

COVID-19 SIMPLIFIED REANIMATION PROTOCOL

Updated May 29, 2020

for living and care environments

taking care of users outside of hospitals

Purpose and target clientele of the protocol

This protocol has been created to standardize cardiopulmonary resuscitation in the pandemic context in all care settings caring for non-paediatric users outside of acute physical care hospitals. This includes residential and long-term care centres, medical clinics, private seniors' residences, designated assessment clinics, psychiatric units, rehabilitation and convalescent centres, and other care settings.

This protocol does not apply in the workplace, on-call, school or home environment.

Guiding principles

- Community transmission is the main means of transmission of COVID-19 in the provinces.
- Certain cardiac resuscitation procedures are considered to be at risk for aerosol generation, including ventilation and intubation.
- Anyone undergoing cardiopulmonary arrest (CPR) should be considered a person potentially at risk of transmitting the infection.
- The protection of responders and healthcare workers is the priority during a pandemic. Adequate personal protective equipment (PPE) must be worn by the first responder before commencing maneuvers.
- Defibrillation and cardiac massage should be performed regardless of the risk of patient infection with COVID-19, as these maneuvers are less likely to produce aerosols.
- Definite airway and ventilation management should be performed by an experienced person (e.g., physician or paramedic) equipped with optimal air-contact PPE that includes wearing the N95 mask in addition to eye protection, gown and gloves.

Steps to follow when dealing with a cardiopulmonary arrest:

1. Ask for help.
2. Call 911; indicate whether the emergency is in a hot or cold zone, if applicable.
3. Instruct a co-worker to check the person's file who goes into a cardiopulmonary arrest if a Medical Intervention Level (MIN) is determined, if applicable;
 - Responders have an OBLIGATION to respect the wishes of the cardiopulmonary arrest victim if their wishes are known.
4. Remove the code cart and/or defibrillator:
 - If there is no defibrillator available, the emergency dispatcher will be able to help you find the nearest defibrillator.
5. Wear gloves, a procedural mask, gown and eye protection. A gown is not a requirement for rescuing a person, although it is recommended.
6. Wear a procedure mask to the patient. If a mask is not available, a cloth or garment may be worn to cover the patient's mouth and nose.
 - If available, a high-concentration oxygen mask may be placed on the victim's face instead of the procedure mask to provide passive oxygenation.
7. Begin chest compressions immediately if there is a delay before the defibrillator arrives.
8. Install the defibrillation pads on the person. If shocks are recommended, defibrillate according to the defibrillator's indications.
9. Begin or continue chest compressions, and if used, follow the defibrillator's instructions until help arrives.
10. Active ventilation with a ventilation bag may be considered:
 - If equipment is available;
 - If an N95 mask is available for responders (two responders required);
 - If responders consider themselves experienced in bag-valve ventilation.