



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



HOW YOU CAN SLOW THE SPREAD OF COVID-19

Take care of others by taking care of yourself.

Wash your hands, don't touch your face, and stay home if you are sick.

Stay at Home and Physically Distance

Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

Adult CPR Protocol for Suspect and Confirmed Cases of COVID-19

Updated: Sept. 4, 2020

***For Critical Care Managed Codes (local practice may differ – refer to your local protocol)**

General Principles:

- The charts of **suspect** and **confirmed** cases of COVID-19 should be clearly labelled.
- If CPR is deemed appropriate, **immediately consult ICU team** for all suspect and confirmed cases of COVID-19 with clinical deterioration.
- Perform Advanced Cardiac Life Support (ACLS) with modifications as outlined below.
- Procedures such as **intubation, bag mask ventilation and chest compression** are considered aerosol generating medical procedures (AGMP) and as such require appropriate airborne precautions and PPE
http://www.bccdc.ca/Health-Professionals-Site/Documents/AGMPs_requiring_N95.pdf
- If a patient suffers a **cardiac arrest during intubation**, secure the airway **prior** to initiating chest compressions and rapid identification of VT/VF.

Assessment	
Initial exam to confirm if a code blue should be activated	• DON appropriate PPE prior to patient contact • Visually inspect for absence of signs of life (respiratory effort/chest rise) • Do not auscultate for breath sounds or listen/feel for breath sounds • Palpate femoral or brachial pulse to confirm cessation of cardiac activity • Do not bag mask ventilate patient • Cover airway with BVM plus high efficiency hydrophobic filter or clear plastic cover or facemask THEN initiate chest compressions • Communicate CODE status and COVID-19 status to code team
Code Team	
Team Members/Role	• 1 RT, 2 Code RN, Physician team leader, airway expert (where available) • Airway to be managed by best possible operator (staff anesthetist - first choice; ICU staff, ERP, fellow, or clinical associate if anesthetist unavailable) • Code team to don airborne PPE prior to entering room • If available, one additional physician or RN to be outside the room donned in PPE as backup if needed



	Minimize code team personnel
ACLS Management	
Considerations to protect against virus transmission	- Early defibrillation may prevent need for airway and ventilator support - Team to consider not initiating resuscitation if concern of futility - Place BVM with high efficiency hydrophobic filter interposed between mask and Ambu bag on patient ASAP→ do not ventilate patient - Airway management by expert, video laryngoscopy preferred Pause CPR for intubation - Consider early application of LUCAS device to limit staff exposure if available - Clamp ETT prior to circuit disconnect/connecting to ventilator
Transport/Return of Spontaneous Circulation (ROSC)	
Post ROSC care	- Communication with ICU regarding disposition and timing of transfer - Avoid CXR/ECG until ICU - Team to DOFF, then DON new PPE prior to transfer of patient as assumed to be heavily contaminated following resuscitation - Ensure all contaminated equipment disposed of or cleaned - Ensure a clear path to ICU destination

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