

# Supplemental figure.1

1. Country
2. What is the type of your facility? (University/teaching hospital, General hospital, Private hospital, Private practice)
3. Type of specialty (unit : GI adults, pediatric, surgery, general intern)
4. Which endoscopy service are presented at your center (choose all what apply: Upper GIT endoscopy, Lower GIT endoscopy, ERCP, EUS, Emergency endoscopy cases, video capsule endoscopy, other procedures)
5. What is the stage of your region in the pandemic? Pre peak, peak, post peak (before recovery, in recovery, after recovery, second wave)
6. Is your unit a designated covid-19 unit? yes or no
7. Do you classify patients according to risk of infection before the procedures? (yes or no) if yes, which screening strategy do you apply? : choose all that apply Symptom, temp, PCR, AB-Test
8. Situation: Resumed, resuming, planning, not yet ready
9. Waiting lists, increased approximately by what (-----%) percentage ? as an option: 0-15%; 16-25%; 26-50%; 51-75%; 76%-100%
10. How do you plan to resume the procedures? -all at once -gradually – if gradually which procedures: elective or emergency
11. Is the full of cadre of stuff recovered? -Yes -No, if no who was recovered (only specialists & nurses, also trainees) Do you consider this shortage would be a barrier for resuming regular endoscopic service?
12. Do you apply prioritization strategy according to their diagnosis?
13. Did endoscopy training come back to normal in your unit? If yes, for fellows or residents, or both?
14. Will you select endoscopist, assistant and scope based on patient diagnosis?
15. Do you expect regular procedure volume: same, increased or reduced
16. Do you consider resumption with pre-pandemic indications for all procedures?
17. Do you consider shortage of PPE would be a barrier for resuming regular endoscopic service? (yes or no) if yes, will you use Full PPE for: all patients, suspected/ probable cases, confirmed cases, will adapt according to the case
18. Do you separate patients in waiting area according to risk of infection?
19. Do you expect delay in cases turn over due to room cleaning after each case? (yes or no)
20. Will you survey patients post procedure after 7 and 14 days for possibility of infection? If yes, Who will take the telephone screening and COVID-test checking upon the patients? (Resident, Staff, Endoscopy nurses, Administrative personnel)

## Supplemental Digital Content List:

**Suppl. Table 1:** Intra-procedural precautions applied by different Centers during the COVID-19 pandemic in Egypt.

Governorates	Usage of PPE				Action taken by centers			PPE considered barrier?	are (Y)
	for cases	all cases	for suspected cases	for confirmed cases only	vary accordingly	delay turnover cleaning	of for increased time/case		
Alexandria	10 (50)	6 (30)	3 (15)	4 (20)	20 (100)	18 (90)	18 (90)		
Aswan	1 (100)	0 (0)	0 (0)	0 (0)	1 (100)	1 (100)	1 (100)		
Assiut	6 (30)	6 (30)	5 (25)	5 (25)	19 (95)	14 (70)	13 (65)		
Beheira	2 (33.3)	1 (16.7)	2 (33.3)	1 (16.7)	4 (66.7)	1 (25)	6(100)		
Cairo	4 (15.4)	10 (38.5)	11 (42.3)	8 (30.8)	23 (88.5)	15 (57.7)	19 (73.1)		
Dakahlia	2 (100)	0 (0)	0 (0)	0 (0)	2 (100)	2 (100)	2 (100)		
Gharbia	4 (80)	0 (0)	0 (0)	1 (20)	5 (100)	5 (100)	5 (100)		
Giza	1 (25)	3 (75)	1 (25)	0 (0)	4 (100)	4 (100)	4 (100)		
Kafr El Sheikh	0 (0)	0 (0)	0 (0)	1 (100)	1 (100)	1 (100)	1 (100)		
Luxor	0 (0)	0 (0)	3 (100)	0 (0)	3 (100)	2 (66.7)	3 (100)		
Minya	1 (100)	0 (0)	0 (0)	0 (0)	1 (100)	1 (100)	1 (100)		
Menoufia	1 (20)	4 (80)	3 (60)	1 (20)	5 (100)	5 (100)	4 (80)		
Qalyubia	0 (0)	0 (0)	2(100)	0 (0)	2 (100)	2 (100)	1 (50)		
Qena	0 (0)	1 (16.7)	5 (83.3)	1 (16.7)	5 (86.3)	4 (66.7)	6 (100)		
Sharkia	1 (12.5)	3 (37.5)	3(37.5)	3 (37.5)	6 (75)	6 (75)	3 (37.5)		
Sohag	2 (66.7)	0 (0)	0 (0)	1 (33.3)	3 (100)	3 (100)	2 (66.7)		
Total: n=113	35 (30.9)	34 (30.1)	38 (33.6)	26 (23.0)	104 (92)	84 (74.3)	89 (78.8)		

Data were expressed as number and percentage; n = number; Y= Yes