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 including personal protective equipment (PPE), 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. Full CPR is an aerosol generating medical procedure (AGMP), and as such, routine practices for this intervention do not change during the outbreak.

Routine practices for hands-only manual chest compressions include:

- Call for help (initiate Code Blue, 911 or site based emergency response)
- Point of care risk assessment
- Hand hygiene
- Place loose clothing/sheet over the mouth and nose of the patient, as airway source control while awaiting help
- Initiate hands-only chest compressions until you are relieved by individuals who are wearing PPE including fit-tested N95 respirators
- Only these relief individuals, wearing N95 respirators, should manage the airway and complete full CPR.
Routine practices for full CPR include:

- Call for help (initiate Code Blue, 911 or site based emergency response)
- Point of care risk assessment
- Hand hygiene
- Provide full CPR in a contained space (e.g. room with a closed door) whenever possible ensuring at least 2 meter perimeter
- For all individuals within 2 meters of the person receiving full CPR, PPE including gloves, N95 respirator, and gown are required
- Use adult size bag/valve mask as recommended

In alignment with the Joint Statement, ensure that a Point of Care Risk Assessment is completed for every patient, every time. Hands-only manual chest compressions are different than CPR. Fit-tested N95 respirators continue to be required for full CPR that includes management of the airway.

Access to supplies for AGMP

For additional information related to available supplies and ordering of PPE refer to the Continuing Care PPE FAQ.

In order to ensure all health care workers have access to appropriate PPE, Alberta Health Services staff attending congregate living settings should bring an adequate supply of PPE including fit-tested N95 masks.

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

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.

Resources

Advance Care Planning Goals of Care
https://www.albertahealthservices.ca/info/Page9099.aspx

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 Common Questions on LPN Practice during COVID-19


COVID Planning Ahead with Vulnerable Patients COVID GCD

Personal Protective Equipment https://www.albertahealthservices.ca/topics/Page17048.aspx