COVID-19
Provincial Guidance on the Management of Bronchoscopy

Patient Coronavirus Screening prior to bronchoscopy

The following recommendations for screening of all patients who present for a surgery or procedure have been adopted provincially.

Update to Previous Guidance (Updated March 20 & 23, 2020)

1. Any patient who has returned to Manitoba from travel, including travel within Canada, should not have their procedure in the first 14 days following their return even if asymptomatic, except in emergency circumstances.
2. Any patient who has been in direct contact with a known positive COVID-19 patient should not have their procedure within 14 days of the contact even if asymptomatic, except in emergency circumstances.
3. Any patient who has been in direct contact with a person who is undergoing testing for COVID-19 should not have their procedure until the results are confirmed negative even if asymptomatic, except in emergency circumstances.
4. Any patient who has an influenza-like illness at the time they show up for their procedure should not have their procedure until they have recovered, except in emergency circumstances;
5. Any patient who has an unexplained new cough should have their procedure delayed until it has been investigated, even if they do not have a fever, except in emergency circumstances.

In light of the COVID-19 pandemic, most clinical services are being reduced to the absolute essentials in order to prevent nosocomial spread of the disease.

As you are all aware, bronchoscopy is an aerosol-generating medical procedure. This puts us at a relatively higher risk as we engage in these procedures.

Our patients often have non-specific and unexplained respiratory symptoms which would be impossible to distinguish from COVID-19.

The following guidance will apply to bronchoscopies performed within the Province of Manitoba.

Conduct of bronchoscopy

- **All bronchoscopies must be performed in a negative pressure suite.**
- If the suite at your centre does not comply, procedures should all be re-booked at an alternative site, if urgent, or postponed if non-urgent.
- All personnel involved in bronchoscopy (physicians, nurses, respiratory therapists) must use N95 respirators for all cases. This will become standard beyond the current pandemic.
- Eye shields and gowns must also be used for all cases.

March 30 2020 COVID-19 Guidance for the Management of Patients Requiring Bronchoscopy
Case selection

Inpatient/ICU
- Bronchoscopy should not be done for COVID-19 diagnosis, except for in exceptional cases. Nasopharyngeal swabs and ETT aspirates should be sufficient.
- Bronchoscopy for infectious disease can be done in cases where COVID-19 is not suspected or has been ruled out for the following
  - Immunocompromised patients
  - Non-resolving infections
- Oncologic diagnosis/staging
- Therapeutic bronchoscopy
  - Mucus plugs (should have clear evidence of lobar collapse, not responding to conservative measures)
  - Foreign body retrieval
  - Central airway obstruction (i.e. due to malignancy/tumor) o Hemoptysis

Outpatient
- Oncologic diagnosis/staging
- Urgent infectious workup, as above
- Therapeutic bronchoscopies, as above, that would be adversely affected by postponing for 3 months

Cases that should be delayed/rescheduled
- Low yield procedures for oncologic diagnosis (i.e. BAL/brush for more peripheral lesions, ESPECIALLY if lymphadenopathy is present)
  - Regular bronchoscopy should only be considered if there is gross endobronchial disease and clear evidence of metastases
  - These cases should be referred to HSC for radial/linear EBUS and/or CT guided biopsy as appropriate
- Sarcoidosis, especially asymptomatic
- Most ILD (often low-yield procedures)
- Low volume hemoptysis in patients with a normal CT
- Tree-in-bud nodularity
  - Initial test should be sputum induction
  - Bronchoscopy should only be considered if sputum negative AND there is ongoing high suspicion of TB

All scheduled bronchoscopies should be reviewed with the above in mind, and cases postponed as appropriate.