## Evidence Search Service Results of your search request

**Colonoscopy and Endoscopy in relation to COVID-19 and aerosol generation**

Thank you for requesting this evidence search. We hope you find the results useful. If you would like to discuss the findings or require an additional search, please contact: Alison McLaren [alisonmclaren1@nhs.net](mailto:alisonmclaren1@nhs.net)

Please acknowledge this work in any resulting paper or presentation as: *Evidence search:* *Colonoscopy and Endoscopy in relation to COVID-19 and aerosol generation* Alison McLaren. (22 April 2020). East Surrey Hospital, UK: Surrey and Sussex Library and Knowledge Services.

## Summary

It appears that endoscopy was not initially recognised as an aerosol generating procedure and the British Society of Gastroenterologists had to demonstrate and prove the case. It is now recognised as such and as a hot spot necessitating full PPE if carried out. The BGS in association with other societies has indicated that endoscopy should be paused except in urgent cases. However concern is growing about the delay to diagnosis and the effect and impact on patients and waiting lists.

JAG has paused accreditation assessments until the end of June 2020 and has extended the certification window for number of procedures carried out.

## Contents

<https://www.thejag.org.uk/COVID-19>

JAG refers Endoscopy service provision the BSG

**JAG accreditation** - JAG is not undertaking accreditation assessments up to 30 June 2020. Services which are unable to have an assessment, or which are unable to maintain their waiting times due to the impact of COVID-19, will maintain accreditation. Accredited services are still asked to complete their annual review but will be given extra time if this is required. The April GRS census has been cancelled; however services can complete this independently if they would like to.

JAG certification: **Certification extension -**From 20 April 2020, the criteria to have completed 15 procedures in the last 3 months will be extended to 15 procedures in the 6 months prior to applying for certification. Furthermore, the procedure KPIs will be calculated from 6 months data rather than 3 months data. Also, the window for submission of all 4 summative Direct Observation of Procedure Skills (DOPS) forms will be extended from 1 to 3 months. These timelines will be kept under review.

JAG certification requirements are informed by the evidence base available to guide the criteria for each procedure. This is key to ensuring high quality endoscopy and therefore maintaining patient safety. To reflect this and to ensure consistency, all other certification criteria are not being altered.

FAQ: **We have not been able to maintain the JAG standards due to COVID-19, for example not undertaking the correct meetings or maintaining gender segregation due to reduced capacity. Will this affect my JAG accreditation?**

JAG accreditation will not be affected in services that are temporarily unable to meet the JAG standards due to COVID-19. Services should ensure that the standards are met as best as is possible, undertaking a risk assessment where necessary and ensuring that quality and safety is maintained.

**Additional documents and advice can be found on the BGS website:** COVID-19 Guidance & Advice <https://www.bsg.org.uk/covid-19-advice/>

**Faculty of Intensive Care Medicine** (and others): Table: Personal Protective Equipment (PPE) for COVID-19 positive or possible patients <https://static1.squarespace.com/static/5e6613a1dc75b87df82b78e1/t/5e91ee25a89a10132534a96e/1586621990439/PPE-guidance2020_11.04.20.pdf>

[A. National and International Guidance](#Content1)

American Gastroenterological Association (AGA)

[Rapid Recommendations for Gastrointestinal Procedures During theCOVID-19 Pandemic](#Research628219)

British Society of Gastroenterology (BSG)

[Endoscopy activity and COVID-19: BSG and JAG guidance – update 03.04.20](#Research628139)

[BSG rationale around current advice to all Endoscopy Units](#Research628146)

[COVID-19: BSG and BASL advice for healthcare professionals in Gastroenterology and Hepatology](#Research628220)

[Joint ACPGBI, BSG and BSGAR considerations for adapting the rapid access colorectoral cancer pathway during COVID-19 pandemic](#Research628325)

[Service Recovery Documents: The What, When and How](#Research628326)

British Society of Gastrointestinal and Abdominal Radiology

[CT Colonography activity and Covid-19: British Society of Gastrointestinal and Abdominal Radiology guidance](#Research628141)

ESGE

[ESGE and ESGENA Position Statement on gastrointestinalendoscopy and the COVID-19 pandemic](#Research628132)

