



POST-COVID-19 RESUMING ENDOSCOPY

ASKED & ANSWERED

Questions from the June 1, 2020 ACG Webinar “COVID-19:Resuming Endoscopy: Unanswered Questions and Ongoing Controversies” & Answers by the ACG Endoscopy Resumption Task Force

These answers to questions from participants in the ACG June 1, 2020 webinar “COVID-19:Resuming Endoscopy: Unanswered Questions and Ongoing Controversies” reflect the expert opinions of the members of the ACG Endoscopy Resumption Task Force based upon their clinical experience drawing upon available guidance at the time these answers were written.

Question

Any comments on how long the procedure room has to remain closed prior to the next case after cleaning?

Answer

The extent of transmission resulting from airborne particles relative to large respiratory droplets is not yet known but appears to be less likely therefore standard room turnaround should be adequate.

Question

When you refer to testing, you are considering PCR test, not serology or rapid tests?

Answer

Yes, PCR/NAAT.

Question

What is your approach to staff that now wish to travel, and when they can return to work ?

Answer

Unless traveling to a hot spot, we just ask them to self-monitor for 14 days. Others have done PCR testing on return

Question

Even if there are plenty of N95 masks, what is the downside of using them in ALL endo rooms for EGD's and colonoscopies given the infectivity rates and potential serious outcomes in physicians and other healthcare providers?

Answer

There is no downside, if widely available. But they're still not widely available in many communities.

Question

If you are 64 year old like me and doing only locums GI because you still like it and want to help out in underserved areas around the country, but are financially set and don't need to work, would you still continue to do so in this COVID-19 environment?

Answer

It depends. Not sure what your medical history is, but would certainly take that into account. I would also consider the location in which you would want to work. Montana is obviously safer than New York or New Jersey. Taking all of that into account, you could wait a couple of months and then resume working.

Question

Is it legal to test staff who are asymptomatic?

Answer

EEOC and other guidance supports it. However, there are many nuances and risks on responding if staff refuses. Also, the information must be properly used by employer

Question

Are GI clinicians and endoscopy centers aware, as a whole, of their COVID-19 testing options among national labs?

Answer

I am not sure many ASCs do not have access locally to pre procedure testing

Question

How often do you recommend Endo center staff be tested? By which test?

Answer

We do not recommend testing staff at this point until there is a point of care test available that allows you test daily. Appropriate PPE is best

Question

What is the risk of COVID-19 infection from the staff to the patient and the evidence?

Answer

There is no data on this.

Question

Is everybody following the room turnover recommendations in terms of air exchanges?

Answer

The air exchange chart from the CDC is based on clearing TB from a room - There has not been any clear recommendation to date that recommends following the same chart is necessary regarding COVID-19.

Question

For staff performing endoscopic procedures, do you recommend they wear a surgical mask over the N95 respirator?

Answer

We do this to protect the N95 masks, since they are in limited supply, though it is not necessary otherwise.

Question

I practice in a state (New Jersey) where we need to test every patient 96 hours before their procedure. Do we still need to have a specific number of air exchanges if our patients test negative for COVID-19 and everyone in the room uses an N95?

Answer

No.

Question

Should shields be cleaned between patients?

Answer

Yes

Question

Any guidance on how long procedures should be scheduled to maintain social distancing rules? Should waiting room square footage be calculated?

Answer

CMS recommendations include spacing chairs at least 6 feet apart. No visitors unless necessary for patient care. At our ASCs, family members wait in their cars and physicians phone the report to the family member.

Question

Are there differences between different RNA PCR testing in relation to positive/negative predictive value? How do we know our hospital's test is good if we don't all data like PPV, NPV?

Answer

Yes, PPV and NPV are dependent on sensitivity and specificity of the test and prevalence. The lab can give you the sensitivity and specificity of the test but with a very low prevalence the PPV is very low anyway

Question

Once test is negative in low prevalence area, is there a point in having extended turnover for aerosol settlement?

Answer

Current data suggests that the COVID-19 virus is spread by large droplets and not small aerosols. Even though the virus was detected in the air 3 hours later in one study, it was not a viral culture to determine viability. Large droplets should settle on a surface quickly and be wiped with standard cleaning and disinfection.

Question

Is committee in consensus about not requiring COVID test for screening colonoscopies in low prevalence area and going with standard PPE?

