

Advice regarding working in endoscopy for vulnerable clinical staff during the COVID-19 pandemic

The Government's advice on shielding changed on 1 August, stopping the right to shielding for extremely vulnerable¹ NHS staff. Employers are still obliged to support extremely vulnerable staff to work from home if possible, and where not feasible support them to return to the workplace 'safely'. A recent study of 6,208 endoscopy procedures performed in a "COVID-minimised" environment with telephone follow-up of patients and staff showed no evidence of new COVID symptoms², but minimising risk depends on scrupulous attention to protective procedures.

Risk assessment

Generally, extremely vulnerable staff will be required to undertake risk assessments and then have honest, confidential and compassionate conversations with their employer as to how/if return to work can be facilitated based on the outcome of the risk assessment. This should be facilitated through the local hospital Occupational Health service, with the support of line managers. Decisions must be individualised, as individual circumstances will vary. Support is available through the BMA for members (tel 0300 123 1233) and the RCN for nurse members (tel 020 7409 3333).

Where, due to local restrictions, clinically extremely vulnerable staff are required to shield and are unable to work from home, employers should follow the latest NHS Staff Council guidance on pay, and ensure staff receive full pay under the provisions of COVID-19 special leave.

Endoscopy procedures and risk to clinical staff

The consensus is that particular risk surrounds aerosol-generating procedures (AGP), and gastroscopy and other upper gastrointestinal procedures (e.g. ERCP, upper GI enteroscopy) are considered to be AGPs, but lower gastrointestinal procedures are not considered to be aerosol-generating or high-risk.

In many services, elective endoscopy patients have had pre-procedure testing for COVID and

symptom assessment before entering the endoscopy unit, so risks from patients are probably much lower. However, false-negative rates for the test are approximately one in five patients so testing does not guarantee non-infectivity. In some units, endoscopy staff will also be regularly tested and screened for symptoms, but this is not universal. For emergency endoscopy, it may not have been possible to screen patients, and any hospital in-patient is at much higher risk of being infected. It is appropriate therefore to consider that vulnerable clinical staff may, if they feel it is safe to do so and their needs are met, undertake elective endoscopy, but not in-patient or emergency procedures.

All vulnerable clinical staff must wear appropriate PPE according to local and national guidance but should be permitted to wear additional protection (such as FFP3 masks at all times) if they feel that this will help to reduce their overall risk. All staff, and especially the most vulnerable, will be safest in well-ventilated endoscopy rooms with the ability to 'socially space' as much as possible. Staff who have not been doing endoscopy procedures for many months may be deskilled and should restart endoscopy with more straightforward procedures and have a process in place to mentor their return to practice.

Respect for vulnerable clinical staff

Vulnerable staff must be treated with respect and consideration by managers and colleagues. The privacy of their health information must be maintained, and there should be no stigma attached to those who have to undertake restricted duties. Staff members should be signposted by Occupational Health, to the appropriate resources for their physical and psychological health and have a system in place to review this.

BSG elected councillors Oct 31st 2020

References

1. NHS UK website
<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>
2. Hayee, Bu'Hussain, East, James, Rees et al. A multi-centre prospective study of COVID-19 transmission following outpatient Gastrointestinal Endoscopy in the United Kingdom. MedRxiv <https://www.medrxiv.org/content/10.1101/2020.08.02.20166736v2>

Useful resources

[Guidance for NHS employers on how to support staff](#)

[The BMA guidance on risks assessments](#) - this includes a risk stratification tool for individuals not already identified as being vulnerable:

[The Royal College of Nursing guidance](#)

[RCP recommendations for continued care and support of people who are clinically extremely vulnerable](#)