Gut

[Practice of endoscopy during COVID-19 pandemic: position statements of the Asian Pacific Society for Digestive Endoscopy (APSDE-COVID statements)](#Research628221)

NHS England

[Clinical guide for the management of patients requiring endoscopy during the coronavirus pandemic](#Research628137)

NHS Scotland

[Rapid Review of the literature: Assessing the infection prevention and control measures for the prevention and management of COVID-19 in health and care settings](#Research628217)

Public Health England (PHE)

[COVID-19 personal protective equipment (PPE)](#Research628140)

Royal College of Surgeons (RCS)

[COVID-19: Good Practice for Surgeons and Surgical Teams](#Research628131)

[B. Systematic Reviews](#Content3)

The Lancet Gastroenterology & Hepatology

[Endoscopy in inflammatory bowel diseases during the COVID-19 pandemic and post-pandemic period](#Research628153)

[C. Institutional Publications](#Content4)

Royal College of Surgeons in Ireland

[Updated General Surgery Guidance on COVID-19](#Research628213)

[D. Original Research](#Content5)

1. [Gastrointestinal endoscopy during COVID-19: when less is more](#Research628136)

## A. National and International Guidance

#### American Gastroenterological Association (AGA)

**Rapid Recommendations for Gastrointestinal Procedures During theCOVID-19 Pandemic** (2020)

Sultan S. et al

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=68635214bd3d27552cdefacdece8c42d)

[...] Multiple questions have been raised regarding the gastrointestinal and liver manifestations of COVID-19 infection, and implications of SARS-CoV-2 infection on gastrointestinal endoscopy. A joint society statement of the American Gastroenterological Association (AGA), the American Association for the Study of Liver Diseases (AASLD), the American College of Gastroenterology (ACG), and the American Society for Gastrointestinal Endoscopy (ASGE) on March 15, 2020 highlighted the potential for SARS-CoV-2 transmission through droplets, an established mode of transmission, and possibly fecal shedding, and the associated risk for transmission to endoscopy personnel during gastrointestinal endoscopy procedures. ... Aerosol-generating procedures, procedures that generate small droplet nuclei in high concentrations and permit airborne transmission, include upper GI endoscopic 8 procedures such as esophagogastroduodenoscopy, small bowel enteroscopy, endoscopic ultrasound, endoscopic retrograde cholangiopancreatography (ERCP), breath tests, and esophageal manometry. Aerosolization of viral particles may occur during insertion of the scope into the pharynx during intubation as well as during insertion and removal of instruments through the endoscope channel. The risk of aerosolization of viral particles during lower GI procedures, such as colonoscopy, sigmoidoscopy and anorectal manometry, has been less well studied.

#### British Society of Gastroenterology (BSG)

**Endoscopy activity and COVID-19: BSG and JAG guidance – update 03.04.20** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=969cafb001f31ce808dc0a2bbb1f4ec0)

Updated 7 April: Key advice: It is the belief of the BSG, JAG and other key stakeholders representing the UK endoscopy community that FIT screening and Bowel Scope should be paused with immediate effect. -- Following the general strategic intent expressed by the UK Government to reduce any non-essential exposure to the COVID-19 virus and to take all reasonable measures to limit its spread, the BSG now recommends that all endoscopy except emergency and essential procedures should stop immediately (see below). -- We recommend that 2WW referrals are risk assessed on a case by case basis before tests such as upper endoscopy, colonoscopy or CT abdomen/pelvis (or, exceptionally, CT colonography) are organised, to prioritise those felt clinically to be at greatest need and to take account of limited availability of facilities, staff and appropriate PPE. Decision-making: Emergency/essential procedures (need to continue) -- Needs discussion (case-by-case) -- Defer until further notice --- We believe that GI endoscopy of all kinds, but especially upper procedures, are aerosol generating procedures (AGP). The latest PHE guidance recognises upper GI procedures as AGP and recommendations for PPE are available. Adequate PPE is also vital as part of the wider infection and prevention control strategy to limit spread of the virus.

