| DR. PABLO O. TORRE MEMORIAL HOSPITAL<br>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100 | Document Code: | DPOTMH –NSD-OR-SOP007 |
|---|---|---|
| | Revision Number: | 00 |
| | Effective Date: | 05-01-2020 |
| | Document Type: | Standard Operating Procedure |
| | Page Number: | 1 |
| | Department/Section: | OPERATING ROOM |
| | Document Title: | **PROTOCOL FOR G.I. ENDOSCOPY** |

## PURPOSE:

**To prevent the spread of infections due to COVID 19 while performing G.I. Endoscopy.**

## OBJECTIVE:

**To standardize operating procedures during Emerging and Re-emerging Infectious Disease Outbreak (Covid 19)**

## GENERAL GUIDELINES

1. All patients for OR/G.I. Endoscopy shall pass thru the ER triage area for preliminary assessment. If patient is found with respiratory symptoms or COVID-19 related signs and symptoms on the day of the scheduled endoscopy, the ER nurse should inform the operating room and the attending physician for final decision-making (Attending physician made thorough assessment already of the patient prior to OR schedule and admission).
2. In order to make complete and accurate assessment of patient admitted to the hospital with respiratory symptoms whether these are primary or secondary complaints, an Infectious Disease (ID) consult is a MUST at the ER so that the patient can be labeled as Probable/Suspect or not ***(Memo 4/4/2020 – Medical Director)***
3. It is imperative upon the attending physician(s) to screen candidates for endoscopy as high or low risk for COVID-19 based on the Department of Health (DOH) guidelines. Screening should be repeated before performing the procedure. Some patients with coronavirus present with diarrhea, nausea, vomiting, and/or abdominal discomfort even before respiratory symptom onset. These manifestations should alert professionals on the potential presence of infection with SARS-Cov 2 in those who have such symptoms.


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**4. Procedures should then be triaged accordingly:**

4.1 High Priority Endoscopy (EMERGENT)

- Apparent gastrointestinal bleeding with Hemodynamic instability
- Severe anemia even with no hemodynamic instability
- Dysphagia or dyspepsia with alarm symptoms
- Foreign body in esophagus or stomach
- Rectal bleeding
- Colonoscopy for melena after negative upper-GI Endoscopy
- Tissue acquisition needed for systemic therapy/surgery
- Colonoscopy for FOBT+ and alarm symptoms
- Radiologic evidence of mass
- ERCP for acute cholangitis

4.2 Low Priority Endoscopy (ELECTIVE)

- Diagnosis of reflux disease, dyspepsia (no alarm symptoms)
- Diagnosis of irritable bowel syndrome-like symptoms
- Surveillance for colon cancer (primary screening), polyps, inflammatory bowel disease

5. All other cases not on the list that needs emergency attention to contact/ communicate with the head of the GI endoscopy unit or the Operating Room manager. High-risk patients (probable/suspect) should be scheduled last.
6. Stepwise resumption of elective endoscopy services should be guided by control of COVID-19 in the local community, availability of manpower and equipment supply.
7. Until revised, endoscopy procedures should be limited to only 4/day (first to schedule/first to be accommodated) in order to avoid overcrowding in the recovery room (applicable to sedated patients).
8. Short-acting sedation is still preferred to minimize gagging and coughing.
9. For patients who are considered at high risk for COVID-19, separate pre- and post-GI endoscopy recovery areas/or time slots should be arranged (the GI Endoscopy Unit can also be used as recovery room after the procedure).



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10. Healthcare workers:
    10.1 Should use N95 mask regardless of a patient's Covid-19 status
    10.2 Endoscopists should double-glove (i.e., one pair under the gown sleeve and another above it) during procedures regardless of a patient's COVID-19 status.
    10.3 Washing of hands with soap and warm water (for at least 20 seconds) or use of alcohol-based hand rub, before and after all patients interactions, after contact with potentially infectious sources, and before and after gowning, should be done by all GI endoscopy unit personnel.
    10.4 Mobile phones, pens, and medical equipment should not be shared. Jewelry (watches, rings and bracelets) should not be worn by GI endoscopy unit staff.
11. Standard endoscope reprocessing and disinfection are effective and do not need to be altered.
12. Follow OR decontamination protocols
    Terminal cleaning, misting and UV treatment will be done after all the procedures. ( Recommended – night shift )
13. No Visitors Directives
    - All patients are allowed with 1 watcher only and should stay in the watchers designated area. Watchers will also pass thru the ER triage and will undergo interview and health assessment. All patients and watchers should wear mask. Only one (1) watcher is allowed to enter at the recovery room if needed.