Answer

We think not obligate for all and can be individualized

Question

Can you go over the NPV of the PCR test as per to FDA testing calculator?

Answer

Please see here: <https://www.fda.gov/media/137612/download>

Question

How often should endoscopy staff be tested?

Answer

Unfortunately, there is no direct guidance here. We do not test staff at present.

Question

When doing viral swabs 48 hours prior to procedures, is your lab routinely contacting doctors (or even patients) with the results as soon as available; or only notifying if results are positive?

Answer

The lab notifies us thru the EMR.

Question

And are you having patients start bowel preps even later than usual because of delays in result reporting?

Answer

Yes, initially but 95% we have the results by the afternoon prior to the procedure.

Question

What testing is recommended based our decisions to do endoscopy with PPE or simple surgical mask - Rapid test/24 hour test/4 day test, etc.?

Answer

There is no rapid test available, even Abbott ID NOW is not suitable for ASCs. Only suitable test at this time is Nucleic acid amplication testing such as PCR testing and turnaround time varies based on where one is located and availability of the test.

Question

Do we need to do EGDs with MAC? What about colonoscopies?

Answer

No.

Question

Is there a recommended time we should wait between cases - if so, EGD? Colonoscopy?

Answer

There is no recommended set time to wait in between cases. The ACG Task Force has made it clear that the data suggesting specific times for air exchanges is not reliable to have a set time. Please consider local recommendations.

Question

Why are we GI's asked to let rooms "settle out" from aerosolization whereas dentists (who aerosolize more) are not asked to do so by the ADA?

Answer

Whether or not endoscopy is an aerosol generating procedure - we can take measures to source control - covering orifice, POM mask, surgical masks for patients having a colonoscopy to minimize large droplets spread and wipe surfaces with standard cleaning and disinfection. The extent of transmission resulting from airborne particles relative to large respiratory droplets is not yet known but appears to be less likely.

Question

What is the percentage is considered a "high prevalence" area? Or do we go buy our curves and colors on national maps. Looking for justification for N95 use in our area.

Answer

There is no set percentage for what constitutes "high" or "low" prevalence. We all would agree that New York and New Jersey and are high prevalence and Alaska and Montana are low prevalence. But what about the in-between? Less than 10%? Less than 5%? Federal guidance suggests that one should check with their state or local public health authorities.

Question

The PCR test isn't perfect. It had a 30% false negative rate at the peak. Wouldn't not using PPE based on a negative test be risky?

Answer

There is a range in sensitivity of the PCR tests probably somewhere between 70-94% So you have to know the prevalence in your area to decide on appropriate PPE use. Note would always use PPE, but it is the type we are talking about.

Question

You are recommending standard air exchanges for asymptomatic, negative tested patients. However, 40% of COVID is asymptomatic, and the PCR has up to a 30% false negative rate. Are you concerned at all that a COVID case will wind up in the endoscopy room, will aerosolize virus, and infect other patients?

Answer

The air exchange chart from the CDC is based on clearing TB from a room - There has not been any clear recommendation to date that recommends following the same chart is necessary regarding SARS-CoV-2. Current data suggests the virus is spread by larger droplets coming in contact with a nearby persons eyes, nose. Measures for source control can also minimize the potential droplets from such a patient.

Question

Are elastomeric masks also acceptable?

Answer

We purchased the 3M N-95 equivalent masks for our staff. We are following the guidance from the CDC based on the "[contingency capacity strategy](#)" regarding cleaning, reuse, and filter change.

Question

At what stage would one surmise its permissible to resume average-risk screening colonoscopies (at least based on the Federal stages)

Answer

This depends on local and state public health authorities and government. It varies across the country. Please check for your specific location.

Question

What about polyp surveillance?

Answer

This also would be considered an elective procedure, so please check with your state or local public health authorities or government.

Question

My hospital is requiring all patients to be COVID-19 tested 5 days prior to the procedure. Is there a definitive guideline on this? Also, certain patients don't want to come to get tested. What are some strategies to help patients feel more comfortable with this?

Answer

The closer to the prep time the better; <72 hours would be ideal. We have all of our patient called by an AP to explain to them about testing. We are only getting a 10% reschedule rate.

Question

Tricks on how to prevent fogging with eyeglasses/facial shields?

Answer

If you have a good seal on the mask, that may limit or decrease fogging. Some have applied an antifogging product used for scuba diving masks to facial shields to help with fogging.