**BSG rationale around current advice to all Endoscopy Units** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=19ed48c6687acb6370e1713b3fb75c10)

Current advice in COVID-19 Guidance for Infection Prevention and Control in Healthcare Settings (GIPCHS)(1) and the National Infection Prevention and Control Manual (NIPCM)(2) in Scotland, whilst containing information on COVID-19, contain inconsistencies regarding Aerosol Generating Procedures (AGP), particularly relating to GIE. In particular, the advice based on the transmission of Influenza cannot be generalized to COVID-19, unless modified to take account of significant differences between the infections. GIE procedures involve exposure to COVID-19: Unlike Influenza A, COVID-19 is present in all secretions with the exception of sweat. These include respiratory secretions, saliva and diarrhoeal stools -- Risks in GIE arise from touch, aerosol, conjunctival contact and faeces. Peri-endoscopic transmission has been reported from China(3) and Italy(4) -- The NICPM(2) states that: Full body gowns/Fluid repellent coveralls must be worn when there is a risk of extensive splashing of blood and/or other body fluids e.g. in the operating theatre; and when a disposable apron provides inadequate cover for the procedure/task being performed. GIE procedures are Aerosol Generating. GIPCHS(1) and NIPCM(2) state that COVID-19 is droplet spread and that FFP3 or hoods should be worn during AGPs and at all times in high risk units (ICU/ITU/HDU) -- Upper GI Endoscopy involves continuous suction through the scope and continuous- suction through the oral route. This inevitably includes respiratory secretions as well as GI secretions -- The suction takes place at face level. Endoscopy Nurses lean over the patient to hold the mouth guard -- Continuous suction through the scope is occurring at around 30cm distance from the mouth, nasopharynx and eyes of the operator -- The endoscope continuously blows air, under pressure, into the oropharynx and GI tract producing bubbles and spray -- The same considerations also apply to colonoscopy and ERCP. BSG advice is based on the best evidence from China(3) and Italy(4) which indicate that GIE procedures pose a risk of cross contamination to patients and to staff.

**COVID-19: BSG and BASL advice for healthcare professionals in Gastroenterology and Hepatology** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a299fed3cae3f5acf5716bb3fa1fd5be)

25 March 2020: Endoscopy and COVID-19: Endoscopy Teams are advised to follow both national guidance for reducing transmission of infection with COVID-19 (websites above) but also agree their own local protocols and policies in collaboration with senior management, Infectious Disease or Infection Control teams. There are both general measure that should be followed and specific measures around personal protective equipment (PPE). PPE for endoscopy procedures – advice is that standard infection control measures should be followed except for aerosol generating procedures (AGP) in patients at high risk of or with confirmed COVID-19 infection. AGP in this context means upper GI procedures and for patients who fall into this category, enhanced PPE is recommended including FFP3 masks. Endoscopy teams should also consider enhanced PPE for emergency and out-of-hours procedures and also consider arrangements for the most appropriate location to perform these within their hospital. Units are encouraged to ensure staff know how to be fitted for the appropriate size of FFP3 mask and how to put on PPE correctly.

**Joint ACPGBI, BSG and BSGAR considerations for adapting the rapid access colorectoral cancer pathway during COVID-19 pandemic** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=d544cae5d29413bde3ab2251d143f117)

Updated 20 April 2020: NHS England recently published specialty advice for endoscopy services, advocating continuation of both the rapid access cancer referral pathway and bowel cancer screening with FIT: During the COVID-19 pandemic, rapid access two week wait colorectal cancer referrals will continue. Changes to our usual methods of managing these patients will have to be made because: Only therapeutic emergency and essential endoscopy is being carried out given the risks of aerosol generating procedures (AGP). Colonoscopy, flexible sigmoidoscopy and rigid sigmoidoscopy are currently classified as procedures that may be deferred during the pandemic. Use of virtual colonoscopy (CT colonography) should also stop unless there is explicit local agreement amongst all relevant stakeholders that capacity exists to continue a reduced service. There will undoubtedly be increased demand for diagnostic and screening CT scanning for patients with confirmed or suspected COVID-19 infection. The British Society Gastrointestinal and Abdominal Radiology advice is availableHospital footfall increases the risk of contracting COVID-19 infection, with the biggest risk of associated mortality applying to older and/or comorbid patients. Many patients with newly diagnosed colorectal cancer may have treatment deferred until healthcare resources recover, unless they develop complications requiring emergency admission.

