

ASENEM RECOMMENDATIONS TO RESTART DIGESTIVE MOTILITY LABORATORIES ACTIVITY DURING THE COVID-19 PANDEMIC

Produced by:



Endorsed by:

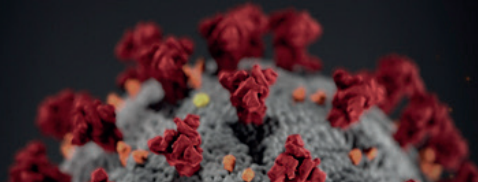


GENERAL

- 1 It is recommended to restart the activity of digestive motility tests gradually and to adapt it to the epidemiological situation of the SARS-CoV-2 infection, avoiding to postpone indefinitely those motility explorations with adequate indication.
- 2 At the moment there is NO concluding scientific evidence to support performing pre-procedure microbiological diagnostic tests for SARS-CoV-2 aiming at modifying the personal protective measures against the infection.

PRE-INTERVENTION

- 3 Question the patient before the appointment and before entering the laboratory about symptoms suggestive of COVID-19 and measure the temperature. If temperature over 37.2 °C or suggestive symptoms re-schedule the test (Appendix 1).
- 4 In patients with current COVID-19 infection confirmed by microbiological test or with suspected infection (compatible manifestations without microbiological confirmation) it is recommended to postpone the test until full recovery and completion of the recommended quarantine period.
- 5 In the case of patients who are probably immunized and asymptomatic patients with an unknown immunological status, it is NOT indicated to postpone the test.
- 6 In the case of asymptomatic patients who have had close, prolonged contact without the appropriate protection with an infected subject during the previous 2 weeks, it is recommended postponing the test for at least 2 weeks from the date of the risk contact.
- 7 Adjust the time assigned to the procedure considering the necessary measures to prevent COVID-19 infection. This will entail reducing the number of procedures and increasing the time assigned to each one.
- 8 Avoid crowding in waiting rooms. It is advisable that patients come alone or with only one accompanying person, and that the safety distance is maintained.



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- 9 Provide the patient and his companion with the means to wash their hands with a hydroalcoholic solution upon entering the waiting room and when they leave the Motility Unit. Both must wear a mask during their stay at the hospital facilities (Appendix 2).
- 10 A healthcare provider with symptoms compatible with COVID-19, or with recent, close and prolonged contact with a COVID-19 patient, without the adequate protection, must NOT perform motility examinations until the disease is overcome, or the quarantine period has been completed.

INTERVENTION

- 11 Motility tests are only exceptionally urgent. In patients with current SARS-CoV-2 infection, it is recommended to postpone the tests until the disease is overcome and the recommended quarantine period has been completed.
- 12 In the exceptional case where the performance of a motility procedure cannot be postponed and the patient had a suspected or confirmed COVID-19 infection, it is recommended to perform the procedure in one of the endoscopy or surgical rooms enabled for such a purpose (ideally, rooms with negative pressure).
- 13 Use personal protection equipment (PPE) in all healthcare personnel involved in the performance of motility procedures (Appendix 3 and 4).

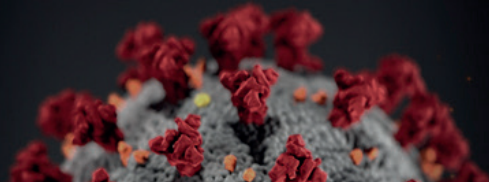
POST-INTERVENTION (Appendix 5)

- 14 Disinfection and reprocessing of reusable probes will be performed according to usual protocols.
- 15 Disinfect the pH /pH-impedance recorder and its accessories, stretcher, railing, and other elements with which the patient or explorer have had contact, using the viricidal agents recommended by the Healthcare Authorities.
- 16 The healthcare personnel must remove the PPE in the same room where the procedure was performed or in a room enabled for such a purpose, depending on the availability.
- 17 The single-use materials used must be discarded into a container for infectious biological waste (Category B, UN 3291).
- 18 It is advisable to contact the patient 15 days after the procedure, to keep a record of the activity and ensure it is being performed securely.

