**Operating Procedure Number: SOP011**

**Bowel Cancer Screening Centre: Covid-19 Recovery Strategy**

**Version Control Sheet**

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| **Bowel Cancer Screening Centre: Covid-19 Recovery Strategy** |
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| **1.2** | **Updated practices throughout in light of infection control recommendations, updated recommendations and guidance and practice feedback** | **To ensure an updated working SOP** |  | **07/05/2020** |
| **1.3** | **Updated and clarified to ensure meets restoration template criteria as per practice** | **Updated SOP for clarification** |  | **12/05/2020** |
| **1.4** | **Introduction amended,****1.2 includes HP team making additional information available to patients, clarification of testing a carer/ relative, checklist clarification, key aspects include this is a live document, 7 day self-isolate, post procedure questionnaire, staff rotations, testing** | **Review to ensure reflects current updated guidance and practice** |  | **19/05/2020** |
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**Introduction**

As we are now in the recovery phase of the Covid-19 pandemic, in line with national BSG & JAG guidance, this document outlines plans to invite and recall bowel cancer screening participants for the trust and the population we serve in NWL (Brent, Harrow, Hillingdon, (34%) Ealing.

The endoscopy unit and screening centre is liaising with the trust executive team, NHSEL & PHE regularly to provide updates on the processes, infection control measures and prioritisation of patients to establish and to ensure maximal risk reduction for exposure to COVID-19 to the out patient population.

The endoscopy and bowel cancer screening centre at St Mark’s is now a dedicated ‘COVID minimised’ unit to enable urgent elective outpatient work to be performed in a safe, COVID negative environment.

* We currently have X individuals awaiting a lower GI procedure following face to face or telephone clinic. Some of these patients are repeat tests awaiting therapy/ polypectomy.
* A further X requiring a clinic appointment for initial assessment, plus an additional X who have been identified by the HUB (total X for clinic assessment) who have had a positive FIT.
* There are currently X patients awaiting site checks for previous polypectomy.
* There are X patients where Surveillance is due in line with current BSG (2019) guidelines (as of 19/05/2020)
* There are approx. X participants awaiting a new bowel scope appointment due to screening centre cancellation
* The last Bowel Scope list was Saturday 14th March.
* The last BCS Colonoscopy list was Monday 16th March.
* All patients/ participants referred to the screening centre received a phone call to check for any adverse symptoms and a letter.
* Currently the screening centre is actively working on reviewing all those referred for surveillance to ensure they are in line with current BSG (2019) recommendations. This ensures appropriate colonoscopy and assists in the recovery planning for demand and capacity.

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**This strategy has the following key aims:**

* To allow procedures for patients at high risk of either having or developing cancer, and those with urgent clinical needs, to be performed in a safe environment that adheres to the changes in practice required.
* To reassure commissioners and relevant stake holders that the site we are using for screening patients is COVID-minimised and safe for patients and staff.
* To enable a level of service to potentially continue should there be further peaks or increases in Covid-19 work over the coming 12-18 months.

**The key aspects to the recovery strategy are:**

* To commence screening colonoscopy in Room 6 at SMH
* Booking to approx. 50% usual capacity to ensure adherence to distancing of patients and allow for the extra procedure time due to altered admission/discharge pathways, PPE requirements and enhanced room cleaning needed between procedures.
* Priority of calling/ identification & booking of patients/ participants in the BCSP
* Workforce
* This is a live document and is being updated as practice, guidelines change and develop

# Administration/booking requirements

* All patients currently postponed and waiting to be booked will need to be called by a member of the screening team to discuss and confirm their appointment details.

