SOCIÉTÉ CANADIENNE DE THORACOLOGIE | CANADIAN THORACIC SOCIETY

CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

ADDRESSING FEEDBACK REGARDING THE CANADIAN THORACIC SOCIETY and CANADIAN SOCIETY OF RESPIRATORY THERAPISTS' POSITION STATEMENT ON THE RESUMPTION OF PULMONARY FUNCTION TESTING DURING THE POST-PEAK PHASE OF THE COVID-19 PANDEMIC

Balancing concerns for the health and safety of health care personnel and of the public have been important considerations of both the Canadian Thoracic Society (CTS) and the Canadian Society of Respiratory Therapists (CSRT) throughout the COVID-19 pandemic.

COVID-19 is a new virus that is affecting people all over the world. We are learning more about the virus at a rapid pace, however questions remain regarding its transmission, its short- and long-term effects, and treatment options. In respect of the fact that currently there is no vaccine for the virus, that there is a need to resume some pulmonary function testing, that many patients who attend PFTs are at high risk of complications from COVID-19[1] and that consistently effective treatments remain elusive, the societies feel that is it reasonable to exercise an abundance of caution when performing testing.

The recommendations contained in this position paper are guided by published scientific studies and other international medical societies in order to guide safe practice during pulmonary function testing. The position paper was peer-reviewed by medical practitioners working in pulmonary function, including physicians and respiratory therapists, and approved by the Boards of each society.

This position paper acknowledges that there will be a diversity of circumstances in different jurisdictions across Canada, and between health jurisdictions. It also notes that "guidance from the Public Health Agency of Canada and local public health or infection control units regarding health care facility capacity to resume services, public health measures, and screening practices should supersede this document" (pp. 1-2). The position and recommendations in this paper have not varied, either with respect to recommended precautions or decisions made locally, based on the local context and in consultation with local public health or infection control units. We encourage pulmonary function lab administrators/staff to consult their respective public health or infection control units as the local prevalence rates increase or decline to evaluate the risk of transmission and ensure that appropriate precautions are followed.

---

[1] Jain, V., Yuan, J., Systematic review and meta-analysis of predictive symptoms and comorbidities for severe COVID-19 infection. (2020). medRxiv 2020.03.15.20035360; doi: 10.1101/2020.03.15.20035360.

Within the public health context, evidence-informed decision making requires medical practitioners to take into account multiple factors when deciding upon the best course of action: public health expertise, community health issues/local context, community and political preferences and actions, public health resources and research evidence[2] such as that cited in the position paper. It is recognized that the local context could include local infection rates, resource and supply chain issues and locally mandated standards of practice among other factors.

The CTS and CSRT remain very concerned about the spread of COVID-19, and we will continue to review the scientific evidence on a regular basis and update our recommendations as needed.

[2] Ciliska, D., Thomas, H., Buffett, C. An Introduction to Evidence Informed Public Health and a Compendium of Critical Appraisal Tools for Public Health Practice. (2010). National Collaboration Centre for Methods and Tools (McMaster University).
https://www.nccmt.ca/uploads/media/media/0001/01/b331668f85bc6357f262944f0aca38c14c89c5a4.pdf