SPECIAL PROCEDURES

Hydrogen breath test and breath tests for *Helicobacter pylori*

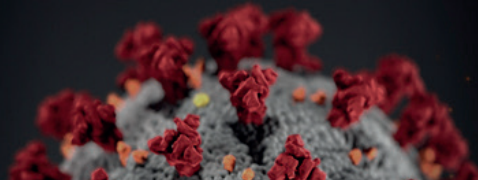
- 19 It is advisable to review and, if needed, adapt the protocols of collection, management, and analysis of samples to reduce the risk of direct transmission by aerosols and prevent the contamination of adjacent devices and areas.
- 20 During the sample collection process, special attention should be paid to undertake the necessary cautions, depending on the methodology and local characteristics, to prevent aerosol propagation.
- 21 The discarded materials must be thrown into a specific container for the processing of potentially contaminated biological products.
- 22 It is recommended that the instructor of the sample collection process wears an FFP2 (N95) or FFP3 mask and gloves. Both personnel who processes the sample and those who remain next to the patient during the exhaling maneuvers must wear a standard PPE.



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Instrumental tests for Oropharyngeal Dysphagia

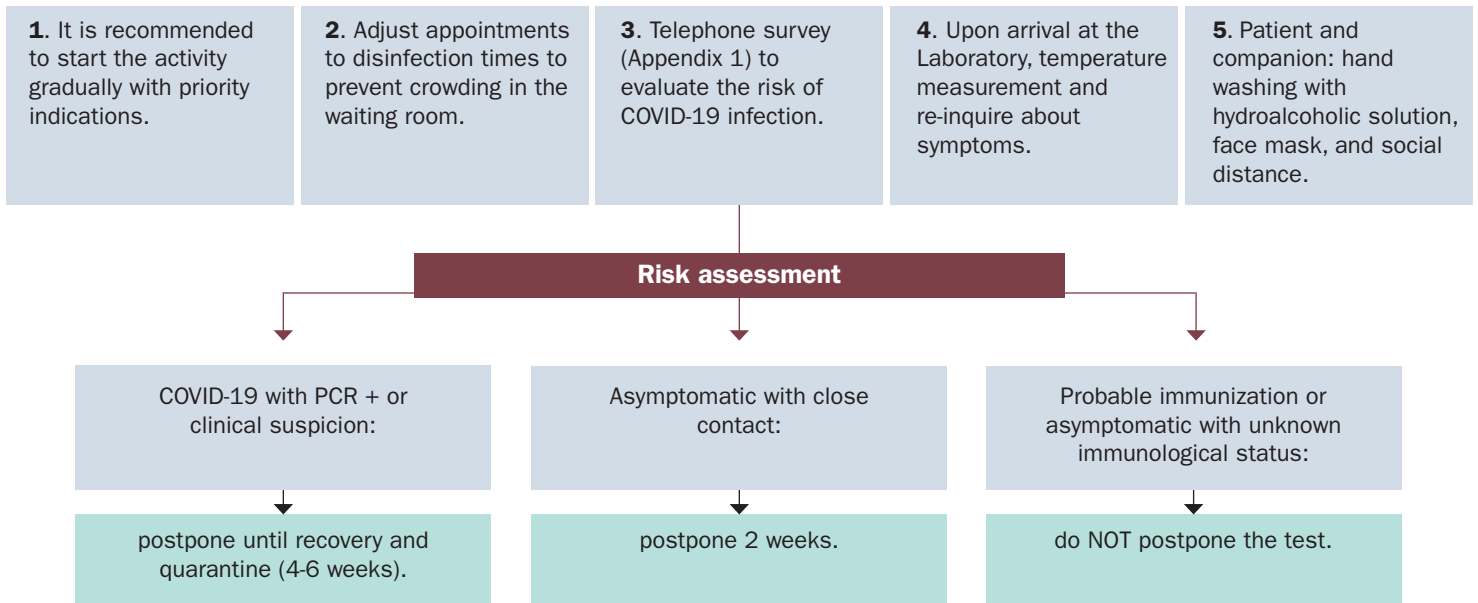
- 23 These tests have a high aerosol generation potential, so the same protection measures as for upper tract motility procedures are recommended.



