



British Society of Paediatric Gastroenterology Hepatology and Nutrition

## BSPGHAN consensus statement on Paediatric endoscopy recovery and restoration during the Covid-19 pandemic May 10<sup>th</sup> 2020

1. BSPGHAN endorses the British Society of Gastroenterology (BSG) position paper with some paediatric-specific amendments.

<https://www.bsg.org.uk/covid-19-advice/bsg-guidance-on-recommencing-gi-endoscopy-in-the-deceleration-early-recovery-phases-of-the-covid-19-pandemic/>

2. The risks of transmission of SARS-CoV-2 to staff (especially those handling and cleaning the scopes) as a consequence of undertaking endoscopy are still unknown. Paediatric endoscopy takes place in a high-risk area; an anaesthetic is given by general anaesthetic (GA) or by total intravenous anaesthetic (TIVA) with laryngeal mask (LMA) which are both aerosol-generating procedures.

We advise that upper and lower GI endoscopy under GA or TIVA be undertaken with level 2 PPE (FFP3 masks or respirators) until risk of transmission from faeces becomes clear.

The BSG guidance acknowledges that there are other circumstances to be considered when deciding on PPE and states "It is important that consideration is given to other elements of endoscopy as well as the procedure itself. These might include but not be restricted to: use of nitrous oxide; oxygen gas (Entonox); use of nasal oxygen; administration of throat spray or enemas".

2. Careful consideration needs to be given to the risk of exposing children and their families to a high-risk environment vs. the benefit of performing diagnostic endoscopy. The risk for staff also needs to be evaluated particularly in light of the evidence of increased risk amongst BAME colleagues. Chief Executive of NHSE, Sir Simon Stevens suggests that: *"regarding people from BAME backgrounds ... we recommend employers should risk assess staff at potentially greater risk and make more appropriate arrangements accordingly. Organisations should continue to assess staff who may be at increased risk including older colleagues, pregnant women, and those with underlying health conditions and make adjustments including working remotely or in a lower risk area"*.

3. BSPGHAN supports units trying to re-establish diagnostic endoscopy for suspected new IBD presentations where possible and to continue emergency endoscopy provision.

4. Centres should adhere to the same COVID-19 screening protocols developed by their co-located adult colleagues in gastroenterology and/or the pathways developed for paediatric surgical patients undergoing urgent and elective procedures.

5. Where possible paediatric endoscopy pathway should be in COVID-19-free areas of the hospital.

6. Please refer to guidance from Dept. of Health (Appendix 1)

## Appendix 1

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#ppe-guidance-by-healthcare-context>

### 8.2 Higher risk acute inpatient care areas

Long-sleeved disposable fluid repellent gowns or disposable fluid repellent coveralls, FFP3 respirators, eye protection, and gloves must be worn in higher risk areas containing possible or confirmed cases, or as indicated by local risk assessment. A higher risk acute inpatient care area is defined as a clinical environment where AGPs are regularly performed. Higher risk acute care areas include:

- operating theatres, where AGPs are performed
  - endoscopy units, where bronchoscopy, upper gastrointestinal or nasoendoscopy are performed
7. Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector
  8. Working in a higher risk acute care area with possible or confirmed case(s)<sup>3</sup> Higher risk acute areas include: ICU/HDUs; ED resuscitation areas; wards with non-invasive ventilation; operating theatres; endoscopy units for upper Respiratory, ENT or upper GI endoscopy; and other clinical areas where AGPs are regularly performed.