PHILIPPINE HEART CENTER **INCIDENT COMMAND POST**	Document Type **POLICY**	Document Code: POL-ICP-058
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	Document Title **INTERIM GUIDELINES ON THE RESUMPTION OF CARDIAC REHABILITATION SERVICES DURING THE COVID-19 PANDEMIC**	Revision Number: 0
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REVISION HISTORY			
Rev. No.	**Review Date**	**Description of Change**	**Date of Next Review**
			September 2020

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

I. POLICY STATEMENT:

This policy outlines the guidelines set in place in compliance with existing health and safety protocol amidst the ongoing COVID-19 Pandemic, with a view to maintaining the accessibility of Cardiac Rehabilitation Services. This would also help prevent a potential healthcare crisis that would result from a ballooning of the burden of non-communicable disease on top of the pandemic we're experiencing right now.

II. PURPOSE:

Due to the rise in COVID-19 cases, the Phase 2 outpatient cardiac rehabilitation program has been stopped since the implementation of the Enhanced Community Quarantine last March 16, 2020. After cardiac surgery, a certain proportion of our patients were able to complete their Phase 1 inpatient cardiac rehabilitation. However, they were not able to proceed to the Phase 2 outpatient program because of the risks involved.

Eligible patients are those who are hemodynamically stable as assessed by a physician during the start of the program, and can safely participate in on-site Cardiac Rehabilitation.

III. GUIDELINES:

1. Schedule of Rotating Fellows in Cardiac Rehabilitation Section:
   1.1. One (1) Clinical Research Fellow
   1.2. One (1) Junior Adult Cardiology Fellow rotator
2. Schedule of Rotating Consultants
   2.1. In-Patient : Mondays through Saturdays; One (1) consultant per day 2.1.1.
   In-patient rounds daily with the assigned consultant for the day.

2.2. Out-Patient:

2.2.1.Mondays, Wednesdays and Fridays ; One (1) consultant for the day

3. Referrals

3.1. In-Patient

3.1.1. Screen patients for possible COVID-19 infection prior treatment using CCReP Screening Form (based on DOH's form)

3.1.2. To check for results of chest CT scan findings (ground-glass opacity) IF AVAILABLE, CXR, CBC, and history of fever (≥38°C)

3.2.Out-Patient

3.2.1. Enrollment

3.2.1.1. Set an appointment for the first visit.

3.2.1.2. Pre-screening phone interview before first session back to screen patients who may safely return.

3.2.1.3. Enforce scheduling of out-patient session to control number of out-patients per session

3.2.1.4. Accept 10 patients maximum per shift or according to guidelines issued by the ICP.

3.2.2. Triage

3.2.2.1. Clinical Research Fellow or Junior Adult Cardiology Fellow

3.2.2.2. Cardiac Rehabilitation Nurse or Physical Therapist

3.2.2.3. Triage booth with plastic, see-through barrier that enforces distance of at least 1 meter.

3.2.2.4. No physical contact (during triage). Ensure that encounters are brief.

3.2.2.5. Thermal guns on hand for hands-free temperature check.

3.2.2.6. Attendance sheet (utilization of CCReP Screening Form based on DOH's form, see attachment).

3.2.2.7. Contact details of the companion should be taken Preferably, the patient should be "hatid-sundo" only, and will not be allowed inside the rehab unless absolutely necessary. No companion is allowed inside rehab for the strong/ independent patients. One (1)

companion for a frail/dependent patient is allowed.

4. Standard PPE during treatments

4.1. Cardiac Rehabilitation Staff

4.1.1.Face shield

4.1.2. Surgical mask

4.1.3. Waterproof gown

Disinfection of washable PPE will be coordinated with laundry services of the hospital (should they be as per institutional guidelines)

4.1.4. Strict observance of hand hygiene protocol before, during and after touching the patient.

4.2. Patients requirement

4.2.1. Surgical Mask

4.2.2. Face Shield

4.2.3. Strict observance of hand hygiene

5. Hand Hygiene

5.1.Signage for hand hygiene/hand washing, proper distancing and social protocols from accredited DOH posts.

5.2.Alcohol dispensers are strategically located within the center.

6. Cardiac Rehabilitation Program Schedules

6.1.Out-patient treatment schedule will initially start with 1 shift, add a 2nd shift depending on volume of enrolled patient: *(see table below)*

	First Shift	Second Shift
12:30 to 1:30	Aerobic walking	--
1:30 to 2:30	Group exercise class	Aerobic walking
2:30 to 3:30	--	Group exercise class

6.2. If shifting is eventually adopted, Shift 1 will prioritize new patients, and Shift 2 will be assigned to Phase 3 (Maintenance Program) patients who do not require as much supervision.

7. Treatments

7.1. In-Patient: CCReP In-Patient Unified Protocol *(see Pol-E-CRD-PCD-CRS-004)*

7.2. Out-Patient

7.2.1. Exercise Program

7.2.1.1. Warm-up

7.2.1.2. Light calisthenics and moderate exercises – ONE (1) MAT APART (approx. 2 meters) 7.2.2. Completion from in-patient program

7.2.2.1. Patients who are returning for completion of their sessions will be treated separately from the out-patients, and will be scheduled outside the out-patient schedule.

8. Exercise Area

8.1. Installation of Proper ventilation; Air filter/Exhaust Fan, possible use of HEPA filters.

8.2. Open all windows possible.

9. Exercise Equipment

9.1. Mats will be disinfected between Shift 1 and 2.

9.2. BP apparatus stethoscope will be disinfected in between patients.

9.3. Will allocate 10 minutes for disinfection and proper drying in between use of equipment.

10. Waiting area for patients and patient's relative.

10.1. Waiting time will be minimized to as little as possible.

10.2. Patients will wait inside half of the lecture room (red and green stacking chairs will be placed with 2m apart to enforce social distancing)

10.3. Accompanying relatives (if any) will be designated around the DOH-NCP Area and in front of the elevator area with proper distancing of 2m using brown chairs from the office).

11.Lectures

11.1. Health education seminar will be moved to this online platform.

11.2. Reading materials will be made available digitally to minimize passing around of paper.

11.3. Online "sharing" in Discussion Boards will be used (in lieu of Meaning and Purpose of Illness session)

Note: Project HOPE and other programs for patients with higher risk for severe illness from COVID-19 will be put on hold until such time as a safe telerehab protocol is made for them, the pandemic is controlled, or a vaccine is available. Patients will be advised to stay at home and continue home exercise programs.