

PREPAREDNESS FOR CARDIOPULMONARY RESUSCITATION DURING THE COVID-19 PANDEMIC



NATIONAL
CLINICAL
EVIDENCE
TASKFORCE

VERSION 3.0

PUBLISHED 25 NOVEMBER 2022

COVID-19

Key points

- This flowchart outlines overarching principles that apply to cardiopulmonary resuscitation (CPR) for **people 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, 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. Additional precautions may be appropriate - [ICEG]**

CPR DELIVERY



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

Or

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

Health service planning

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'.
- In the presence of any epidemiological risk factors, additional PPE may be required for circumstances where the absence of staff wearing contact, droplet & airborne PPE might result in unnecessary delays to commencement of CPR. **PP [ICEG]**

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.

EQUIPMENT CONSIDERATIONS

Have equipment prepared

- Minimise delays in commencing resuscitation by ensuring that equipment is readily available.

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.

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.

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.

Individual patient considerations