



Guidance for Endoscopy Services June 1, 2020

The pandemic of Severe Acute Respiratory Syndrome caused by the virus, SARS-CoV2, commonly known as COVID-19, has unique implications in the practice of endoscopy. Although COVID-19 is primarily a respiratory tract infection transmitted by direct contact and droplets during aerosol-generating procedures, there is a possibility of airborne transmission. In addition, emerging evidence suggests possible fecal–oral spread of the virus. Endoscopy presents different infection risks due to the nature of the procedures and potential for aerosolization of viral particles.

Scope of Services

Upper endoscopy is more likely to generate viable virus in aerosol. Lower gastrointestinal endoscopy can potentially generate aerosols, but it is uncertain that viable virus is spread through fecal-oral contact or aerosol.

Pre-Screening/COVID-19 Testing for Patients

The referring provider should screen the patient for symptoms of COVID-19 and exposure history before referring the patient for an endoscopic procedure. Endoscopy providers should obtain information before any procedure (up to 72 hours before) regarding any sign of respiratory illness, fevers, or other new [symptoms](#) or recent exposure to someone who is known or suspected to have COVID-19. On the day of the procedure, patients should be rescreened for any COVID-19 [symptoms](#). Any patients who reports they have any COVID-19 symptoms or have been exposed to someone else who may have COVID-19 should be deferred until they have completed a quarantine or isolation period. (For detailed information about when a quarantine or isolation period ends, read the [Quarantine and Isolation Information](#) on the Rhode Island Department of Health's (RIDOH) website.)

Any deferral that is less than the period of quarantine or isolation should balance the need to reasonably minimize risk with the clinical needs of the patient. (Any deferral should be reported back to referring provider.) There should also be an evaluation to determine if a patient needs to be tested for COVID-19. Ordering a test for COVID-19 is a judgement best made by the healthcare provider performing the procedure. If your practice does not provide COVID-19 testing and you would like your patient to be tested, please refer to the RIDOH's website for [information about testing sites in the state](#).

Staff Safety/Reducing Transmission from Staff to Patients

Staff shall utilize Personal Protective Equipment (PPE) that is appropriate for aerosol-generating procedures as a precaution, despite the lack of evidence that aerosols are created by these procedures. All staff should be screened for [symptoms](#) of COVID-19, including their temperatures, before entering the facility. Any staff members who is sick or has symptoms of COVID-19 should be sent home and should not be working. To determine when a sick employee can return to work, refer to [COVID-19 Quarantine and Isolation Guidance by Population](#), dated May 6, 2020, that is posted on RIDOH's website.

Reducing Transmission from Patients to Other Patients or Staff

Patients should wear surgical masks, or similar barrier devices, at all times. Healthcare providers are reminded that as patients recover from sedation, they may have an altered level of consciousness and remove a mask. Mask use needs to be balanced with the clinical progress of the patient. As patients recover, they might cough, so cough etiquette should be considered to help minimize potential infection prevention challenges. This may require the patient to recover in a room that affords greater isolation, such as a procedure room.

Physical Distancing

Physical distancing, keeping individuals at least six feet apart, must be followed in waiting areas. It is not recommended that visitors be allowed to accompany a patient into the facility unless their presence is critical to the patient's well-being. This should be assessed on a case-by-case situation. Because patients do need a responsible adult to drive them home, patient drop off and pick up is necessary. Patients must be escorted to a waiting car so the responsible adult does not need to enter the facility. In the recovery area, patients should be spaced appropriately, and physical barriers can be used to help achieve proper physical distancing. Physical barriers do not need to be used if a patient is recovering in an individual room with a door that is closed.

Air Exchange/Ventilation

There needs to be adequate ventilation that is consistent with current and acceptable standards for medical facilities. In addition to existing systems that meet guidelines developed by a nationally recognized professional organization, consideration should be given to using supplemental recirculating air units that use HEPA filters. Consideration may also be given to ionization treatment on intakes to rooms, though there is not clear need/benefit. This may reduce viral particles of any type.

Cleaning

All guidelines that have been developed by a nationally recognized professional organization shall be continued, and additionally, the floors, equipment, and beds shall be cleaned and disinfected between procedures. Frequently touched surfaces, including, but not limited to, bathroom faucets, door handles, toilet seats, and dispensers; railings; doorknobs; and wheelchairs need to be cleaned and disinfected at least once every four hours with a disinfectant.

Post-Procedure Instructions/Follow Up

Patients should be instructed to report any COVID-19 symptoms to their healthcare provider if they occur within 14 days of the procedure.

Case Contact Tracing/Employee Health/Response

If a healthcare provider learns a patient who has had an endoscopy procedure tested positive for COVID-19, the provider will cooperate with RIDOH as needed. If a staff member develops COVID-19 symptoms or tests positive for COVID-19, RIDOH needs to be notified immediately. Call RIDOH's Center for Acute Infectious Disease Epidemiology at 401-222-2577 (8:30 a.m. – 8:30 p.m.) or 401-276-8046 after hours. The employee cannot return to work until they have completed their isolation and are deemed safe to [return to work](#).

Reasons to Suspend or Pause Operations

Organizations should be prepared to suspend endoscopy procedures if supply chain issues arise and/or deteriorate (PPE, saline, key medications).

Evaluation Tool for Resumption Plan

Use the following sample evaluation tool to help the practice formulate a Resumption Plan. This Plan does not need to be submitted to RIDOH for approval; however, it should be kept on file and made available upon request of RIDOH.

Table One: Sample Reopening Evaluation Checklist

Plan Element	Element Details	Met?
PPE and Supplies	Practice has adequate inventories of PPE, supplies, equipment, and medicine	
	Practice has a plan for conserving PPE , supplies, equipment, and medicine	
	Practice has access to a reliable supply chain to support continued operations and respond to an unexpected surge in a timely manner <i>Specialty providers who may not experience a surge of COVID-19 patients must be aware of any current statewide PPE/supply/equipment/medicine needs and be prepared to contribute to other providers and facilities.</i>	
Symptom Screening	Practice has a defined and documented process in place to screen patients for COVID-19-related symptoms prior to scheduled procedures (by phone, online, or in-person)	
	Practice has a defined and documented process in place to screen all staff, patients, and visitors for COVID-19 symptoms prior to entering the facility	
Testing	Practice has a defined and documented process, whether in-house or referral to another testing provider, for timely COVID-19 testing of symptomatic patients and staff	
	Practice is able to comply with any relevant guidance related to testing requirements for patients and staff issued by RIDOH and/or a provider's professional specialty society	
Infection Prevention	Staff are able to properly utilize PPE, including surgical masks, N-95 respirators, KN-95 masks, or other equivalent masks when engaging in direct patient care	
	Eye-protection (goggles, visor, or mask with visor) is available for all staff who are engaged in direct care of patients who are undergoing procedures with increased potential for droplet aerosolization	
	Practice is able to assure that all patients and any approved companions are able to comply with face-covering requirements when in public areas	
	Practice has defined and documented procedures for disinfection of all common areas, treatment areas, and frequently touched surfaces	

Plan Elements	Plan Element Details	Met
Physical Distancing	Practice has defined and documented policy for determining if a companion is permitted in the facility for the purpose of direct patient assistance	
	Practice has signage that clearly explains social restrictions (physical distancing, cough etiquette, wearing cloth face coverings, hand hygiene) and is able to provide access to hand sanitizer for patients and staff	
	Practice is able to keep six feet of distance between chairs in the waiting room	
Prioritization protocol	All staff are able to describe the process for prioritizing the rescheduling of deferred procedures and scheduling new procedures	

