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Document Title

GUIDELINES

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Revision Number:

Page:

1 of 5

COVID- 19 PULMONARY REHABILITATION PROTOCOL

REVISION HISTORY Rev **Date of Next Review Date Description of Change** No. **Review** Changes in Definition; Changes in Guidelines of Pre-appointment Screening and 1 November 2021 Assessment; Addition of Pulmonary Rehab November 2022 Program Operation; Changes in how to conduct other Procedures

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40	Document Type GUIDELINES	Document Code: GL-OED-ICP-036 Effective Date:
		January 2022
PHILIPPINE	Document Title	Revision Number:
HEART CENTER	COVID- 19 PULMONARY REHABILITATION PROTOCOL	1
INCIDENT COMMAND POST		Page:
		2 of 5

I. PURPOSE

This policy is issued to provide safety measures against COVID-19 exposure or infection to pulmonary rehabilitation staff which includes doctors, respiratory therapists, and other pulmonary patients, companions that may require the services of the unit.

II. GUIDELINES

- 1. Patient Pre-appointment Screening for Pulmonary Rehabilitation Program
 - 1.1 Patients need to make an appointment by telephone for pre-program screening for any exposure and infection to COVID-19 and symptoms of respiratory illness (fever, cough, shortness of breath and body pains). If the screening is positive, program will be postponed and rescheduled for a later date. Patients will be advised to call back if they develop the above symptoms before their appointment.
 - 1.2 Patients must have a valid negative COVID-19 swab test within 7 days prior to scheduled meeting/evaluation. The official result of COVID-19 swab test done in an accredited institution should be presented prior entry to the pulmonary rehabilitation unit. Pulmonary rehabilitation staff will assist patient from then on.

2. Staff Consideration

- 2.1 Staff who exhibits COVID-19 or flu-like symptoms shall not be allowed to report to work.
- 2.2 Consider staff personal protective equipment (PPE) to include mask, gloves, face shields or goggles according to local policy
- 2.3. All staff should be fully vaccinated and have booster shot per local guideline

3. Assessment

- 3.1. On arrival, acute symptoms and patient's temperature should be checked. If patient is febrile or presented with any COVID-related symptoms, they should be sent home and follow local guidelines. A health declaration from should be filled up by patient and companion.
- 3.2. Initial assessment of pulmonary rehabilitation will consist of, but not limited to history taking, physical examination, baseline exercise evaluation which includes six-minute



INCIDENT COMMAND POST

Document Type	Document Code: GL-OED-ICP-036	
GUIDELINES	Effective Date:	
	January 2022	
Document Title	Revision Number:	
COVID- 19 PULMONARY	1	
REHABILITATION PROTOCOL	Page:	
	3 of 5	

walk test/ incremental shuttle walk test, cardiopulmonary exercise testing and patient-reported outcomes (CAT, SGRQ, HADS). Pursed- lip breathing technique in coordination with physical activity, correct posture and form of body exercise specifically suited for patients with lung diseases and further evaluation and test as deem necessary for adequate evaluation for patient with lung diseases will also be instructed.

- 3.3. Patient is given the option for Pulmonary Telerehabilitation Program if eligible. If consented, follow-up evaluation for instructions given at home and recorded activity will be assessed every other day (M-W-F or T-TH) with two groups of patients either by phone call or real-time videoconferencing depending on the capability of the patient and family support.
- 3.4. Patients are advise to come back for any clarification that cannot be instructed via telerehabilitation with same precautionary measure to prevent COVID-19 infection.
- 3.5. Patient may be asked to come back on the last session for outcome assessments which includes six-minute walk test/ incremental shuttle walk test, cardiopulmonary exercise testing and patient-reported outcomes (CAT, SGRQ, HADS). Patients and relatives will also be instructed on home exercises for their maintenance program. The same precautionary measure to prevent COVID-19 infection and spread will be applied.

4. Infection Control

- 4.1 Staff and patients must follow all standard safety precautions based on your local infection control policy
- 4.2 All staff, patients and accompanying persons are required to wear prescribed medical masks.
- 4.3 Exercise equipment and surrounding areas should be cleaned and disinfected thoroughly before and after each patient use.
- 4.4 Only one (1) accompanying person per patient is allowed and should present a valid negative COVID RT-PCR swab test within 7 days.
- 4.5 Adequate ventilation and air exchange capabilities must be ensured and appropriate adjustments should be made if necessary
- 5. Pulmonary Rehabilitation Program Operation

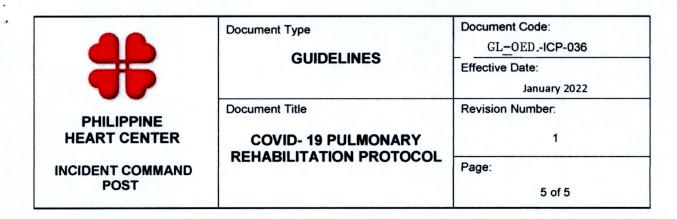


INCIDENT COMMAND POST

Document Type	Document Code:
GUIDELINES	GL-OED-ICP-036
	Effective Date:
	January 2022
Document Title	Revision Number:
COVID- 19 PULMONARY	1
REHABILITATION PROTOCOL	Page:

4 of 5

- 5.1. Social distancing should be maintained throughout the session and each participant have a dedicated equipment for each session
- 5.2. Number of participants shall be limited to a maximum of 3 to allow social distancing
- 5.3. All patients should wear a face mask whenever possible
- 5.4. Participants are reminded at every session to contact the unit and delay attendance if they notice new COVID-related symptoms in between appointments of sessions.
- 5.5. Educational and self-management component will be done remotely using on-line resources and educational materials booklets
- 5.6. Home-based exercises will be offered to patients for maintenance pulmonary rehabilitation
- 5.7. Participants are advise to bring their own water bottle for use and only bring personal items that are minimally necessary
- 5.8. Venue should be cleaned after each session
- Other procedures/tests such as; Hypoxia Altitude Simulation Test (HAST), Six-Minute Walk Test (6 MWT), Cardiopulmonary Exercise Testing (CPET), Smoking Cessation Program and Indirect Calorimetry
 - 6.1 Patients need to make an appointment by telephone to schedule the procedure. Screening for any exposure and infection to COVID-19 and symptoms of respiratory illness (fever, cough, shortness of breath and body pains) will be done. If the screening is positive, procedure will be postponed and rescheduled for a later date. Patients will be advised to call back if they develop the above symptoms before their appointment.
 - 6.2 Negative RT-PCR COVID-19 swab test within 7 days of the procedure is not required except for CPET and indirect calorimetry
 - 6.3 On arrival, acute symptoms and patient's temperature will be checked. If patient is febrile or presented with any acute COVID-related symptoms, they should be sent home and follow local guidelines. A health declaration from should be filled up by patient and companion.
 - 6.4 Companion are not allowed to loiter around the premises but should stay in the waiting area while patient is doing the procedure.
 - 6.5 All patients must wear prescribed medical mask which ideally should be N95 or equivalent type of mask.
 - 6.6 Social distancing must be observed during interaction with patient and relatives at all times.
 - 6.7 During the above tests, if patient cannot tolerate the use of N95 mask he/she may be required to shift to a surgical mask and if possible, with the face shield for easy breathing.



7. Walk-in patients/relatives of patients will be allowed to go inside the pulmonary rehabilitation unit for any inquiry or concerns. They may be allowed to have an overview of the pulmonary rehabilitation unit for proper perspective of the program and place. Standard precautionary measures will also be applied.