**Service Recovery Documents: The What, When and How** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=60ec2f8b80c3b35d129455947d6d31d4)

This document accompanies three grids: two related to service planning, in which priorities for planning and delivery across the specialty of GI medicine are proposed. The aim is to provide a pragmatic ‘toolkit’ for GI unit operations, during COVID-19. The third is a ‘dictionary’ of codes for specialty conditions and procedures. ICD-10 and OPCS have been used and new SNoMed CT codes are also included for ease.

#### British Society of Gastrointestinal and Abdominal Radiology

**CT Colonography activity and Covid-19: British Society of Gastrointestinal and Abdominal Radiology guidance** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=13f95646a0158a4ac33473992478a2f7)

Updated 19 April 2020: Current guidance documents by the British Society of Gastroenterology (BSG), Joint Advisory Group on GI endoscopy (JAG), British Society of Gastrointestinal and Abdominal Radiology and the Association of Coloproctology of Great Britain and Ireland (ACPGBI), recommend careful triage of urgent lower GI cancer referrals to prioritise those requiring urgent investigation and recommend cessation of non-essential endoscopy (https://www.bsg.org.uk/covid-19-advice/endoscopy-activity-and-covid-19-bsg-and-jag-guidance/) ( https://www.acpgbi.org.uk/news/joint-acpgbi-bsg-and-bsgar-considerations-for-adapting-the-rapid-access-colorectal-cancer-pathway-during-covid-19-pandemic/). ... Current guidance also states that a reduced CTC service may continue with local stakeholder agreement; even so, it is clear CTC activity has reduced considerably in the NHS. ... Currently all endoscopic procedures are considered aerosol-generating procedures (AGP). It is unknown if CTC is an AGP, but any risk is likely substantially reduced compared to that of lower GI endoscopy.

#### ESGE

**ESGE and ESGENA Position Statement on gastrointestinalendoscopy and the COVID-19 pandemic** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=6256c8c5ae84dace81658bbb7db684a1)

Position statement: The European Society of Gastrointestinal Endoscopy (www.esge.com) and the European Society of Gastroenterology and Endoscopy Nurses and Associates (www.esgena.org) are joining forces to provide guidance during this pandemic to help assure the highest level of endoscopy care and protection against COVID-19 for both patients and endoscopy unit personnel. This guidance is based upon the best available evidence regarding assessment of risk during the current status of the pandemic and a consensus on which procedures to perform and the priorities on resumption. We appreciate the gaps in knowledge and evidence, especially on the proper strategy(ies) for the resumption of normal endoscopy practice during the upcoming phases and end of the pandemic and therefore a list of potential research questions is presented. New evidence may result in an updated statement.

#### Gut

**Practice of endoscopy during COVID-19 pandemic: position statements of the Asian Pacific Society for Digestive Endoscopy (APSDE-COVID statements)** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e61d89fee4d7024813e8772c6767d7a3)

Coronavirus-19 (COVID-19) caused by SARS-CoV-2 has become a global pandemic. Risk of transmission may occur during endoscopy and the goal is to prevent infection among healthcare professionals while providing essential services to patients. Asia was the first continent to have a COVID-19 outbreak, and this position statement of the Asian Pacific Society for Digestive Endoscopy shares our successful experience in maintaining safe and high-quality endoscopy practice at a time when resources are limited. Sixteen experts from key societies of digestive endoscopy in Asia were invited to develop position statements, including patient triage and risk assessment before endoscopy, resource prioritisation and allocation, regular monitoring of personal protective equipment, infection control measures, protective device training and implementation of a strategy for stepwise resumption of endoscopy services after control of the COVID-19 outbreak.

#### NHS England

**Clinical guide for the management of patients requiring endoscopy during the coronavirus pandemic** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=c521ed59a6db590ad1c33fcac57dbc11)

Specialty guide published 2 April: We are publishing this advice to help endoscopy units and their teams prioritise activity during the COVID-19 outbreak. We know it is very difficult in these challenging and uncertain times to decide what is best for patients, the population at large and healthcare staff. There is a complex balance of risks to consider. We understand that service provision may need to flex as part of infection control to ensure we do not put staff and patients at undue risk.Staff providing or supporting any endoscopy procedures will need to be provided with appropriate personal protective equipment

#### NHS Scotland

**Rapid Review of the literature: Assessing the infection prevention and control measures for the prevention and management of COVID-19 in health and care settings** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=e4c3216b896d315fd829e6776e607a72)

20 April 2020: p16: AGP ‘hot-spots’, and consequently the locations requiring HCWs to don FFP3 respirators, were expanded to include ED resuscitation areas, wards with non-invasive ventilation,operating theatres, endoscopy units for upper respiratory/ENT or upper GI endoscopy, and any other clinical areas where AGPs are regularly performed.

