PHILIPPINE SOCIETY OF DIGESTIVE ENDOSCOPY

A Member of Asia Pacific Society of Digestive Endoscopy (APSDE)

COVID-19 Clinical and Procedural Guidance for the GI Endoscopy Unit and Team (UPDATED)

COVID-19 has recently been labeled a national health emergency. This document is an update of the society's first guidance, based on the current national (Philippine) Department of Health (DOH) Code Alert System RED Sublevel 2 status, and may be updated based on the developing community health situation. The contents and recommendations in this document are an interpretation of the best available published information and expert opinion.

This document is intended to supplement but does not supercede relevant recommendations from the DOH and your institution's infectious policies. Please consider recommendations applicable to your unit based on resources and infection control strategies.

Philippine Society of Digestive Endoscopy
March 19, 2020

Sources

1. Suggestions of Infection Prevention and Control in Digestive Endoscopy During 2019 nCov Pneumonia Outbreak in Wuhan by Zhang Yafei, et al
2. Philippine Department of Health (DOH)
3. Report of WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)
4. Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Coronavirus–Infected Pneumonia in Wuhan, China. JAMA, 2020
5. Evidence for Gastrointestinal Infection of SARS COV2, Fe Xiao, Sun Yat-sen University, China
6. Zhen Ding, MD, PhD, Full Professor, Wuhan Union Hospital, China
7. Damien Tan, Associate Professor SGH
8. Raymond Tang, Associate Professor CUHK
9. Aerosol and surface stability of HCoV-19 (SARS-CoV-2) compared to SARS-CoV-1 (PREPRINT) by Neeltje van Doremalen et al., https://doi.org/10.1101/2020.03.09.20033217
10. Rational use of personal protective equipment for coronavirus disease (COVID-19): interim guidance, 27 February 2020

Current COVID-19 Clinical Context

- As of March 18, 2020, the overall Mortality Rate of COVID-19 in Philippines is 8.4%
- As of March 18, 2020 a total of 202 patients have been diagnosed with COVID-19 in the Philippines. [2]
- Regarding COVID-19 modes of transmission:

  "COVID-19 is transmitted via droplets and fomites during close unprotected contact between an infector and infectee. *Airborne spread has not been reported for COVID-19 and it is not believed to be a major driver of transmission based on available evidence*; *however, it can be envisaged if certain aerosol-generating procedures are conducted in health care facilities. Fecal shedding has been demonstrated from some patients, and viable virus has been identified in a limited number of case reports.* " [3]

  "Aerosol-generating procedures (AGP) are procedures that stimulate coughing and promote the generation of aerosols. Additional infection prevention and control precautions are required..."

  "Our results indicate that aerosol and fomite transmission of SARS-CoV-2 are plausible, as the virus can remain viable and infectious in aerosols for multiple hours and on surfaces up to days. This echoes the experience with SARS-CoV-1, where *these modes of transmission were associated with nosocomial spread and superspreading events*, and provides guidance for pandemic mitigation measures." [9]

  "*we have isolated infectious SARS-CoV-2 from stool confirming the release of infectious virions in the GI tract. Therefore, fecal-oral transmission could be an additional route for viral spread."* [5]

- Most patients will present with fever (98.6%), fatigue (69.6%) and dry cough (59.4%) and other constitutional symptoms. However many patients may also present with GI disturbances like diarrhea (10.1%) and nausea (10.1%) [4]
- Potential modes of transmission during GI Endoscopy may develop via respiratory secretions during Upper GI Endoscopy (EGD) and exposure to feces during colonoscopy (inhalation, conjunctival contact splash and touch contamination) [1,2]
- To minimize risk of droplet inhalation, a distance of 6 feet from a potentially infected person is recommended.
- Most estimates of SARS-CoV-2 incubation period is anywhere from 1-14 days. Mostly around 5 days.

To prevent transmission of the SARS-CoV-2 virus in endoscopy centers, the following steps are recommended to be practiced and adhered to:

Patient Selection and Instructions

- Assume all patients to be infected with SARS-CoV-2.
- Limit procedures to emergency procedures such as GI bleeding, foreign bodies, acute cholangitis, obvious tumor requiring tissue diagnosis.
- Elective procedures must be postponed until the SARS-CoV-2/COVID-19 crisis is resolved.
- All patients should be screened for travel history, close contact with confirmed case, and symptoms worrisome for COVID-19. If present, patients are asked to defer procedure for at least 14 days. Febrile patients and those with malaise, cough and/or diarrhea are sent to ER for further management. Documentation of absence of significant travel history (i.e., passport for Chinese nationals and foreigners from countries with reported COVID-19 cases) is encouraged to be obtained. Screening forms (Appendix 1) containing the above information on travel history, potential exposure and presence of symptoms must be filled-up by the patient and/or interviewer prior to the procedure.

