The following SOP should be read in conjunction with the algorithm overleaf.

Upon discovering an unconscious patient

Staff should undertake the following actions:

* Don Surgical mask, gloves and apron prior to any contact with the patient (staff should already be wearing this as a minimum where patients are confirmed or suspected Covid-19).
* Carryout an initial assessment – open the patient’s airway (Head tilt & chin lift) and look at the chest for signs of normal breathing. **Do not** listen or feel for breathing by placing your ear and cheek close to the patient’s mouth
* If cardiac arrest is suspected ensure the MET is called on 2222 and arrange for the resuscitation trolley / box to be collected.
* Attach the patient to the defibrillator by placing the pads on the chest as shown on the packet. If trained to do so assess the rhythm using the defibrillator in AED mode and follow the prompts, remembering to **remove oxygen prior to delivery of a shock** and replace once shock administered.
* If the defibrillator says “no shock indicated” or following successful delivery of a shock (when indicated by defibrillator) await arrival of 2nd member of staff who is donned in level 2 PPE\*
* If the patient is currently receiving supplemental oxygen via a face mask leave this in situ (replace following a shock) until additional staff are available to ventilate using a bag valve mask.
* Upon arrival the 2nd member of staff donned in level 2 PPE\* commence chest compressions once first responder not in level 2 PPE has vacated the immediate area. Additional staff attending the MET call from the local area should not don PPE, instead staff should wait outside the side room or bay to collect and prepare additional equipment.

MET Attendance at a Cardiac Arrest Call

* Appropriate members of the team should don level 2 PPE\*. It is recommended that no more than 4 people should be directly involved with the resuscitation attempt (not including the anaesthetist and ODP). Members of the team should replace staff already in the room if this is appropriate.
* On arrival the Anaesthetic team, who will be equipped with FFP3 masks, will don level 2 PPE\* and take over management of the patient’s airway.
* **Additional members of the team should not don PPE, instead staff should wait outside the side room or bay until the resuscitation attempt is over or it is clear they will not be needed. Additional staff may be required to collect equipment, provide advice or replace members of the team performing chest compressions – in which they would need to don level 2 PPE\*.**

**Managing Cardiac Arrest in patients with confirmed or suspected COVID-19**



Managing Cardiac Arrest in Patients with Confirmed or Suspected COVID-19.

Emma Wilkinson-Hall Version 1. October 2020

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Level 1 PPE:

* Disposable Gloves
* Disposable apron
* Fluid resistant surgical mask
* Disposable eye protection

Available from ward stock

Level 2 PPE:

* Disposable Gloves
* Disposable gown
* FFP3 respirator
* Disposable eye protection

Available in circulation / fluids drawer of emergency trolley

**Continue with the Universal ALS treatment algorithm**

**Don PPE – level 2**

**CPR for 2 mins**

**Minimise interruptions**

**Unresponsive and not breathing normally**

**Ensure Medical Emergency Team (MET) is called (‘2222’ in the usual way)**

**Arrange for emergency equipment to be collected**

**If trained to do so assess the rhythm using the defibrillator in AED mode and follow the prompts**

**Attach the patient to the defibrillator by placing the pads on the chest**

**Shock Advised**

**No shock indicated**

**Deliver shock when safe to do so**

**Don PPE – level 2**

**CPR for 2 mins**

**Minimise interruptions**

**Phase 1**

**At least level 1 PPE**

**Phase 2**

**AGP PPE**