

Cardiopulmonary Resuscitation (CPR) for Continuing Care Clients with Suspected or Confirmed Novel Coronavirus (COVID-19)

Purpose Statement

Continuing care operators have requested additional information regarding the provision of cardiopulmonary resuscitation (CPR) for clients on contact droplet precautions, including those clients with suspected or confirmed novel coronavirus (COVID-19).

Operators relate their main concern as balancing the safety of healthcare providers and clients while continuing to provide high-quality care during the COVID-19 outbreak. Specific issues include the provision of equipment, capacity for staff training and availability of appropriate space to manage isolation and reduce exposure.

The purpose of this document is to acknowledge the heightened concerns and challenges facing operators managing COVID-19 on-site while reinforcing CPR provision in recognition of ethical considerations and routine practices.

Position Statement

Infection prevention and control (IPC) measures such as routine practices underlie standard and extraordinary care measures throughout the trajectory of care delivery. Routine practices ensure the health care team is operating safely and ethically and form the foundation of best practice regardless of the environment or circumstances.

Operators must consider how to best implement routine practices for on-site CPR. CPR is an aerosol generating medical procedure (AGMP), and as such, routine practices for this intervention do not change during the outbreak. Both [CPR \(chest compression and artificial ventilation using a bag valve mask\) and modified CPR](#) (chest compression only, provide oxygen, cover mouth and nose with procedure mask) are considered AGMP's.

Routine practices for CPR (traditional/modified) include:

- Point of care risk assessment
- Hand hygiene
- [PPE](#) such as gloves, N95 respirator, and gown for all individuals within 2 meters of the person receiving CPR
- Provide CPR in a contained space (e.g. room with a closed door) whenever possible
- Use adult size bag/valve mask as recommended

Access to supplies for AGMP

For a provider that is a contracted AHS provider, please contact AHS for access to supplies of personal protective equipment (PPE): AHS.ECC@albertahealthservices.ca.

Cardiopulmonary Resuscitation (CPR) for Continuing Care Clients with Suspected or Confirmed Novel Coronavirus (COVID-19) • 2

For a provider that is not a contracted AHS provider, please contact Provincial Emergency Social Services, to advise them of your PPE needs: PESSECC-LOGISTICS@gov.ab.ca.

Supply requests are being accommodated based on the urgency of the need, outbreak status, and ensuring all sites have access to some of every supply.

Conversations Matter

Health care teams are encouraged to engage clients and families in ongoing GCD and Advance Care Planning discussions. Discuss the availability of on-site support for the provision of chest compressions and airway interventions with client and family, including plans to access emergency medical services. See below for resources and scripts to support these conversations.

Ethical Considerations

Reciprocity

Health care providers are extended special privileges in our society in exchange for their commitment to care for the sick and vulnerable. Most disciplines follow a code of ethics that involves putting the client's interests above their own. Society, specifically the health system, has a corresponding or reciprocal duty to protect these health care providers from harm.

This protection involves providing health care providers with appropriate PPE and evidence informed procedures that reduce the risk of the provider becoming ill or being harmed in the course of providing care. A corollary of this is clear and consistent communication that engenders the confidence of care providers.

Beneficence

Another important principle in health care is beneficence or duty of care. Health care providers have a duty to remove harm, prevent harm and be of benefit to persons in their care. The decision to start CPR is made based on a medical judgment of whether it will restore cardiac and respiratory function. The decision should not be based on assumptions about acute care availability or other resource allocation concerns.

When a Goals of Care Designation (GCD) includes chest compressions and/or airway support (intubation), the setting must have a plan in place to access and provide this support.

Cardiopulmonary Resuscitation (CPR) for Continuing Care Clients with Suspected or Confirmed Novel Coronavirus (COVID-19) • 3

Resources

Advance Care Planning Goals of Care

<https://www.albertahealthservices.ca/info/Page9099.aspx>

PPE Guideline <https://www.alberta.ca/assets/documents/covid-19-healthcare-ppc-guidance.pdf>

EMS COVID-19 Interim Guidance (available on Insite only)

<https://insite.albertahealthservices.ca/Main/assets/tls/ep/tls-ep-2019-covid-ems-interim-guidance.pdf#search=CPR%20AGMP>

COVID VitalTalk Tips <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-vitaltalk-phrases.pdf>

COVID Planning Ahead with Vulnerable Patients COVID GCD

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-planning-with-vulnerable-patients.pdf>

CARNA Ethical Decision Making for Registered Nurses in Alberta

https://www.nurses.ab.ca/docs/default-source/document-library/guidelines/rn-ethical-decisions-making.pdf?sfvrsn=d714472f_12

CLPNA Code of Ethics for Licensed Practical Nurses in Canada https://www.clpna.com/wp-content/uploads/2013/02/doc_CCPNR_CLPNA_Code_of_Ethics.pdf

CLPNA Common Questions on LPN Practice during COVID-19

<https://www.clpna.com/2020/03/common-questions-on-lpn-practice-during-covid-19-info-sheet/>

Contributors

Alison Devine, Director, Central Zone, Infection Prevention Control

Beth Wilkey, Director, Edmonton Zone, Infection Prevention Control

Dana Skorenki, Legal Counsel, Health Law

Helgi Eyford, Clinical Ethicist, Clinical Ethics

Kimberly Nickoriuk, Director: Policy, Practice, Access and Case Management, CSAMH

Michele Stanley, Lead Practice Development, CSAMH

Sharon Iverson, Educator, Palliative & End of Life Care Practice Development

Trena Halliwell, Lead Policy Development, CSAMH

Vivian Ewa, Care of the Elderly Physician and Medical Director Facility Living, AHS-Calgary-Zone