

Cardiac Department Survey - Covid19

During the last week we surveyed as many cardiac departments as possible to see how they were addressing the challenges facing us all in light of Covid19.

We have collated the information we have received, and we hope that it will be beneficial to share this information with you in order for us all to do to manage the current healthcare crisis as best we can.

This is not a department protocol but consideration for change in work practice. This can be updated regularly as information evolves

Social Distancing

- All OPD diagnostics tests cancelled
- Consultants Virtual clinics for OPD patient considered urgent
- Essential patient appts relocated to outside building away from hospital campus
- Waiting rooms closed or seats removed to allow 2 m between patients
- Patient being asked to wait in car until called
- Patient asked to attend alone if possible
- Patients attending asked to fill in form re any symptoms and recent travel
- Patients temp assessed
- Staff shifts split, staff teams established
- Any at risk staff advised to work from home
- Physiologist preparing for exams asked to study from home
- Departments extended hours to accommodate staff hours and cover weekends:
Examples: 5-day roster over 7 days: 3days on 2 days off
- Staff at home aware they may have to come in at short notice due to sick leave.
- Staff breaks rooms chairs removed in line with social distancing policy
- Remote monitoring done from staff home
- Electronic reporting only
- Phone Referrals for urgent tests

Communication

- Staff COVID what's app groups set up to share information and updates
- Daily staff meeting observing social distancing to update on any local or national changes
- All staff have Occ health numbers on them
- Dedicated COVID information notice board updated daily
- Frequent PPE and hand hygiene refresher courses
- Buddy system for applying and disposing PPE

Redeployment

- Physiologist willing to take on extra duties to alleviate pressure on hospitals
- Physiologist doing contact tracing – after appropriate training
- Physiologist doing swabbing – after appropriate training
- Possibility of monitoring of telemetry if necessary
- Possibility monitoring of ventilated patient in expanded ICU to allow nursing staff to take breaks
- It is important to remember to only operate within the limit of your skills, knowledge, competencies and experience

ECG, Holter, BP

- All OPD appts cancelled
- In Patients requested considered if urgent
- Covid-19 patients on ward needing ECG, staff attending with patient wearing PPE perform test
- ECG printed outside of isolation room
- Holter monitors and BP monitor prepared in dept. and staff attending Patient attach
- If concern over outpatients from rhythm / syncope aspects, but not deemed necessary for admission, discussion with EP Consultant or team to facilitate AliveCor or other patient centered monitoring devices

Exercise stress testing

- All Opd test cancelled
- Inpatient Stress ECGs can be performed for non-COVID patients (not to be performed if pending results or suspected) IF clinically indicated according to Nurse Specialist/Cardiology Registrar/Consultant & deemed necessary prior to discharge
- Patient asked to fill in Symptom questionnaire and temp assessed
- All Patients asked to wear mask during the test
- All surfaces wiped clean before and after test with disinfection wipes
- Where possible physiologist maintain social distance from patient while exercising and in recovery

Echo

Departmental:

- All OPD echo cancelled
- Exceptions include oncology , maternity
- All requests approved by consultant
- Patient attending asked to fill in symptoms form (risk assessment questionnaire) and temp assessed.
- Scanning time reduced, answer clinical query, focus study
- Measurements done offline
- Double glove
- Scan from left where possible

Portable:

- Dedicated Covid-19 machine
- Full PPE for Covid -19 + patients
- Machine removed from trolley – places on steal trolley
- Scan time minimum
- Echo machine not plugged in
- Scan from left where possible
- Sachet gel used
- Disposable transducer cover used

TOE:

- All cancelled

Pacing and ICD:

- Cancel all opd appts
- Review each patient last check to identify patient near ERI
- Contact each patient to reassure that they will get their BOX change
- No routine in-house device testing
- In house checks for outpatients or inpatients to continue for the following indications (*note Cardiac Physiologist/Device personnel to decide frequency on case by case)
 1. Patients approaching ERI (if remote monitoring not available)
 2. First ICD shock or recurrent or multiple ICD shocks.
 3. CRT-P or D patient with deteriorating HF and/or new arrhythmia
- ICD patient needs to be reassured that the same procedure applies if they get a shock
- Increase numbers on remote monitoring
- All ICD Patient sent Remote monitor where possible
- All patient nearly ERI sent remote monitors
- Any patient having PPM inserted consider giving remote monitor for 6-week check
- If Patient attended fill in symptom form and assess temp
- Where possible programmers distanced from patient and Bluetooth communication used
- Programmers wiped down after each patient
- Full PPE for Covid19 + patients
- Consider ICD/Pacing clinics done offsite of hospital campus
- *ICD Deactivation* – Reeducation A &E staff and acute wards re location of Magnet
- For deactivation in the community consider sending magnet
- Advise if patient being cremated that ICD is insitu

Cath lab

- All elective day cases wither cancelled or reviewed by consultant to assess urgency
- Box changes being preformed
- White gowns masks and eyes shields worn for all cases
- Physiologist at all time during case maintain social distance from patient after initial setup

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- PPE with surgical face masks for STEMI and emergency cases where there has been no time to make a judgement on possible Covid-19 status.
- FFP 2/3 masks to be used in the event of a cardiac arrest* or very unstable patient who is likely to arrest as per Hospital policy
- PPE not required for less acute cases where there has been time to observe the patient clinically and patient not thought to be at high Covid-19 risk as per Hospital policy

*Note: full PPE with FFP required for all cardiac arrests and for all cardiac procedures on known Covid-19 patients

COVID Patients in the Lab:

- All stock and unnecessary equipment removed from the lab
- Patient only to arrive in lab when all staff are fully prepared with PPE
- Physiologist to be runner and not wear PPE unless patient becomes unstable – facilitating control room staying clean
- After the case all staff remove PPE in sluice and lab is deep cleaned
- If aerolizing procedure the left for an hour before deep clean
- COVID patients follow thrombolysis' protocols to avoid attending Cath lab

If we can do anything to help and support you in the coming weeks and months as always feel free to contact us.

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