

## Endoscopy and COVID19

- Endoscopy Teams are advised to follow both national guidance for reducing transmission of infection with COVID19 (websites above) but also agree their own local protocols and policies in collaboration with senior management, Infectious Disease or Infection Control teams. There are both general measure that should be followed and specific measures around personal protective equipment (PPE).
- General measures include checking patient's travel history at admission, providing a COVID19 information sheet about symptoms to report and checking patients temperatures upon arrival. Where there is concern, elective procedures should be postponed and rebooked as soon as possible once the patient no longer poses a risk. Units should develop standard operating procedures (SOP) for COVID19 control measures and share these widely among staff groups.
- PPE for endoscopy procedures – advice is that standard infection control measures should be followed except for aerosol generating procedures (AGP) in patients at high risk of or with confirmed COVID19 infection. AGP in this context means upper GI procedures and for patients who fall into this category, enhanced PPE is recommended including FFP3 masks. Endoscopy teams should also consider enhanced PPE for emergency and out-of-hours procedures and also consider arrangements for the most appropriate location to perform these within their hospital. Units are encouraged to ensure staff know how to be fitted for the appropriate size of FFP3 mask and how to put on PPE correctly.
- Official advice is that enhanced PPE is not currently felt to be necessary for upper endoscopy in patients at low risk or for lower GI procedures. Concerns have been raised that the virus may be faecally transmitted but there is presently insufficient evidence to recommend the use of enhanced PPE measures for lower GI procedures. Stocks of FFP3 masks are also limited and their use needs to be carefully prioritised. This is, however, a rapidly changing situation and teams should check regularly for updates to both local and national guidance
- Units should discuss locally and consider whether or not to suspend some endoscopic activity e.g. low-risk surveillance scopes (non-dysplastic Barrett's, polyp follow-up, IBD etc) for a period to help reduce or delay virus spread but also as it is likely there will be staff shortages through illness, absence to care for others or redeployment.

## Summary

Individual hospital trusts and health boards will be looking to implement local guidance based on national and international best practice. For reasons mentioned above, we encourage telephone or virtual clinics. This guidance aligns with the current data available but as the situation changes further guidance may be required. Individual treatment decisions about patient care will be between the patient and the treating physician.

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