#### Public Health England (PHE)

**COVID-19 personal protective equipment (PPE)** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=a6616e6d0149397fd30fc5849adf4025)

Updated 17 April: 8.1 Aerosol generating procedures believed to be potentially infectious AGPs for COVID-19: upper gastro-intestinal endoscopy where there is open suctioning of the upper respiratory tract

#### Royal College of Surgeons (RCS)

**COVID-19: Good Practice for Surgeons and Surgical Teams** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=81a8e3a04a039dcc873449dea66abd52)

E1A. **Higher Risk Areas and Procedures** 1. Performing an aerosol generating procedure (AGP) on a suspected or confirmed case -- disposable gloves -- disposable fluid repellent gown -- FFP3 respirator -- eye/face protection 2. Working with suspected or confirmed cases in higher risk acute care areas where AGPs are regularly performed:\* \*ICU/ HDUs; ED resuscitation areas; wards with non-invasive ventilation; operating theatres; endoscopy units for upper Respiratory, ENT or upper GI endoscopy; and other clinical areas where AGPs are regularly performed. -- disposable gloves -- disposable plastic apron -- disposable fluid-resistant gown - sessional use -- FFP3 respirator - sessional use -- eye/face protection - sessional use. E1C. **Notes**: ... 3. Aerosol Generating Procedures (AGPs). The following procedures are currently considered to be potentially infectious AGPs for COVID-19: Intubation, extubation and related procedures e.g. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract) -- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal) -- Bronchoscopy and upper ENT airway procedures that involve suctioning -- Upper Gastrointestinal Endoscopy where there is open suctioning of the upper respiratory tract

## B. Systematic Reviews

#### The Lancet Gastroenterology & Hepatology

**Endoscopy in inflammatory bowel diseases during the COVID-19 pandemic and post-pandemic period** (2020)

Iacucci M. et al

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=0562e37bd903dd7bbe49f13ac5d5a2d5)

The coronavirus disease 2019 (COVID-19) pandemic is changing the management of many chronic diseases, including that of patients with inflammatory bowel diseases (IBD). In particular, the performance of routine endoscopy is temporarily suspended, and only emergency endoscopy is allowed in many countries where severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has spread. We highlight different scenarios in which endoscopy should still be performed urgently in patients with IBD, as well as recommendations regarding the use of personal protective equipment. We suggest a pathway for performing safe endoscopy and discuss the potential risks of postponing endoscopy in IBD. Finally, we propose a post-pandemic plan for access to endoscopy.

## C. Institutional Publications

#### Royal College of Surgeons in Ireland

**Updated General Surgery Guidance on COVID-19** (2020)

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=cb3856464027c0bf92c84600c5ac4e31)

6 April 2020: Only emergency endoscopic procedures should be performed. Routine diagnostic work should be avoided and BSG guidance followed for urgent cases. Upper GI procedures are high risk AGPs and full PPE must be used.

## D. Original Research

1. **Gastrointestinal endoscopy during COVID-19: when less is more**  
   Edwards C. et al Frontline Gastroenterology 2020;:15 April.

