AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE
Clinical Care Standards
NSQHS STANDARDS

KEY ACTIONS
for health service organisations

COVID-19 and Endoscopy Procedures

Elective Surgery

On 25 March 2020, the Prime Minister announced the suspension on all elective surgery with the exception of category 1 and urgent category 2 cases. This decision was made on the advice of the Australian Health Protection Principle Committee.

This decision is part of a suite of measures that have been put in place to manage health resources including medicines and PPE and to reduce the transmission of COVID-19.

Surgical categories are not widely used in gastro-intestinal endoscopy. However, the Gastroenterological Society of Australia (GESA) has developed categorization criteria for all endoscopic procedures. (Box 1) GESA also recommends that all endoscopists and health service organisations

> *"Strongly consider limiting endoscopy services to urgent and emergency cases and deferring elective and semi-elective cases".*

Domestic containment has become the primary focus of response efforts since Australia's border measures have reduced entry of COVID-19 into Australia. Limiting non-urgent procedures remains imperative to support efforts to reduce community transmission. Social distancing is a key strategy to reduce community spread. Patients attending for endoscopic procedures risk exposure to other individuals infected with COVID-19.

Transmission of COVID-19 can occur from asymptomatic or minimally symptomatic individuals. Symptomatic individuals may have mild respiratory illness and some individuals have only gastrointestinal symptoms.

Transmission is through contact with respiratory droplets containing the virus either directly from someone nearby coughing or sneezing and indirectly from inadvertent upper respiratory inoculation after contact with infected surfaces.

Endoscopy staff and patients risk acquisition of COVID-19 prior to, during and after procedures. Endoscopy staff also risk acquisition during procedures because these are aerosolizing activities. Viral RNA has been found in human faeces but its significance for transmission is unclear.

Box 1

GESA reviewed the literature and guidelines of OECD countries before issuing a ***Guide for Triage of Endoscopic Procedures during the COVID-19 Pandemic***. GESA provided a statement of ***Considerations for Australian Endoscopy Units during the COVID-19 Pandemic*** that emphasized:

- The importance of limiting procedures to urgent and emergency cases
- The need to screen urgent and emergency cases prior to a procedure for COVID-19
- The requirement to take all necessary steps to reduce virus transmission.

For immediate action

In the interests of patient and staff safety, and to reduce COVID-19 in the broader community, health service organisations are required to:

- Review all proposed endoscopic procedures to ensure they meet the GESA criteria for an urgent or emergency case*
- Cease non-urgent, elective and semi-elective procedures
- During the patient informed consent process, advise patients that attending for an endoscopic procedures is regarded as an activity with an increased risk for acquisition of COVID-19
- Include information about relevant COVID-19 risks in written patient information from the patient increasing their social contacts
- Ensure all patients, prior to preparing for their procedure have an opportunity to discuss with a suitably qualified clinician
  - the rationale for the procedure
  - the risks and benefits to them of having the procedure at this time
  - the potential mechanisms for COVID-19 transmission during the procedural process
  - the actions that will be taken to reduce their risks
  - the steps to follow to monitor their health and action to take should they suspect they have acquired COVID-19
  - The likely outcomes for them should they not proceed with the endoscopic procedure at the recommended time
- Ensure at all times during the planning, preparation and post treatment the health service meets and enforces the requirements for physical distancing
- Provide all endoscopists and endoscopy nurses with a copy of this fact sheet.

The cessation of these arrangements are anticipated in the recovery phase of the pandemic.

Questions?

For more information, please visit:

safetyandquality.gov.au

https://www.gesa.org.au/resources/covid-19

You can also contact the project team at:
accreditation@safetyandquality.gov.au

GESA Guide to emergency and urgent procedures

Gastroscopy

- Clinically significant upper GI bleeding
- Upper GI obstruction
- Diagnosis and/or assessment of upper GI malignancy where patient management will be altered
- PEG placement/NGT/NJT placement when urgently required
- EMR/ESD of known upper GI neoplasm

Oesphageal Motility and pH Studies

- Defer

Colonoscopy

- Colorectal bleeding, considered not to be due to haemorrhoids
- Assessment and management of acute colonic obstruction
- Investigation of probable new diagnosis or flare of IBD where findings will direct management

Enteroscopy

- GI bleeding based on a case by case assessment

Endoscopic Retrograde Cholangiopancreatography (ERCP)

- Cholangitis
- Biliary obstruction
- Post-operative or traumatic bile leak

Endoscopic Ultrasound

- Diagnosis, staging and biopsy of neoplasia
- EUS -guided drainage of symptomatic or infected pancreatic fluid collections

Capsule Endoscopy

- Overt small bowel bleeding with anaemia.

*Note: The GESA guide acknowledges there are conditions that will require case-by-case assessment that may be urgent or emergency procedures.