

Recommendations for day case bronchoscopy services during the COVID-19 pandemic

- Bronchoscopy refers to flexible, rigid, interventional bronchoscopy and endobronchial ultrasound.
- Bronchoscopic procedures are aerosol-generating procedures (AGPs).
- Indications for bronchoscopy should take into account the potential for transmission of COVID-19 infection.
- Bronchoscopy for patients with non-malignant (or pre-invasive) conditions should be **postponed** where possible and without significant risk to the patient, in discussion with the consultant responsible for their care, who requested the procedure.

(I) Patients with suspected or confirmed COVID-19 infection

- Bronchoscopy should be avoided for at least 28 days from onset of infection
- Patients for whom this delay would be detrimental to their prognosis should be discussed with the relevant MDT and bronchoscopist.
- After 28 days, re-assessment for fitness for bronchoscopy should be made (preferably by phone).
 - Those with continuing symptoms should self-isolate for a further 7 days, followed by repeat assessment.
 - Patients without symptoms can be listed for bronchoscopy.
- All patients should be called within 1 working day of the procedure and asked about new respiratory symptoms, fevers or contact with patients with COVID-19 infection.
 - Those with new symptoms consistent with COVID-19 infection should be managed as per suspected COVID-19 as above (i.e. defer 28 days). *This does NOT apply to people who have recently recovered from COVID-19 infection confirmed by PCR, who will not have active infection.*
 - Those who have no symptoms or those who have recently recovered from COVID-19 confirmed by PCR, can proceed with bronchoscopy.

(II) Patients with low clinical suspicion of COVID-19 infection

- Bronchoscopy should be only performed in patients who have no symptoms, contact or imaging suggestive of COVID-19 infection.
- All patients should be called within 1 working day of the procedure and asked about new respiratory symptoms, fevers or contact with patients with COVID-19 infection.
 - Those with new symptoms consistent with COVID-19 infection should be managed as per suspected COVID-19 as above (i.e. defer 28 days).
 - Those who have no symptoms can proceed with bronchoscopy.

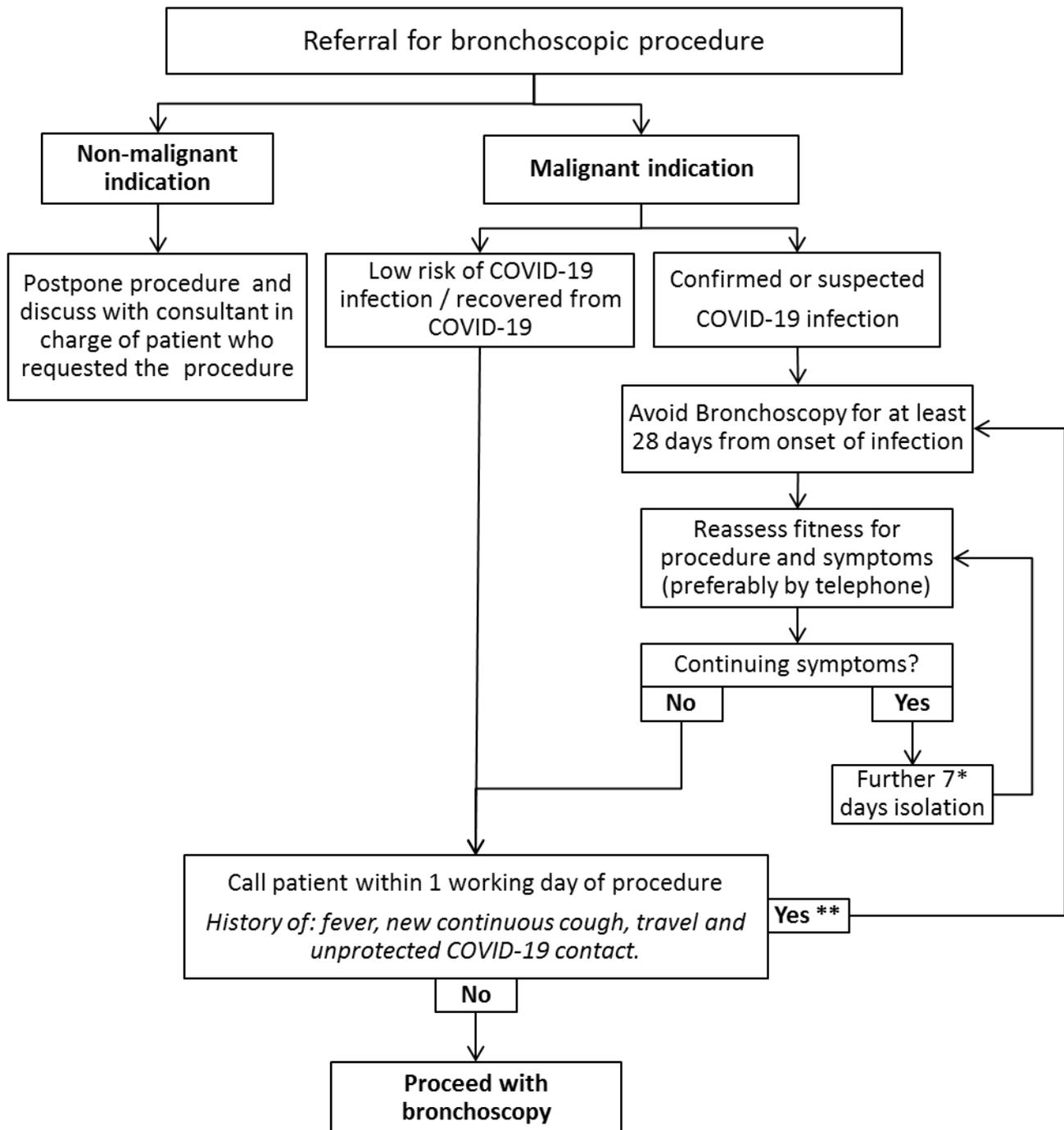
Bronchoscopy in patients with low clinical suspicion for, or who have recovered from suspected/confirmed COVID-19 infection.

- PPE appropriate for AGPs (FFP2/3 respirator, long-sleeved gown, gloves, eye protection) should be worn for all patients (see PHE IPC recommendations).
- For anaesthetic led sedation, consider use of an iGel and avoid high flow nasal oxygen.

Bronchoscopy in patients with confirmed or suspected COVID-19 infection within 28 day recovery period.

- This should only occur in exceptional circumstances when bronchoscopy cannot be deferred.
- The procedure should be performed in a negative pressure (ideal), or neutral pressure room.
- Air flow and air cycles should be checked and adhere with existing PHE IPC recommendations.
- Only essential personnel should be present in the bronchoscopy suite.
- PPE appropriate for AGPs (FFP3 respirator, long-sleeved gown, gloves, eye protection) should be worn (see PHE IPC recommendations)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872745/Infection_prevention_and_control_guidance_for_pandemic_coronavirus.pdf



*14 days for low risk patients with household members, according to latest guidance

** This does NOT apply to people who have recently recovered from COVID-19 infection confirmed by PCR, who will not have COVID-19 infection and can proceed to bronchoscopy

Guidance Authorship:

DR Baldwin, WS Lim, R Rintoul, N Navani, L Fuller, I Woolhouse, M Evison. R Booton, S Janes, R Thakrar, M Callister, M Munavvar.