

Hospital: Klickitat Valley

Presenter: Paula Riley

Question/case summary:

For upper endoscopy, in patients who are a) COVID-asymptomatic and b) recently COVID tested negative, is there a recommendation for using either open-airway sedation or general endotracheal intubation for these patients to reduce risk of COVID transmission (undetected) to endoscopy staff?

UW TASP Recommendations:

- At UW Medicine, patients are tested pre-procedure.
 - If negative: procedure can be completed under regular precautions within 72 hours of negative test. Regular mask and face shield are adequate.
 - If the procedure is delayed, extending the time between the initial negative test and procedure beyond 72 hours, we recommend retesting the patient prior to procedure.
 - If there is no time to test prior to procedure, i.e. for an emergent procedure: we recommend completing the procedure in airborne precautions.
- When entering a COVID positive room, doffing gowns and gloves (and replacing with clean gloves) should be done prior to exiting the room. Eyewear is subsequently removed outside the room. If the procedure room is not a negative pressure room, all staff should wait 1 hour prior to entering/cleaning.
- We understand the challenges of clearly delineating what should and should not be considered an aerosol-generating procedure (AGP) requiring PPE. We recommend conserving PPE in the setting of patients who test negative, regardless if a procedure is considered an AGP (ex. Intubation). Standard precautions with a surgical mask and face shield are recommended for these settings.
- Given the uncertainty of reliable PPE supply, we feel strongly about conserving PPE so that it may be utilized not only in the setting of individuals who have tested positive, but also in anticipation of a second peak.

On behalf of the UW TASP Specialist Team:

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