**1.1 Clinic Assessment**

* Those who have had a previous clinic assessment will be contacted to ensure there are no changes in their health status.
* Those without telephone numbers; the screening team will search on the local PAS system, ask the GP for these details or use electronic care records. If the number is still unobtainable a letter will be sent to contact the screening centre as soon as possible to discuss rebooking their appointment.
* Maps have been edited to detail the changes in place in light of Covid-19 and sent to the HUB.
* All participants will be asked if they have had or are having any COVID symptoms. Participants will be further deferred for 14 days from time of symptoms starting. After 14 days the screening centre will contact the participant again to discuss booking their screening appointment.
* Following discussion with an SSP or member of the screening team, participants may choose not to proceed with the screening programme at this stage. This will be documented on the BCSS and the episode and PAS entry left open. The screening team will discuss a suitable period of time in which to re-contact the participant (approx. 4-6 weeks). If after three months (from the time of calling) the participant still does not wish to participate then the episode will then be closed. If this episode remains open after 3 months they risk missing any re-call in the screening programme. They will be made aware they can re-open their episode at any time (in the next two years).
* Those awaiting a clinic assessment will be offered to book an appointment with an SSP.
* Video consultation will be offered if available for assessment clinics. This is accessed using Attend Anywhere for which all SSP’s have access.
* If video consultation is not available/ appropriate then the participant will be called to clinic (face to face). A room has been identified in St Mark’s Out Patient department as these rooms are larger and allow for 2m socially distancing between practitioner and patient.
* The participant will be greeted by a member of staff wearing appropriate PPE (surgical face mask). The participant will be asked to apply alcohol gel to their hands and wear a surgical face mask. Each participant will have their temperature and symptoms checked on arrival.
* We advise that at this time we cannot have family members/friends attend the appointment with patients (exceptional need discussed case by case). If carers/ relatives are required for additional patient need then they will be need to follow the same testing & processes as the patient.
* All patients should be screened for symptoms using FTOCC/SCOTS questions

*Please see Standard Operating Procedure for: COVID 19 Swabbing prior to endoscopy at St Mark’s*

**1.2 Colonoscopy**

* Those who had colonoscopy postponed due to COVID-19 will be contacted by a member of the screening team. These patients will have anxiety and questions related to rebooking their screening colonoscopy which can be addressed and discussed accordingly.
* The Health Promotion team is developing on line materials to support and allow patients to understand the processes put into place and what to expect on arrival.
* All patients should be telephone screened for symptoms using FTOCC/SCOTS questions 1-3 days prior to their lower GI procedure.

*Please see Standard Operating Procedure for: COVID 19 Swabbing prior to endoscopy at St Mark’s*

* All participants will be asked if they have had or are having any COVID symptoms. Participants will be further deferred for 14 days from time of symptoms starting. After 14 days the screening centre will contact the participant again to discuss booking their screening appointment.
* Patients will be requested to ensure that they reduce unnecessary contact with others in line with current “lock down” criteria 7 days prior to their procedure.
* Patient information sheets post procedure has been edited to detail the changes in place due to COVID-19. Mainly a phone call at seven and fourteen days to check for any COVID symptoms post procedure.
* Following discussion with a member of the screening team, participants may choose not to proceed with a diagnostic test at this stage. This will be documented on the BCSS and the episode and PAS entry left open. The screening team will discuss a suitable period of time in which to re-contact the participant (approx. 4-6 weeks). If after three months (from the time of the call) the participant still does not wish to participate then the episode will then be closed. If this episode remains open they risk missing any re-call in the screening programme. They will be made aware they can re-open their episode at any time (in the next two years).
* We advise that at this time we cannot have family members/friends attend the appointment with patients (exceptional need discussed case by case). If carers/ relatives are required for additional patient need then they will be need to follow the same testing & processes as the patient.
* The patient/ participant will be greeted by a member of staff outside the main St Mark’s hospital building wearing appropriate PPE (surgical face mask). The patient/ participant will be asked to apply alcohol gel to their hands and wear a surgical face mask. The patient/ participant will be asked to dispose of their own PPE if they are wearing this. Each participant/ patient will have their temperature & symptoms checked on arrival.
* Following the procedure, a member of staff will call the escort to inform them the patient is ready for collection and ask them to call again when they are in the St Mark’s Hospital Patient Entrance and wait for a member of staff to escort the patient/ participant to them.
* Patients are advised to avoid public transport and use private vehicles

**1.2.1 Radiology**

* CTVC will be undertaken at CMH as an interim measure to minimise exposure to COVID-19 and ensure patients and staff are as safe as possible in terms of risk.
* All CTVC diagnostic tests will continue to be reported and authorised by St Mark’s Radiologists/ Consultant Radiographer as per current BCS practices.