- In addition to routine informed consent form, ensure that patient or family member signs an "Informed Consent Form for Digestive Endoscopy During Current COVID-19 Crisis" (Appendix 2). [1]
- All patients and companions (only one responsible adult should be allowed) should be subjected to mandatory temperature check and be made to wear a surgical (or higher grade) mask prior to entering the unit.

Endoscopy Rooms

- Limit number of operational endoscopy rooms to preserve supplies of protective gears. Procedures are performed by only highly trained endoscopists (Endoscopy Consultant) to limit procedure time and exposure (i.e., limit GI Fellow involvement). [7,8]
- Ideally, perform all procedures in negative pressure room [6,7]
- In the absence of a negative pressure room, the room should be left empty for at least 2 hours before the next procedure is performed.
- Perform a modified "Time-out" to include patient's COVID-19 status (i.e. PUM, PUI, confirmed case of COVID-19)
- Thoroughly disinfect all surfaces of endoscopy room after every case. Change all beddings and pillows after each procedure. Wall to wall disinfection, UV irradiation and ozone treatment for cleaning of air and all surfaces of the endoscopy unit is advised. Chlorine-containing detergent is recommended for floor cleaning every day. [6]
- Reports may be done in a separate clean room by different set of staff supervised by endoscopist [7]

*Person Under Investigation (PUI)
*Person Under Monitoring (PUM)

Staff Protection

- Any staff showing fever, fatigue, dry cough, diarrhea or contact history with SARS-CoV-2 infected patients should be identified, referred to infection control committee and treated appropriately.
- Mandatory temperature check with non-contact thermometer for everyone at the beginning of the workday and prior to entering the endoscopy unit.
- Staff are recommended to change into hospital provided procedural garment (i.e., scrub suits) upon arrival at the unit. Street clothes should be stored and later, changed into at the end of the workday. Identify a "clean room" to be used as a changing room.
- Strict adherence to donning appropriate personal protective equipment (PPE) is required for staff directly in contact with patients (endoscopist, anesthesiologist, nurse and assist): waterproof/impermeable gowns, full face shield or N95 mask with goggles, shoe covers/booties, double gloves. If there are no available impermeable gowns, impermeable aprons must be used on top of isolation (water resistant) gowns. [6,7,8,10]
- Receiving staff (Clerks) should be protected as well with face mask, goggles and gloves as minimum [4,6]
- After all procedures, all Personal Protective Equipment (PPE) must be removed following appropriate doffing techniques. Used and contaminated PPE must be disposed of in appropriate medical infectious waste bin and following institutional infection control policies. Hands and exposed areas should be immediately washed and disinfected. Surgical masks are required in all areas of the unit.
- Shower areas must be available and easily accessible for immediate washing in case of breach of barrier and contact or contamination. All incidents of splash or contact contamination must be recorded and reported to the institution's infection control committee.

