Irish Thoracic Society Statement on Bronchoscopy and SARS COVID-19

V.1 24/03/20

Infection Prevention and Control

- **Bronchoscopy is considered an Aerosol Generating Procedure (AGP). Only essential staff should be present.**
- **Link**: (https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/infectionpreventionandcontrolguidance/AGP%20Guidance_v1.0_17032020.pdf)
- All endoscopy staff need to train in proper PPE use. See **HPSC Video Links**

Bronchoscopy in Patient with Suspected SARS COVID-19

- **Bronchoscopy is not an appropriate tool for diagnosis of SARS COVID-19 infection – the benefits are far outweighed by the risks.**
- Bronchoscopy should have an extremely limited role in diagnosis of SARS COVID-19 and only be considered in intubated patients if upper respiratory samples are negative and other diagnosis is considered that would significantly change clinical management. See **American Association of Bronchology and Interventional Pulmonology Statement**
- In intubated patients, alternative respiratory specimens should be considered such tracheal aspirates and non-bronchoscopic alveolar lavage (N-BAL) **(both AGP procedures).**
- If bronchoscopy is being performed for COVID 19 sample collection, a minimum of 2- 3 ml of specimen into a sterile, leak proof container for specimen collection is recommended. See **WHO Interim Guidance on Laboratory Testing**

Screening of Patients for Bronchoscopy where COVID-19 is not suspected

- Routine testing of all patients for SARS COVID-19 infection before bronchoscopy is not currently recommended.
- All patients should be screened for symptoms consistent with SARS COVID-19 infection and travel history as per **HSE/HPSC Guidelines**
- **However, symptom-based screening of patients before bronchoscopy is unreliable to exclude SARS COVID-19 infection.**
- Therefore, as the rate of community transmission increase, **there is increasing concern that asymptomatic patients may present from the community without any pertinent travel or COVID 19 contact history,** but may harbour an occult COVID-19 infection. **Local bronchoscopy protocols may transition therefore to perform all bronchoscopies wearing appropriate PPE including N95 respirators and face shields (cognisant of the potential shortage of such equipment).** Please note that as testing changes and becomes more widely available, these recommendations will likely change.

Non Urgent Bronchoscopy Procedures

- In order to reduce community spread of COVID-19 infections and preserve healthcare work force and hospital resources, **the ITS is recommending postponing non-urgent elective bronchoscopy procedures until at least May 15th 2020 and this will be reassessed at that point.**
- **Bronchoscopy lists should be scheduled to allow proper social distancing in pre-procedure and recovery areas. Thus lists may need to be reduced.**
- The difference between emergent, urgent and non-urgent elective bronchoscopy is not clear cut however the table below (which is not fully inclusive) is adapted from **AABIP recommendations**.

Emergent Bronchoscopy	Urgent Bronchoscopy	Non-urgent Bronchoscopy
Massive Haemoptysis (>200 mls/ 24 hours)	Lung Cancer Mass or Suspicion*	Chronic cough with normal CT
Foreign Body Removal	Mediastinal or Hilar Adenopathy suspicious for Cancer*	Diagnosis of Sarcoidosis with no immediate plan for immunosuppression
Symptomatic Malignant Airway Obstruction	Mild- Moderate Haemoptysis	Cryobiopsy for Chronic Interstitial Lung Disease
Severe or Moderate Benign Symptomatic Central Airway Obstruction	Whole Lung Lavage	Interventional pulmonology for Asthma/ COPD (valves, thermoplasty)
Stent Migration	Pulmonary Infection in immunocompromised State	Mucus plug removal
	Suspected TB-smear negative sputum.	Mild Benign Stenosis

*In patients who are medically fit for cancer therapy

Single Use Bronchoscopes

Single use bronchoscopes are available in standard 2 mm channel with newer 2.8 mm channel being launched in April. In the era of SARS COVID-19, they have a number of clear advantages:

1. **Staff shortages:** Where staff are absent there is no requirement to clean scopes
2. **Out of hours bronchoscopy:** No requirement to prepare or clean scope
3. **Portability:** Small portable screen and scope- reduced requirement for staff
4. **Cross Contamination:** No risk of Cross Contamination
5. **Cost:** Single use bronchoscopes are not expensive and cost approximately 1.5-2 times the cost of an **EBUS-TBNA needle.** Suppliers will provide free monitors with scopes.

Contacts for Single Use Bronchoscopes:

Bronchoflex Contact: nohalloran@ihs.ie
Ambu Contact: Jden@ambu.com

Other Information available at:

The Irish Thoracic Society
The American Association of Bronchology and Interventional Pulmonology
The European Respiratory Society
The British Thoracic Society