

## **From BCEHS practice updates March 19 - 25:**

### **CPR – avoid unprotected CPR**

- Don PPE before commencing CPR and defibrillation
- In the absence of PPE, resuscitation should be limited to defibrillation and compressions only
- Where a single responder is operating without backup, their primary focus should be on defibrillation and compression-only CPR
- Where sufficient practitioners are available and CPR is not being provided, one responder should commence immediate defibrillation and compression-only CPR while others don PPE
- Place a surgical mask OR no-flow (0Lpm) oxygen mask on the patient prior to chest compressions
- With OPA and BVM, use 2-hand tight seal at all times
- Use viral filters on the BVM
- Use low flow O2 with the BVM 6 Lpm
- With 30:2 ratio compressions to ventilations, pause compressions to allow for ventilations

### **AIRWAY MANAGEMENT – omit aerosol-generating procedures**

- Use the lowest oxygen flow possible (6 Lpm) to achieve SpO2 of 90%
- Ensure a tight-fitting seal (2 person) when ventilating patient with a BVM and filter
- Do not place nasal cannula under the Bag Valve Mask
- No nebulizing medications under any circumstances. Use MDI's where available
- Suction only when necessary and use caution