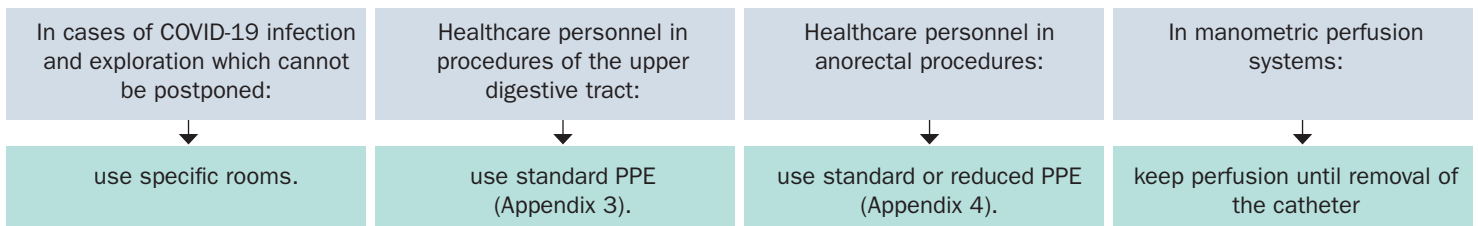
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FLOWCHART OF RECOMMENDATIONS

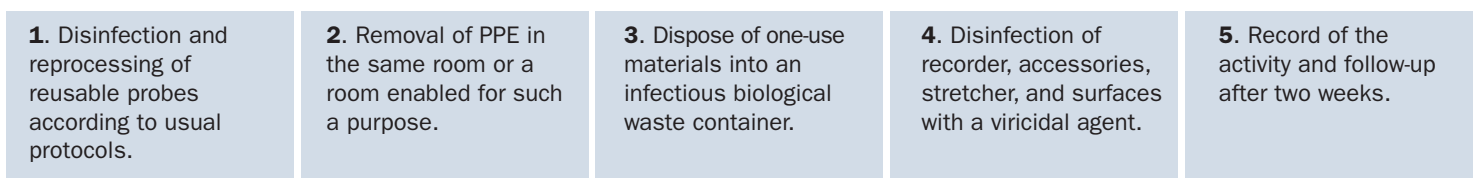
BEFORE THE PROCEDURE



DURING THE PROCEDURE



AFTER THE PROCEDURE



APPENDIX 1. TELEPHONE SURVEY DURING THE APPOINTMENT AT THE MOTILITY UNIT

SYMPTOMS		
For the past 14 days did you suffer from...?	YES	NO
1. Dry cough for more than 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>
2. Difficulty breathing (feeling short of breath).	<input type="checkbox"/>	<input type="checkbox"/>
3. Fever (>37.2°C).	<input type="checkbox"/>	<input type="checkbox"/>
4. Sore throat.	<input type="checkbox"/>	<input type="checkbox"/>
5. Muscle pain.	<input type="checkbox"/>	<input type="checkbox"/>
6. Chills.	<input type="checkbox"/>	<input type="checkbox"/>
7. Headaches of recent appearance or more intense than usual.	<input type="checkbox"/>	<input type="checkbox"/>
8. Recent loss of smell or taste.	<input type="checkbox"/>	<input type="checkbox"/>
<p>If any of the described symptoms is present, the appointment will be postponed, and the test will be rescheduled (4-6 weeks after the onset of the symptoms).</p>		
IF SUSPICIOUS SYMPTOMS WERE NOT PRESENT DURING THE PREVIOUS 14 DAYS, ASK ABOUT:		
RECORD OF HAVING HAD COVID-19		
<p>• If COVID-19 <u>was confirmed by a microbiological test</u>:</p> <p><input type="checkbox"/> Quarantine has NOT been completed*: POSTPONE THE TEST (even if they have PCR -).</p> <p><input type="checkbox"/> Quarantine* has been completed and confirmation PCR -, or no confirmation PCR is planned: PERFORM THE TEST.</p> <p><input type="checkbox"/> Quarantine* has been completed, but confirmation PCR +: POSTPONE THE TEST.</p> <p style="text-align: right;">*4 weeks from the onset of symptoms (6 in severe cases)</p>		
<p>• If COVID-19 compatible symptoms, <u>NOT confirmed by microbiological tests</u> have been present:</p> <p>Symptoms onset date: ___ / ___ / ___ Symptoms end date: ___ / ___ / ___</p> <p><input type="checkbox"/> More than 4 weeks from the onset of symptoms: PERFORM THE TEST.</p> <p><input type="checkbox"/> Less than 4 weeks from the onset of symptoms: POSTPONE THE TEST.</p>		
RECORD OF CLOSE CONTACT WITH COVID-19 PATIENT		
<p>Date of contact: ___ / ___ / ___</p> <p><input type="checkbox"/> More than 2 weeks from contact: PERFORM THE TEST.</p> <p><input type="checkbox"/> Less than 2 weeks from contact: POSTPONE THE TEST.</p>		

APPENDIX 2.

