Category :**Respiratory: airway management/CPAP**

A120 - ***Safety for health workers of bronchoscopy in critically ill patients with sars-cov-2 pneumonia.***

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Introduction:

Aerosols are only generated by specific medical interventions like bronchoscopy. Initial recommendation in the SARS COV 2 pandemic was to avoid invasive procedures such as bronchoscopy by the risk posed to the operator [1,2], especially in the first days of ICU admission, that the viral load is postulated is greater.

Objective

The aim of the present study is to analyze the risk to the healthcare provider of perform fibrobroncoscopy in mechanically ventilated patients with SARS-CoV-2 pneumonia.

Methods:

Observational, single-center study. Fiberoptic bronchoscopy was performed in pressure controlled ventilation mode maintaining the optimal PEEP previously established. All broncoscopies were performed by an intensivist, a nurse and a nurse assistant, all of them equipped with individual protective equipment. Time of study was from march 2020 to october 2020. Clinical followup of the healthcare providers was conducted exploring the onset of symptoms such as fever, headache, anosmia. Testing were available widely to symptomatic health-care workers and auxiliary acute health-care staff. In case of clinical suspicion of infection RT-PCR for SARS-CoV-2 were performed.

Results:

119 bronchoscopies were performed in 81 mechanically ventilated patients during the time of study. Mean duration of procedure with the airway occupied by the bronchoscope was 2 minutes and 18 seconds, performed by a professional with proven experience in this field. Only four healthcare workers developed non specific symptoms in first 48 hours after procedure. RT-PCR for SARS-CoV-2 resulted negative in all of them.

Conclusion:

Exposure to any aerosol generating procedures with adequate individual protective equipment and minimizing procedure times turned out to be a safe procedure for healthcare workers in mechanically ventilated patients.

References:

1. Wahidi MM et al.Chest. 2020 Sep;158(3):1268-1281. doi: 10.1016/j.chest.2020.04.036.
2. Gildea TR et al.Cleve Clin J Med. 2020 Aug 5. doi: 10.3949/ccjm.87a.ccc054.