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CARDIAC ARREST & PANDEMIC RESPONSE PROTOCOL

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The following is a list of what is KNOWN about COVID-19 and the risk of transmission to First Responders (i.e. EMS, Fire, Law Enforcement, Lifeguards, etc.):

- 1) SARS-CoV-2/COVID-19 can be spread by aerosolized particles. Certain procedures may either generate or expose First Responders to those aerosolized particles.
- 2) Airborne precautions and proper PPE in the form of goggles, gown, gloves and an N95 mask or equivalent respirator are highly protective, even in the face of exposure to COVID-19 patients.
- 3) In addition to proper PPE, the focus of social distancing and limiting the number of First Responders attending to a patient should be followed, whenever possible.

We know important fundamental facts surrounding the management of patient suffering out-of-hospital cardiac arrest (OHCA), including:

- 1) The most important therapy provided to patients suffering from OHCA is high-performance CPR (HP-CPR).
- 2) HP-CPR includes compressing at the proper rate and depth, allowing for adequate recoil and minimizing interruptions.

Based on KNOWN risks of COVID-19 transmission and what is known regarding the effective management of OHCA, the following recommendations should be followed when caring for a patient with OHCA during the COVID-19 pandemic:

1) Personal Protective Equipment

- a. PPE is the most protective measure First Responders can take when caring for a OHCA patient. PPE should be worn in all cases of OHCA. CPR, assisting ventilations, inserting airways, and suctioning are all aerosol-generating procedures. N95 masks (or equivalent) as well as gowns, gloves, and eye protection are essential prior to management of these patients.

2) Treatment – CPR

- a. While CPR is being performed, please limit the number of First Responders to those absolutely necessary. First Responders should establish a 6-foot distance from the patient when not performing procedures.
- b. If available, consider changing chest compressors every 2 minutes to reduce individual provider exposure during CPR.

3) Treatment – Airway Management

- a. If available, place a HEPA filter between the BVM and airway device. Place the filter as close to the patient as possible. Minimize any disconnections between the HEPA filter and the patient.
- b. We recommend placing a clear plastic shroud over the patient's head and neck, while performing all airway management techniques and the administration of positive-pressure-ventilation. This strategy reduces the risk of ongoing exposure to First Responders.