Waiting Area and Recovery Bays

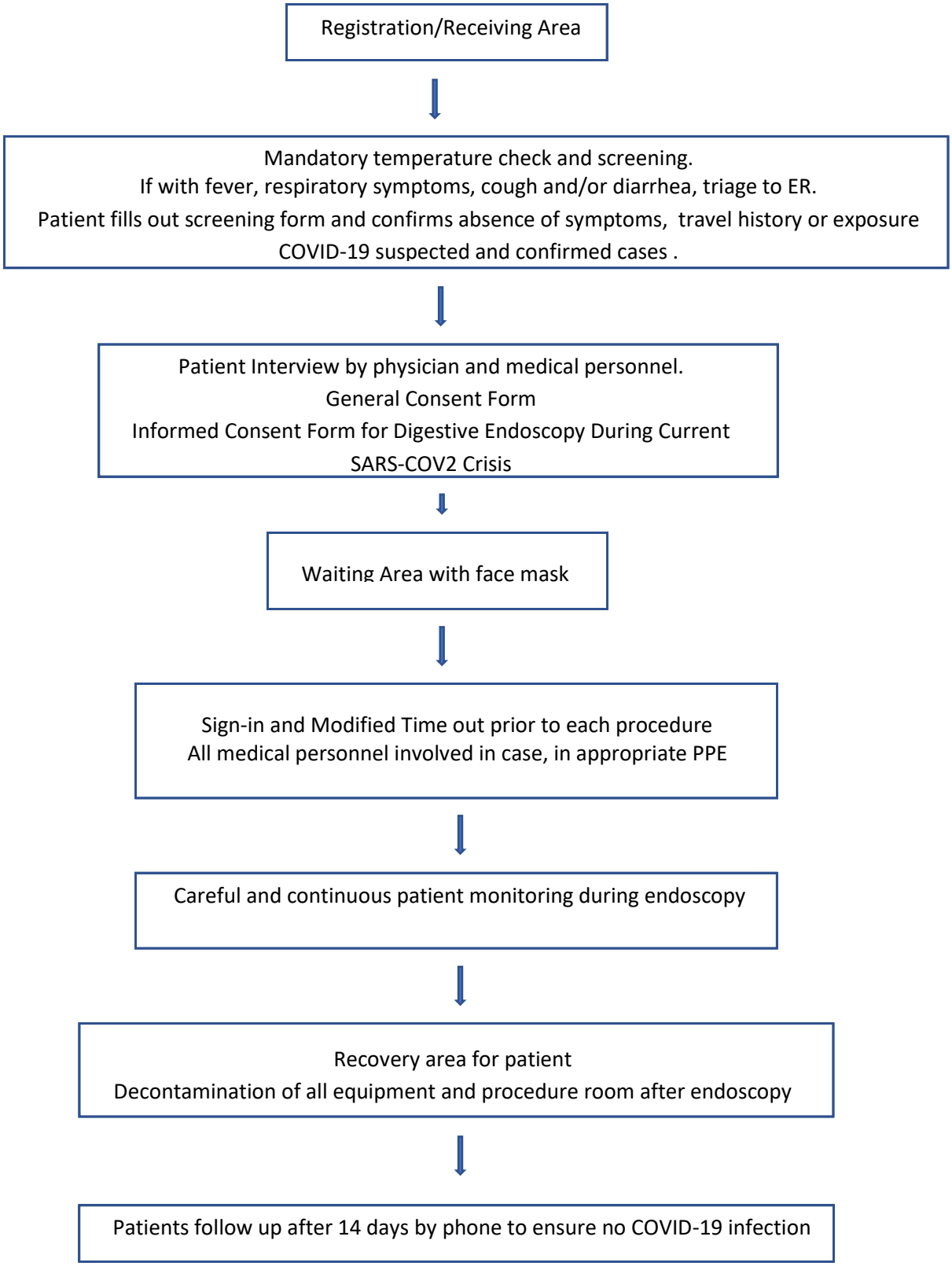
- Waiting area should have enough space of at least 3-6 feet between persons to avoid droplet inhalation
- The recovery bays should provide privacy and enough space of at least 6 feet between patients, to avoid droplet inhalation and for monitoring and care.

Scope/Accessory Reprocessing and Disinfection

- For high risk or confirmed cases, double reprocessing is mandatory.
- Accessories must be disposed of immediately in the appropriate medical infectious waste bin and following institutional infection control policies.
- Accessories MUST NOT BE REUSED.

PSDE, Working Committee on COVID-19 Safety
March 19, 2020

DIAGNOSIS AND TREATMENT WORKFLOW IN ALL ENDOSCOPY UNITS DURING COVID-19 CRISIS



APPENDIX A

Screening Form

Please answer the following questions truthfully.

1. Are you experiencing any of the following symptoms: fever, diarrhea, nausea, vomiting, abdominal discomfort, cough, runny nose or nasal congestion? _____

2. Have you travelled abroad recently? _____

3. Have you had any contact or possible exposure to a person who has recently travelled to a country affected by SARS-CoV-2/COVID-19? _____

I hereby declare that all the information I have provided are true and correct to the best of my knowledge.

_____

Signature over Printed Name, Date & Time

DATA PRIVACY CONSENT and CONFIDENTIALITY:

By signing this form, the Patient voluntary and unconditionally consents to the collection, processing, and storing of all Personal Data disclosed in this form, in accordance with the Data Privacy Act of 2012, and its implementing rules and regulation. Please be rest assured that any information or Personal Data disclosed by the Patient in this form shall remain strictly confidential and will be held by the hospital and the doctor solely for the purpose of diagnosis and treatment.

APPENDIX B

Informed Consent Form for Digestive Endoscopy During Current SARS-COV2 (COVID-19) Crisis

The doctor has explained that I have the following condition:

_____
_____
_____.

This condition requires the following procedure/s which is/are deemed urgent:

_____
_____.

I understand that a national health emergency has been declared and that a SARS COV2 Crisis is on- going. I am fully aware that my procedure/s need to be done during this time and cannot be delayed or postponed for a long period, or wait until the crisis is resolved. The risks of contamination or exposure to COVID-19 are greatest given the national health situation and was explained thoroughly to me. I submit myself to the care of my physician _____
_____and current health team.

_____

Signature over Printed Name, Date & Time

_____

DATA PRIVACY CONSENT and CONFIDENTIALITY:

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