

Memorandum

SUBJECT: CorHealth COVID-19 Cardiac, Stroke, and Vascular Memo #1 – **CLINICAL GUIDANCE RECOMMENDATIONS TO SUPPORT IMPLEMENTATION OF DIRECTIVE #2**

TO: Cardiac, Stroke, and Vascular COVID-19 Stakeholder Forum participants
FROM: CorHealth Ontario
DATE: January 6, 2022
TIME: 10:00AM
VERSION: #2

DISCLAIMER: The information in this document represents general guidance based on current practice and available evidence. The document was developed by provincial clinical experts, reflecting best knowledge at the time of writing, and is subject to revision based on changing conditions and new evidence. This information is *intended to be* “guidance rather than directive,” and is *not meant to replace clinical judgment, regulatory body requirements, organizational, or hospital policies*.

Clinical Guidance Recommendations to Support Implementation of Directive #2

PREAMBLE

COVID-19 is an unprecedented crisis and poses a significant risk to the community as the landscape is rapidly evolving. On January 5, 2022, the Ontario Chief Medical Officer of Health issued Directive #2 ([Directive # 2 for Health Care Providers](#)) requesting that hospitals and independent health facilities cease all non-emergent/non-urgent activities in order to preserve critical care and human resource capacity. Throughout the pandemic, CorHealth Ontario has worked with cardiac, stroke, and vascular experts and stakeholders across the province to discuss how best to preserve urgent and emergent care capacity for cardiac, stroke, and vascular patients, while balancing required critical care and human resources capacity necessary for COVID-19 patients. The following guidance and recommendations reflect advice from this engagement.

Note this document references Guidance Memos produced in earlier phases of the pandemic and reviewed most recently on January 6, 2022. While the recommendations remain relevant, the preamble and mention of PPE may be outdated. In addition, there are references to “ramping up” or resuming services, which continues to be dependent upon decisions made by local hospital leadership based on regional resource circumstances.

GUIDING PRINCIPLES

1. Keeping front line health care providers healthy and patients protected is vital.
2. Minimizing the impact of COVID-19 on the mortality and morbidity of patients is a priority.
3. Aligning with province- and hospital-specific infection prevention and control policies and protocols is important.
4. Promoting clinical activities aimed at preserving hospital and community resources (e.g., health care human resources, personal protective equipment, procedure rooms, Intensive Care Units, Emergency Departments) while also providing high-quality care, and patient flow in the system is a priority.

Note this document references Guidance Memos produced in earlier phases of the pandemic and reviewed most recently on January 6, 2022. While the recommendations remain relevant, the preamble and mention of PPE may be outdated. In addition, there are references to “ramping up” or resuming services, which continues to be dependent upon decisions made by local hospital leadership based on regional resource circumstances.

RECOMMENDATIONS

CARDIAC

To preserve care capacity for cardiac patients, please refer to the following Guidance Memos* for recommendations on:

- [Managing Cardiac **Electrophysiology** During COVID-19 \(March 24, 2020\)](#)
- [Managing **Catheter Based Structural Heart Procedures** During COVID-19 \(March 30, 2020\)](#)
- [Managing **Referrals for Cardiac Services** During COVID-19 \(April 3, 2020\)](#)
- [Managing **STEMI** During COVID-19 \(April 21, 2020\)](#)
- [Prioritization of **Cardiac Surgical Procedures for Treatment of Coronary Artery, Valvular and Other Cardiac Disease** in Response to Phases of COVID-19 \(April 24, 2020\)](#)
- [Prioritization of **Diagnostic Cardiac Catheterization and Percutaneous Coronary Intervention** in Response to Phases of COVID-19 \(April 24, 2020\)](#)
- [Triaging **Echocardiographic** Services During COVID-19 \(April 29, 2020\)](#)
- [Provision of **Hospital Echocardiography** Services During COVID-19 \(September 16, 2020\)](#)
- [Provision of **Non-Hospital Echocardiography** Services During COVID-19 \(September 16, 2020\)](#)
- [Triaging **Cardiac Imaging** Services During COVID-19 \(September 16, 2020\)](#)

CARDIOVASCULAR REHABILITATION

To preserve care capacity for cardiovascular rehabilitations patients, please refer to the following Guidance Memos* for recommendations on:

- [Provision of **Cardiovascular Rehabilitation** during COVID-19 in Ontario \(May 12, 2020\)](#)
- [Resuming **In-Person Outpatient Cardiovascular Rehabilitation Services** in Ontario \(June 17, 2020\)](#)

HEART FAILURE

To preserve care capacity for heart failure patients, please refer to the following Guidance Memos* for recommendations on:

- [Ambulatory Monitoring & Management of **Heart Failure** During COVID-19 \(April 3, 2020\)](#)
- [Info Sheet - **Bumetanide Access** Through the Exceptional Access Program \(EAP\) During COVID-19 \(April 24, 2020\)](#)

STROKE

To preserve care capacity for stroke patients, please refer to the following Guidance Memos* for recommendations on:

- [Ambulatory Imaging & Cardiac Investigations for **TIA and Minor Stroke** During COVID-19 \(March 31, 2020\)](#)
- [Provision of **Stroke Rehabilitation** During COVID-19 \(April 20, 2020\)](#)
- [Engage & Support **Caregivers for Persons with Stroke** during COVID-19 \(June 11, 2020\)](#)
- [Designated Stroke Hospitals When Developing **Regional Contingency Plans for Acute Stroke Care** \(October 14, 2020\)](#)

Note this document references Guidance Memos produced in earlier phases of the pandemic and reviewed most recently on January 6, 2022. While the recommendations remain relevant, the preamble and mention of PPE may be outdated. In addition, there are references to “ramping up” or resuming services, which continues to be dependent upon decisions made by local hospital leadership based on regional resource circumstances.

VASCULAR

To preserve care capacity for vascular patients, please refer to the following relevant Guidance Memos*:

- [Managing Vascular Surgery During COVID-19 \(March 27, 2020\)](#)
- [Prioritization of Vascular Surgical and Endovascular Procedures in Response to Phases of COVID-19 \(April 28, 2020\)](#)

For more information and resources, please visit the [CorHealth COVID-19 Resource Centre](#).

Note this document references Guidance Memos produced in earlier phases of the pandemic and reviewed most recently on January 6, 2022. While the recommendations remain relevant, the preamble and mention of PPE may be outdated. In addition, there are references to “ramping up” or resuming services, which continues to be dependent upon decisions made by local hospital leadership based on regional resource circumstances.