Patient unresponsive? Call for help and emergency drugs kit

Ensure staff wearing at least level 2 PPE prior to attending to patient

Is the patient breathing? (Visual check only, not ‘look listen and feel’)

No? Call 999

Level 2 PPE only available CHEST COMPRESSIONS ONLY

1. Place surgical mask/towel over patient’s mouth
2. Attach defibrillator and deliver shock if indicated. (Early restoration of circulation may negate the need for chest compressions and ventilations)
3. Deliver chest compressions only as per Resus Council guidelines
4. Ensure that no more than 4 staff are present in the room to provide CPR and all are wearing appropriate PPE

Level 3 PPE available but not currently being worn

1. Place surgical mask/towel over patient’s mouth
2. Attach defibrillator and deliver shock if indicated. (Early restoration of circulation may negate the need for CPR)
3. Staff outside the surgery can DON the appropriate level 3 PPE and enter the room. Staff in level 2 PPE should leave the room
4. Deliver 30:2 CPR as per the Resus Council guidelines. Use a bag valve mask for ventilation and avoid mouth to mouth, or the use of a pocket mask.
5. Ensure that no more than 4 staff are present in the room to provide CPR and all are wearing appropriate PPE

Level 3 PPE is already being worn

1. Deliver 30:2 CPR as per the Resus Council guidelines. Use a bag valve mask for ventilation and avoid mouth to mouth, or the use of a pocket mask.
2. Apply defibrillator pads without delay and deliver shock as per AED instruction
3. Ensure that no more than 4 staff are present in the room to provide CPR and all are wearing appropriate PPE

Ensure there are no/minimal delays to chest compressions or defibrillation
Ensure staff maintain safety by donning appropriate PPE, good hand hygiene, safely doffing PPE and following completion, safely decontaminate the room and equipment
Please ensure adequate record keeping is maintained
Staff may find it useful to debrief once the patient has been transferred to the ambulance services
Please see Resuscitation Council primary care guidance and PHE statement on CPR

Adult COVID-19 UDC CPR algorithm
Consider treatment escalation and resuscitation decisions for all inpatients

1. Recognise cardiac arrest. Do not put your face near the patient’s face to listen/feel for breath. Call 999, state the risk of COVID-19

2. Attach defibrillator if available – shock if indicated. Early restoration of circulation may negate the need for chest compressions and ventilations

3. If no PPE is available, the individual must decide the course of action. As a bare minimum, cover the patient’s nose and mouth with a cloth if chest compressions are carried out in the home/public space. Ideally don at least non-AGP PPE (eye protection, gloves, disposable plastic apron and fluid resistant face mask) before commencing chest compressions.

Ventilations and further ALS measures should only begin when assistance has arrived wearing AGP PPE (eye protection, disposable gloves, coverall/gown, FFP3 mask). If not wearing AGP PPE, withdraw to a distance of at least 2 metres.