

## Infection Prevention and Control

- Bronchoscopy is considered an Aerosol Generating Procedure (AGP). Only essential staff should be present.
- Link: [HPSC Guidelines for AGPs](#)
- 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 <https://aabronchology.org/wp-content/uploads/2020/03/March-19th-Update-Summary-on-COVID-19-Infections.pdf>
- 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](#)

## Bronchoscopy where COVID-19 is not suspected

- In parallel with Surgical Intercollegiate and Updated [HSPC AGP\\*](#) recommendations, **PPE should now be used by all healthcare providers in close contact with patients undergoing bronchoscopy in endoscopy suite regardless of COVID status.**
- Limit staff in close contact (no trainees).
- 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.**

## 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 15<sup>th</sup> 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: <https://aabronchology.org/wp-content/uploads/2020/03/March-19th-Update-Summary-on-COVID-19-Infections.pdf>



<b>Emergent Bronchoscopy</b>	<b>Urgent Bronchoscopy</b>	<b>Non-urgent Bronchoscopy</b>
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](mailto:nohalloran@ihs.ie)

**Ambu** Contact: [Jden@ambu.com](mailto: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](#)