**1.2.2 Interpreters**

* All interpreters will only be booked for telephone interpreting currently.
* Only in exceptional cases (ie: if patient is hard of hearing, needs BSL etc) , they would book a face to face interpreter.
* Interpreters can be invited and attend the Attend Anywhere video consultation.
* Attempts will be made to match the language of the patient and a staff member in the room where possible
* A non-verbal communication sheet is also available in the endoscopy procedure room

**1.3 Testing**

* All patients will be tested for COVID-19.

*Please see Standard Operating Procedure for: COVID 19 Swabbing prior to endoscopy at St Mark’s*

* Test kits, specimen bags and collection boxes can be collected from the microbiology department as required
* All SSP’s & ASP’s will/ are trained in undertaking swabs for COVID-19 on all patients/participants.

# Priority of calling/ identification & booking of patients/ participants in the BCSP

* Deferred polypectomy already identified in the BCSP
* FIT positive participants – awaiting colonoscopy. These individuals will be called in date order and using risk stratification as advised *(Specialty guide for patient management during the coronavirus pandemic, Clinical guide for risk stratifying participants on the bowel cancer screening pathway, 27 April 2020 Version 1.0)*.
* FIT positive participants – awaiting clinic assessment. These individuals will be called in date order and using risk stratification as advised.
* Referred for colonoscopy after criteria fulfilled from bowel scope – polypectomy required, after consultant review
* Referred for colonoscopy after criteria fulfilled from bowel scope – other reason, after consultant review
* Site checks/ surveillance due after consultant review
* Bowel Scope (Flexible sigmoidoscopy) will remain suspended

# Call & re-call

* Once the backlog of patients/ participants has been achieved the BCSC will liaise with the HUB on resuming FIT invitations.
* There are no current plans to resume bowel scope invitations. There is no current ability to be able to ensure adherence to distancing of patients and allow for the extra procedure time due to altered admission/discharge pathways, PPE requirements and enhanced room cleaning needed between procedures in this cohort of participants. The BCSC anticipates a national decision on bowel scope screening. It is recognised that those offered an appointment should have their invite honored but this maybe via alternative screening methods.

**3.1 Timetable Room 6**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| **AM** |  | **BCS Colon list x 3** | **BCS Colon list x 3** | **BCS Colon list x 3** | **BCS Colon list x 3** | **BCS Colon list x 3** |  |
| **PM** |  |  |  |  |  |  |  |

* Current accredited colonscopists scheduled are: BPS/ STG/AH/MV/NS/AW/KM
* AVH is still assisting in the ward and therefore not scheduled for BCS lists currently.