Question

Can we take biopsies? Any change or specific recommendations?

Answer

No change.

Question

Any difference on testing based on procedure? EGD vs colonoscopy

Answer

No.

Question

How much time between cases is being used?

Answer

In our center we use approximately 15 or 20 minutes time between cases, simply because that is about how long it takes to do a thorough cleaning between procedures, not because of a specific air exchange formula or recommendation.

Question

Is 7-or 14-day post-procedure follow up recommended or required? If the patient reports that he/she developed COVID, what do you do with that information?

Answer

Our view is that this is of academic interest only for contact tracing. For the staff or ASC, if any person came in contact with that person without proper PPE then that person will be considered PUI (person under investigation) and dealt with appropriately.

Question

Is UV light in air handler assembly helpful for reducing COVID-19 spread?

Answer

The UV-C light has been effective against other bacteria and viruses but has not been tested/proven effective against SARS CoV-2 specifically. The air handler/"air scrubber" can increase the air exchanges but may change the temp or humidity in the room.

Question

If our speakers want us to base decisions on prevalence, but cannot define it, how can proceed?

Answer

The truth is what was stated on the webinar. There is no definite way to define what is low or high prevalence, according to federal guidance. We suggest reaching out to your state or local public health authorities and government for a recommendation on this. If the prevalence is less than 5%, we consider that low. That is only our personal opinions.

Question

6 ACH is the historic number for endoscopy rooms, assuming no airborne pathogens. For bronchoscopy, the number is 12. This number was based on concern of airborne pathogens. Shouldn't we be using 12 given the thought that this is an airborne pathogen?

Answer

The extent of transmission resulting from airborne particles relative to large respiratory droplets is not yet known but appears to be less likely therefore standard room turnaround should be adequate.

Question

Are any of the moderators using elastomeric respirators, or have any thoughts regarding their use?

Answer

We are using the 3M N-95 elastomeric respirators - they seem to be easier to breath than the N95. We are following the CDC guidance for "contingency capacity strategy" for cleaning, reuse, etc.

Question

How can we trust a COVID test which was done 72 hours ago as a reliable test while patient has had 3 days in between to potentially pick up the infection? Shouldn't we consider N95 for scopes regardless?

Answer

We agree that we can't, which is why we do not recommend testing is required for all.

Question

What prevalence is acceptable to just use surgical mask?

Answer

There is no definite way to define what is low or high prop prevalence, according to federal guidance. We suggest reaching out to your state or local public health authorities and government for a recommendation on this.

Question

What is a low enough prevalence area to just use surgical mask?

Answer

There is no definite way to define what is low or high prop prevalence, according to federal guidance. We suggest reaching out to your state or local public health authorities and government for a recommendation on this.

Question

Are the panelists scoping in surgical masks or N95? Can each panelist share if they are scoping in N95 for every procedure or doing the surgical mask route?

Answer

Some use an N95 mask, which is covered by a surgical mask to protect the N95 mask, and then place a face shield over that.

Question

Can you elaborate on the air exchange rate? With standard ACH, what is the recommended aeration time between cases? Did you say 15 minutes?

Answer

The air exchange rate is based on removing TB from a room where an infected person was. The time will depend on the currently installed HVAC unit. However - there is no current recommendation to suggest small aerosols are infectious and should determine time between cases

Question

Do you recommend electrostatic sprayers such as evaclean products to disinfect procedure rooms?

Answer

We do not have any information of that specific product, but the manufacturer should have details on the effectiveness and the use against SARS CoV-2.

Question

Do we need one or more negative COVID-19 test? And at what interval?

Answer

We ask for one negative or 6 weeks interval.

Question

Do you still wear a N95 mask if you are COVID testing all patients pre-procedure and are negative? I have a CRNA who does not want to wear one arguing the COVID screen is negative.

Answer

Dr. Latorre will address this in the webinar (your CRNA is being quite rational).

Question

Many centers do not have pre-procedure testing. Hence considering that up to 25% of patients might be asymptomatic, wouldn't it be safer to wear a N95 mask for upper endoscopy and ERCP (in addition to face shield)?

Answer

Yes, probably safer. If supply is adequate, which has been an issue across the country.

Question

Please define "high," "medium," and "low" prevalence areas.

Answer

There is no definite way to define prevalence, according to federal guidance. We suggest reaching out to your state or local public health authorities and government for a recommendation on this.

