**Standard Operating Procedure for:**

**COVID 19 Swabbing prior to endoscopy at St Mark’s**



British Society of Gastroenterology guidance on recommencing gastrointestinal endoscopy in the deceleration and early recovery phases of COVID-19 pandemic - <https://www.bsg.org.uk/covid-19-guidance-advice-documents/>

Swabbing timetable and COVID – 19 PRE- QUESTIONNAIRE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Endoscopy day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Swab AM | Thursday endoscopy | Friday endoscopy |  |  | Monday endoscopy | Tuesday/ Wednesday endoscopy |  |
| Swab PM |  |  |  |  |  |  |  |
| Result | Tuesday/ Wednesday result 48 hrs\* | Thursday result 24hrs | Friday result 24hrs |  |  | Monday result 24hrs | Tuesday/ Wednesday result 24 hrs |

\*Staff available to check results

* Patients will be called prior to their screening colonoscopy as above
* The patient will be asked to wear a mask and have their temperature taken on arrival to STM OPD (Out- patient dept.)
* The COVID-19 pre questionnaire will be completed
* The patient will be swabbed
* The patient will receive their appointment letter, bowel preparation and informed consent process will take place if this has not been done
* The patient will be contacted to inform them of their swab result prior to taking bowel preparation.

**Appendix 1:**

PATIENT STICKER

**COVID – 19 PRE- QUESTIONNAIRE**

1. Have you had the following **symptoms** in the last 14 days (tick box)?

Fever >37.5 C  Loss of taste  Confusion (in elderly)

  New persistent cough  Loss of smell  Reduced mobility (in elderly)

  Myalgia  Nausea (vomiting)

  Difficulty in breathing  Diarrhoea

If yes, escalate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Have you come into **contact** with a known or suspected case or COVID-19 in the last 14 days?

If yes escalate

3. Could you possibly have been exposed to COVID-19 because of work **(Occupation)** in the last 14 days?

If yes escalate

4. Have you **travelled and returned** from known COVID-19 risk areas in the last 14days?

If yes escalate

5. Have you received a letter advising you to **shield?**

If yes escalate

**PRECAUTIONARY MEASURES (**Remind patients re: below)

* **Temperature check on arrival to endoscopy**
* **Face mask provided and worn on arrival to endoscopy**
* **No visitor policy**
* **Waiting times**
* **Transport method (bring appointment letter as proof re: lockdown)**