 <p><b>PHILIPPINE HEART CENTER INCIDENT COMMAND POST</b></p>	Document Type	Document Code: GL-ICP-056
	<b>GUIDELINES</b>	
	Document Title	Effective Date: July 2020
	<b>INTERIM GUIDELINES FOR CARDIAC CATHETERIZATION LABORATORY OPERATION DURING GCQ (COVID-19 PANDEMIC)</b>	Revision Number: 0
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The Cardiac Catheterization Laboratory shall continue its operations in line with the institution's policy to move from MECQ to GCQ.


**I. Personnel/ Health Care Worker Protection**

1. The cardiac catheterization office shall be manned by 3 office clerks who will take care of all the needed paper works. They will be required to wear face masks, face shields and gloves while inside the office. The full complement of the office staff shall be required to report once GCQ is lifted.
2. All should observe proper social distancing at all times during their stay at the cardiac catheterization office.
3. The cath lab staff shall be divided into teams. Each team handling a case will be comprised of:
  - 3.1 One (1) invasive cardiology consultant,
  - 3.2 One (1) invasive cardiology CRF or one (1) Cardiology fellow
  - 3.3 One (1) nurse
  - 3.4 One (1) radiologic technologist
  - 3.5 Two (2) medical technologist (one assigned in the procedure room and the other in the control room)
4. Two teams will go on duty during the day from 7am to 7pm. Only one team will go on duty after office hours. If an assistant angiographer (invasive consultant) is included in the case, there will be additional fee for his/her PPE.
5. All staff of the Invasive Cardiology Division (consultants, clinical research fellows, cardiology fellows, nurses, medical technologist, radiologic technologist, nursing aides, etc) should change to the designated PHC scrub suits before entering the cath lab proper. There will be a designated entry/exit and dressing areas. No street clothes will be allowed inside the cath lab proper.
6. Prior to entering the procedure area, all personnel handling the case should wear the proper PPE in the designated Donning Area.
  - 6.1 SET D PPE for non-COVID-19 cases
  - 6.2 SET E PPE for emergency and COVID-19 cases
7. After the procedure, upon proper endorsement to the floor/ER nurse and once the patient is out of the cath lab premises, the staff will remove their PPE's in the designated doffing area before proceeding to the designated exit.

**II Clinical Research Fellows/Cardiology Fellows**

1. All four (4) Clinical Research Fellows shall be available during office hours while one (1) will be available after office hours including Sundays and Holidays
2. There will be three (3) cardiology fellow rotators (two 2<sup>nd</sup> year, one 1<sup>st</sup> year).
3. All conferences shall be via teleconference.

**III Procedures**


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**A. Interventional Procedures**

1. During GCQ, the Cardiac Catheterization Lab will perform emergency, urgent and elective cardiac procedures.
2. All Acute Coronary Syndrome cases should be referred to the Emergency Room (ER). The guidelines of the hospital ER department for such cases shall be followed.
3. The following procedures may be performed at this time of GCQ:
  - 3.1 ACS-STEMI
    - 3.1.1 Primary PCI for STEMI patients presenting at the emergency room within 6 hours of the onset of chest pain.
    - 3.1.2 Primary PCI for STEMI patients presenting beyond the golden period (6 hours) but still with ongoing chest pain and/or have electrical instability
    - 3.1.3 Cardiogenic shock
    - 3.1.4 Completion PCI in a non-culprit artery in a stable patient may be considered in simple, non-calcified, non-thrombotic, non-bifurcation lesions.
  - 3.2 ACS-NSTEMI
    - 3.2.1 All NSTEMI patients
  - 3.3 Chronic Coronary Syndrome (CCS)
    - 3.3.1 CCS patients.
    - 3.3.2 Clinically stable CTO with good LV function shall be deferred at this time
  - 3.4 PTMC
    - 3.4.1 PTMC shall be performed only on symptomatic patients with severe MS with low cardiac output.
  - 3.5 Structural Heart and Vascular procedures
    - 3.5.1 Peripheral vascular interventions, TAVR, EVAR, TEVAR, shall be done at the Hybrid OR. CV lab CRF will assist invasive consultants during these procedures. Diagnostic peripheral vascular procedures can be performed in the cath lab
  - 3.6 Congenital
    - 3.6.1 Device closure for Adult congenital defects shall be performed once GCQ has been lifted
  - 3.7 IABP may be done in the cath lab.
  - 3.8 Pericardiocentesis, Swan Ganz catheter insertion, dialysis catheter insertion and arterial line insertion shall be performed at the patient's bedside by the Critical Care CRF or Senior Cardiology Fellow or the Consultant to whom the patient was referred to.


