone area should be maintained with the maximum hygiene and only be touched with clean hands. This area should be cleaned with alcohol also between each procedure, including keyboard, mouse and phone.
- Have appropriate disinfection of mobile phones with isopropyl alcohol and avoid enter the endoscopy room with mobile phones.
- Use appropriate shoes inside the endoscopy rooms and do not bring those to other facilities/home.
- Avoid crows at the waiting and common areas.
- It is recommended that family members and companions do not access the waiting areas, pre-endoscopy areas, endoscopy rooms or the recovery room.
- Lower the number of patients in the recovery (post-procedure) area keeping the minimum safety distance.
- We recommend the appropriate handling of disposable material and reprocessing through high-level washing and disinfection with demonstrated activity against encapsulated viruses (such as coronaviruses), following institutional guidelines and available products.
- Carry out cleaning and disinfection of stretchers, endoscopy towers, respirators and contact areas after each procedure, with appropriate disinfecting solution available in each center.

SIED is available for joint discussion with colleagues and healthcare centers for the continuous improvement of these recommendations and will continue to monitor the situation and update these recommendations.

References

Interdisciplinary group inter-companies and chairs. Clinical management of SARS-CoV-2 infection and COVID-19 disease. March 12, 2020.

Suggestions of Infection Prevention and Control in Digestive Endoscopy During Current 2019-nCoV Pneumonia Outbreak in Wuhan, Hubei Province, China Zhang Yafei, Zhang Xiaodan, Liu L, Wang Hongling and Zhao Qiu. <http://www.worldendo.org/wp-content/uploads/2020/02/Suggestions-of-Infection-Prevention-and-Control-in-Digestive-Endoscopy-During-Current-2019-nCoV-Pneumonia-Outbreak-in-Wuhan-Hubei-Province-China.pdf>

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