



SAGES Position Statement on endoscopy and PPE requirements during COVID-19 Pandemic

COVID-19 pandemic is rapidly spreading and affecting all spheres of previous standard medical practices, including endoscopy. There is also a rapid rate of new information and ever-changing/evolving guidelines.

Most of major Societies' have released position statements or recommendations including

- BSG/JAG/ACPGBI/AUGIS/PSGIBI/UKI-EUS/BSGAR
- Joint Gastroenterology Society Message (AASLD/ACG/AGA/ASGE)
- ESGE/ESGENA

All recommendations will be based on international norms, standards and also to protect all HCW and patients.

A significant proportion of Health care providers (HCP) have become infected with COVID-19. The spread of COVID-19 can occur from asymptomatic carriers, HCP or patients. The main route of virus transmission is via aerosolized droplets. All endoscopic procedures should be considered aerosol-generating procedures (although risk stratification does vary with upper endoscopy greater than lower endoscopy).

Personal Protective Equipment (PPE) is only part of the strategy to prevent infection. General Infection Control Prevention (IPC) measures, including hand hygiene and social distancing, must not be neglected.

Pre-Procedure

- All staff involved in endoscopy must be appropriately trained and informed on IPC strategy
 - Practice Donning and Doffing process
 - Doffing sequence essential
 - This needs to be done on a continual basis and needs to be critiqued to improve any overt deficiencies
- Clearly identify area for endoscopy
 - Clear flow in and out
 - Identify holding area before endoscopy
 - Recovery area after endoscopy

- Appropriate environmental cleaning before and after the procedure
- In endoscopy area minimize staff and equipment
- Risk stratification of endoscopy
 - Only emergency or urgent endoscopy should be performed
 - All routine, non-urgent and elective endoscopy should be deferred (accurate recording of all cases for catch up purposes post restriction of services)



Intra-Procedure

All members of endoscopy team to wear FULL PPE for all endoscopy procedures

- Hair Net
- Eye protection- Goggles/ Face shield or equivalent
- N95 mask
- Waterproof gown or equivalent








- Double disposable gloves
- Shoe covering or equivalent

Post-Procedure

- Safely place endoscope for reprocessing
- Safely remove PPE- Clear doffing procedure

Poster for donning and doffing of PPE

WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITISER AFTER REMOVING GLOVES AND AFTER REMOVING ALL PPE

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (DONNING)	SEQUENCE FOR TAKING OFF PERSONAL PROTECTIVE EQUIPMENT (DOFFING)
<p>Wash your hands before putting on the PPE. PPE should be put on in an order that minimises contamination. The apron, mask, goggles and gloves must be put on in that order. See guidance on each below.</p>	<p>Wash your hands before taking off the PPE. PPE should be removed in an order that minimises contamination. The gloves, apron, goggles/visor, and mask must be removed in that order.* Wash your hands after taking off the PPE. Discard PPE in infectious waste container. See guidance below.</p>
<p>Apron</p> <ul style="list-style-type: none"> • Wash hands • Slip it over the head and tie the strings behind the back 	<p>Gloves</p> <ul style="list-style-type: none"> • Securely grasp the outside of glove with the opposite gloved hand; peel off; discard as infectious waste • Slide the fingers of the un-gloved hand under the remaining glove at the wrist; peel off; discard as infectious waste 
<p>Mask or N95 Respirator</p> <ul style="list-style-type: none"> • Secure each tie or elastic at the middle of head and neck • Fit flexible band to nose bridge • Fit snug to face and below chin • Fit-check respirator by blowing into it (air should not leak out) 	<p>Apron or Gown* (See Note)</p> <ul style="list-style-type: none"> • Wash hands • Unfasten or break apron/gown ties • Pull the apron away from the neck and shoulders, touching the inside of the apron only and bring it forward and over the head • Turn the apron inside out, fold or roll into a bundle and discard as infectious waste 
<p>Goggles or Visor</p> <ul style="list-style-type: none"> • Place over face and eyes • Adjust band to fit comfortably 	<p>Goggles or Visor* (See Note)</p> <ul style="list-style-type: none"> • Remove goggles/visor from the back by lifting head band or ear pieces • Place in designated receptacle for disinfecting 
<p>Gloves</p> <ul style="list-style-type: none"> • Hold the edge of the glove as you pull it over your hand • Extend to cover wrist • Once gloved, do not touch other surfaces 	<p>Mask or N95 Respirator</p> <ul style="list-style-type: none"> • Untie or break bottom ties, followed by top ties or elastic. • Remove by handling the ties only and discard as infectious waste. • Wash hands 
<p>*Note. When it is practically difficult to remove the apron/gown before the visor/goggles, then the visor/goggles may be removed before the apron/gown.</p>	