# Enhanced admission, procedure and discharge processes

**4.1 Admission**

* All lists to be booked to approx. 50% capacity, this will be based on patient numbers rather than procedure points, with no more than 3 patients per list
* Timings of bookings to be spaced to allow distancing of patients at all times.
* There will be one entry point (main endoscopy reception) and one exit point (BCS/PP door)
* There will be a flow which will ensure there is no cross over of patients in the unit.
* Patients will call the unit & be met at the main entrance on arrival.
* A member of staff will greet the patient and ask them to apply alcohol gel and a clean surgical face mask. Nursing staff will take the temperature of the patient and symptom check on arrival.
* The escort will be asked to leave if present and await call for collection in St Mark’s hospital main entrance. If there are additional patient needs this will be discussed and arranged on a case by case basis.
* If patients are wearing their own PPE they will be able to dispose of this on arrival.
* If carers/ relatives are required for additional patient need then they will be need to follow the same testing & processes as the patient
* Once temperature and symptom check has been performed the patient will be escorted to the endoscopy unit.
* Patients with a temp >37.8 and symptoms will be sent home and informed to self-isolate in line with current government guidelines
* The endoscopy reception will admit the patient as normal practices
* All staff should be wearing at least surgical facemasks when working outside the procedure rooms. Aprons and gloves as appropriate for patient care.
* Member of nursing team comes to reception to collect patient and take them to the admission room. Usual admission process. Consent form completed by the SSP.
* For all patients, the risk of COVID infection will be included in the consent process.
* If more than one patient is in the department, they must be kept at 2 metres distance at all times. This is possible and will be overseen for adherence by the endoscopy nursing teams
* Patients will be admitted and get changed in the admission rooms. They can either wait in the individual admission room (encouraged) or sit in the waiting area with their face mask still in situ and social distancing

**4.2 Procedure**

**4.2.1 Team Brief/ staffing**

* There will be a team briefing/ huddle at the start of any list with all staff involved in the running of the screening endoscopy list.
* The room SSP will ensure that all patient information and screening summaries are available for discussion with the whole team.
* The endoscopists and room nurses will go to the admission room and undertake confirmation of consent and undertake the safety checklist.
* All staff are to ensure they have walked the patient process to ensure familiarity prior to the session commencing.
* Names and roles will be written on aprons in the room (front and back).
* Extra staff allocation will be needed to support the lists: a ‘runner’ will be provided for the room to bring any additional accessories or other equipment needed and allow communication between the procedure rooms and endoscopy staff.
* Further aids to enhance communications and non-technical skills have been reviewed and developed.
* There will be one endoscopy admission nurse, two nurses for the endoscopy room, one endoscopy nurse as a runner, one endoscopy discharge/ recovery nurse.
* Appropriate skill mix will be selected for staffing the screening lists acknowledging that approx. 60% of patients have a polyp.
* There will be one SSP in the room, one SSP for discharge & an ASP as required as a general runner for ensuring smooth running of the list.

**4.2.2 Procedure rooms**

* There will be no paperwork in the rooms. This will be completed outside the room. Ideally all required information should be entered and stored electronically.
* The safety checklist should be completed prior to the start of the list with the whole team (in admission room).
* Donning is in the seated recovery area only. There will be a buddy to assist.
* Once the room staff are ‘donned’ and in the procedure room the patient will be brought to the room by the ‘runner’. ID and equipment checks will be performed again.
* There is a checklist laminated and cleaned on the wall of the endoscopy room as an aid memoir.
* The polyps will be recorded live on the computer as per normal practices. This can be electronically sourced so that information and care pathways are complete.
* Screening data will be captured live on BCSS by the SSP in the procedure room.
* Procedure rooms will be cleared of all unnecessary equipment.
* All computer keyboards compatible with infection control practices have been requested from IT services and should be in situ in procedure rooms with AGP.
* Appropriate PPE to be worn in the procedure rooms. Room staff should only leave the room when clinically needed, or for comfort breaks, in order to limit PPE use. Clear procedures for the donning and doffing of PPE are in place with endoscopy policies.
* If an additional scope is required during the procedure the staff in the room will communicate with the ‘runner’ and the requested scope will be brought to the room accordingly.
* No food or drink to be brought into the procedure rooms at any time.

**4.2.3 Histopathology**

* Only one copy of the report will be printed in the procedure room for histopathology purposes.
* All histopathology will be placed in a bag with a copy of the report as per normal practices. The sealed bag will be placed into a clean bag from the room staff to the ‘runner’ and delivered directly to histopathology reception.

