BRITISH CARDIOVASCULAR INTERVENTION SOCIETY

BCIS Officers:
President: Professor Nick Curzen
Honorary Secretary: Dr Clare Appleby
Treasurer: Dr Doug Fraser

STATEMENT BY BCIS REGARDING THE COVID 19 PANDEMIC - 17TH MARCH 2020

Dear BCIS Members,

It is clear that BCIS members, as well as their colleagues and their patients, are facing an immediate future of unparalleled stress and uncertainty about how we will be able to maintain the highest standards of clinical care. As a group, our reaction to the challenges thrown at us by the Covid 19 pandemic needs to be reasoned, calm, positive and energetic. There has been much discussion and debate about specific approaches to this evolving crisis, and many calls for the leadership of our Society to make a statement.

The hottest issues relate to:

- the appropriate nature and application of Personal Protection Equipment?
- whether there are some categories of patient who should either not be offered treatment that we would normally consider (for example out of hospital arrest ventilated patients) or who should be offered alternative treatments (for example thrombolysis instead of primary PCI for STEMI) in order to preserve cath lab access?
- what happens if a cath lab loses the ability to provide emergency cover?

It is clearly inappropriate for BCIS to attempt to provide proscriptive universal guidance in relation to these and the other contentious issues we all face, because our understanding of the effects of this pandemic is evolving in a dynamic fashion, and there are significant differences in local Trust policies and guidelines, as well as interventional resources at specific centres. It is also important to note that NHSE/DoH are due to release some clinical guidelines relating to Primary Angioplasty for STEMI imminently.

BCIS offers members our wholehearted support and sympathy and recommend that all our members follow some general principles:

- Adopt, and comply with, national and local policies for testing, self-isolation, PPE compliance… it is a good time to accept expert advice.
- Develop local plans for possible scenarios in which your catheter lab cannot provide emergency cover, whether due to staff absence or inadequate facilities/resources. We suggest that clinical leads/senior catheter lab staff have discussions across local networks regarding potential cross cover for emergency patients between local centres, in case this becomes necessary.
- Be cautious about the implications of changing treatment pathways as a reflex response to this crisis.
    - Example 1: providing thrombolysis may seem like a good way of reducing demand upon catheter labs, but what happens to the 25% of such patients who do not reperfuse? They then represent a major, and delayed, emergency dilemma. Even those patients who are successfully thrombolysed have a mandate to undergo angiography +/- revascularisation within 24 hours according to the international guidelines.

  - Example 2: not offering emergency angiography to ventilated OHCA patients with ST elevation… Consider the 45 y.o. who has cardiac arrest at the gym – it is unlikely that most of us would not want to offer cath lab access to them, so make such blanket policies only with great care. We recommend the case by case approach.
- Continue to provide clinical expertise, skilful judgement, calm leadership and dignified assurance.

We sincerely hope these comments are helpful, and wish you our heartfelt support in facing this crisis.

Professor Nick Curzen

BCIS President on behalf of the Officers & Leads for Communications and Clinical Standards

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