In order to prevent the spread of COVID-19, phase 2 and 3 cardiovascular rehabilitation (CR) outpatient face-to-face programs were mandated to cease. The physical space for these programs was used for COVID-19 clinics. Program staff were redeployed to work in these clinics, or moved to other clinical areas. Most face-to-face appointments, including exercise and education classes were ceased and alternate options have been used to manage CR patients. A small number of CR programs continued face-to-face appointments but modified their CR service to provide home-walking programs, home visiting, inpatient education with telehealth components.

As restrictions are slowly being lifted, resumption of CR services in NSW is currently being contemplated. Cardiac rehabilitation recommencement could align with state recommendations for reopening of gyms (noting that some local health districts (LHDs) may require individual sign off for CR programs from chief executives).

CR guiding principles:

1. Patients and their nominated carer should be screened with a temperature check, questions related to any cold or flu-like symptoms and if they have had any recent travel to Melbourne or internationally prior to entry into the CR service. This is currently occurring on entry into NSW hospitals for all staff, visitors and contractors. CR clinicians should screen patients by asking the same questions when booking all patient appointments, preferably 24 hours before the appointment. Also advise the patient not to bring excess belongings to the class.

2. Mandatory hand washing using soap and water or antiseptic hand rub before exercise, between equipment use and after the exercise session prior to leaving.

3. The CR service and staff members are to maintain adherence to social distancing between patients (one patient per 4m² space). This includes spacing of exercise equipment, resistance training area and warm down. Staff will need to have some contact with patients, e.g. for pulse checks, however, patient contact should be minimised during these sessions.
4. Maintain a range of modalities of CR services including home walking and telehealth to cater for the most vulnerable, those who choose not to come to hospital or community centres due to COVID-19 or those awaiting commencement of CR.

5. Cleaning of equipment using hospital grade disinfectant wipes e.g. Clinell™ Wipes or soapy water on a regular basis either by staff or patients during the day. High-touch surfaces such as handles must be cleaned between patients and every piece of equipment should be thoroughly cleaned each day.

6. If gyms are shared between different departments (e.g. pulmonary, stroke), cleaning of equipment between classes is mandatory to reduce the risk of cross infection and contamination. A 30 minute break between group sessions is recommended for cleaning purposes and reduction in droplet dispersion.

7. Strongly recommend to the patient and their close relatives to download the COVIDSafe App on their phones to facilitate competent contact tracing if needed.

8. Strongly advise patients and their immediate family to have the Fluvax and/or the Pneumovax vaccines from their general practitioners.

9. If you are unable to restart your program, consider setting up alternatives such as walking groups, however council permission and risk assessment is required.

CR operational considerations:

- Consider starting the program with lower patient volume to allow time to refine practices and approaches.
- Review program scheduling and structure to accommodate patient volume (e.g. more sessions with fewer patients, flexible hours and days of operation, may need to reconsider feasibility of maintaining open gym concept if operational).
- Consider limiting modes of exercise for each patient’s exercise session (one or two modes maximum) to reduce risk of cross infection.
- Review staff schedule/hours to maintain physical distancing. Consider staff cohort scheduling or a staggered schedule to help encourage physical distancing.
- Consider how to balance centre-based and home-based approaches.
- Commence only phase 2 CR programs initially and prioritise which patients most need exercise under supervision or are at high risk of readmission.
- Consider providing individual resistance bands (Theraband™) and ask the patient to bring to each session to minimise cross infection.

CR staff requirements:

- Staff to undergo Fluvax vaccination as part of NSW Health policy. Staff providing clinical care (category A) are required to have influenza vaccination unless they have a written exemption on medical grounds.
- Personal protective equipment (PPE) to be on hand if required e.g. if CPR needs to be administered. Two sets of PPE should be available on the cardiac arrest trolley (droplet precautions for first responder). CPR involves airway manipulation and is considered an aerosol generating procedure.
- Staff to complete My Health Learning module on donning and doffing of PPE.
- Maintain adherence to physical distancing between patients and staff, hand hygiene and if unwell with cold or flu-like symptoms, stay home. Staff will need to have some contact with patients for routine care e.g. physical assessment including pulse, blood pressure, chest auscultation, heart sounds and ECGs.
- Staff to ask local infection prevention and control team to assist in planning the recommencement of services.

Resources

- NSW Health COVID-19 (Coronavirus)
- CEC: COVID-19 Infection Prevention and Control Resources for health and other workers in NSW
- National Heart Foundation of Australia, COVID-19 and heart disease