(The original proposal for the G.I. endoscopy protocol was submitted by Dr. John Ignatius Ledesma on April 21, 2020 and reviewed by the Gastro Initiative of Negros.)



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**APPROVAL:**

| | Name/Title | Signature | Date |
|---|---|---|---|
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| Reviewed: | **DENNIS C. ESCALONA, MN, FPSQua**<br>Quality Assurance Supervisor | | 04-30-2020 |
| Recommending Approval: | **JOHN IGNATIUS G. LEDESMA, MD**<br>**Head, G.I. Endoscopy Unit** | John Ledesma | 5-5-20 |
| | **ANDREA JOANNE A. TORRE, MD, FPCHA**<br>**Chairman, Department of Surgery** | Andrea Torre | 5-6-20 |
| | **MA. ANTONIA S. GENSOLI, MD, FPCHA**<br>**Medical Director** | | 5-8-2020 |
| | **HENRY F. ALAVAREN, MD, FPSMID**<br>Total Quality Division Officer | | 5/8/20 |
| Approved: | **GENESIS GOLDI D. GOLINGAN**<br>President and CEO | | 12/28/2020 |



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## PROCEDURES

A. ADMISSION

1. All patients including their watchers should pass thru the ER and will be attended by the triage team. Pre-assessment of patients will be done.
2. If Patient is found with respiratory symptoms or COVID related symptoms on the day of the scheduled endoscopy, the nurse should inform/communicate with the attending physician and the operating room.
3. ER / Station staff calls the operating room for endorsement of the patient for admission. (once the criteria for OR Admission is met, example – admission sheet / Philhealth)
4. In addition to routine informed consent form, ensure that patient or family member signs an "informed consent form for Digestive Endoscopy during current SARS-COV 2 Crisis " (see Appendix A)
5. Mandatory Temperature check with non-contact thermometer should be done for everyone at the beginning of the work day and prior to entering the endoscopy unit. Only essential and fully trained endoscopy personnel (doctor, nurse and endoscopy assistant) should be present in endoscopy cases, all using the prescribed PPEs. The same team of endoscopy staff should serve the same room for the whole session.
6. Before patient is sent to the OR, the staff prepares the team and needed equipment and supplies and will start donning of their PPEs.
7. Once all the staff and the doctors are present with their complete PPEs on, the OR staff will call the station or ER to transport the patient to the OR.
8. Patient will be transported to the OR following transport protocols.
9. Donning and doffing
    a. There will be a designated area for donning and doffing.
    b. The procedure will be performed in the GI endoscopy unit.
10. Terminal cleaning, misting and UV Treatment will be done after ALL the procedures.



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B. TRANSPORT

1. The stretcher/wheelchair used outside of the OR will only be until the inner door and the patient will be transferred to a designated stretcher/ wheel chair only used inside the OR.
2. If the patient is COVID 19 (+) the same transport stretcher will be used until the patient is transferred in the GI Endoscopy unit.




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## FLOWCHART

| PERSON RESPONSIBLE | ACTIVITY |
|---|---|
| | START |
| ER Nurse/Staff Nurse | Calls the Operating Room for endorsement of the patient for Admission. (Criteria for OR Admission should be met) (If patient is a COVID 19 confirmed, suspect or probable the OR Nurse must also be informed. |
| OR Nurse | Prepares the team and the needed equipment and supplies and will start donning of their PPEs |
| Auxillary Dedicated Personnel | Transports patient to the OR when the OR calls the station for the scheduled procedure. Transmission-based precaution must be observed and patient shall wear a surgical mask while being transported. |
| OR Nurse | Follows the approved protocol in transporting COVID 19 Confirmed, Suspect, or Probable patient |
| | A |




