

RESUSCITATION ALERT

Guidance on CPR in patients with a COVID-19 like illness or a confirmed case of COVID-19.

During CPR, there is always the potential for rescuers to be exposed to bodily fluids, and for procedures such as ventilation, to generate an infectious aerosol.

Patients with a COVID-19 like illness, who are at risk of acute deterioration or cardiac arrest, should be identified early. Appropriate steps should be taken to prevent cardiac arrest and avoid unprotected CPR. Full and accurate use of NEWS2 will enable early detection of acutely ill patients. Patients for whom a 'do not attempt cardiopulmonary resuscitation' (DNACPR) and/or other similar decision is appropriate should also be identified early.

Staff safety is paramount!

Changes to CPR during the COVID-19 epidemic.

- Equipment must be made readily available to protect staff during resuscitation attempts. It is acknowledged that this may cause a brief delay to starting chest compressions, but the safety of staff is paramount.
- Recognise cardiac arrest by looking for the absence of signs of life.
- Feel for a carotid pulse if trained to do so. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth.
- If there are any doubts about the diagnosis of cardiac arrest, the default position is to start chest compression-only CPR until help arrives; if they don't look alive, they're probably not.
- When calling 999 or 2222, state the risk of COVID 19.
- Attach an AED as soon as possible.
- Defibrillate shockable rhythms rapidly - the early restoration of circulation may prevent the need for airway and ventilatory support.
- Do not undertake mouth-to-mouth ventilation.
- Do not use a pocket mask.
- If the patient is already receiving supplemental using a face mask, leave the mask on the patient's face during chest compressions as this may limit aerosol spread. Change to a BVM ASAP. If one is not readily available, put an oxygen therapy mask on the patient's face.
- Restrict the number of staff in the room (if a single room). Allocate a gatekeeper to do this.
- Dispose of, or clean, all equipment used during CPR following the manufacturer's recommendations and ELFT guidelines. Any work surfaces used for airway/resuscitation equipment will also need to be cleaned according to ELFT guidelines. If used, put the contaminated end of the Yankauer inside a disposable glove.
- Remove PPE safely to avoid self-contamination and dispose of clinical waste bags as per ELFT guidelines. Thoroughly wash hands with soap and water; alternatively, alcohol hand rub is also effective.
- Post resuscitation debrief is important and should be planned.

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