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)

Referral for bronchoscopic procedure

Non-malignant indication
- Postpone procedure and discuss with consultant in charge of patient who requested the procedure

Malignant indication
- Low risk of COVID-19 infection / recovered from COVID-19
  - Avoid Bronchoscopy for at least 28 days from onset of infection
  - Reassess fitness for procedure and symptoms (preferably by telephone)
    - Continuing symptoms?
      - No
      - Yes
        - Further 7* days isolation

- Confirmed or suspected COVID-19 infection
  - Reassess fitness for procedure and symptoms (preferably by telephone)
    - Continuing symptoms?
      - No
      - Yes
        - Further 7* days isolation

Call patient within 1 working day of procedure
*History of: fever, new continuous cough, travel and unprotected COVID-19 contact.*

- No
- Proceed with bronchoscopy

*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.