

April 24, 2020

Updated GESA Recommendations on Endoscopic Procedure Triage

On April 21, 2020, after a meeting of the National Cabinet, The Prime Minister, The Hon Scott Morrison, announced a relaxation of restrictions on elective endoscopic and surgical procedures. As of Monday April, 27, all category 1, 2 and “some important Category 3” procedures can be considered for triaging onto a procedure list. Therefore, The GESA Endoscopic Procedure Triage Guide, which was released on March 26, will not need to be adhered to from Monday April 27. Endoscopists and Endoscopy Units throughout the country should adhere to existing protocols in defining Cat 1, 2 and 3 procedures and surgeries. **It is essential to note, that restrictions on case numbers remain.**

The Joint Media Statement released on April 21, 2020 by the Health Minister, The Hon. Greg Hunt and the Chief Medical Officer, Prof Brendan Murphy provided more detail in respect of the easing of restrictions on elective surgery. A [statement](#) is available from the Australian Health Protection Principal Committee (AHPPC) about the restoration of elective surgery. Three key principles need to be highlighted:

1. The selection of patients to undergo elective surgery will ultimately be a clinical one, guided by the following principles, recommended by the Australian Health Protection Principal Committee (AHPPC) and endorsed by National Cabinet:
 - Procedures representing low risk, high value care as determined by specialist societies
 - Selection of patients who are at low risk of post-operative deterioration
 - Children whose procedures have exceeded clinical wait times
 - Assisted reproduction (IVF)
 - Endoscopic procedures
 - Screening programs
 - Critical dental procedures.
2. On the advice of AHPPC, in addition to Category 1 elective surgeries, hospitals will initially **recommence one in four closed operating lists**, with a focus on Category 2 and some important Category 3.

The implication of statement number 2 is that individual hospitals can increase their surgery/procedure activity by 25% of their available (ie unutilised) capacity. Therefore, if a hospital is currently working at 40% capacity, it can increase its capacity from April 27 by 15% (25% of the unutilised 60%). The recommendation will be reviewed at two weeks and four weeks.

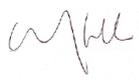
3. An overall review for additional support will be undertaken at two weeks and at four weeks based on:
 - The number of positive cases, in both healthcare workers and patients, linked to increased activity
 - PPE use and availability
 - The volume of procedures and hospital/system capacity.

Key Points:

1. The GESA Endoscopic Procedure Triage Guide does not need to be adhered to from April 27, however it may need to be reactivated by individual units in the weeks or months ahead if a local outbreak of COVID-19 was to occur. The Guide therefore should not be discarded.
2. The number of additional endoscopic procedures booked from April 27, will need to be determined on an individual hospital basis as determined by its current unutilised capacity.
3. These restrictions will be reviewed at 2 weeks and 4 weeks.
4. A number of other considerations need to be attended to when determining the number of patients booked on a procedure list from April 27:
 - a) PPE utilisation and availability needs to remain a priority of all endoscopists and units.
 - b) The ongoing increased administrative and nursing demands of pre-admission screening of patients
 - c) The total number of patients attending an endoscopic unit at any one time as social distancing of patients (pre and post procedure), staff and relatives needs to be adhered to.



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The Gastroenterological Society of Australia (GESA) provides advice to endoscopists and endoscopy facilities during the COVID-19 pandemic. It should be noted that this advice is general in nature and thought to be correct at the time of posting. The user should have regard to any information, research or other material which may have been published or become available subsequently. It is recommended that this advice be considered in the context of the specific endoscopic facility and within the framework provided by the Departments of Health and Local Health Districts.