**B. Scheduling and Admissions Procedure**

1. Only three (3) Cardiac catheterization lab rooms will be functional during this period of GCQ. Rooms A, B and C. One hour is allotted for each coronary angiogram procedure. Two hours for PCI.
  - Room A: Elective cases - starts at 7 am (accommodates 6 CAs or 3-4 PCIs)
  - Room B: Covid 19 positive and/or Emergency cases
  - Room C: Elective cases - starts at 8 am (accommodates 6 CAs or 3 PCIs)
 The cap on the number of cases per day is due to the limitation in the availability of the cath lab personnel. Should there be an overlap of elective and emergency cases, the emergency case will

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- take precedence and a possibility of the last scheduled elective case being postponed for the next day.
2. There will be four (4) slots for pre-admission scheduled cases, four (4) slots for in-patients and four (4) slots for out-patients. In the event that there are more in-patient cases, the in-patient schedule will take priority over the pre-admission scheduled cases. Sequence of the waiting list will be followed accordingly.
  3. Elective cases may be scheduled prior to admission on a first come first serve basis. Only the angiographer will be allowed to directly coordinate with the CV lab CRF. It is required to secure a hospital room via the admitting section for patients who will undergo scheduled procedures.
  4. It is mandatory for patients to have a negative GeneXpert test result done on the day of the procedure (for outpatients) or on the day of admission (for inpatients). The test will be performed at the Philippine Heart Center Emergency Room from 9 am to 12 pm daily.
  5. For outpatient procedures:
    - 5.1 Patient will be brought to the Short-Stay Unit (SSU) after the GeneXpert result turns out to be negative. Pre-procedural preparations will be carried out in the SSU.
    - 5.2 Patient will be brought to the cath lab for the scheduled procedure.
    - 5.3 After the procedure, the patient will be returned to the SSU where post procedural observation/monitoring will be made.
  6. Scheduling of in-patient procedures may be coursed through the ward nurse, calling the CV lab office. The cath lab office clerk should then directly coordinate with the CRF regarding this schedule. Or the angiographer may also coordinate directly with the CRF. Only the CV lab CRF is allowed to write on the CV lab procedure logbook to avoid confusion in the schedule.
  7. All patients who will undergo invasive procedures shall be brought to the cath lab wearing a surgical mask and surgical cap.
  8. All endotracheal (ET) intubations, if needed, shall be referred to the Anesthesia fellow/Anesthesiologist.
  9. Transport of Patient:
    - 9.1 Elective Procedures:
      - Ward – Patient will be brought and fetched by the Ward Nurse
      - ICU - Patient will be brought and fetched by the ICU Nurse
    - 9.2 Emergency Procedures:
      - Ward - Patient will be brought by the Ward Nurse and transferred by CV Lab Nurse to ICU
      - ICU - Patient will be brought by the ICU Nurse and fetched by ICU Nurses
      - ER - Patient will be brought by the ER Nurse and transferred by CV Lab Nurse to ICU.
 CV Lab nurse shall use set A PPEs during transport of COVID-19 positive patients. PPEs used for transport by the CV Lab nurse should be removed prior to entering back to the CV lab.
  10. No relatives or attending physicians will be allowed to accompany the patient inside the cath lab. All procedure-related matters shall be discussed at the patient's bedside before and/or after the procedure.
  11. For emergency procedures, room cleaning and disinfection shall be done after each case. It will last for one (1) hour.
  12. In the event that a patient expires inside the cath lab, the Incident Command Post Protocol will be followed.

These interim guidelines and recommendations are based on the present existing conditions during this COVID-19 pandemic. These may be modified and adjusted accordingly as we tread on these unprecedented times.

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The cath lab Executive Committee, composed of Dr. James Ho, Dr. Ramoncito Tria, Dr. Ronaldo Estacio, Dr. Timothy Dy and Dr. Rowena Cacas-Rebollido, reserves the right to make the final decision if a conflict or a problem arises and have the authority to impose sanctions if policies are violated.