PHILIPPINE SOCIETY OF DIGESTIVE ENDOSCOPY

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

PSDE Clinical and Procedural Guidance for the GI Endoscopy Unit in the Time of COVID 19 (3rd UPDATE)

COVID-19 has recently been labeled a national health emergency. This document 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 and institutional 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 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
April 15, 2020

BACKGROUND

- As of April 15, 2020, a total of 5,223 patients have been diagnosed with COVID 19 in the Philippines; with a mortality rate of 4.6%

- Current knowledge on 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. "*

  "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." (Neeltje van Doremalen, 2020)

  "..*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."* (Xiao, 2020)

- 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%)
- 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) (Deparment of Health: COVID 19 Updates, 2020) (Zhang, 2020) (Deparment of Health: COVID 19 Updates, 2020)

- To minimize risk of droplet inhalation, a distance of 3-6 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 Society recommends the following:

PATIENT SELECTION AND INSTRUCTION

- If an institution cannot test all patients for COVID19 prior endoscopy, ***it is the Society's recommendation to assume that all patients are infected (SUSPECT) and the endoscopist should wear recommended enhanced PPE***
- All patients should be screened for travel history, close contact with confirmed case, and symptoms worrisome for COVID-19.
- 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.

PROCEDURES:

Emergency/Urgent

- Considering the current situation, wherein COVID19 cases are still increasing nationally, availability of proper PPE's are unstable and the number of test kits are inadequate for mass testing, ***it is the Society's recommendation to limit procedures to those deemed as Urgent/Emergency*** (see table below)

Urgent/Emergency	Semi-Urgent	Elective
• Acute GI bleeding • Foreign body necessitating extraction • Acute cholangitis • Obvious tumor and high suspicion of cancer requiring diagnosis • Emergency endoscopic guided feeding tube placement	• ERCP for biliary cancers • ERCP for Symptomatic bile duct stones • Endoscopy for cases with only low suspicion of cancer	• Endoscopy for screening of early CA • All surveillance and follow up endoscopy • Endotherapy for non-cancer disease • EUS for diagnosis of benign conditions • ERCP for asymptomatic bile duct or PD stones, change of stent, surveillance post ampullectomy

SEMI-URGENT

- ***It is the Society's recommendation to hold semi-urgent cases for now***.
- ***Preparation*** to resume semi-urgent cases may be considered once there are (1) a sustained reduction in the rate of new COVID 19 cases in the region resulting in low community transmission risk, as determined by the appropriate government agencies and the Department of Health (DOH), (2) adequate PPE supply for the staff for at least 8 weeks, (3) adequate supply of COVID 19 test kits for the patients and staff, (4) appropriate and adequate endoscopy unit operations and workflow required for prevention of transmission in place, and (5) the

hospital is capable of providing adequate service to all patients requiring hospitalization, regardless of community health situation

- ***Guidance as to resumption of semi-urgent procedures will be released as necessary***

ELECTIVE

- Elective procedures must be postponed until the SARS-CoV-2/COVID-19 crisis is resolved

Other Considerations

- 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).
- 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 PPE's.
- Procedures are performed by only highly trained endoscopists with the minimum required support staff to limit procedure time and exposure (i.e., limit GI Fellow involvement, minimize repeated entry/exit into the endoscopy room)
- Only essential appliances and devices in the endoscopy rooms should be in the endoscopy room
- All procedures should be performed in a negative pressure room, and then left empty for at least 1 hour before disinfection
- In the absence of a negative pressure room, the procedure should be performed in a well-ventilated room with windows, and should be left empty for at least two hours before disinfection
- Thoroughly disinfect all surfaces of endoscopy room after every case. Change all beddings and pillows after each procedure
- Reports may be done in a separate clean room by different set of staff supervised by endoscopist

STAFF PROTECTION

General:

- Mandatory temperature check with non-contact thermometer for everyone at the beginning of the workday and prior to entering the endoscopy unit.
- 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.
- All staff must change into scrub suits one in the endoscopy unit
- Standard hand hygiene should be practiced by the staff before and after each procedure
- Dedicated donning and doffing areas for the staff and patients is recommended.
- Staff should undergo training on proper donning and doffing of PPE with strict adherence to technique must be carried out.
- After all procedures, all 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

Personal Protective Equipment

- ***The Society emphasizes that the endoscopists and staff wear proper PPE and encourage a "NO PPE no Endoscopy policy"***
- Regular monitoring of supply and use of PPE should be done to adjust endoscopy service and protect the staff
- For staff NOT in direct contact with the patient: Surgical or N95 mask, gloves, isolation gown
- For Endoscopist and staff in direct contact with the patient:

    - For COVID negative patients: Standard PPE: Hair net, goggles or face shield, surgical mask OR N95 mask, gloves, impermeable/water proof gown, shoe covers/booties. If there are no available impermeable gowns, impermeable aprons must be used on top of isolation (water resistant) gowns.

    - For suspected, probable or confirmed COVID 19 patients: Enhanced PPE: Medical cap or hood, face shield or goggles, N95 mask, coveralls, impermeable gown on top of coveralls, booties and double gloves. If there are no available impermeable gowns, impermeable aprons must be used on top of isolation (water resistant) gowns.

****As of the release of this guidance, wherein most of the institutions do not have negative pressure rooms and has limited capacity for COVID19 testing, the Society recommends treating all patients as a suspected case***

Waiting Area and Recovery Bays

- Waiting area should have enough space of at least 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

- Standard disinfection and reprocessing of endoscopic instruments should always be practiced
- 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

References

(2020). *American College of Surgeons: Joint Statement: Roadmap to Resuming Elective Surgery after COVID 19 Pandemit.*

CDC. (2020). *Strategies for Optimizing the Supply of Personal Protective Equipment.* Retrieved from CDC.gov.

