

# PREPAREDNESS FOR CARDIOPULMONARY RESUSCITATION DURING THE COVID-19 PANDEMIC

Developed in partnership with the Infection Control Expert Group (ICEG)

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## Key points

- This flowchart outlines overarching principles that apply to cardiopulmonary resuscitation (CPR) for **adults** with **confirmed COVID-19**.
- This advice has been developed for use in hospitals, but can be applied where appropriate, in other settings such as primary care and allied health clinics, quarantine hotels, and aged care facilities.
- Preparedness for CPR delivery in a time of COVID-19 is key to facilitating a **rapid response whilst protecting staff** from the risk of infection.
- **Standard infection prevention control precautions apply to all patients at all times.**

## CPR DELIVERY



Refer to **CARDIOPULMONARY RESUSCITATION OF ADULTS WITH COVID-19 IN HEALTHCARE SETTINGS** flowchart

Or

**BASIC LIFE SUPPORT FOR ADULTS IN THE COMMUNITY DURING THE COVID-19 PANDEMIC** flowchart

## TREATMENT GOALS

### Establish treatment goals at admission:

- Although this should be standard practice, it is even more important during the COVID-19 pandemic
- Determine likely cause for presentation
- Assess risk of mortality
- Ensure a pre-determined action plan is in place

### Understand patient / family wishes:

- Refer to documented patient's wishes (where available) e.g.:
  - Advance health directive or care plan
  - Statement of wishes
  - Any expressed wishes for care
- Consult with a substitute decision-maker if required and possible

### DNACPR

- Ensure 'do not attempt cardiopulmonary resuscitation' decisions are well documented and communicated

## PPE CONSIDERATIONS

- Resuscitation undertaken in hospital can transition rapidly from 'first response' to 'ongoing resuscitation'.
- The minimum of contact and droplet PPE is for circumstances where the absence of staff wearing contact, droplet & airborne PPE might result in unnecessary delays to the commencement of CPR.

## EQUIPMENT CONSIDERATIONS

### Have equipment prepared

- Minimise delays in commencing resuscitation by ensuring that equipment is readily available (e.g. pre-prepared PPE packs on resuscitation trolleys).
- Ensure mechanical CPR devices (if available) and replacement batteries are charged.

### Assign a 'spotter'

- Ensure one staff member is specifically assigned to ensure safe PPE use (including donning and doffing) by all staff participating in resuscitation.

## DECISION TO COMMENCE CPR

### Before commencing resuscitation:

Consider the following factors:

- Goals of care, advance health directive, or care plan
- Availability of appropriate protection (PPE) for the individuals delivering resuscitation
- Likelihood of successful resuscitation with good neurological outcome
- The risk to staff and other patients of treatment options.

### If CPR is inappropriate:

- Ensure quality palliative care of patients.

## TEAMS AND TRAINING

### Life support training incorporating PPE

- Health services are responsible for ensuring regular life support training, incorporating PPE use, for all health care workers.
- **In-situ simulation sessions** are helpful for staff to become familiar with changed roles and practical challenges of resuscitation in a time of COVID-19.

### Minimise the number of people involved

- Use senior oversight and expertise whenever possible to minimise the number of people involved in a resuscitation.
- A minimum of two responders is suggested to allow normal rotation of roles during compressions, whilst maintaining attention to PPE.

### Airway management

- The choice of technique will be dependent on the practitioner experience and the circumstances of the resuscitation.

## POST-RESUSCITATION PROCESSES

### Breaches of PPE

- Document, report and follow up any breaches of PPE, according to local protocols.

### Contact tracing

- Maintain a log of individuals attending the resuscitation to facilitate appropriate infection control follow-up if required.

### Staff support

- Ensure standard workplace support mechanisms are in place and are used to facilitate staff wellbeing.

## ALLOCATION OF RESOURCES

### Resource-limited settings

- Ensure any decisions regarding the allocation of equipment are made transparently and consistently, according to pre-agreed, site-specific criteria.

## CARE FOR FAMILY MEMBERS

### Access to resuscitation rooms

- Be aware that family members are likely to be restricted from entering resuscitation rooms, apart from in exceptional circumstances.

## LEGEND

Prioritised for review

Not prioritised for review