

## Regional guide

### Treating cardiac arrest in a Vitalité Health Network non-hospital facility during the COVID-19 pandemic

**\*\* This guide is intended for non-hospital healthcare facilities that do not have a dedicated resuscitation team (e.g.: community health centre) \*\***

Resuscitation procedures are considered to be likely to propagate aerosols and the potential risk to medical staff has to be balanced against the expected benefits for the patient. In general, cardiac arrest carries a poor prognosis. In rare targeted circumstances (e.g.: an arrhythmia that could require defibrillation), resuscitation procedures may be justifiable. The Heart and Stroke Foundation of Canada has modified and published resuscitation procedures for the COVID-19 pandemic. Interim recommendations from the American Heart Association agree with Canadian guidance. Their recommendations are applicable in Vitalité Health Network primarily in healthcare facilities that do not possess dedicated resuscitation teams and equipment.

#### **Resuscitation during the COVID-19 pandemic – underlying principles:**

- During the COVID-19 pandemic, only chest compressions are recommended (Do not provide insufflation);
- The following practices apply to adults as well as children;
- Expose the minimum number of staff members during resuscitation;
- Use the available personal protective equipment properly. Put on a N95 respirator.

The Heart and Stroke Foundation of Canada recommends the following modifications to CPR for the general public during the COVID-19 pandemic:

- **Check for signs of cardiac arrest:** recognize cardiac arrest by no response when you shake and shout AND the person is not breathing or is making strange gasping sounds. Do not listen or feel for breathing by placing your ear and cheek close to the person's mouth, simply observe the person's breathing.
- **Call 9-1-1** and tell them you have found someone unconscious and not breathing normally. Tell them if COVID-19 is suspected.
- **Prevent contamination:** lay a cloth, towel, or clothing over the person's mouth and nose to prevent any potential spread of the virus through contaminated air or saliva.
- **Provide Hands-Only CPR:** Push hard and fast in the centre of the chest with one hand on top of the other. Think of the beat of Stayin' Alive or about 100-120 beats per minute. Don't stop until the ambulance arrives. Do not give rescue breaths. The 9-1-1 dispatcher will coach you if necessary.
- **Use an automated external defibrillator (AED)** if available. AEDs are safe and simple to use. Turn it on and follow the voice prompts.

## Hygiene and cleaning after attempted resuscitation

After paramedics or first responders take over the resuscitation, wash or throw away the cloth, towel, or clothing used to cover the person's face. Then you should wash your hands thoroughly with soap and water; alcohol-based hand gel is an alternative.

## Special circumstances

The above procedures apply to the majority of cases of sudden unexpected cardiac arrest. In some circumstances, **you may choose to provide additional treatments if you are trained to do so**. You should **only do so if infectious transmission of COVID-19 is not a concern to you** (e.g. the person is known to you). These situations include:

- A witnessed overdose caused by opioids (use Naloxone and rescue breathing, then chest compressions if no response)
- A witnessed drowning (rescue breathing and chest compressions)
- Cardiac arrest in a child (rescue breathing and chest compressions)

## References

1. *Edelson et al.: Interim Guidance for Life Support for COVID-19.*
2. Modifications to Public Hands-Only CPR during the COVID-19 pandemic. April 6, 2020. <https://www.heartandstroke.ca/articles/modification-to-hands-only-cpr-during-the-covid-19-pandemic>.