Spirometry infection control recommendations for primary care

Updated March 2026

National Asthma Council AUSTRALIA

Spirometry is the most frequently performed pulmonary function test in general practice. Performing spirometry with an infected person, carries a high risk of transmitting viral infections, even if the patient is asymptomatic.

Testing generates aerosols that can spread infectious particles in the air, for several metres. The respiratory plume of exhaled particles may contain virus that remains airborne for more than 30 minutes, lasting up to several hours and surfaces may retain viruses for several days.

Taking into consideration the Thoracic Society of Australia and New Zealand (TSANZ) recommendations updated in March 2026 regarding the performance of lung function tests across Australia and New Zealand, National Asthma Council Australia (NAC) advises the following recommendations for performing point-of care spirometry in primary care settings under the current circumstances of no, or small numbers, of COVID-19 cases and no known community transmission.

Appropriate infection control measures are critical to ensure the safety of both patients and healthcare workers.

Testing environment

- An appropriate clinical space must be provided for spirometry testing.
- The space should ensure:
    - a patient's privacy.
    - compliance with infection prevention and control principles, with spirometry conducted on a patient (only) in a well-ventilated and temperature-stable room that can be closed off to other internal spaces.
    - if a support person is needed, then they should be provided with appropriate personal protective equipment (PPE).
    - in the rare circumstance that spirometry needs to be conducted in the context of proven or suspected respiratory illness, the room should be stood down for 60 minutes and it must then undergo standard equipment and environmental cleaning as per the management of other respiratory aerosol communicable diseases.
    - clear access and egress for emergency medical response personnel and equipment.

Approach to infection control

- Spirometry services must implement and maintain robust infection control policies and procedures.
- All operators are responsible for adhering to these policies and procedures to mitigate the risk of cross-contamination.

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To reduce the risk of transmitting airborne pathogens during testing, the following minimum measures must be applied:

- Conduct spirometry in an appropriate clinical setting (as per testing environment previously mentioned).
- Ensure adequate ventilation in the testing room, including use of natural ventilation (e.g. open windows), mechanical ventilation, or HEPA filtration where required.
- Limit the number of people present in the testing room to essential personnel only.
- Defer testing for patients with known or suspected communicable illnesses (e.g. acute respiratory infections, influenza, COVID-19, pertussis).
- Clean equipment thoroughly between each test session in accordance with the manufacturer's instructions.
- A cleaning log should be maintained for audit purposes.
- Promote hand hygiene, requiring staff and patients to perform handwashing or sanitisation before and after each test.
- Use single-use bacterial/viral filters (or disposable mouthpieces, where applicable), as well as single-use nose clips and spacers.
- Do not share inhaler devices between patients.
- Use patient-owned inhalers and spacers where possible.
- Utilise appropriate PPE, such as gowns, masks, eye protection and gloves, in line with local infection control guidelines.
- Sterilise re-usable equipment using methods approved by the manufacturer, when single-use alternatives are not employed.
- All practices align with TSANZ 2026 Technical Standards for Spirometry in Primary Care.

For further information please view:

TSANZ-SPC01-TSANZ-Technical-Standards-for-Spirometry-in-Australian-Primary-Care.pdf. January 2026

Or paste this link into your browser: https://thoracic.org.au/wp-content/uploads/2026/02/TSANZ-SPC01-TSANZ-Technical-Standards-for-Spirometry-in-Australian-Primary-Care.pdf