

## **Resuming Elective, Non-Urgent Gastrointestinal Procedures during the COVID-19 Pandemic**

### *Joint Position Statement*

Gastrointestinal (GI) procedures are among the elective cases resuming in the U.S. As with all surgeries and procedures, criteria and policies should be established for facilities and providers in order to safely plan resuming patient care. The American Association of Nurse Anesthetists (AANA) and the Society of Gastroenterology Nurses and Associates (SGNA) support the recommendations as outlined by federal entities and other healthcare organizations relative to the reopening of the endoscopy area during the COVID-19 pandemic.<sup>1-5</sup> Supplementing these recommendations, we believe that it is essential for all provider groups to be included in developing local, regional, and national guidelines to ensure the safety of all frontline healthcare workers and their patients.

The timing for reopening and the safety of the working environment must be respective of the state, local and facility recommendations. Care must be taken to develop a plan that addresses the safe return of both patients and healthcare workers. For elective GI procedures to resume, the community and facility must demonstrate readiness with an assurance of a strong supply chain of items such as medication and Personal Protective Equipment to be able to provide services safely as patient volume increases.

Members of the healthcare team are entitled to safe working conditions, guided by policies and workflows adhering to infection prevention principles. Those clinicians who feel that their working environment could place their health in jeopardy, should be empowered to voice their concerns to the appropriate stakeholders. In particular, those with health conditions and/or advanced age may have concerns which may require special consideration.

Each facility should establish a multidisciplinary committee and create or modify policies, as needed, to support the safe return to work and patient care. These policies include, but are not limited to:

- monitoring of COVID-19 trends to assess its impact on operations;
- utilizing alternative methods of communication such as telehealth services when possible;
- patient screening per facility guideline which may include pre-procedure testing, screening questions and temperature check upon arrival;
- social distancing which may impact patient scheduling and hours of operation;
- appropriate proper personal protective equipment (PPE) use;
- adherence to infection control practices and guidelines;
- equipment reprocessing; and
- mitigation strategies for the preservation of PPE and potential drug shortages.

Policies that support staff safety should address COVID-19 concerns, these policies include, but are not limited to:

- staff screening;
- a process and procedures for staff who test positive for COVID-19;
- workflow patterns to minimize cross-contamination;
- individualized workstations;
- methods to provide social distancing wherever possible;
- availability of adequate, reliable, and consistent PPE; and
- staff stress and fatigue.

Ongoing training and education, as well as feedback on progress and communication with leadership are also essential. Each facility must establish their own safe visitor policies, which may include encouraging patients to bring only one essential family member or caregiver; providing masks, supplies to perform respiratory hygiene (i.e., tissues), and supplies to perform hand hygiene (e.g., hand sanitizer) for visitors when feasible; limiting entry points; and enforcing social distancing measures in waiting rooms.

These are unprecedented times for all healthcare practitioners. All must remain vigilant and aware of the potential that they may be caring for a COVID-19 positive patient. Each patient care situation must be evaluated for potential COVID-19 risk and its impact on the staff, workflows and the environment. Diligence is both necessary and appreciated.

Safety for both members of the healthcare team and their patients are paramount during the COVID-19 pandemic. As GI procedures begin to resume, the AANA and SGNA are committed to supporting the health and safety for our members and the patients and communities they serve.

## References

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4. American College of Surgeons, American Society of Anesthesiologists, Association of periOperative Registered Nurses, American Hospital Association. Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic. [https://www.facs.org/-/media/files/covid19/joint\\_statement\\_resuming\\_elective\\_surgery\\_after\\_covid19.ashx](https://www.facs.org/-/media/files/covid19/joint_statement_resuming_elective_surgery_after_covid19.ashx). Published April 17, 2020. Accessed May 18, 2020.
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