CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.

COVID -19: Interim Revisions to Cardiopulmonary Resuscitation (CPR) Procedures

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Next Review: September 2020

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Document History

Document Date	Document Sections	Description of Revisions
April 8, 2020	Document was created	The document was approved by the National Medical Advisory Committee (NMAC) at the April 5, 2020 meeting.
April 30, 2020	Entire document	The document was reviewed and approved by NMAC at the April 30, 2020 meeting.
May 19, 2020	Resources	Reference links were added to the document.
June 4, 2020	Compression only CPR and Site Coordinator.	The procedure was reviewed and discussed by NMAC at the June 4, 2020 meeting.
June 25,2020	Compression only CPR and Site Coordinator	The document was approved by the National Medical Advisory Committee (NMAC) at the June 25, 2020 meeting.
September 2020		Next Review

Accountability

This revised CPR policy was initially reviewed and approved by the National Medical Advisory Committee (NMAC) on April 5, 2020. In order to ensure it remains consistent with the risks posed by the COVID-19 pandemic the document was subsequently reviewed on the above dates. The next review by NMAC is scheduled for September 2020

Background

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 has been declared a global pandemic. Those who are infected with COVID-19 may have little to no symptoms. Symptoms, similar to a cold or flu, may take up to 14 days to appear after exposure to COVID-19. Symptoms include cough, fever, difficulty breathing, and pneumonia in both lungs. There is currently no vaccine against or specific treatment for COVID-19. Current studies are investigating if the virus can be transmitted to others if someone is not showing symptoms. According to the Public Health Agency of Canada (April 7, 2020) at this time, 71% of COVID-19 cases are related to community transmission.

Transmission

Current epidemiologic information suggests that human-to-human transmission of COVID-19 can occur when an individual is in close contact with a symptomatic case. Human coronaviruses are most commonly spread from an infected person through:

respiratory droplets; close, prolonged personal contact; and touching an infected area, then touching mouth, nose or eyes before washing hands.

Resuscitation

During the COVID-19 pandemic, CSC is committed to continuing to provide health care to inmates at the highest standard possible while maintaining the safety of the overall correctional community of staff, contractors, and inmates. As the pandemic continues and intensifies, practices are reviewed and revised to be consistent with the broader health community.

Ethical Principles

The following ethical principles are taken into consideration as CSC reviews and revises its practices:

- **Proportionality**: Decisions to modify services during the pandemic should be proportionate to the real or anticipated limitations in capacity to provide those services. Capacity may refer to staffing, Personal Protective Equipment (PPE), competence in donning and doffing, or system capacity to provide different levels of critical care during surge. Restrictions to services should only be in place for as long as necessary.
- **Non-maleficence:** Decisions should minimize harm to patients wherever possible. This includes consideration for staff safety, which require equipment (PPE) and appropriate training. If certain forms of care cannot be provided, attention must be paid to minimizing pain and suffering.
- **Equity:** Equity requires that all persons in the same categories be treated in the same way unless relevant differences exist, and that special attention is paid to actions that might further disadvantage the already disadvantaged or vulnerable.
- **Transparency:** Decisions to modify services should be clearly communicated in a transparent manner to patients and to the broader community served.
- **Accountability:** Those making decisions must be accountable, and able to provide a clear rationale based on the best available evidence, practices and principles.

CPR in the context of COVID-19

- CSC is a closed environment where physical distancing can be difficult to achieve;
- Given the increase in community transmission of COVID -19 and the reality of the asymptomatic spread of the disease, any person may be contagious;
- There is evidence that CPR/cardiac compressions may generate virus particles into the air.

Current State, June 2020:

- Community rates and transmission in Canada is decreasing;

- No CSC site is in "Outbreak" as of June 16th, 2020;
- Health Services monitors the rate of incident cases of COVID-19/week in public health districts in which a CSC facility is located.

