OACE
Ontario Association of Clinic Endoscopists

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OAG and OACE Combined Statement on Resumption of Endoscopy Services in Out of Hospital Premises – May 2020

Preamble

As our provincial hospitals start to plan and implement endoscopy resumption, our Out of Hospital Facilities (OHF) will need to go through a similar planning process.
The Canadian Association of Gastroenterology has recently published guidelines for resumption of endoscopy services. (https://www.cag-acg.org/images/publications/CAG-COVID-Endo- Resumption-Final-4-28-20.pdf) We encourage you to review this publication. As the focus of these guidelines is hospital based endoscopy and since the availability of point of care COVID - 19 testing in an OHP setting is not immediately foreseeable, our groups wanted to provide our members with guidance from an out of hospital facility perspective. These general guidelines will need to be modified for each unit as the physical space, number of endoscopy rooms, recovery space, local pandemic conditions, and staffing are unique to each region and clinic.
These guidelines assume that sufficient PPE, medications, and staffing are available on site prior to initiation.

Our organizations have no regulatory authority and this statement is not intended to make recommendations as to if or when an OHP endoscopy unit is to open. Rather, it is intended to provide guidance to OHP's on considerations for resumption of endoscopic services in a controlled and safe manner when it is permissible to do so.

Please be aware that Directive #2, as an extension of the *Health Protection and Promotion Act,* is still in effect. It mandates the deferral of non-essential surgeries and procedures, and
it applies to all regulated health professionals (RHPs) and anyone who operates a group practice of RHPs. For more information on this and other related items, please visit the CPSO's COVID FAQ.

Patient Selection/ Screening

- We suggest to initially perform only doing colonoscopies, no gastroscopies, or double procedures. This is because gastroscopy has been described as a potential aerosol generating procedure (AGMP), requiring N95 masks, face shields, and possibly longer down-time intervals in between patients. We want to limit our PPE consumption due to ongoing supply concerns for front-line staff in the hospitals, and due to costs. These recommendations are designed out of an abundance of caution and are dependent on local endemic

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- factors and PPE availability.
- Bookings should prioritize symptomatic and higher risk indications. At this early stage, we should delay less urgent indications such as average risk colon cancer screening and surveillance cases.
- Consider electronic means of completing pre procedure questionnaire to minimize the number and duration of patients in the facility's waiting room.
- Offices should, at booking, do a symptom screen of patients for COVID-19 (cough, SOB, fever, URTI symptoms, ill contacts), and repeat screening a day prior to procedure, and advise patients not to come if interim symptoms develop.
- Offices should screen for need for family member as translator (try to minimize# people in clinic).
- Procedure times will need to be adjusted to accommodate the extra time involved in donning and doffing PPE and enhanced cleaning between cases. This will also help to ensure there can be adequate physical distancing between patients in admit and recovery spaces.
- Our offices should advise patients that their ride home is to wait outside and have their cell number for staff to call.

Staff/ PPE

- Staff should all be screened daily for COVID by symptoms and temperature measurement.
- Masks will need to be provided for admin staff + access to hand sanitizer/ gloves.
- Nurses/ MD's in procedure room will require surgical masks, gloves, and fresh gowns for each patient. Eye protection (goggles or splash guard) is also advised.
- Recovery nurse will require mask, gloves, and gown.
- N95 masks will need to be available for emergency use (intubation, bag ventilation).

Registration/ Pre-Procedure

- 2nd COVID-19 symptom screen will happen at facility entrance and include temperature check.
- Hand sanitizer will need to be provided at entrance for patients entering.
- Cleaning of surfaces will need to occur in change room, washrooms after every use.
- Consent process – To minimize handling of pens/ paper, consider modifying

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consent form to state “Verbal consent obtained during COVID pandemic” to avoid risk of transmission from surfaces including passing pen / clipboard/ paper back-and-forth – MD and RN can witness with their own pens.

In Procedure Room

- There will be access to N95 masks in room enough for all staff in case of need to bag/intubation of patients.
- Consider reduced sedation levels to avoid above.
- PPE as described above for all staff in room (see staff/PPE).
- Enhanced cleaning of surfaces between cases.

Recovery/ Discharge

- To increase physical distancing between patients, use every second procedure bay and every second recovery chair for patients.
- Consider having clinic staff walk patients out to their ride when possible to avoid extra people in recovery room or alternatively have a meeting spot outside facility to transfer patient to the person picking patient up.
- Enhanced cleaning of all surfaces/ sat probes, BP cuffs, stretchers, and recovery chairs, etc. after each encounter.
- Discharge note should be modified to include request to notify clinic if the patient is diagnosed with COVID-19 within 2 weeks of procedure.

We are proceeding with an abundance of caution.

Thank you for your patience and cooperation during these very unusual times.

Sincerely,

Dr. Ian Bookman, President
And The OACE Executive