



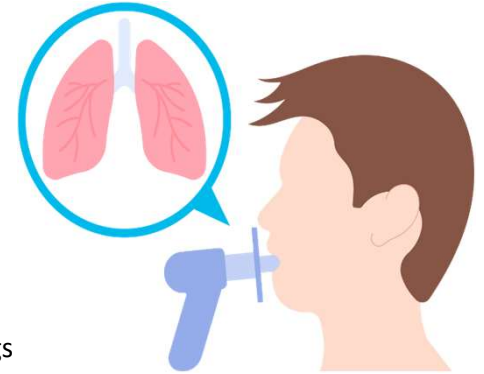
## 25.21 Trigger Points for Spirometry Testing

### Introduction

An initial Spirometry test must be within certain predicted limits to be classed as “normal”. Predictions are based on **age**, **sex**, **height** and **ethnicity**.

This initial test is used to compare future results. According to the British Thoracic Society, routine spirometry testing expects a year-on-year change in FVC and FEV1 of 0.03 L (**30 ml**), an average that actually ranges from 0.017 L to 0.046 L, depending on age.

Employees may miss this target for various reasons, expected or not. When this occurs, the practitioner must investigate the cause, but it doesn't automatically require deferring fitness or a referral. First, they should understand why the readings are lower than expected.



**MOHS has developed a framework to help practitioners decide appropriate actions and provide a uniformity of decision making (Trigger Points).**



**Annual change equal or less than 0.03 litres (< 30ml).**

**Continue with annual routine spirometry. No additional action to be taken** unless an employee reports unusual symptoms (regardless of score).

**Annual change 0.031 litres to 0.1 litres (31ml - 100ml).**

This change probably does not warrant a deferral and referral in the first instance.

**Things to consider: weight changes, change in exercise habits or home life, cough, colds & flu, poor technique or motivation, mealtimes, changed job role, changes in smoking or vaping status, posture, medication compliance and other/new medical conditions.**

In most instances, these small annual changes are probably due to one of the above factors, but practitioners should also review the questionnaire answers to identify new symptoms.

**Annual change 0.101 litres to 0.3 litre (101ml - 300ml).**

This year's questionnaire should be compared with previous ones for any new or changed symptoms.

**If no changes have been reported and none of the above points apply, a Tier 3 review by an advisor should be considered, who may escalate to Tier 4 (physician).**

Retest in 3 months; if stable, retest again in 6–12 months. If worse, follow trigger point 3.

External factors like airborne contaminants at work or home (e.g., dust, sensitisers) are to bear in mind. Smoking or vaping cessation advice if applicable is to be offered.

**Test to test changes greater than 0.3 litres (> 300ml).**

To be sure of the potential causes of this amount of change.

Again, a comparison of this year's questionnaire with previous ones for any new or changed symptoms.

The practitioner must assess the employee's exposure and collect evidence (including the employee's suspected cause). **This case MUST be escalated to a Tier 3 experienced OH advisor, who may impose temporary work restrictions; expect many cases to be further escalated to a Tier 4 physician.**

The practitioner will likely increase surveillance to every six months or more often to detect any further changes promptly.

If smoking or vaping, advice on cessation must be given.

