

SUPPLEMENTAL MATERIAL

TITLE: Are German endoscopy units prepared for the COVID-19 pandemic? A nationwide survey

TRANSLATED SURVEY

Dear colleagues!

Endoscopy personnel are probably at an elevated risk for COVID-19 infections. The relevant societies have therefore published recommendations to mitigate this risk. In order to ensure that the constantly updated recommendations have a sound basis that is oriented towards the conditions of real patient care, we would ask for your cooperation. The survey should take you about 5 minutes.

The questions explicitly include situations for whose implementation there may be no scientific basis, but which are established or have been proposed as far as we know.

Privacy policy

All information will be treated confidentially. No personal data is collected directly. If necessary, the postcode can be used to draw indirect conclusions about the institution or clinic. A deletion of data, which may indirectly allow conclusions to be drawn about your person, will take place when the evaluation of any follow-up surveys that may be required is completed, but after 3 years at the latest. A publication of data is only made on the level of aggregate data, so that an assignment of data points to individual institutions and endoscopy departments is not possible.

All technical and organisational measures to ensure data security have been taken. The data is only processed on inventoried computers of the Martin-Luther-University Halle-Wittenberg and the University Hospital Halle (Saale) and is always stored in a password-protected manner. Responsible for the data protection is the survey administrator: Dr. Jakob Garbe, University Hospital Halle (Saale), Department of Internal Medicine I, Ernst-Grube-Str. 40, 06120 Halle (Saale), jakob.garbe@uk-halle.de.

	I have read the privacy statement and agree to the data processing.

Further information on data protection can be found in the document "Information on data protection according to DSGVO", which can be accessed via the following link: *[link no longer active]*

Basic Data

0.2	Type of Endoscopy answers: gastroenterology, bronchoscopy, interdisciplinary endoscopy
0.3	Approximate volume of procedures in 2019 answer: categories (<2000, > 2000 - < 4000, > 4000 - < 6000, > 6000 - < 8000, >8000)
0.4	Level of Health Care

	answer: university or maximum-care hospital (>800 beds), focal-point hospital, general-care hospital, basic-care hospital, private practice/out-patient clinic
--	--

1. Complex: Dealing with non-urgent, elective endoscopy

1.1	Have you cancelled any endoscopy appointments? answer: Yes, No, partially
1.2	If so or partially in 1.1: How large is the proportion of cancelled appointments in comparison to your total investigation volume of your department? answer: <20%, > 20-40%, > 40-60%, > 60-80%, >80%
1.3	If so or partially in 1.1: When did this measure start (date)? answer: date
1.4	If so or partially in 1.1: Who was initially responsible for this decision? answer: own decision, hospital board, epidemic/pandemic plan of the federal state, other (please specify in free text)

2. Complex: Structural Measures

2.1	Do the structural conditions of your endoscopy unit allow a complete spatial separation of infected and high-risk patients (pre-, intra- and post-procedural)? answer: yes, no
2.2	If not in 2.1: Can separate periinterventional areas (e.g. for postinterventional monitoring) be established? answer: yes, no
2.3	If not in 2.1: Can a dedicated endoscopy room be reserved for infected and high-risk patients? answer: yes, no
2.4	If so in 2.1: Is this room equipped with a negative-pressure aeration system? answer: yes, no
2.5	Is dedicated equipment, such as an own endoscopy tower in a COVID ward, reserved for this patient group? answer: yes, no, not specified Information: Select "not specified" if your facility does not have a COVID ward or unit.

3. Complex: Measures concerning personnel

3.1	Is a personnel reserve available ("2nd row") in case an endoscopy team has to go into quarantine? answer: yes, no
3.2	Are SARS-CoV-2 swabs planned on a regular basis for your endoscopy staff? answer: yes, no
3.3	Have you identified personnel who has an increased risk for severe courses of disease for COVID-19 due to pre-existing conditions or age? answer: yes, no, planned
3.4	If yes or planned in 3.3: How do you deploy these personnel? exempted from work/reserve team, deployment only in low risk areas, no special measures, other (free text)
3.5	Did you consult with hospital hygiene or infectious disease specialist? answer: yes, no, planned

4. Complex: Procedural measures

4.0	Do you perform a structured risk stratification to identify potential COVID-19 patients? answer: yes, no, planned
4.1	Do you perform pre-interventional swabs for SARS-CoV-2 on patients? answer: yes, no, planned
4.2	Have you issued instructions for the risk-adapted use of personal protective equipment for your personnel? answer: yes, no, planned
4.3	If so or planned in 2.2: How does protective equipment differ, in terms of mask type, goggles, gown, type and number of gloves, between cases with COVID-detected, COVID-suspected and COVID-negative patients? Answer: free text
4.4	Has the endoscopy staff been trained in prevention and control, as well as in the handling of COVID-19 patients? answer: yes, no, planned
4.5	Has the personnel been instructed to self-monitoring for symptoms of COVID-19 infection and is a structured procedure for self-monitoring established on a regular basis? answer: yes, no, planned
4.6	Has the existing protocol for the cleaning and reprocessing of equipment and premises been changed due to the current situation? answer: yes, no, planned
4.7	If yes or planned at 4.6: Does this protocol also include a detailed plan for cleaning the endoscopy suite and other stationary equipment in the endoscopy room? answer: yes, no, planned
4.8	Is a structured follow-up of all treated patients 7 and 14 days after the endoscopy appointment planned to ask for COVID-19 symptoms? answer: yes, no, planned

5.1	Do you perform measures or have established protocols that have not been recommended by the ESGE or DGP to date and that could also be useful in other endoscopy centres? answers: yes (free text), no
5.2	Do you have any other comments, suggestions or recommendations? In your assessment, is there an important question that is not asked in this survey? answer: free text

Expectations for the Future

6.1	How likely is that shortages of personal protective equipment will endanger the continued operability of your endoscopy unit? answer: Likert scale (5 levels)
6.2	How likely is it that staff shortages will occur in your endoscopy unit due to the COVID 19 pandemic? answer: Likert scale (5 levels)
6.3	How likely is that financial losses will threaten the viability of your endoscopy unit? answer: Likert scale (5 levels)
6.4	If probable or highly probable in 6.3: Have you so far agreed on targets for increasing the number of cases? (optional) answer: yes, no, not specified Information: This question is optional.
6.5	If so in 6.4: Are there already announcements from your management to implement them? (optional)

	answer: yes, no, not specified
	Information: This question is optional.

Location

We ask you to provide your postal code to identify multiple participations and to correlate your answers with the current local epidemiological situation. This information is voluntary and will be treated confidentially.

7.1	In which postal code area is your hospital/practice/clinic located?
	Answer: postal code

Thank you for your cooperation!