

## Uncommon Practice: Cardio Pulmonary Resuscitation (CPR) in Long-Term Care (CPR – C2)

**CPR is not attempted on a resident who has suffered an unwitnessed cardiac arrest. Please ensure families are aware that CPR will not be initiated for a non-witnessed arrest.**

**WITNESSED ARREST ONLY** (The following applies to ALL cases of CPR administration for the duration of the COVID-19 pandemic due to risk of inadvertent COVID-19 transmission)

1. Call 911.
2. Keep the resident in the same room.
3. If required, clear space by moving other residents out of the area. If not possible to remove other residents, apply procedure mask to them.
4. Staff must wear the required PPE: eye protection (face shield/goggles), procedure mask, gown and gloves.
5. Apply a procedure mask to the resident.
6. Start COMPRESSIONS ONLY, NO ventilations.
7. If resident is on droplet precautions and/or ventilations are initiated by the code team or BC Ambulance Service, then all team members must wear a N95 respirator in addition to eye protection, gowns and gloves.

**For resources on Aerosol Generating Procedures (AGP) see:**

[http://fhpulse/quality\\_and\\_patient\\_safety/infection\\_control/novel\\_coronavirus/FH%20Aerosol%20Generating%20Procedures%20\(AGP\)%20SOP%20%5brev%20Mar%2024%5d.pdf](http://fhpulse/quality_and_patient_safety/infection_control/novel_coronavirus/FH%20Aerosol%20Generating%20Procedures%20(AGP)%20SOP%20%5brev%20Mar%2024%5d.pdf)

**Note most residents are frail and vulnerable and M1-M3 DNR.**

**Preventative proactive conversations** should occur to ensure all residents have updated goals of care documented and the Medical Orders Scope of Treatment reflects the wishes and preferences of the resident. Included in the conversation are explanations of COVID-19 and possible outcomes of a COVID-19 confirmed diagnosis.

*Source Information: Acute Care AGP, Consultation with Emily Boorman CNS Critical Care, LTC Physician COVID-19 Task Force, FH Infection Prevention and Control*