

Resuscitation in the COVID Environment

In line with the Resuscitation Council UK



Purpose of this Briefing Document

This document is intended to offer direction and clarification to staff working within BSUH in managing a patient in Cardiac Arrest who **may have TESTED POSITIVE or be SUSPECTED as positive, for COVID 19 (C19)**.

It is acknowledged that there is contradictory guidance around, however the Trusts' direction is to follow the national regulatory body for this activity, the RCUK.

If you have any questions related to Resuscitation during this pandemic, please contact the Resuscitation Services Department as soon as possible.

Resuscitation Council UK (RCUK)

The RCUK has offered guidance nationally on how to manage a patient in Cardiac Arrest who may be either positive or suspected positive for COVID 19.

BSUH have approved this guidance for use within the Trust. Resuscitation Services are available to assist in training and educating staff in any of these processes and changes.

RCUK guidance can be found here:



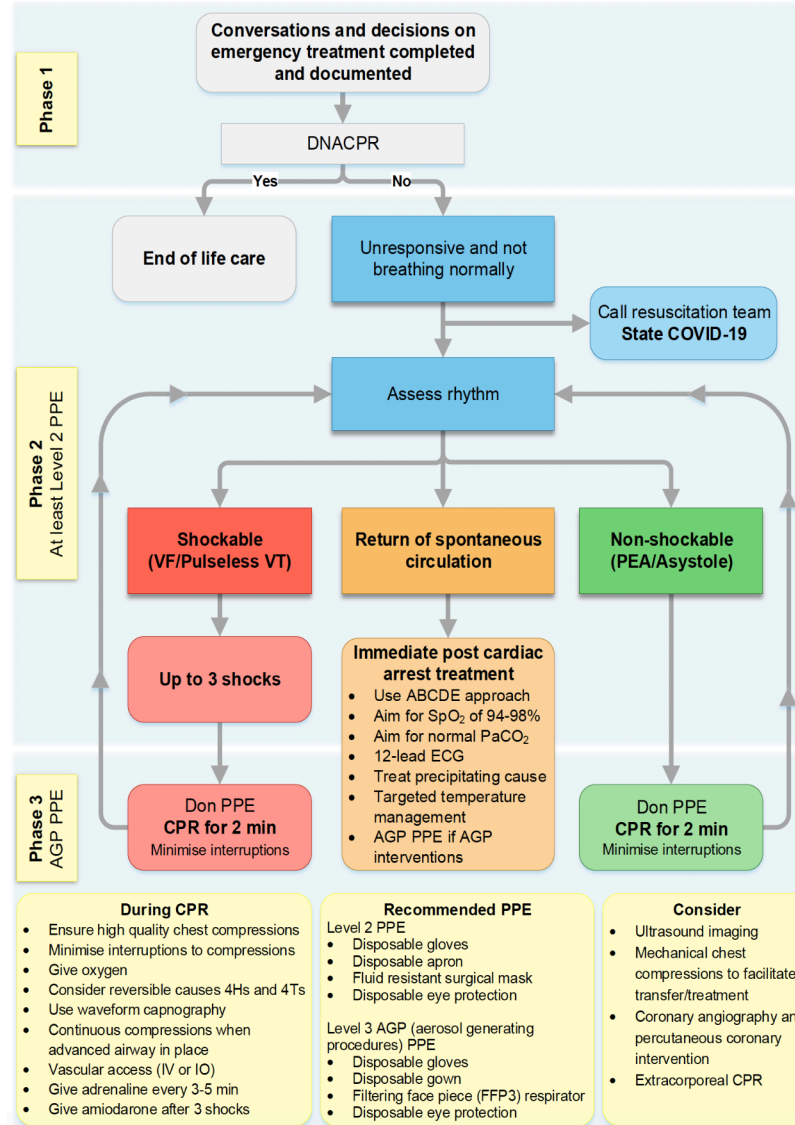
Cleansing equipment

If items are single use, they must be discarded after the event (used or not, but exposed in the room/area), if these are reusable items, such as the defibrillator, standard cleaning for barrier nursing **MUST** take place.



Resuscitation Council UK

Adult Advanced Life Support
for COVID-19 patients



World Health Organisation (WHO) - Modes of transmission of virus causing COVID-19: Implications for IPC Precaution recommendations (29 Mar 20)
<https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>
[Accessed 13 Apr 20]

International Liaison Committee on Resuscitation (ILCOR) - COVID infection risk to rescuers from patients in Cardiac Arrest (30 Mar 20-updated 10 Apr 20) -
<https://costr.ilcor.org/document/covid-19-infection-risk-to-rescuers-from-patients-in-cardiac-arrest> [accessed 13 Apr 20]

Contradictions with Public Health England (PHE) & RCUK on Aerosol Generating Procedures (AGP)

The RCUK guidance on AGP's contradicts that of PHE which was published without any collaboration between the two organisations. The RCUK recognises this disparity and has issued a statement on this:

'We are currently awaiting the results of an international evidence review process, and this is expected very soon. We remain committed to working with PHE and NHSE to enable the delivery of safe, high quality care during these exceptional times, and will share the results of this review with them when available.'

