

PFT guidelines adjustments for COVID pandemic

Guiding Principles:

1. The Forced Vital Capacity (FVC) maneuver during spirometry testing is a vigorously forced exhalation from peak inspiratory capacity, and is an aerosol-generating procedure (AGP) by the nature of high peak flows that are generated during the maneuver and during the repeated coughing that it can reliably trigger in testing subjects.
2. For this reason, Pulmonary Function Testing Capacity will be limited and **restricted to the UVMHC PFT laboratory** through the immediate future to a yet undetermined endpoint.
3. Pre-procedure COVID testing is required for all outpatient elective PFT testing, and must be ordered once the date of testing is determined.
4. **For inpatients admitted to a non-COVID unit**, these patients have been clinically deliberated as being a 'non-PUI' (without COVID symptoms). In patients without a COVID test, **these patients fall the category of "COVID status unknown" and "without COVID symptoms"** on the UVMHC Inpatient and Outpatient PPE Guide when delivering AGPs without airway manipulation.
5. **For outpatient testing subjects arriving for PFTs** without a COVID test, no clinical deliberation of PUI status has been made, and thus **staff will default to the "COVID status unknown" and "+COVID symptoms/PUI" category** on the UVMHC Inpatient and Outpatient PPE Guide.

Indications for Pulmonary Function Testing:

1. Failure to respond to current therapeutic intervention.
2. Severe and/or uncontrolled respiratory symptoms.
3. To gather objective evidence to guide deliberation of a diagnosis.

Additional helpful information:

1. The UVMHC Pulmonary rehabilitation is open again, but being performed via tele video-conference and still has a significant wait list and delay in enrollment.
2. Alpha-1 anti-trypsin deficiency genomic testing is available. Indications: emphysema or bronchiectasis, clinical diagnosis of COPD/chronic bronchitis, or difficult to control asthma.

Pre-procedure COVID testing

- Adults scheduled for outpatient PFTs require a pre procedure COVID test within 7 days of PFT.
- COVID testing is recommended but not required for pediatric patients.
- Outpatient PFT testing subjects with negative COVID test: staff observe standard masking, eye protection, and contact precautions (gloves and gown) when performing PFTs.
- PFT subjects who arrive without COVID test or result still pending: treat as COVID unknown with COVID symptoms - staff observe airborne and contact precautions (fit tested N95, face shield, gloves and gown) when performing PFTs and preferably in a negative pressure room.
- PFTs **not** to be performed on COVID positive patient.
- Six minute walk/exercise oximetry testing does NOT require pre-procedure COVID testing.
- The air exchange time for our rooms were measured by facilities. PFT rooms at the UVMHC PFT testing center have a 30 minute air exchange time.
- If patient is COVID status unknown, the PFT room needs to be closed for 30 minutes after testing.

- All other room locations outside the PFT Lab on ACC 5East, require 1 hour unless otherwise specified by Facilities Management.
- Rooms used to test patients with a negative pre-procedure COVID test PFT do NOT require a 30 minute closure after use.
- Changing the pneumotach, viral filter, and patient circuit after every uses is standard procedure, regardless of COVID test result.