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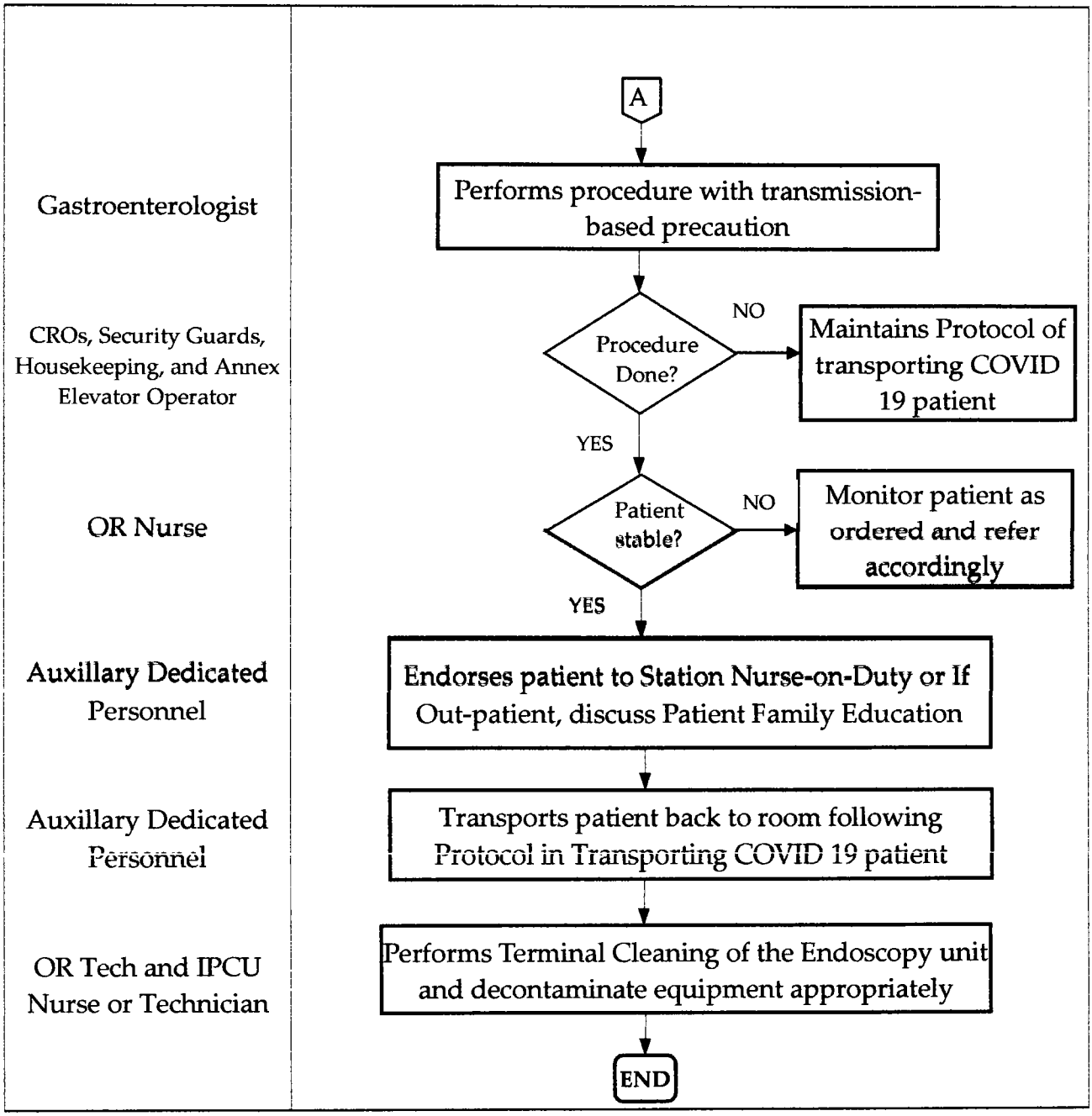




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## REFERENCES:


American Gastroenterology Association ( AGA )
American Society of Gastrointestinal Endoscopy ( ASGE )
European Society of Gastrointestinal Endoscopy ( ESGE )
European Society of Gastroenterology and Endoscopy Nurses and Associates ( ESGENA )
Philippine Society of Digestive Endoscopy ( PSDE )
https://www.ncbi.nlm.nih.gov/pubmed/21831480
https://www.cdc.gov/vhf/ebola/hcp/ppetraining/paprrespirator_gown/donning





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APPENDIX

**A. INFORMED CONSENT FORM ( COVID-19**

**Informed Consent Form ( Covid-19 )**
**( GI Endoscopy Unit )**

**The doctor has explained that I have the following condition:**

_____

_____

_____

_____

**This condition requires the following procedures which is /are deemed urgent and emergent :**

_____

_____

_____

I understand that a national health emergency has been declared and that a SARS COV2 Crisis is on-going. I am fully aware that my procedure/s need to be done during this time and cannot be delayed or postponed for a long period or wait until the crisis is resolved. The risk of contamination or exposure to COVID-19 are greatest given the national health situation and was explained thoroughly to me. I submit myself to the care of my physician _____ and current health team.

_____
Signature over Printed Name

_____
Date and Time




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