

BLS modifications for ALL patients during the COVID-19 pandemic

LOOK for absence of signs of life, absence of normal breathing

DO NOT listen or feel for breathing by placing face close to patient's mouth
AVOID bag mask ventilation

Early rhythm check in AED mode
STOP O₂ flow at wall (do not remove mask)
Re-start O₂ flow when compressions start

Basic Life Support

D

Dangers?

R

Responsive?

S

Send for help

A

Open Airway

B

Normal Breathing?

C

Start CPR

100-120 compressions/minute

D

Attach Defibrillator (AED)

as soon as available, follow prompts

Continue CPR until responsiveness or normal breathing return

Check COVID status and don PPE as required
Minimise responders to essential staff only

NO airway adjuncts
Apply O₂ @ 10L/min via Hudson mask

COMPRESSION ONLY CPR
until code response team arrives

v1.1 3/4/2020



January 2016



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ALS modifications for ALL patients during the COVID-19 pandemic

Advanced Life Support for Adults

Early intubation
Experienced airway operator
(video laryngoscope recommended)
Viral filter must be placed in circuit closest to airway device
Minimise disconnections

During a cardiac arrest, CPR and intubation can take place outside of a negative pressure room

During CPR

Airway adjuncts (LMA / ETT)
Oxygen
Waveform capnography
IV / IO access
Plan actions before interrupting compressions (e.g. charge manual defibrillator)

Drugs

Shockable

- * Adrenaline 1 mg after 2nd shock (then every 2nd loop)
- * Amiodarone 300mg after 3 shocks

Non Shockable

- * Adrenaline 1 mg immediately (then every 2nd loop)

Consider and Correct

Hypoxia
Hypovolaemia
Hyper / hypokalaemia / metabolic disorders
Hypothermia / hyperthermia
Tension pneumothorax
Tamponade
Toxins
Thrombosis (pulmonary / coronary)

Post Resuscitation Care

Re-evaluate ABCDE
12 lead ECG
Treat precipitating causes
Aim for: SpO₂ 94-98%, normocapnia and normoglycaemia
Targeted temperature management

Start CPR

Minimise Interruptions

Attach

Defibrillator / Monitor

Assess Rhythm

Shockable

Shock

CPR
for 2 minutes

Non Shockable

CPR
for 2 minutes

Return of
Spontaneous
Circulation?

Post Resuscitation Care

COMPRESSION ONLY CPR
until code response team arrives

Use **COACHED** for ALS rhythm checks
Intubated = closed circuit, do not disconnect for defibrillation

v1.2 14/4/2020



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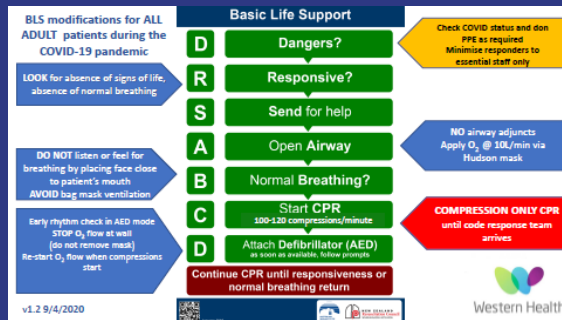


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PPE FOR ALL ADULT CODE BLUES

Ward Responders (Basic Life Support)

Commence COVID-19 modified adult BLS



First Responders are **SAFE** to commence chest compressions in the PPE as shown:

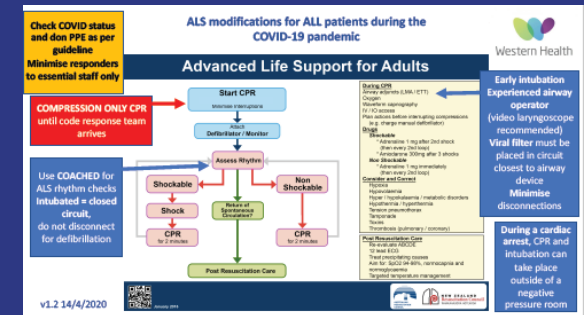
- P2/N95 mask
- Face shield,
- apron
- gloves
- hand hygiene to above the elbow afterwards.

Please be advised that these PPE Guidelines may be subject to change.



Code Blue Team (Advanced Life Support)

Commence COVID-19 modified adult ALS



ALL RESPONDERS

Don P2/N95 mask, face shield, long sleeved gown and gloves when:

- COVID suspected or confirmed , or when droplet or airborne precautions are in place.
- Planned intubation, or airway management required.
- CPR lasting longer than 3 cycles (6 minutes).
- Code Blue no treating team (public areas).

Additional Considerations for Code Blue Team Huddle during COVID-19 Pandemic



Western Health

COVID - 19

Be Safe -- Be Smart -- Be Kind

Please discuss these points during the Code Blue Team huddle. These points are relevant for ALL adult code blues.

D for danger is the first consideration for all staff members! Look after yourself and your colleagues. **STAFF SAFETY NEEDS TO BE PRIORITISED OVER RESUSCITATION.** Please review the WH PPE guidelines if needed.

Check COVID-19 status. If in doubt or delay confirming, treat as suspected COVID-19.

Minimise responders in room to essential staff only:

- Consider allocation of a “door monitor” for crowd control, review number of people in room and stop further people from entering room unless needed. This person can also check PPE or a separate PPE spotter can be allocated if preferred.
 - Team leader (ICU registrar) to allocate roles. No role = no entry to room
 - Additional team members to wait in corridor so available for a role as needed.
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- ✓ Please **review BLS and ALS modifications** for ALL patients during COVID-19 pandemic.
 - ✓ **Resuscitation trolleys should remain outside of room** wherever possible. Equipment can be passed in as required.
 - ✓ **Early intubation** by the most experienced airway operator is recommended. Video laryngoscopy is recommended.
 - ✓ **Viral filter** must be placed in circuit closest to airway device.
 - ✓ CPR in PPE is more draining than usual, swap CPR provider every 2 minutes (earlier if necessary).
 - ✓ Be mindful that communication in PPE is more difficult.

Please hand over these considerations to the next code responder at the end of your shift. This is new information for all of us, the more we think about these principles the easier it will become for all of us.