**4.2.4 Post procedure**

* Clear procedures for doffing of PPE are in place with endoscopy policies. There are laminated instructions for staff to follow and use as a reminder.
* Following the procedure, a minimum of four air exchanges changes is considered acceptable as the time required for clearance of aerosols and the room can be cleaned/ staff can enter the room without a FFP3 mask. In room 6 the extract is 8.7 Ac/h (air changes per hour). Therefore a minimum of 30 minutes should be allowed to pass for clearance and settling of aerosols generated, before the room is wiped clean + floor mopped between patients. The consent room will need cleaning between each doffing of FFP3 masks.
* Additional domestic services are in place to clean the areas once the procedure has finished. The nursing staff should enter the time on the door when it is considered acceptable to enter the procedure room.
* Decontamination procedures are detailed in a separate document. All scopes should be taken from the procedure room (after bed side clean) and put into the locked trolley with a hard case directly outside the room and taken to the decontamination facility.
* Patients to have facemasks re-applied post-procedure (if removed)
* Patient will be taken to room 6 recovery for monitoring, rest and discharge processes. Patient one in bay 1, patient two to bay 2 etc
* ‘Sign out’ should take place in the room & recovery area and a debrief of the whole team at the end of the procedure if required or the end of the list.
* Refreshments will be provided to patients.
* The discharge SSP/ ASP will offer an electronic copy of the report for patients. A printed version will be provided if they request. A printed copy of the endoscopy report will be sent to the GP and filed in the medical records.
* Once ready for discharge, escort called (if appropriate) and asked to telephone once they are in hospital main reception or use the endoscopy intercom system; patient then escorted by one member of staff to meet escort.
* Un-sedated/unescorted patients to be escorted by one member of staff to the exit door once discharged.
* Patients to be called at 7 and 14 days post discharge to check they are well and did not develop COVID-19 symptoms or complications post-procedure.

*Please see post procedure questionnaire*

* SSP’s will call patients post procedure for post investigation including providing results

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* The BCSC will continue to ask patients to complete feedback on their experience so that the service can learn, reflect and develop.

# Staffing

* The majority of endoscopy & screening nursing staff were seconded to the medical/COVID wards are no longer required due to the drop off in COVID work.
* Approximately half the screening workforce were seconded to ITU. All these members of staff have now been released back to screening without adversely affecting ITU staffing requirements. ITU will continue to be supported as required.
* The nurse endoscopists and majority of consultants that were seconded to the COVID wards have also been released, and the requirement for those endoscopists remaining on COVID rotas has significantly reduced. We therefore have sufficient endoscopists to staff these lists and this will not impact on the medical ward rotas.
* If staff are required to rotate into inpatient areas during their working day staff are required to ensure they are ‘clean’ prior to entering the COVID-Minimised Endoscopy unit. This includes using showing facilities, changing scrubs.
* ALL staff take responsibility for sign & symptoms of COVID-19 and are fully aware not to come to work if they are displaying any new symptoms. Each morning on arrival to work each staff member undertakes temp/ symptoms screening.
* Staffing requirements for Room 6 Screening Colonoscopy:
	+ - Endoscopy admin/ receptionist
		- One endoscopy admission nurse
		- One endoscopy discharge nurse
		- 2 endoscopy room nurses (ability to perform polypectomy/ appropriate therapy)
		- One screening consultant
		- One SSP in room
		- One SSP runner
		- One endoscopy/ One ASP runner
		- Decon technicians
		- Screening admin – discharge
* Staffing requirements for FIT positive assessment in OPD:
	+ - One SSP
		- One screening admin for admission/ booking
* Testing of patients will be undertaken by ASP’s/ SSP’s in OPD for Saturday, weekdays by the OPD staff
* There will also be screening team (SSP/ASP/Admin) to support the continued surveillance reviews, histology processes, blood result processing, clinician reviews, cancer services referrals and follow up, follow up patients calls and telephone discharge clinics, MDT etc (the list is not exhaustive of the screening duties)
* The screening centre has engaged with the Trust provision of psychological support to ensure the workforce are supported emotionally in response to COVID-19.
* The trust are actively engaging with BAME staff and the risk of COVID-19
* The risk of staff being exposed to COVID-19 in the Bowel Cancer screening centre is low with the additional measures put in place. Staff are also requested to wear facemasks in the workplace/ offices and undertake regular hand hygiene.
* Hot desking is not required and staff have identified working spaces. If a shared facility occurs staff are aware to clean before and after use, especially keyboards, surfaces and telephones.
* There are daily communications between the Directors of Screening, Clinical lead for endoscopy and screening centre management.
* There is regular communication between the endoscopy and screening leads/ management and the surgical division in LNWUH & the Medical Director.
* The Clinical Programme manager is an active member of the Pan London recovery group with NHSE/ SQAS

