

COVID-19 FAQ: Personal Protective Equipment for GI Endoscopy

Note: The answers in this document are based on the current evidence available and are subject to revision as further evidence emerges.

1. What Personal Protective Equipment (PPE) is required for GI endoscopy procedures for patients with confirmed or suspected COVID-19?

Most endoscopy procedures on patients with confirmed or suspected COVID-19 require the following contact and droplet precautions:

- A proper single use PPE gown
- Surgical mask (with ties) with eye protection or surgical face mask with visor or goggles or face shield
- Single gloves worn over the gown that cover the wrists. Wearing double gloves is not necessary
- A hairnet is not required
- Change gown and all PPE between each case

Note: For patients without confirmed or suspected COVID-19, follow IPC Routine Practices. Wear at least gown and gloves, and consider a procedure mask (with ear loops) or a surgical mask (with ties) and face protection if there are any concerns of blood/body fluid splashes/other contact with face.

2. Is a N95 respirator recommended to be worn by staff for all endoscopy procedures on patients with confirmed or suspected COVID-19?

No. AHS Infection Prevention and Control (IPC) has carefully reviewed the available evidence and they support the use of N95 respirator, in addition to standard contact and droplet PPE precautions, for endoscopy in the following instances:

- A N95 respirator would be indicated for cases in which there was either high clinical suspicion that the patient had COVID-19 or there was confirmed COVID-19 test results, **but only in the setting of Aerosol Generating Medical Procedures.**
- **Aerosol Generating Medical Procedures include:** bronchoscopy, intubation and related procedures, mechanical ventilation, bi-level positive airway pressure (BiPAP), CPR, airway suctioning (not oral) and aerosolized medication administration. A complete list is available at: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-respiratory-additional-precautions-assessment.pdf>
- A N95 respirator should also be worn if there is a high risk that intubation will be required during the procedure (e.g. serious upper GI bleeding or difficult to manage food bolus obstruction) in a suspected or confirmed COVID-19 patient.

3. What is an Aerosol Generating Medical Procedure (AGMP)?

An AGMP is a medical procedure that can generate aerosols as a result of artificial manipulation of a person's airway. The risk of infection transmission via aerosols may increase during an AGMP because of the potential to generate a high volume of respiratory aerosols that are propelled over a longer distance than that involved in natural dispersion patterns.

4. Is a gastroscopy considered an Aerosol Generating Medical Procedure?

There are conflicting opinions. AHS IPC **does not consider** standard gastroscopy to be an Aerosol Generating Medical Procedure based on current scientific evidence.

Exposure to respiratory droplets is different from exposure to aerosols. Although there is no conclusive evidence that standard gastroscopy does not produce aerosols, in SARS and other previous similar outbreaks, transmission has not been linked to endoscopic procedures.

There is no evidence that an N95 respirator provides better protection than a procedure mask or surgical mask in this setting.

5. In what scenario would an endoscopy procedure be considered an Aerosol Generating Medical Procedure?

- Patient is intubated and/or ventilated -or-
- There is a high risk of requiring intubation during the procedure, e.g. serious upper GI bleeding or difficult to manage food bolus obstruction -or-
- Nebulized therapy/aerosolized medication administration

6. Is a colonoscopy an Aerosol Generating Medical Procedure?

AHS IPC does not consider colonoscopy to be an AGMP based on current scientific evidence. Although shedding of the COVID-19 virus in stool does occur, it is unlikely that a colonoscopy procedure generates aerosols, unless the patient is intubated or there is a high risk of requiring intubation during the procedure. Then there would be a risk of aerosol generation from the respiratory tract.

7. How does clinical judgment apply to the selection of PPE?

As outlined in the AHS Joint Agreement with Unions¹, “a point-of-care risk assessment (PCRA) must be performed before every patient interaction. The PCRA should include the frequency and probability of routine or emergent AGMP being required. If a health care worker determines on reasonable grounds that specific PPE is required, they shall have access to the appropriate PPE based on their PCRA...”

8. Where can resources about the proper use of PPE be found?

- AHS Requirements for Donning and Doffing PPE: https://ahamms01.https.internapcdn.net/ahamms01/Content/AHS_Website/Information_Fo_r/if-hp-ipc-donning-and-doffing.mp4 (Note: for doffing, proper handwashing is required between each step)
- Donning PPE: <https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-donning-ppe-poster.pdf>
- Doffing PPE: <https://www.albertahealthservices.ca/assets/Infofor/hp/if-hp-ipc-doffing-ppe-poster.pdf>
- PPE Checklist: <https://www.albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-chklist-contact-droplet-precautions.pdf>
- Dr. Joffe’s PPE Interview: [AHS guidelines related to this equipment for healthcare staff](#)

¹ <https://www.albertahealthservices.ca/assets/news/nr/ne-nr-2020-03-27-joint-statement-covid-ppe.pdf>