

Safety Communication

رسالة سلامة

Considerations for Endoscopy Procedures during COVID-19

Concerns/Potential risk:

Healthcare providers may be exposed to SARS-CoV-2 while performing non-elective/emergent endoscopy procedures on confirmed and/or asymptomatic COVID-19 patients.

Considerations For healthcare providers whose responsible for endoscopy procedures:

1. Allow essential and fully trained personnel to be present in the endoscopy room.
2. Evaluate the level of preparedness to provide endoscopy to patients at high risk or positive for COVID-19 in the absence of negative-pressure rooms suitable for endoscopic procedures. If possible, these patients should be transferred to another unit with a negative-pressure endoscopy room in emergency situations.
3. Endoscopy procedures should be considered aerosol generating procedures and proper PPE should be used (gloves, surgical gown, and face/eye protection (goggles or disposable face shield))
4. Endoscopists should double-glove during procedures regardless of a patient's COVID-19 status.
5. Healthcare providers' performing endoscopy procedures should use N95 respirator, regardless of a patient's COVID-19 status.
6. For patients who have tested positive for COVID-19, consider performing the procedure at the bedside, if possible.
7. To minimize the potential for airborne virus to remain in the room the following should also be considered:
 - a. Diluting the air in a space with cleaner air from outdoors
 - b. Using a portable negative-pressure machine, and/or
 - c. Using an air scrubber with HEPA filtration.
8. Since the virus has been found in multiple cells in the gastrointestinal tract and all bodily fluids including saliva, enteric contents, stool and blood, the use of surgical energy should be minimized.
9. Removal of caps on endoscopes could release fluid and/or air and should be avoided.