

VERSION 3 ACTUALIZADO AL 14-4-2020 RECOMENDACIONES PARA EL FUNCIONAMIENTO DE LAS UNIDADES DE ENDOSCOPIA DIGESTIVA DURANTE EL BROTE DE INFECCION POR CORONAVIRUS (COVID-19)

Estimados endoscopistas de las Américas Frente a la situación de pandemia de COVID-19 y su rápida y cambiante evolución, la SIED ha elaborado las recomendaciones de manejo para las Unidades de Endoscopia de las Américas.

La versión 1 fue liberada el 13 de marzo pasado, la versión 2 el 18 de marzo y en este momento se envía la versión 3 actualizada a la fecha. Dr. Asadur Jorge Tchekmedjyan Presidente SIED Dr. Claudio Iglesias Secretario General SIED

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Version 3.0. Updated as to April 14, 2020. RECOMMENDATIONS FOR THE ENDOSCOPY UNITS DURING THE CORONAVIRUS INFECTION OUTBREAK (COVID-19). Background: The epidemiological and clinical situation in the Americas is changing on a daily basis. Given this unique situation and the rapid changes experienced, the Interamerican Society for Digestive Endoscopy (SIED) has issued a document of recommendations for Endoscopy Units on March 13, with the aim to prevent outbreaks and maintain a high quality endoscopy service without subjecting patients and staff to undue health hazards.

KEY POINTS: COVID-19 could be transmitted by symptomatic as well as asymptomatic patients. Elective procedures should be postponed but an appropriate clinical assistance must be ensured. If possible, human resources should be organized in teams trying not to overlap endoscopists with same skills. The psychological and economic impact during the pandemic is a major concern for the SIED board and we encourage to organize local strategies to mitigate these circumstances.

The following table is a suggestion for stratification of patients in order to select the most urgent clinical indication. Table with columns: ELECTIVE PROCEDURES (POSTPONE), NON-URGENT/NON-ELECTIVE (DISCUSS on a case by case basis), URGENT (PERFORM). Rows include: All routine diagnostic endoscopy, Screening or surveillance in a patient with asymptomatic upper GI disease, Screening or surveillance colonoscopy, Evaluation of non-urgent symptoms, EUS for pancreatic cyst or small subhepatic lesion, Endoscopic therapy for benign GI disorders, EUS/Emping for malignancy, Infected pancreatic collections drainage, Small bowel enteroscopy for occult GI bleeding.

Personal Protective Equipment (PPE) during endoscopy procedures: hospital headquarters should obtain the appropriate PPE. Institutional guidelines must be followed. A shortage in PPE has been reported, responsible and proper use are strongly encouraged. The Personal Protective Equipment must include: A. Disposable hairnet, B. Respirator masks such as N95 or FFP2 or 3, C. Face protection: goggles and face shield, D. Double gloves, E. Waterproof disposable gown, F. Shoe protectors.

The following diagram is a guide for the use of PPE. Please note that for endoscopy procedures we recommend use both goggles and face shield. And 2 pairs of gloves. The criteria for the wearing may vary with local guidelines. Steps to put on personal protective equipment (PPE): 1. Always use clean hands, 2. The wearing of PPE should be done in a clean area, 3. Enter the recovery room of PPE lockers, 4. Put on boot covers, 5. Put on face protection, 6. Put on a medical mask, 7. Perform hand hygiene, 8. Put on gloves (over cuff), 9. Put on goggles or a face shield, 10. Put on a cap, 11. Put on a gown, 12. Perform hand hygiene.

Steps to remove personal protective equipment (PPE): 1. Remove outermost gloves and place in a biohazard container, 2. If wearing goggles, remove them with your gloves still on, 3. Remove gown, 4. Remove boot covers, 5. Perform hand hygiene, 6. If wearing a head cover, remove it and place in a biohazard container, 7. Remove face protection, 8. Remove face shield or goggles, 9. Remove hand hygiene, 10. Perform hand hygiene.

