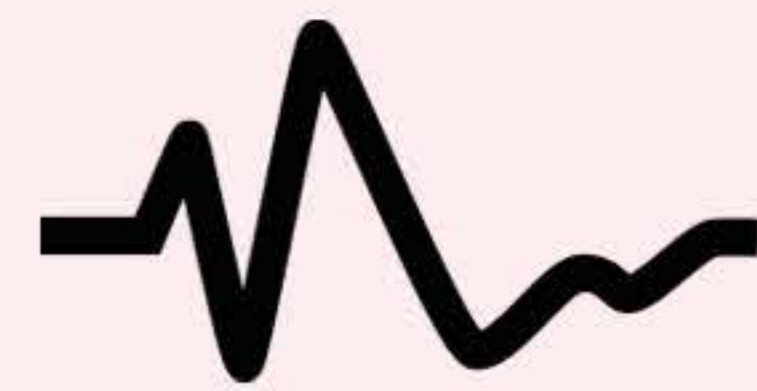




1 Recognise cardiac arrest. Look for the absence of signs of life and normal breathing. Feel for a carotid pulse if trained to do so. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. When calling 2222, state the risk of COVID-19.

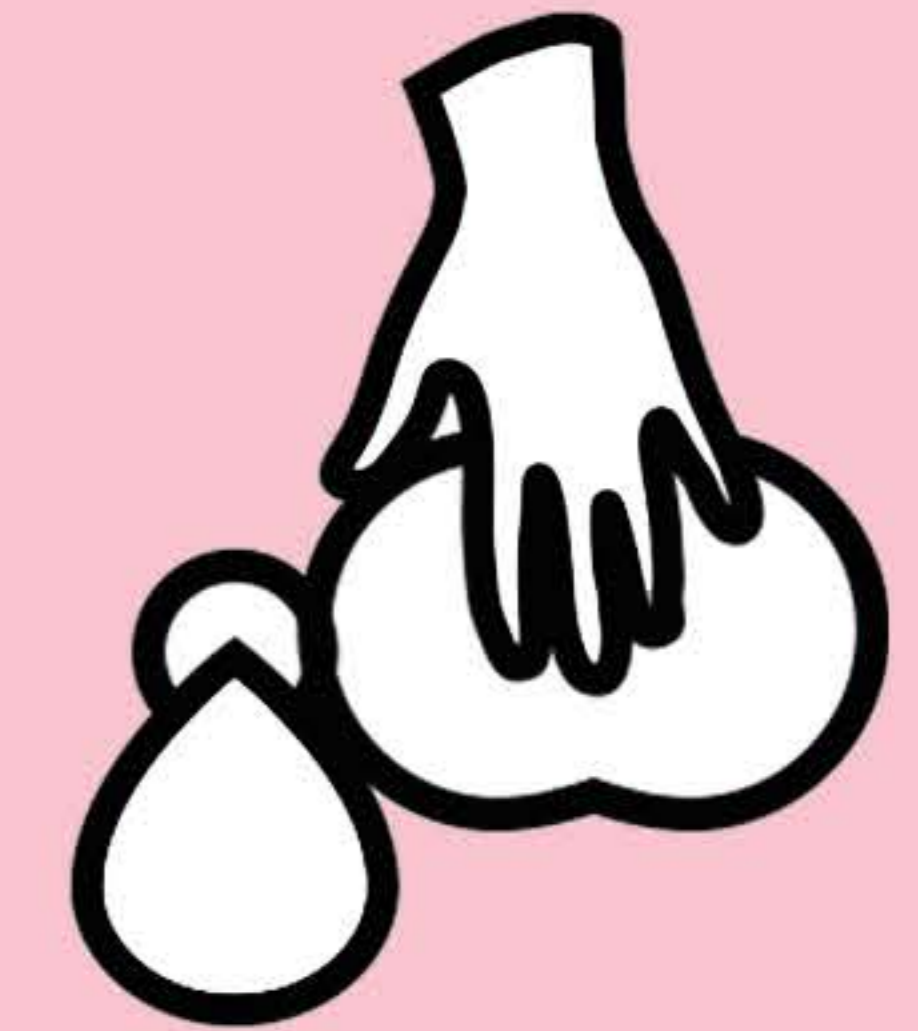


2 If a defibrillator is readily available defibrillate shockable rhythms rapidly prior to starting chest compressions. The early restoration of circulation may prevent the need for further resuscitation measures. Local guidance must be followed about equipment entering the area.



3 Full Aerosol Generating Procedure (AGP) Personal Protective Equipment (PPE) must be worn by all members of the resuscitation/emergency team before entering the room. Sets of AGP PPE must be readily available where resuscitation equipment is being locally stored. No chest compressions or airway procedures such as those detailed below should be undertaken without full AGP PPE. Once suitably clothed, start compression-only CPR and monitor the patient's cardiac arrest rhythm as soon as possible. Do not do mouth-to-mouth ventilation or use a pocket mask. If the patient is already receiving supplemental oxygen therapy using a face mask, leave the mask on the patient's face during chest compressions as this may limit aerosol spread. If not in situ, but one is readily available, put a simple face mask on the patient's face. Restrict the number of staff in the room (if a single room). Allocate a gatekeeper to do this.

4 Airway interventions (e.g. supraglottic airway (SGA) insertion or tracheal intubation) must be carried out by experienced individuals. Individuals should use only the airway skills (e.g. bag-mask ventilation) for which they have received training. For many HCWs this will mean two-person bag-mask techniques with the use of an oropharyngeal airway. Tracheal intubation or SGA insertion must only be attempted by individuals who are experienced and competent in this procedure.



5 Identify and treat any reversible causes (e.g. severe hypoxaemia) before considering stopping CPR. Discussion should be maintained throughout the resuscitation event and early planning of the post resuscitation phase undertaken. Contact senior help and gain advice from critical care partners as part of the planning.

**H's & T's**

6 Dispose of, or clean, all equipment used during CPR following the manufacturer's recommendations and local guidelines. Any work surfaces used for airway/resuscitation equipment will also need to be cleaned according to local guidelines. Specifically, ensure equipment used in airway interventions (e.g. laryngoscopes, face masks) is not left lying on the patient's pillow, but is instead placed in a tray. Do not leave the Yankauer sucker placed under the patient's pillow; instead, put the contaminated end of the Yankauer inside a disposable glove.



7 Remove PPE safely to avoid self-contamination and dispose of clinical waste bags as per local guidelines. Hand hygiene has an important role in decreasing transmission. Thoroughly wash hands with soap and water; alternatively, alcohol hand rub is also effective.



8 Post resuscitation debrief is important and should be planned.