Chiu, P., & Ng, S. (2020). Practice of endoscopy during COVID-19 pandemic: position statements of the Asian Pacific Society for Digestive Endoscopy (APSDE-COVID. *GUT* , 1-6.

(2020). *Deparment of Health: COVID 19 Updates.* Manila.

Neeltje van Doremalen, T. B. (2020). Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1. *New England Journal of Medicine*.

(2020). *Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (CoVID19).*

Wang, D., & Hu, B. (2020). Clinical Characteristics of 138 Hospitalized Patients With 2019 Novel Corona Virus-Infected Pneumonia in Wuhan, China. *New England Journal Of Medicine*, 1061-1069.

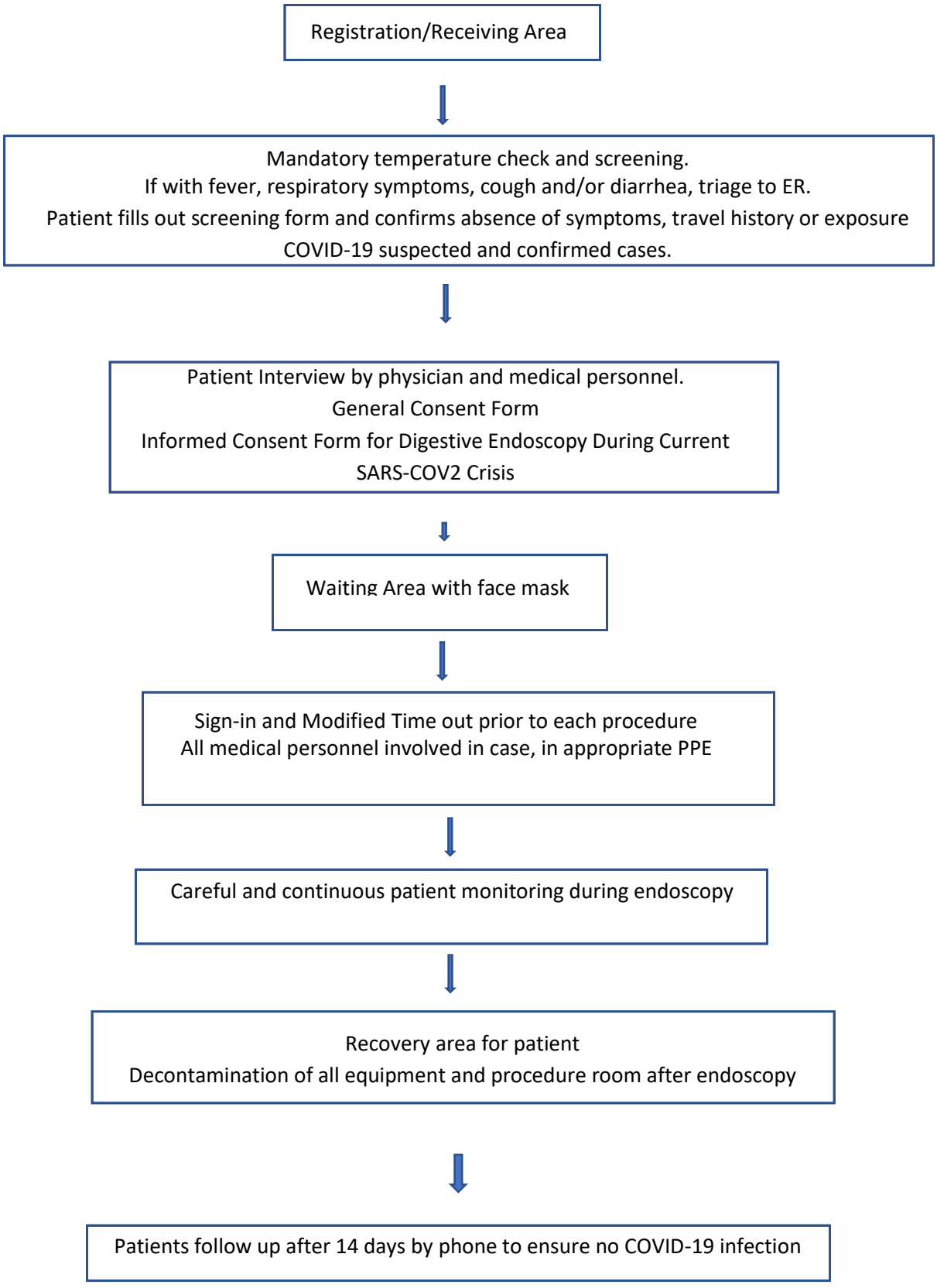
Webinar on Gastroenterology in the time of COVD 19: UP-PGH Division of Gastroenterology and Professor Alessandro Repici. (2020).

Webinar on Practice of Safe Endoscopy in the time of COVD 19: Philippine Society of Digestive Endoscopy and Chinese University of Hongkong. (2020).

Xiao, F. (2020). Evidence for Gastrointestinal Q3 Infection of SARS-CoV-2. *Gastroenterology*, 1-3.

Zhang, Y. (2020). Suggestions for infection prevention and control in digestive endoscopy during current 2019-nCoV pneumonia outbreak inWuhan, Hubei province, China. *Endoscopy*, 313-314.

DIAGNOSIS AND TREATMENT WORKFLOW IN ALL ENDOSCOPY UNITS DURING SARS COV2 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 agree to the above procedure to be performed on myself. I understand that a national health emergency has been declared and that a SARS-CoV-2 (COVID-19) 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/exposure to SARS-CoV-2 are greatest given the current 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:

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.