Writing and publishing in these fast-moving times necessitates continuous vigilance against perverse consequences. For this reason, the British Society of Gastroenterology-Joint Advisory Group (BSG-JAG) documents circulated as best consensus guidance for UK Endoscopy, dating from 20th March 2020, have been subject to repeat scrutiny over the last 13 days. The latest iterations of these documents are available at <https://www.bsg.org.uk/covid-19-advice> Newton’s Third Law states that for every action there is an equal and opposite reaction. The time sequence of various advice documents from the devolved health administrations followed after the BSG-JAG principles of practice were published. For the most part, governments have endorsed these principles at face value.5 There are, inevitably, nuances (eg, the timing of the continued implementation of cancer diagnostics and screening),6 but as a professional membership society in touch with the realities of the UK workforce on the ground, the importance of the primary BSG-JAG message of pausing to regroup, articulated in the early guidance, cannot be overstated; acknowledging that we remain a professional advisory group not a regulatory body. All but emergency and absolutely essential endoscopy\* must stop, in order that service provision for the symptomatic and screening populations can be reviewed and replanned. Explaining the rationale for this position was the purpose of the second BSG-JAG document which owes much to the published experiences of colleagues in China and Italy. Furthermore, while mathematical models of exponential growth may help explain why some areas of the UK are not currently at crisis levels in terms of service provision, over time they predict a state of equilibrium — the effects of the epidemic will be felt equally, everywhere. This means that the endoscopy workforce in all regions will soon be decimated by the inevitable transfer of human resources to frontline services, or the loss of human resource to sickness or self-isolating; only the exact timing of this eventuality is uncertain.

[Available online at this link](https://www.knowledgeshare.nhs.uk/index.php?PageID=link_resolver&link=af0ed95447f77b37b60d34251bb02511)

If you would like to request any articles please use our online [request form](http://www.surreyandsussexlibraryservices.nhs.uk/useful-resources/requests/article-request-form/)

For more information about the resources please go to: <http://www.surreyandsussexlibraryservices.nhs.uk>

### Opening Internet Links

The links to internet sites in this document are 'live' and can be opened by holding down the CTRL key on your keyboard while clicking on the web address with your mouse

### Full text papers

Links are given to full text resources where available. For some of the papers, you will need an **NHS OpenAthens Account**. If you do not have an account you can [register online](https://openathens.nice.org.uk/).

You can then access the papers by simply entering your username and password. If you do not have easy access to the internet to gain access, please let us know and we can download the papers for you.

### Guidance on searching within online documents

Links are provided to the full text of each document. Relevant extracts have been copied and pasted into these results. Rather than browse through lengthy documents, you can search for specific words as follows:

**Portable Document Format / pdf / Adobe**  
Click on the Search button (illustrated with binoculars). This will open up a search window. Type in the term you need to find and links to all of the references to that term within the document will be displayed in the window. You can jump to each reference by clicking it.

**Word documents**  
Select Edit from the menu, the Find and type in your term in the search box which is presented. The search function will locate the first use of the term in the document. By pressing 'next' you will jump to further references.

## Search History

Association of Upper Gastrointestinal Surgery of Great Britain & Ireland, British Society of Gastroenterology, British Society of Gastrointestinal and Abdominal Radiology, Gov.UK, Joint Advisory Group on GI Endoscopy (JAG), NHS England, NHS Scotland, NICE Evidence Search, PubMed, Royal College of Surgeons of England (RCS), TRIP PRO

**Date range used** (5 years, 10 years): -  
**Limits used** (gender, article/study type, etc.): -  
**Search terms and notes**: COVID-19 – novel coronavirus -- endoscopy – colonoscopy – aerosol generating procedure\* -- AGPs

**TRIP PRO**: (endoscopy covid-19) ("aerosol generating procedure") = 11 results

**PubMed:** ((endoscopy) OR (colonoscopy)) AND ((covid-19) OR (novel coronavirus)) = 61 results

**NICE Evidence**: COVID-19 endoscopy (filter 01/01/2020-22/04/2020) = 8 results

**Hand searching**: Royal Colleges, Societies and organisation websites for updated guidance and advice

Requested for Acute Trust

Time to complete: 210 minutes

**Date of request:** 22nd April, 2020  
**Date of completion:** 22nd April, 2020

**Context:** for Exec Director of Outcomes, at acute trust

A member of our team will invite you to provide feedback in relation to this search and we look forward to hearing your comments and suggestions for improving our service. Please note that this search has been added to your library record on KnowledgeShare. It is covered by our privacy policy which can be viewed here: <https://www.surreyandsussexlibraryservices.nhs.uk/about/joining-the-library/>

**Disclaimer** Whilst care has been taken in the selection of the materials included in this evidence search, the Library Services are not responsible for the content or the accuracy of the enclosed research information. Accordingly, whilst every endeavour has been undertaken to execute a comprehensive search of the evidence, the Library is not and will not be held responsible or liable for any omissions to pertinent research information not included as part of the results of the enclosed evidence search.