LIST OF VERIFICATION BEFORE THE PERFORMANCE OF THE TEST

(mark with an "X" while the steps are being completed in the following order)		
1.	Confirm hand hygiene of patient and companion with hydroalcoholic solution.	<input type="checkbox"/>
2.	Confirm that patient and companion are wearing a face mask (otherwise, provide a surgical mask) and keep the safety distance.	<input type="checkbox"/>
3.	Survey of patient symptoms has been done.	<input type="checkbox"/>
4.	Take the temperature of the patient. If $T^{\circ} \geq 37.2$ °C, suspend the test and reschedule appointment.	<input type="checkbox"/>

APPENDIX 3.

EQUIPMENT AND PROTECTIVE MEASURES RECOMMENDED IN THE DIGESTIVE MOTILITY UNIT

WAITING ROOM	
For the patient and companion	Use of hydroalcoholic solution at the entrance and exit of the Motility unit
	Surgical face mask
	Gloves (optional)
	Distance of at least 1.5 meters
	Not using magazines or objects that can act as fomites
	Temperature <37.2°C
DURING THE PROCEDURE	
For the personnel that performs the test	Washing hands
	Disinfecting solutions
	Uniform
	Hospital footwear
	FFP2 / N95 or FFP3 mask
	Protective goggles with lateral seal
	Face screen
	Double glove
	Overshoes (optional)
	Impermeable surgical coat
	Plastic apron
	Adjust the height of the bed to avoid being in front of the patient

APPENDIX 4. VERIFICATION OF INDIVIDUAL PROTECTIVE EQUIPMENT DURING THE TEST

(mark with an "X" while the steps are being completed in the following order)	
Motility procedures on the upper digestive tract	PPE for biological protection with protection against aerosols and splashes
	<input type="checkbox"/> FFP2-3 or N95 mask
	<input type="checkbox"/> nitrile gloves
	<input type="checkbox"/> impermeable surgical coat
	<input type="checkbox"/> protective goggles or face screen
	<input type="checkbox"/> 2nd pair of nitrile gloves on top of the surgical coat
Anorectal explorations with defecatory maneuver	PPE for biological protection with protection against aerosols and splashes
	<input type="checkbox"/> FFP2-3 or N95 mask
	<input type="checkbox"/> nitrile gloves
	<input type="checkbox"/> impermeable surgical coat
	<input type="checkbox"/> protective goggles or face screen
	<input type="checkbox"/> 2nd pair of nitrile gloves on top of the surgical coat
Anorectal exploration without defecatory maneuver	PPE for biological protection
	<input type="checkbox"/> medical masks (for healthcare personnel and patient)
	<input type="checkbox"/> nitrile gloves
	<input type="checkbox"/> surgical coat (not necessarily impermeable)
	<input type="checkbox"/> optional ocular protection
	<input type="checkbox"/> 2nd pair of nitrile gloves
<p>It is useful to follow the visual guide provided by the World Health Organization (WHO): https://www.who.int/csr/resources/publications/ebola/ppe-steps/en/ PPE: Personal protection equipment.</p>	

APPENDIX 5.

LIST OF POST-INTERVENTION VERIFICATION

(mark with an "X" while the steps are being completed in the following order)	
1. Remove and dispose of PPE in the same room where the procedure is performed.	<input type="checkbox"/>

It is useful to follow a visual guide during the removal of the different elements, such as the one provided by the WHO: <https://www.who.int/csr/resources/publications/ebola/ppe-steps/en/>

2. Dispose of the used one-use materials into a container for infectious biological waste (Category B, UN 3291).	<input type="checkbox"/>
3. Disconnect the pH/Impedance tube from the recorder before removing it to facilitate its fast disposal into a plastic bag.	<input type="checkbox"/>
4. Check in perfusion systems: do not close the perfusion until the catheter has been removed from the patient.	<input type="checkbox"/>
5. Disinfection with a viricidal agent of stretcher, railing, and other elements with which the patient or the physician has had contact.	<input type="checkbox"/>
6. pH or pH-impedance recorder, cover, and security strap: place them in a container and disinfect with 70% alcohol or other viricidal agent before performing the data transference.	<input type="checkbox"/>
7. Disinfection of the rest of the devices according to the usual protocol of the Motility Unit.	<input type="checkbox"/>