
 <p>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</p>	Document Type	Document Code:
	GUIDELINES	GL-ICP-028
	Document Title	Effective Date:
	RESUMPTION OF PULMONARY LABORATORY SERVICES	June 2020
		Revision Number:
		0
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REVISION HISTORY			
Rev No.	Review Date	Description of Change	Date of Next Review
			June 2021

Reviewed by:	GERARDO S. MANZO, MD Incident Commander	Approved by:	JOEL M. ABANILLA, MD Executive Director
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I. PERSONNEL


1. All staff shall be required to secure health clearance from the infirmary. If required by the Hospital Infection Control Committee (HICO), a COVID swab negative result shall be included in the health clearance.
2. Staff who exhibits COVID-19 or flu-like symptoms shall not be allowed to report to work.
3. A temporary 12-hour shift composed of four (4) Respiratory Therapists shall be implemented until normal hospital operations resume.

II. PULMONARY PROCEDURES

1. PULMONARY FUNCTION TEST (PFT)

PFT is an aerosol generating procedure that may be a potential avenue for COVID-19 transmission (due to coughing and droplet formation surrounding PFT procedure), we will temporarily limit it to essential for immediate treatment decisions.

- 1.1 Only scheduled appointment will be accepted for the procedure.
- 1.2 Patients shall have only 1 accompanying person. All patients and accompanying person shall be required to wear mask.
- 1.3 Only a maximum of four (4) patients per day shall be scheduled for Pulmonary Function Test. These shall include three (3) out- patients and one (1) in- patients.
- 1.4 Tidal Breathing Analysis (TBA) testing services shall be temporarily suspended.
- 1.5 Referred patients shall be screened for any exposure to COVID-19 and symptoms of respiratory illness (fever, cough, and shortness of breath) before the test. If the screen is positive, they shall be referred to the Pulmonary Fellow, and the PFT appointment shall be rescheduled for a later date. Furthermore, they shall be advised to call back if they develop the above symptoms before their appointment for further guidance.
- 1.6 Precautionary measures shall be strictly observed by the PFT staff on duty, including wearing of a fitted N95 respirators and appropriate personal protective equipment (PPE), and handwashing or hand rubbing with alcohol before and every after each patient contact.
- 1.7 Enhanced cleaning of the testing place with appropriate cleaners before and after each procedure shall be done.

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2. INHALATION THERAPY

Aerosol generating procedure


- 2.1 Request for inhalation therapy for OPD patients shall be referred to the Emergency room to minimize the risk of viral aerosolization and spread.
- 2.2 Respiratory Therapist shall properly endorse the nebulizer to the next shift. Appropriate equipment documentation shall be done in the equipment logbook.
 - 2.2.1 The Respiratory Therapist shall do ocular inspection of all pulmonary equipment stationed in the ward/ICU before the turnover of responsibilities at the end of his shift.
- 2.3 Inspiratory and expiratory bacterial/viral filters shall be a part of the mechanical ventilator breathing circuit
- 2.4 If bronchodilators are warranted in mechanically ventilated patients, the use of metered dose inhaler via MDI adaptors connected to breathing circuits shall be recommended to minimize aerosolization of virus.
- 2.5 Inhalation therapy in the Covid Wards/ICU for non-intubated patients shall be restricted.

3. ARTERIAL BLOOD GAS EXTRACTION/DETERMINATION

- 3.1 Respiratory Therapists shall extract arterial blood gas from COVID High Zone Units using full personal protective equipment (PPEs).
- 3.2 All blood gas specimens for transport shall be placed in transparent plastic containers properly labelled. The charge slip shall be placed outside of the transparent plastic container to minimize contamination.
- 3.3 Pulmonary receptionist receiving the blood gas specimens shall wear gloves and place the specimens in a container to prevent contamination.
- 3.4 Respiratory therapists shall strictly observe proper handling and analysis of infectious specimens.

4. SPUTUM INDUCTION

- 4.1 The request for sputum induction shall not be available until further notice.

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III. GENERAL GUIDELINES

1. Respiratory Therapists shall strictly adhere to Hospital Infection Control Guidelines
2. The wearing of full Personal protective equipment for Respiratory Therapists shall be on the following situations
 - 2.1 Entering the room of a confirmed COVID patient to check status/troubleshoot mechanical ventilators, extract arterial blood gases and to carry out other pulmonary procedures
 - 2.2 Respiratory therapists assigned in the Emergency room to carry out pulmonary requests
 - 2.3 Hooking patients to a mechanical ventilator.
3. Wearing of masks, physical distancing in the Pulmonary Laboratory especially during breaks, endorsements and changing of scrub suits to home/street clothes shall be strictly observed.
4. Reusable isolation gowns shall be worn in Non-Covid Wards but NOT along hallways and other common areas outside of the Non-Covid Wards. Changing of isolation gowns shall be done if aerosol generating and invasive procedures were done (e.g. ABG extraction, nebulization)