

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. It has been updated to reflect the changing epidemiology of COVID-19 in NSW; in particular, with an outbreak of the Delta variant beginning in June 2021.

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 change, how cardiac services are delivered needs to align with local infection prevention and control policies and procedures, the Clinical Excellence Commission (CEC) [COVID-19 Infection Prevention and Control Manual](#) and active Public Health Orders, including those involving mask wearing during indoor exercise at gyms. A patient's exercise prescription may need to be modified or reduced if they are struggling to breathe using a mask. However, some LHDs may require individual sign-off for CR programs from chief executives.

Methodology

This document should be read along with LHD, CEC and NSW Ministry of Health (Ministry) policies. As the COVID-19 pandemic situation is evolving, please check the Ministry 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 in collaboration with the Agency for Clinical Innovation (ACI), National Heart Foundation of Australia, the CEC and the Australian Cardiovascular Health and Rehabilitation Association (ACRA NSW/ACT). This document was reviewed by an expert subgroup of the Community of Practice 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 LHD policies.

CR guiding principles

1. It is important to know the [latest case locations and alerts in NSW](#). Cardiac rehabilitation clinicians are advised to check this site regularly for updates.

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 alcohol 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 advise patients and their immediate family to have the COVID-19 vaccine, Fluvax and/or the Pneumovax vaccines which are available from the vaccination hubs and their general practitioner.
8. 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

- Ensure patient volumes are low enough to keep physical distancing in place.
- 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.
- Consider providing individual resistance bands (Theraband™) and ask the patient to bring to each session to minimise cross infection.

CR staff requirements

- Staff are to have 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.
- COVID-19 vaccination is mandatory for all NSW Health staff unless they have a written exemption on medical grounds.
- 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](#)
- [COVID-19 Risk Monitoring Dashboard](#)
- [CEC: Respiratory Protection in Healthcare](#)

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