

Resumption and continuation of cardiac rehabilitation in NSW

Guiding principles

This document provides guiding principles for resuming face-to-face cardiovascular rehabilitation services, group exercise and education classes as COVID-19 pandemic restrictions are being eased.

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. In many local health districts (LHDs) the physical space for these programs was used for COVID-19 clinics and 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 and modified their CR service to provide home-walking programs, home visiting and inpatient education with telehealth.

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 LHDs may require individual sign off for CR programs from chief executives).

Methodology

This document should be read along with LHD, Clinical Excellence Commission (CEC) and NSW Ministry of Health (MOH) policies. As the COVID-19 pandemic situation is evolving, please check the MOH and CEC Infection Prevention and Control COVID-19 web pages for the most up-to-date information.

This document was developed by the co-leads of the CR Community of Practice (COP) in collaboration with the Agency for Clinical Innovation (ACI), National Heart Foundation of Australia, the Clinical Excellence Commission (CEC) and the Australian Cardiovascular Health and Rehabilitation Association (ACRA NSW/ACT). This document was reviewed by an expert subgroup of the COP and an infectious diseases physician.

The information in this document is not meant to be a guideline nor should it supersede NSW Government, NSW Health or a LHD's policies.

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 any recent travel to areas with active cases or international travel prior to entry into the CR service.

It is important to know the [latest case locations in NSW](#) and areas with increased testing. Cardiac rehabilitation clinicians are advised to check this site regularly.

Screening of all staff, visitors and contractors is currently occurring on entry into NSW health facilities. Cardiac rehabilitation clinicians should ask screening questions when appointments are booked and again during a follow-up phone call, preferably 24 hours before the appointment. The patient should be advised 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 session. 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 clinical groups 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 nominated carer 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 which are available from their general practitioner.
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 per 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](#)
- [NSW Government: Latest COVID-19 news and updates](#)

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