

CPR and resuscitation in Work settings during the coronavirus outbreak

Whenever CPR is carried out, particularly on an unknown victim, there is some risk of cross infection, associated particularly with giving rescue breaths. Normally, this risk is very small and is set against the inevitability that a person in cardiac arrest will die if no assistance is given. The first things to do are shout for help and dial 999.

The Council is following government advice to the effect that staff shall not work when they have symptoms. However because of the heightened awareness of the possibility that the victim may have COVID-19, you should follow this advice:

1. Recognise cardiac arrest by looking for the absence of signs of life and the absence of normal breathing. Do not listen or feel for breathing by placing your ear and cheek close to the patient's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions until help arrives.
2. Make sure an ambulance is on its way. If COVID 19 is suspected, tell them when you call 999.
3. If there is a perceived risk of infection, rescuers should place a cloth/towel over the victim's mouth and nose and attempt compression only CPR and early defibrillation until the ambulance (or advanced care team) arrives:

How to carry out chest compressions

- Place the heel of your hand on the breastbone at the centre of the person's chest. Place your other hand on top of your first hand and interlock your fingers.
- Position yourself with your shoulders above your hands.
- Using your body weight (not just your arms), press straight down by 5 to 6cm (2 to 2.5 inches) on their chest.
- Keeping your hands on their chest, release the compression and allow the chest to return to its original position.
- Repeat these compressions at a rate of 100 to 120 times a minute until an ambulance arrives or you become exhausted.

4. Early use of a defibrillator significantly increases the person's chances of survival and does not increase risk of infection.
5. If the rescuer has access to personal protective equipment (PPE) (e.g. FFP3 face mask, disposable gloves, eye protection), these should be worn.
6. After performing compression-only CPR, all rescuers should wash their hands thoroughly with soap and water; alcohol-based hand gel is a convenient alternative. They should also seek advice from the NHS 111 coronavirus advice service or medical adviser.

Paediatric advice

It is likely that the child/infant having an out-of-hospital cardiac arrest will be known to you. We accept that doing rescue breaths will increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child/infant. However, this risk is small compared to the risk of taking no action as this will result in certain cardiac arrest and the death of the child.

For out-of-hospital cardiac arrest, the importance of calling an ambulance and taking immediate action cannot be stressed highly enough. If a child is not breathing normally and no actions are taken, their heart will stop and full cardiac arrest will occur.