

All responders (employed and voluntary) within two meters of patient at cardiac arrest should conduct a dynamic risk assessment and don the following Personal Protection Equipment (PPE).

**Primary Responder** to any cardiac arrest with known or suspected COVID-19: double glove; plastic apron; fluid repellent surgical mask; eye protection.

**Subsequent responder(s)** FFP3 facemask; eye protection; fluid repellent coverall; double glove.

#### **Etiology:**

Rapidly identify and treat reversible causes  
Consider critical hypoxia, cardiac complications, septic shock.

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#### **Equipment:**

- Primary responder bag (including oxygen)
- Stethoscope
- AED/Monitor-defibrillator

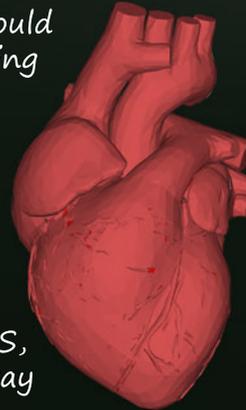
(Further equipment to be brought to scene by subsequent responders as required, but all equipment to be placed >1 metre from patient if possible.)  
Early use of SGA in ALS with HME/Filter as soon as practicable.  
All equipment will need to be de-contaminated in line with trust guidelines



## Supporting staff responding to cardiac arrests during the COVID-19 Pandemic

**Suspect COVID-19 if the patient has a recent history of fever, cough or respiratory symptoms.**

Special precautions should be taken when attending cardiac arrest in suspected COVID-19 patients as there is a high risk of aerosol-generated particles from specific procedures (AGPs) during provision of ALS, such as advanced airway management, airway suctioning, and assisted ventilation (BVM).



#### **Conveying intra-arrest/ROSC**

Decision-making support should be sought through the Clinical Advice Line (CAL) for any additional scene support.

Conveyance of suspected COVID-19 patients should follow Trust guidance, but decision-making should not happen in isolation.

Early pre-alert should be provided specifically to include the suspicion of COVID-19.



#### **Primary Responder or single member of crew**

Takes the role of assessing clinician. Don appropriate PPE at address, based on risk assessment (minimising delay to initial resuscitation). and communicate via airwave radio to confirm cardiac arrest.

Establish any DNCPR, ReSPECT, ADRT regarding resuscitation (avoiding starting where appropriate).

If resuscitation is appropriate: Connect defibrillator pads, rhythm check, shock as required, high flow oxygen via NRBM, compression only CPR - ensuring oxygen removal for any shocks delivered. Withdraw once additional responders are present, following safe doffing procedure and then support as required.



#### **Subsequent responder(s)**

Remain outside property.

Don appropriate PPE and communicate via airwave radio.

Once cardiac arrest is confirmed, enter property with any additional equipment.

#### **Transmission:**

Person-to-person through close contact and droplets.

Standard IPC and droplet precautions are the main control strategies and should be followed rigorously.

