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CONSIDERATIONS FOR AUSTRALIAN ENDOSCOPY UNITS DURING THE COVID-19 PANDEMIC

The COVID-19 situation and recommendations for the healthcare sector are continuously evolving and GESA aims to regularly update statements provided to its members according to feedback and advice from experts and Health Departments. This statement replaces all previous versions and incorporates important changes.

The COVID-19 pandemic has particular implications for the safety and wellbeing of staff and patients involved in endoscopic procedures. Recommendations are emerging from multiple organisations, including the US Joint GI Societies (AGA, AASLD, ACG and ASGE) and the Australian Society of Anaesthetists, among others. In addition, various public and private facilities in Australia are starting to restrict access to elective endoscopic procedures to avoid unnecessary exposure of staff and patients to the novel coronavirus.

While telehealth and telephone consultations are now recommended and facilitated to replace routine clinic visits, the practice of GI endoscopy brings unique risks of exposure. In the performance of endoscopy, entire medical and nursing teams are at risk of being exposed to the virus or being sent for self-isolation while possible cases are investigated. This has significant potential for limiting access to the expert care and procedures provided by endoscopists to patients with urgent and emergency GI problems.

Endoscopy services are provided in multiple settings in the Australian context. This includes public hospitals, private hospitals and private day endoscopy services. The recommendations we provide are applicable to each type of facility. Specific decisions around limitations of access to endoscopic service in each type of facility must be made in conjunction with the Health Departments, the Facility or Hospital Administration, infection control services and anaesthetic services taking into consideration key resource aspects including personnel and access to personal protection equipment (PPE).

The impact on patient care must also be taken into consideration and endoscopy facilities should track patient cancellations, to ensure prioritisation of procedures required to diagnose malignancy or guide important changes of therapy occurs during the COVID-19 pandemic and once access to endoscopic services is broadened.

Following discussion and review of local and international statements, the Gastroenterological Society of Australia (GESA) makes the following recommendations:

1. All medical and nursing staff involved in endoscopic practice must receive adequate education and training in the use of PPE. This includes appropriate access to PPE, and correct techniques in handling and disposing of PPE. Links are provided below.

2. Strongly consider limiting endoscopy services to Urgent and Emergency cases and deferring elective and semi-elective cases. This is to limit the number of patients attending hospitals and coming into contact with other patients and hospital staff. This also limits the use of PPE in the context of current and predicted supply deficiencies.

3. All outpatients requiring an endoscopic procedure should be contacted prior to attending the hospital or facility to determine their risk for COVID-19 infection.

4. All patients requiring endoscopy should be asked screening questions prior to the procedure to determine their risk for COVID-19 infection. If any of the following responses are YES, then the patient should be treated as having COVID-19 infection until infection is excluded by specific COVID-19 testing.

   i. Have you been diagnosed with COVID-19 infection?
   ii. Have you returned from overseas travel in the last 14 days?
   iii. Have you had direct contact with a confirmed COVID-19 case?
   iv. Have you had flu-like symptoms?

Note that the case definition and recommendations for COVID-19 testing are likely to change over time.
5. Except in an emergency, endoscopy procedures should be postponed in patients with respiratory symptoms or fever and avoided altogether in patients with suspected or confirmed COVID-19.

6. When an endoscopy procedure must be performed in a patient at with suspected or confirmed COVID-19 infection, all staff should wear P2/N95 masks or equivalent in conjunction with eye protection, full length water-proof gown and gloves.

7. For all other endoscopy cases, staff should wear a surgical mask, eye protection, full length water-proof gown and gloves.

8. Following performance of a procedure on a patient with suspected or confirmed COVID-19 infection, decontamination procedures and intervals between cases should be according to Department of Health Policies and Procedures. All staff should be aware of these procedures.

9. Endoscopy units should consider the effect of reduction in key staff through illness, isolation and quarantine, and implement methods including social distancing, rostering and cross-hospital collaboration to ensure provision of essential endoscopy services throughout the COVID-19 crisis.

We recommend all screening and management procedures for staff, patients and members of the public are undertaken according to local policies.

These recommendations should apply to all facilities performing endoscopic procedures.

Advice regarding criteria for categorisation of urgency of cases has been provided by the NSW Agency for Clinical Innovation and the British Society of Gastroenterology (links below). It is anticipated that further advice will emerge.

As the situation unfolds in the coming weeks GESA will provide updated recommendations.

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.

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Related Links


