

## 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 response team/cardiac arrest team - state risk of Covid-19.

Limit the number of personnel attending the resuscitation attempt due to risk from AGPs (no more than 4 people recommended).

## Defibrillate if shockable rhythm present

Check for shockable rhythm and defibrillate shockable rhythms rapidly prior to starting chest compressions. The early restoration of circulation may prevent the need for further resuscitation measures incorporating AGPs.

## Donning AGP PPE

**DO NOT START CHEST COMPRESSIONS OR AIRWAY PROCEDURES WITHOUT FULL AGP PPE**

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.

No chest compressions or airway procedures such as those detailed below should be undertaken without full AGP PPE.

Once AGP PPE donned start compression-only CPR and monitor the patient's cardiac arrest rhythm.

**DO NOT** do mouth-to-mouth ventilation or use a pocket mask.

If the patient is already receiving supplemental oxygen therapy using a face mask leave the mask on the patient's face during compressions as this may limit aerosol spread.

If there is no mask in place an oxygen mask and/or surgical facemask should be applied to limit aerosol spread.

## Airway Management

Airway interventions must only be carried out by experienced individuals trained and competent in the specific techniques.

Airway management using bag-valve-mask (with/or without the use of an oropharyngeal airway) is recommended to be undertaken as a two-person technique to ensure seal to minimise aerosol generation.

Closed circuit ventilation should be used as soon as possible. Tracheal intubation or supraglottic airway insertion must only be attempted by personnel who are experienced and competent in these procedures.

Suctioning is a high-risk AGP and should be avoided or minimised.

All respiratory equipment must be protected by a viral filter with high efficiency (e.g. a BS EN ISO 23328-1:2008). Filter should be applied as close to the patient as a circuit allows.

## Reversible causes

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

Discussion with critical care partners should be maintained throughout the resuscitation attempt to enable planning for the post-resuscitation phase.

## Equipment

Bring only essential equipment into the resus area. 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.