Question

How long should we wait between patients to let the room "settle" and disinfect? Previous webinar suggested 30-45 mins.

Answer

If this virus is spread primarily by large droplets then we can assume they would settle to a surface within several minutes and could be wiped with a disinfectant approved for SARS CoV-2.

Question

Why not test staff?

Answer

Any test you do on staff is good for one day. Any person can get infected on the same day of the test as they move about in the community. It is a slippery slope. Staff should have screening every day and should always have mask on when coming in touch with the patient.

Question

My center went to testing 4 days before scope because of turn-around time. Is that a bad idea?

Answer

As long as the patient is asked to quarantine after the test till the procedure, it is fine,

Question

Are we saying we don't need to wait for 6 air exchanges after an EGD (99% removal) to turn over a room? Can we bring next patient in sooner?

Answer

The 6 air changes per hour is the minimum standard for an endoscopy room but the actual time is determined by the currently installed HVAC system. There is no current recommendation that requires a full air exchange in a room with respect to SARS-CoV-2.

Question

We only have positive pressure rooms at our center. Can we open the door and have staff leave immediately after the scope - without virus getting down the hallway?

Answer

Most endoscopy rooms are positive or neutral pressure rooms and the air changes per hour is based on the HVAC system. Maintaining source control can minimize large droplet transmission.

Question

Should we always put surgical mask over the N95?

Answer

It might make it harder to breathe. We do this to protect the N95 masks, since they are in limited supply, though it is not necessary otherwise. Yes, it may be more uncomfortable with two masks rather than one.

Question

Is one face shield for the entire day okay?

Answer

Yes, if you have limited supplies. They should be appropriately cleaned in between cases, however.

Question

If the test is negative but procedure had to be cancelled, does the insurance pay for repeat COVID test?

Answer

Yes, at this time.

Question

How many in the panel use POM masks for EGDs?

Answer

We use a venti-mask and cut a cross-slit. This costs \$0.89 vs the POM mask which costs \$9.

Question

Regarding nebulizer treatments. Would it be reasonable to allow for pre-procedure nebulizer treatments to be administered in the pre-op area in comparison to post procedure treatment which should still be done in the procedure room?

Answer

A nebulizer is considered an aerosol generating procedure and should have closed circuit if possible.

Question

Are any GI practices still using computers in the room to write notes or have the removed them and completing charting outside procedure room?

Answer

We use the computer in the room and have a waterproof keyboard that is thoroughly cleaned between patients.

Question

We are in a low risk, 100 COVID cases in a 100,000 patient volume, rural region with absolutely limited availability of pre-procedure testing. Would you recommend maximal PPE in this scenario?

Answer

If you have no trouble with supplies, sure. But if a limited resource, not necessarily.

Question

I am the physician on call at the local hospital for my practice. I am getting called to perform endoscopy on COVID positive patients there. Should I not be performing procedures in the ASC where we are not performing examinations on COVID patients? Same day? Same week?

Answer

In our center, our endoscopy resumption committee decided that endoscopists who are seeing patients at the hospital should wait at least a day before coming and performing procedures at the ASC. CMS does not define a time period for this. Your local ASC board or endoscopy resumption committee should define this and adhere to the standard defined.

Question

We use full PPE with N95 masks for all providers in our center. Our staff dislikes wearing the N 95 masks and at times complain of weakness and difficulty breathing through the mask. I find myself occasionally

feeling hot and dizzy. Is there hypercapnia associated with N95 use? What can we do to help with these symptoms?

Answer

There are no documented hypercapnia issues with N95 masks, to our knowledge, although many complain of such headache and other symptoms. One option is to go to a safe space, such as outside, and take the N95 mask off in between procedures, or midway in the line-up.

Question

If N95 masks are to be reuse, do you have any recommendations on how to preserve them in between usage?

Answer

Per CMS, one strategy is to issue 5 N95 masks to each provider, wearing one each day and store it in a breathable paper bag at the end of each day. The order of use should be repeated with a minimum of 5 days between use

Question

Are most centers “resting” the room after procedures or extending turn-around time?

Answer

If this virus is spread primarily by large droplets then we can assume they would settle to a surface within several minutes and could be wiped with a disinfectant approved for SARS CoV-2.

