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

**Version 2: Services during the restoration and recovery COVID-19 endemic phase**

* 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.
* The indication for bronchoscopy for patients with non-malignant conditions should be carefully evaluated and where it is optimal to proceed, although alternative strategies are an option, the final decision should be shared with the patient. *(New recommendation)*
* All patients should self-isolate from the point of referral. *(New recommendation)*
* All patients should have a nasal / oropharyngeal swab for COVID-19 Infection within 48 hours of the procedure; consider point of care testing when available. *(New recommendation)*

**(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 who have a negative RT-PCR for SARS Cov-19 can proceed with bronchoscopy. *(New recommendation)*

***Practical advice on Bronchoscopy in all patients during the COVID-19 pandemic (regardless of clinical suspicion of COVID-19 infection)***

* Only essential personnel should be present in the bronchoscopy suite.
* A negative RT-PCR does not exclude infection, it lowers the risk a patient may be infected, so appropriate IPC is mandatory.
* PPE appropriate for AGPs (FFP3 respirator, long-sleeved gown, gloves, eye protection) should be worn (see [PHE IPC recommendations](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control)).
* For anaesthetic led sedation, consider use of an iGel and avoid high flow nasal oxygen.



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