Recommendations for day case bronchoscopy services during the COVID-19 pandemic
Version 3: Services during the restoration and recovery COVID-19 endemic phase

This update recognises the changing context of high vaccination rates and the need to avoid delay in the diagnosis of thoracic malignancies. The updated recommendations focus on the protection of staff and vulnerable patients from COVID-19 in order to reduce the chance of staff sickness and consequent reduction of service whilst avoiding harm to patients.

- 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.
- Indications for bronchoscopy for patients with non-malignant conditions should now return to those pre-pandemic except in vulnerable patients or those who are not fully vaccinated according to the latest definitions. Alternative strategies should be considered and discussed with the patient so that the final decision is shared.

(I) All patients

- Should follow social distancing advice and avoid contact with anyone who may have COVID-19 from the point of referral. There is no mandatory isolation period, but services may choose to define one.
- Should have a nasal / oropharyngeal swab for COVID-19 Infection* within 48-72 hours of the procedure; consider point of care testing.
- Should be called within 1 working day of the procedure and asked about new potential coronavirus symptoms, or contact with patients with COVID-19 infection. Those with new symptoms consistent with COVID-19 infection should have a repeat COVID-19 swab.
    - Those who have a negative LFT can proceed with bronchoscopy unless strong evidence of COVID-19 (clinical, imaging) in which case they should have a PCR and proceed to bronchoscopy if negative and after clinical review.

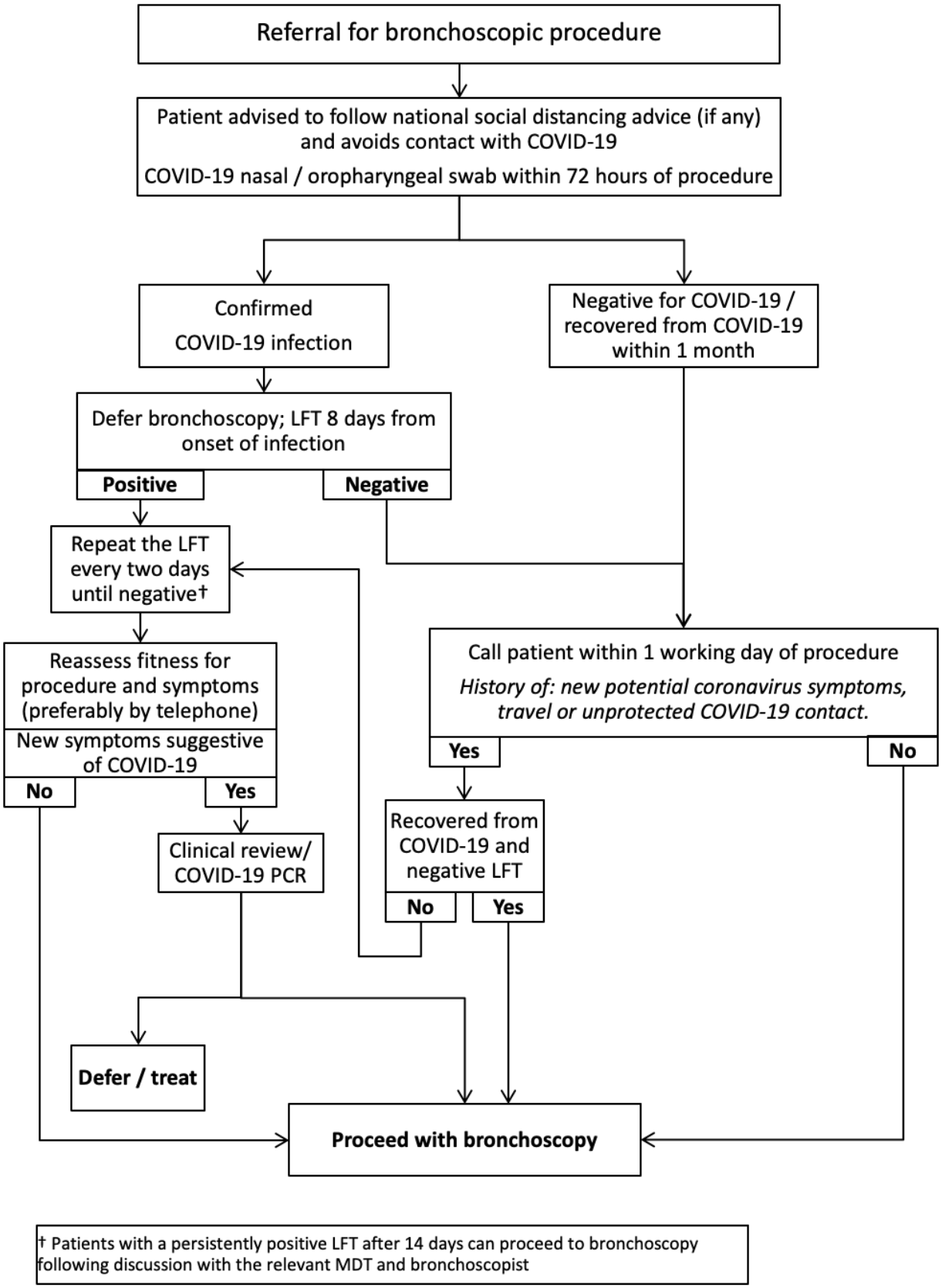
(II) Patients with confirmed COVID-19 infection

- Bronchoscopy should be avoided for 10 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 8 days, a lateral flow test should be done as well as re-assessment for fitness for bronchoscopy (preferably by phone).
    - Those with a positive test should self-isolate (according to latest guidance) and repeat a LFT every 2 days until negative, when they can have their bronchoscopy.
    - Patients with a negative LFT can proceed to bronchoscopy at day 10.
    - Patients recovered, within 1 month, from COVID-19 confirmed by PCR/LFT, can proceed with bronchoscopy without need for a negative LFT if they have no new symptoms.
    - Patients with a persistently positive LFT after 14 days can proceed to bronchoscopy following discussion with the relevant MDT and bronchoscopist.

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

- A negative COVID-19 test does not exclude infection, it lowers the risk a patient may be infected, so appropriate IPC is mandatory.
- PPE appropriate for high-risk AGPs (FFP3 respirator, long-sleeved gown, gloves, eye protection) should be worn by all staff in the endoscopy room.

***Lateral Flow Test or PCR as per local guidance**



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