# Symptomatic/ Inpatient Endoscopy

* Facilities & enhanced processes have been established to ensure maximal risk reduction for exposure to COVID-19 to the out patient population.
* All in-patient/emergency endoscopy will be performed in Theatres at NPH to allow SMH endoscopy to be kept 'clean'.
* Elective GA/complex therapy work will be booked into endoscopy rooms 2 /3 at St Mark’s (always emergency surgical cover on site via CEPOD).
* Using endoscopy facilities at Central Middlesex Hospital will allow 2WW diagnostics, High risk surveillance, ERCP, Variceal banding to be undertaken.
* Using endoscopy facilities at the BMI Clementine Churchill Hospital will allow 2WW diagnostics, High risk surveillance, GA diagnostics & potential for selected therapeutic endoscopy procedures to be performed.
* ERCP and radiology screening procedures to continue in St Mark’s x-ray on an adhoc/ patient need basis
* Ealing endoscopy to perform in-patients/emergencies only.

# Cancer services

* All cancers identified during screening will follow the same processes for referring into cancer services.
* Post investigation contact will take place remotely with the SSP via telephone or video consultation.
* If there is need a face to face post investigation clinic appointment can be arranged in the main OPD with an SSP (as per clinic process)
* Imaging, MDT will be requested as per normal practices
* MDT is via Microsoft teams to maintain social distancing for which the screening MDT members have access
* All appointments new or follow up are taking place remotely via telephone and patients are currently booked in under “Tuesday cancer clinic” via St Mark’s appointment team.
* If there is a need the surgical team will see patients face to face in their respective clinic.
* All trusts will continue with as much priority cancer surgery as possible while there is capacity within their organisation. Where demand outweighs capacity patients to be referred to the Cancer Hub for time critical cancer surgery\*.
* The RM Cancer Hub prioritises level 1b and level 2 patients\*.
* Patients will remain on their local PTL for tracking and ensuring post-operative follow-up\*.
* \*Please see - RM Partners Delivery Group Meeting Pack, 23 April 2020

# References

* Clinical guide for risk stratifying participants on the bowel cancer screening pathway, 27 April 2020 Version 1.0
* SSP support for BCSP hub helpline during COVID19 epidemic (sent 21st April 2020)
* NHS Bowel Cancer Screening COVID-19 Task and Finish Group, Frequently asked questions (FAQs), 14 April 2020
* Clinical guide for the management of patients requiring endoscopy during the coronavirus pandemic, 02 April 2020 Version 1, Publications approval reference: 001559
* Endoscopy Services: Covid-19 Recovery Strategy
* Guidance : Transmission characteristics and principles of infection prevention and control, Updated 27 April 2020 - <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/transmission-characteristics-and-principles-of-infection-prevention-and-control#contents>
* RM Partners Delivery Group Meeting Pack, 23 April 2020
* St Mark’s Bowel Cancer Screening Centre - Executive Summary
* BSG – British Society of Gastroenterology
* JAG – Joint advisory Group for GI endoscopy
* Pan London Guidance on the Principles for Infection Prevention & Control In the context of COVID 19 to reduce the risk to patients being provided with planned and emergency care in all healthcare settings