Question

In stable, asymptomatic outpatients, our policy has been to screen for symptoms, and then test by PCR/nasopharyngeal swab 3 days prior. Patients then quarantine for 3 days prior to the procedure. The entire staff uses N95/P100 equipment. Given the scenario, is there any role for "room settling time" and/or negative pressure rooms?

Answer

No.

Question

Is anyone using a PAPR?

Answer

Yes. I use a PAPR mask when I scope at the hospital. It is much more comfortable than an N95 mask.

Question

If we're testing everybody for COVID-19, how important is the turnaround time between cases (down time to clear up air impurities)?

Answer

There is no standard recommendation for turn-around time, because there is no solid data or evidence for this, as this relates to air exchanges. It would be reasonable to take as much time as needed to adequately clean in between cases.

Question

How many of you are using procedure oxygen mask for all EGDs?

Answer

We use a venti-mask and cut a cross-slit for all EGDs. This costs \$0.89 vs the POM mask which costs \$9. We also use a venti-mask without the cross-slit for all colonoscopies.

Question

How do you reconcile difference in recommendations around N95 mask use between ASGE and ACG?

Answer

The ACG Endoscopy Resumption Task Force, through its work developing two webinars and the ACG Roadmap for Safely Resuming or Ramping-Up Endoscopy in the COVID-19 Pandemic, has based its recommendations on available data (when available) and to provide expert consensus opinion as to best practices when data are inadequate. Our goal was to provide plans that are safe, flexible, considering state, local, and institutional considerations, and be as practical as possible.

Question

Is it advisable to remove N95 between cases, say in pre-op and post-op?

Answer

I personally do not remove my N95 mask for the entire session of doing procedures, which at present is about five hours.

Question

Is it advisable to remove N95 between cases, say in preop and postop, but maintain a surgical mask?

Answer

I personally do not remove my N95 mask for the entire session of doing procedures, which at present is about five hours.

Question

In a free standing ASC with asymptomatic patient, is there a certain number of minutes recommended for settling time between procedures.

Answer

No.

Question

Are most endoscopy healthcare workers being tested for COVID-19?

Answer

No, they are not, and we advise against.

Question

Given that sensitivity of PCR testing is variable and has been reported to be as low as 70%, how can it be recommended to wear only a surgical mask if pre-procedure test is negative?

Answer

Depends on the test. Most legitimate tests if done properly have sensitivity of 90% plus.

Question

How critical is the air exchange time in the procedure rooms in determining when the next patient is brought into the procedure room? Does it make a difference if the patient tested negative for COVID - 19?

Answer

The 6 air changes per hour is the minimum standard for an endoscopy room but the actual time is determined by the currently installed HVAC system. There is no current recommendation that requires a full air exchange in a room with respect to SARS-CoV-2.

Question

If healthcare workers are COVID-19 tested, how often should this be done?

Answer

No one knows, of course, and we largely advise against this, due to imperfect sensitivity and the exact issue you mention.

Question

Do we know the importance of protection from aerosol transmission vs respiratory droplets ?

Answer

The extent of transmission resulting from airborne particles relative to large respiratory droplets is not yet known but appears to be less likely therefore standard room turnaround should be adequate.

Question

What about eye protection?

Answer

Face shields or goggles are recommended.

Question

Is a whole body suit needed? Could KN95 mask and a surgical mask on top of it be fine?

Answer

No, a whole body suit is not need. A gown, surgical hat or covering, and shoe coverings are recommended.

Question

What is best way to sanitize an N95?

Answer

There are multiple options for this. Please see page 9 of the [ACG Roadmap](#).

Question

There are logistic issues about doing testing, who should do it. Will the results come in time?

Answer

Yes, it took us a week to get the workflow down but now it works very well. We had one day that a bag of samples was misplaced, and the lab did not result out till midnight. Since 99.9% of tests have been negative thus far, we took a chance and had everyone prep.

Question

After each case, do you change PPE after each case, gown, N95 mask, facial shield?

Answer

It would be ideal to change PPE after each case, but unfortunately, most ASCs do not have enough PPE to be able to do so. We only change our gowns, but reuse the N95 mask and the facial shield, which we clean thoroughly.

Question

Can ACG guide which states require COVID-19 testing?

Answer

Please check you state's website for the information. Your ACG Governor can help too.

Question

How about KN95 masks? Are they just as good?

Answer

KN95 masks may not be as good as the N95 masks but are more protective than surgical masks.