

As with all emergencies personal safety comes first

Recognise Cardiopulmonary Arrest

Look for the absence of signs of life and normal breathing.
DO NOT listen or feel for breathing by placing your ear and cheek close to the patient's mouth.
Feel for a carotid pulse.
Call for help - state risk of Covid-19.
Nominate GP to lead resus.
Limit the number of personnel attending the resuscitation attempt due to risk from **Aerosol Generating Procedures (AGPs)** (no more than 4 people recommended).

Using AED check if shockable rhythm present

Apply AED and check for shockable rhythm. Follow the guidance of AED device and proceed accordingly.
The early restoration of circulation following defibrillation may prevent the need for further resuscitation measures incorporating AGPs.

If prompted by AED to start chest compressions, don AGP PPE before commencing.

..... **IF AN AED IS NOT IMMEDIATELY AVAILABLE**
DON AGP PPE AND START CHEST COMPRESSIONS

Cardiopulmonary Resuscitation (CPR) (chest compressions and airway management)

Don AGP PPE before starting chest compressions and airway management.

Full AGP PPE must be worn by all members of the resuscitation team before entering the room.
Sets of AGP PPE must be readily available ideally where resuscitation equipment is being stored.
Once AGP PPE donned start compression-only CPR.

DO NOT do mouth-to-mouth ventilation or use a pocket mask.
Apply mask, e.g. surgical mask, to patient to limit aerosol spread.

..... **AS WITH ALL EMERGENCIES PERSONAL SAFETY COMES FIRST**

ONLY responders trained and competent in the use of 2-person bag-valve-mask (BVM) technique and wearing full AGP PPE should attempt airway management. If using BVM the 2-person technique is used to ensure a good seal with the facemask to minimise aerosol generation.

A viral filter must be placed between the face mask and ambu-bag. The viral filter must meet the specification BS EN ISO 23328-1:2008.
Suctioning is a high-risk AGP and should be avoided.

Reversible causes

Patients may have a cardiopulmonary arrest caused directly by Covid-19 or because of a co-existing illness.
Identify and treat any reversible causes before considering stopping CPR.

Equipment

Bring only essential equipment to the patient.
Disposable equipment should be used where available.
Dispose of or clean any equipment used during the resuscitation as per local guidelines and manufacturer's instructions.
Clean work surfaces. Pay special attention to equipment used in airway management.

Doffing PPE

Doffing of PPE and hand hygiene should be carried out in line with HPSC guidance.

Documentation and Debriefing

Maintain records of resuscitation. Post-resuscitation debrief for staff is important.