



WRHA/Cardiac Sciences Program – Structural COVID-19 Pandemic Planning
Essential vs. Deferred Structural Case Determination at Given Operational Percentages
October 20, 2020

Stage 1 (0-20% reduction)

Essential	Deferred (Pending Structural co-ordinator Triage)
<ul style="list-style-type: none"> • Symptomatic Ventricular Septal Defects (VSD) • Symptomatic Atrial Septal Defects (ASD) • Left atrial appendage (LAA) closure • Symptomatic ParaValvular Leak defects (PVL) • Symptomatic severe mitral stenosis for percutaneous mitral balloon valvuloplasty (PMBV) • Symptomatic aortic coarctation • Symptomatic Patent Ductus Arteriosus (PDA) defects • Symptomatic mitral regurgitation patients considered for MitraClip 	<ul style="list-style-type: none"> • Patent Foramen Ovale patients • All asymptomatic ASDs, VSDs, PVLs, PMBVs, PDAs

Guiding Principles:

- No widely accepted guidelines exist regarding urgency of septal defect repair. This document takes into account any exposure risks to the patient in hospital, balancing with the risks to patients if cancelled
- A call to patients will be made 2-3 days in advance and have them ready to wait for a telephone call midday prior to their intervention giving us some flexibility to cancel if need be. Patients are all screened for risks of viral illness and COVID exposure per the most current WRHA/Shared Health protocol
- Before calling patients, the access office and structural co-ordinator to confirm the need for proceeding
- Ensure that we have the appropriate resources in Y2, PRU, PARR, A5 cardiology CTU, and ACCU
- Post-procedure, visitation to follow the most up to date policy. Encourage families to connect via technology.
- Elective PCI prior to structural intervention will be reviewed by a separate document
- ***Note that it is recognized that our clinical context is very fluid and some adaptability will be required. These criteria are guidelines and subject to modification depending on the current circumstance.**

Stage 2 (20-50% reduction)

Essential	Deferred (Pending Structural co-ordinator Triage)
<ul style="list-style-type: none"> • Symptomatic Ventricular Septal Defects (VSD) • Left atrial appendage (LAA) closure • Symptomatic mitral regurgitation patients considered for MitraClip 	<ul style="list-style-type: none"> • Patent Foramen Ovale patients • Symptomatic Atrial Septal Defects (ASD) • Symptomatic ParaValvular Leak defects (PVL) • Symptomatic severe mitral stenosis for percutaneous mitral balloon valvuloplasty (PMBV)

	<ul style="list-style-type: none"> • Symptomatic aortic coarctation • Symptomatic Patent Ductus Arteriosus (PDA) defects
Guiding Principles: <ul style="list-style-type: none"> • Changes highlighted in yellow 	
Stage 3 (>50% reduction)	
Essential	Deferred (Pending Structural co-ordinator Triage)
<ul style="list-style-type: none"> • Symptomatic Ventricular Septal Defects (VSD) • Symptomatic mitral regurgitation patients considered for MitraClip 	<ul style="list-style-type: none"> • Patent Foramen Ovale patients • Symptomatic Atrial Septal Defects (ASD) • Symptomatic ParaValvular Leak defects (PVL) • Symptomatic severe mitral stenosis for percutaneous mitral balloon valvuloplasty (PMBV) • Symptomatic aortic coarctation • Symptomatic Patent Ductus Arteriosus (PDA) defects • Left atrial appendage (LAA) closure
Guiding Principles: <ul style="list-style-type: none"> • New changes highlighted in yellow • Patients will be reviewed with the Structural Director, structural co-ordinator, and access office prior to cancellation 	

Clinics (as of time of writing):

- All new referrals will be assessed and triage by the Structural Director
- All follow-up and re-assessment will be conduct by phone or by video-conference per the current guidelines from Shared Health and CMPA (see: <https://sharedhealthmb.ca/files/covid-19-guidance-for-outpatient-care-delivery.pdf>; **Note this link may be updated regularly; please view the Shared Health COVID-19 Resource Page (<https://sharedhealthmb.ca/covid19/providers/>) regularly for updates on procedures)
- Appropriate Social Distancing and PPE pre-cautions should be undertaken (<https://sharedhealthmb.ca/files/IPC-acute-care-manual-provincial.pdf>) . This means:
 1. Limit travel. The risk of exposure to COVID-19 may be higher in other areas of Canada. Do not travel to areas that require you to isolate for 14 days upon returning.
 2. Wash your hands often with soap and water for 20 seconds. Dry your hands completely. If you do not have soap, you can use alcohol hand sanitizer if your hands are not visibly dirty.
 3. Wash your hands:
 4. Before, during and after making meals
 5. Before eating
 6. After using the toilet
 7. When your hands are dirty
 8. Stay six feet (two meters) away from others when possible.
 9. Wear a non-medical cloth mask when you leave your home.
 10. Avoid groups of people.

11. Stay away from people who are sick.
 12. Cover your mouth and nose when coughing and sneezing. Use a tissue or your sleeve. Throw tissues you have used in the garbage and wash your hands right away.
 13. Try not to touch your eyes, nose and mouth.
 14. Do not shake hands or give hugs.
 15. Clean (disinfect) surfaces such as phones, computer, tables, chairs, countertops, door knobs.
 16. Do not share items such as drinking glasses, spoons/forks or tooth brushes.
 17. Stay home when you are sick.
 18. Reduce the number of people you have contact with.
 19. Following public health advice, including self-monitoring or self-isolation if you have travelled or been exposed to someone who is ill with the virus, EVEN if you are not displaying any symptoms.
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