Compression only CPR

Considering the potential risk of transmission of COVID -19 to staff in performing CPR and the conditions necessary to mitigate that risk to staff and, potentially other inmates, CSC developed the following directions for intervening with inmates, staff, contractors, and volunteers who are unresponsive.

Direction:
If a person (inmate, staff, contractors, volunteer) is unresponsive, has no signs of circulation (not breathing or agonal respiration; if there is any doubt about the person's breathing, assume there is no breathing) including no pulse (if trained in CPR/AED at the health care provider level; if there is any doubt about the presence of a pulse, assume there is no pulse):

- Call for help, Call 911 (and CSC Health Services during operating hours) and have someone retrieve the AED;
- Don PPE (gown, N95 mask, visor or goggles, gloves);
- Move the patient to a firm flat surface, if possible, to an enclosed area. All non-essential people should be cleared from the area. Alternatively, establish a clear perimeter and all non-essential people should be cleared from the area;
- If opioid overdose is suspected administer naloxone nasal spray;
- Put a surgical/procedural mask on the patient;
- Non-health care staff begin Chest Compression Only CPR until the AED arrives and manage as per CPR/AED certification with the exception that you **do not ventilate the patient;**
- Chest compression only CPR by non-health care staff should continue with AED analyses, shocks should be delivered when prompted by the AED;
- Non-health care staff should not at any time initiate ventilation of the patient;
- Non-health services staff must continue to perform CPR until relieved by health services staff or the ambulance service;
- Health services staff on arrival should provide oxygen by nasal prongs at 5 liters/minute;
- Health services staff, qualified in using Bag-valve-mask (BVM) Ventilation, can initiate BVM with 5 liters of oxygen in keeping with standard chest compression/ventilation ratio;
- Continue to provide chest compression, BVM Ventilation by health services staff and follow AED prompts;
- If circulation or breathing returns, discontinue BVM and provide oxygen at

5 liters/minute (**Health Services only);**

- The decision to discontinue CPR can be made only by authorized health services staff or the ambulance service.

PPE

Institutional Heads will ensure sufficient PPE is positioned at responding posts to minimize the delays required to don PPE

Sector Coordinator

In order to ensure maximum safety and effectiveness of the response to the emergency, there must be a coordinator who will perform the following functions:

- Observe and ensure the donning/doffing of PPE;
- Establish a perimeter to minimize the number of persons present within a 2-metre distance;
- Monitor all aspects of the process;
- Debrief with staff and supervisor post incident;

Resources

BRITISH COLUMBIA

- Vancouver Coastal Health Infection Prevention and Control, Aerosol Generating Medical Procedures (AGMP) Best Practice Guideline, updated March 23, 2020
- Adult CPR Protocol for Suspect and Confirmed Cases of COVID-19, March 2020

PUBLIC HEALTH ONTARIO

- EVIDENCE BRIEF, Infection Prevention and Control for First Responders Providing Direct Care for Suspected or Confirmed COVID-19 Patients. March 29, 2020
- FOCUS ON, COVID-19: Aerosol Generation from Coughs and Sneezes, April 10, 2020
- TECHNICAL BRIEF, IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19, May 3, 2020

QUÉBEC

- COVID-19 et réanimation cardiorespiratoire (RCR) en contexte hors-hospitalier, mai 2020 (French)

OTHER

- Interim Guidance for Life Support for COVID-19, Edelson et al., 10.1161/CIRCULATIONAHA.120.047463, AHA/ASA Journals, American Heart Association
- International Liaison Committee on Resuscitation, Consensus on Science with Treatment Recommendations (CoSTR), COVID-19 infection risk to rescuers from patients in cardiac arrest, Created: March 30,2020 / Updated
  April 10,2020
- Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings, May 7, 2020
- Modification to Public Hands-Only CPR during the COVID-19 pandemic, Guidance for the public to reduce the risk of virus transmission, April 6, 2020, Heart and Stroke Foundation of Canada