Recommendations for anesthesia: Intubate and extubate the patient in a negative pressure room if available. Avoid tracheal suction of the distal trachea of the endotracheal tube during Upper Digestive Endoscopy in a ventilated patient, since this carries a high risk of aerosols carrying the virus. During intubation and extubation, only anesthesia staff should be present in the endoscopy room. Endoscopy Disinfection: Endoscopy Disinfection staff must wear an N95 mask or similar and appropriate PPE. An appropriate handling of disposable material and removing through high level washing and disinfection with demonstrated activity against enveloped viruses (such as coronavirus) must be followed in accordance with institutional guidelines and available products.

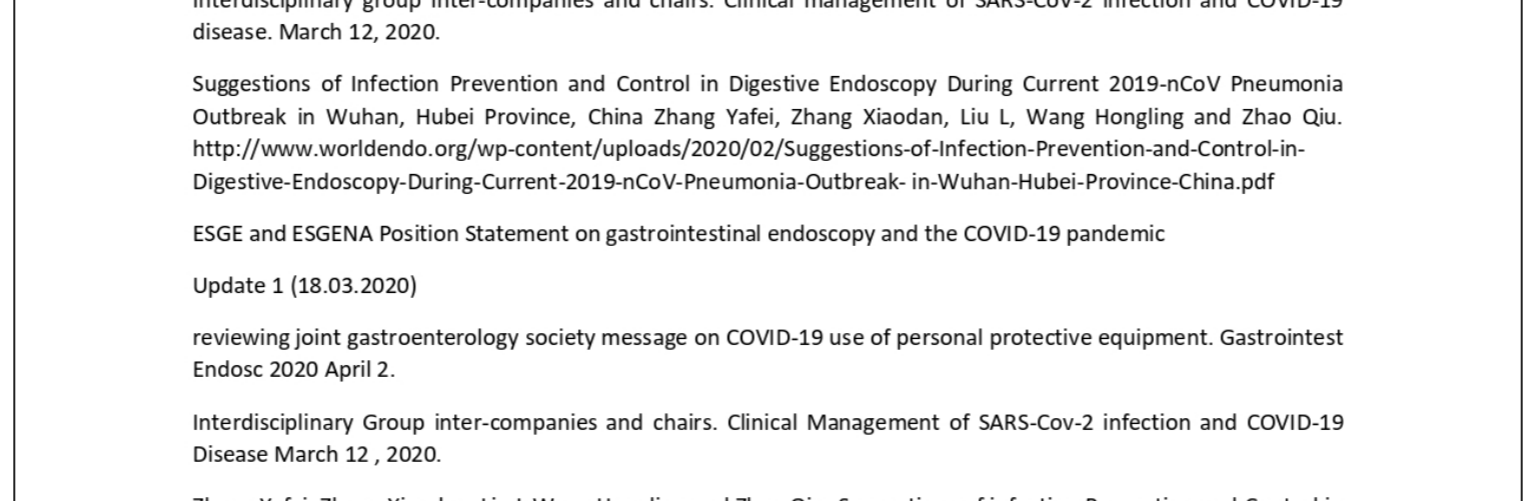
Recommendations for disinfection: SIED is available for joint discussion with colleagues and monitor the situation and update these recommendations. This document was prepared by the SIED COVID-19 Response Taskforce: Dr. Asadur Jorge Tchekmedjyan, Claudio Iglesias, Interamerican Gastroenterological Society, Leon Guzmán Calderín, Arecio Peñafoña, Fernando Flores, Carlos Eduardo Guzmán, Julio Pereira Lima, Roque Sáenz. Special acknowledgments to Drs. Blacou Rodriguez, Alejandro Rojas, Mariana González, Agostino Albillo Martínez, Enrique Viquez Sequeros, and Gaston Burghi for providing information and/or reviewing this document.

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