Whilst there is a contradiction, the RCUK guidance offers the extra protection to our staff of ensuring that rescuers are dressed in Full PPE (Level 3) prior to Chest Compressions starting. This is supported by the WHO (29 Mar 20 & ILCOR 30 Mar 20- updated 10 Apr 20). The Trust has approved the RCUK guidance as its direction, committing to ensuring staff safety as paramount in any activity.

Therefore FULL PPE (Level 3) is to be worn for CPR

No PPE (Level 3) = No CPR

Calling for Help

Assessing the patient- Check for a pulse and **LOOK & LISTEN** for breathing, **DO NOT** place your face near the face of the patient.



2222

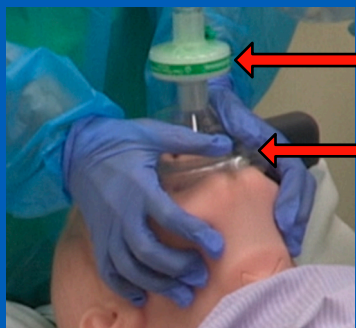
Call for HELP, to raise the Alarm and get assistance. Place the emergency call by dialling 2222 and stating

1. Type of Patient (Adult/Child etc)
2. Type of emergency (MET/Cardiac Arrest etc)
3. COVID
4. Department/Ward
5. Wait for switchboard to confirm the information

Airway Management

Due to the very nature of C19 and airway management, it is vital that any airway procedures are conducted in FULL (Level 3) PPE.

Any airway interventions (e.g. supraglottic airway or tracheal intubation) MUST be carried out by experienced individuals. Only use skills for which you are trained in, if you are using a Bag Valve Mask, this must be conducted using a 2 handed technique (using the grips shown in the picture)- Use an HME Filter at all times (found on the trolley)



HME Filter

Use this type of grip

Roles at a Cardiac Arrest

Any Cardiac Arrest is challenging, conducting this activity in FULL PPE and with the **minimum** amount of staff involved may be challenging. Ensure that the following roles are observed, but keep staff to the **bare minimum**:

Gatekeeper- Outside the room/area, controlling access and equipment into and out of the room

Team Leader - Inside the room/area controlling the event

Anaesthetist- Inside the room/area, managing the airway

ODP- Inside the room, assisting with airway & CPR

Department Staff/Nurse/Doctor - 1/2 Inside the room/area assisting with other tasks, CPR, defibrillation, cannulation, venepuncture, administering drugs

Runner- Outside the room/area, assisting Gatekeeper to manage the event, taking bloods to be tested, getting equipment

Working in a Bay Area

Ensure the curtains are pulled around the patient & also around all the other patients, this is to minimise the risk of AGP within an open area

Equipment during a Cardiac Arrest

It is key that the team have all the equipment necessary to manage the event effectively. But it is also important to understand that not all of the equipment on the Emergency Trolley will be needed, therefore decanting equipment from the Trolley will be necessary to ensure ease and availability for use.

The Resuscitation Services has created a '**grab pack**' of commonly used items that can be easily taken into the room/area. If a '**grab pack**' is not available, decant the equipment into a suitable container to be taken into the room/area.

Equipment to decant & take into the area

- **Defibrillator** - Taken into the room with pads attached
- **Bag-Valve-Mask**
- **Grab Pack (where available) containing:** IV Cannula- 2 x orange, 2 x green, 2 x pink, 1 x 20ml syringe, 2 x 10ml syringe, 2 x 10ml saline flush, 2 x butterfly needles, 4 x cannula dressing, 4 x alcohol cleansing wipes, 2 x gauze swabs, blood bottles, 2 x ABG syringes, 2 x tourniquet, 1 x tape, 2 x green needle, blood specimen bags
- **Adrenaline**
- **Anaesthetics will bring airway equipment with them**
- Consider the use of a laminated piece of blank paper (and whiteboard pen) to scribe on
- **C19 Proforma if applicable** - found as a duplicate inside the patients notes

NOT to be taken into the area - Emergency Trolley, Patients Notes, Computers

Cardiac Arrest Drugs

Adrenaline: When using a 3 stacked shock sequence, this counts as 1 single shock when counting for the Adrenaline. Therefore a further 2 shocks would need to be given (each separated by 2 mins of CPR) before Adrenaline would be given if the patient was in a shockable heart rhythm.

Amiodarone: Used in refractory VF/Pulseless VT, therefore should be given after the initial 3 stacked shock sequence.



bsuh.resuservices@nhs.net
RSCH- 01273 696955 ext 64304
PRH- 01444 441881 ext 5776

Defibrillation

Given the potential delay in CPR, whilst the initial rescuer is in Level 2 PPE, the RCUK have directed that where defibrillation is required for the patient, up to 3 stacked shocks can be administered by an appropriately trained person. Scan the QR codes to watch how this can be done

LifePak 20/20e



LifePak 1000



Advanced Life Support

Once all members of the team are in Full PPE, Full Advanced Life Support (ALS) should commence, ensuring that all 4 h's & 4 T's are taken into account. In the C19 patient there is a high suspicion of Airway issues. Imperial Healthcare have given permission for us to use their video

Communication in PPE

Communication whilst in PPE is challenging. It is important to ensure that clear and direct speech is used and gesturing should direction be given. Writing someone's name on their front or their hat can aid in identifying who is who during the event.

BLS Video



ALS Video

