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SOUTH AFRICAN THORACIC SOCIETY

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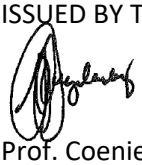
UPDATE:

POSITION STATEMENT OF THE SOUTH AFRICAN THORACIC SOCIETY ON PULMONARY FUNCTION TESTING

The South African Thoracic Society (SATS), in line with other international respiratory societies, recommends that pulmonary function testing (PFT) can be reintroduced where there is a clinical or other substantial indication for testing, provided personnel and subjects are adequately protected from contracting SARS-CoV-2. While it remains the employer's responsibility to provide pulmonary function clinical technologists and other individuals involved with a safe working environment, SATS recommends the following:

1. There should be an important clinical or other substantial indication (including compensation and research) to perform testing. Deferring testing should be considered where the perceived risk outweighs the benefit.
2. Personnel performing the test should be assessed for risk of severe COVID-19 disease, and high-risk personnel should not be forced to perform PFTs.
3. Individuals undergoing lung functions should be screened, and risk for COVID-19 assessed by questionnaire (see updated case definition at https://www.nicd.ac.za/wp-content/uploads/2020/07/NICD_DoH-COVID-19-Guidelines_Final_3-Jul-2020.pdf)
4. For the asymptomatic individuals, PCR test before PFTs could be considered depending on the prevalence of COVID-19 in the community and available resources (including testing access).
5. PFTs may be performed 4 weeks after symptom onset in individuals who had proven or highly likely symptomatic COVID-19, and a negative screen (as per points 3 and 4).
6. Testing capacity/volumes should at the present time preferably be escalated to no more than 50% of pre-COVID capacity, to allow for adequate time between subjects to ensure safety in addition to measures to ensure social distancing. Subjects should sit at least 1.5 meters apart in the waiting area, and wear cloth or ideally, surgical face masks.
7. The contact time between personnel and subjects should be minimised, wherever possible, by the use of instructional videos and other means of preparing / teaching patients how to perform forced expiration and other manoeuvres.
8. PFTs should be performed in a well-ventilated area and with only the subject and limited personnel (i.e. only those performing testing) present. Before starting testing each day the testing area should be disinfected and ventilated.
9. Practical considerations include having the subject blow away from the technician and equipment and asking subjects to where masks inside the room when not performing PFTs
10. Personnel should be supplied with personal protective equipment (PPE) and educated on its use. PPE should include fit-tested N95 respirators, eye protection, gloves, and aprons.
11. Surfaces that may have been touched by the subjects or contaminated by droplets and equipment should be disinfected after each subject's PFTs has been performed.
12. In-line disposable filters should be used (and discarded as medical waste) after each subject and operators must be familiar with SANS26782 and other minimal standards with regards to filters.
13. All other infection prevention recommendations as per the current SATS Guideline for Office Spirometry (S Afr Med J. 2013; 103: 52-61) should be adhered to.

ISSUED BY THE COUNCIL OF THE SOUTH AFRICAN THORACIC SOCIETY



Prof. Coenie Koegelenberg (SATS President)