

Coronavirus COVID-19

SIMPLIFIED COVID-19 RESUSCITATION PROTOCOL

Updated: May 29, 2020

for residential care facilities treating patients in a
non-hospital setting

Protocol objective and target audience

This protocol was developed to standardize cardiopulmonary resuscitation during the pandemic in all healthcare facilities that provide patients with acute physical care in non-hospital settings. Included are residential and long-term care centres, medical clinics, private seniors' residences, designated assessment clinics, psychiatric units, rehabilitation centres, convalescence facilities, and all other healthcare facilities.

The protocol does not apply to workplaces, daycares, schools, or in the home.

Guiding Principles

- Community transmission is the primary means of COVID-19 transmission in non-urban areas.
- Certain resuscitation procedures are considered at-risk for aerosol generation, such as ventilation and intubation.
- Any person in cardiorespiratory arrest (CRA) should be considered a potential infection risk.
- Our top priority in the pandemic is to protect responders and healthcare professionals. First responders must wear proper personal protective equipment (PPE) before initiating resuscitation procedures.
- Defibrillation and heart massage should be performed independently of the patient's COVID-19 infection risk because they are lower-risk procedures for aerosol generation.
- Definitive airway management and ventilation must be performed by a person with experience, such as a physician or emergency medical technician (EMT) equipped with the best airborne/contact type PPE including N95 respirator, eye protection, gown, and gloves.

... 2

Steps to follow with a person in CRA:

1. Ask for help.
2. Call 911; indicate whether the emergency is taking place in a hot zone or a cold zone.
3. Ask a co-worker to check the person's file to see whether a level of medical intervention (LMI) has been entered.
 - Responders must comply with a CRA victim's wishes if known.
4. Get the code cart or defibrillator.
 - If a defibrillator is not available, the emergency dispatcher can help you find the closest one.
5. Wear gloves, a medical mask, a gown, and eye protection. The gown is not mandatory when assisting someone, although it is recommended.
6. Put a medical mask on the patient. If there is no mask available, use a cloth or article of clothing to cover the patient's nose and mouth.
 - If available, use a high-concentration oxygen mask for the victim's face instead of a medical mask, to provide passive oxygenation.
7. Start chest compressions immediately if you have to wait for the defibrillator.
8. Place the defibrillation electrodes on the patient. If it recommends shocks, proceed with defibrillation, following the instructions on the defibrillator.
9. Start or continue chest compressions and if you are using a defibrillator, follow defibrillator instructions until help arrives.
10. Active ventilation with a breathing bag may be considered:
 - If the equipment is available
 - If N95 respirators are available for those performing the procedure (two people are needed)
 - If the responders considered themselves sufficiently experienced in bag-valve-mask ventilation