



Irish Thoracic Society Guidance on Lung Function Testing: SARS COVID-19

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As community transmission of COVID-19 increases only **urgent** lung function testing should be performed.

Infection Control:

All laboratories should follow [HSE/HPSC Guidelines on Infection Prevention and Control](#)

All laboratories should follow HSE guidance on hand hygiene and physical distancing.

- Hand sanitizer to be available to patients in waiting areas. Maintain 2 metre of distancing between patients where possible.
- Patients and staff to use hand gel before entering and leaving laboratory.
- All contact parts of equipment to be wiped with appropriate wipes after each patient. Appropriate equipment cleaning at end of day.

PPE use as per local hospital guideline

Screen for COVID-19 symptoms and/ or contact on day of test by telephone

Dismiss any patient with COVID-19 symptoms

Who to test:

- RALC outpatients
- CF inpatients
- Preoperative assessment for urgent surgery e.g. lung resection
- Immunocompromised e.g. Bone Marrow Transplant, Lung transplants, pre chemotherapy patients should be first patient tested first in the day

Testing:

- Spirometry
- Gas transfer
- Lung volumes (preferably by gas dilution/washout rather than Body Box)
- CPET pre cardiothoracic surgery if clearly not COVID-19 symptomatic
- Consider Turbuhaler or Volumatic device for bronchodilator challenge

No aerosol generating procedures such as challenge testing

Reference: [Association for Respiratory Technology and Physiology COVID 19 Guidelines](#)

Link: (<https://www.artp.org.uk/News/artp-covid19-update-18th-march-2020>)