

### 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](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](#)

### 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](#).



<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](#)