



“ 3C.P.R. ”

COVID
Compliant,
Cardio Pulmonary
Resuscitation Update

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INTRODUCTION

Hi, I'd like to introduce you to the concept, not just of CPR, but "3C.P.R." or Covid Compliant Cardio-Pulmonary Resuscitation"!

My intended audience for this update is of course all clinical staff although it will be of particular benefit to our existing clients who understand the DRS ABC approach we've developed to help assess a patient in an emergency, and to whom we've delivered the in-house 'Dental Emergency Life Support training course' (to in some cases) 21 years now!

As a time served Ambulance Paramedic, who's been round the block dealing with emergencies and many cases of resuscitation since 1991, I like a practical, easy to remember approach, so I've tried here to give you a compliant, practical and easy to understand guide to performing resuscitation in this Covid-19 world.

In summary, this update is in no way intended to replace a formal, properly structured, (CPD approved) "hands-on" training session, but these are difficult times, so I'll attempt to be concise, and give you some clarity on dealing with a critical medical emergency during this time.

Clinicians, and people in general may have different perceptions (as well as personal risk tolerance) of the current Coronavirus situation. This is true even when it comes to performing potentially life-saving CPR & defibrillation. A clear way forward is important for us all, especially as there appears to be a lack of clarity regarding some current advice.

Is CPR an Aerosol Generating Procedure (AGP), an Aerosol Exposure Procedure (AEP) or not? Opinions are split, tolerances vary, but we can assume at least, we need take some basic, sensible and time effective precautions when dealing with a patient who is in dire need of our speedy, efficient and effective clinical care.

There's three basic actions to take now, as we go through this update...

1. Put an FFP2 mask in your defibrillator case (I'll explain why later)
2. Make sure your Bag & Mask is "3C.P.R. / Covid Compliant" (I'll explain that too at the end)
3. Read these notes, and make sure you can provide a swift "3C.P.R." response to a patient when required, using the DRS ABC approach to quickly assessing a patient.

"DRS-ABC" APPROACH....

When dealing with an emergency, you need clarity.

It (the DRS ABC approach) has been modified to take account of any actual or perceived increase in infection risk of Covid-19, at an emergency.

So, here's the simplified "DRS, ABC", **6-step plan**...



It looks similar, to what it was before (and it is) but with just a few modifications...

Let me explain....

01 | Danger

- **Make sure the area is safe**
- **Make sure you have PPE on if you can**
(preferably Level 3 PPE, such as an FFP3 mask, face shield, gown and gloves)

02 | Response

Do they look lifeless?

Look at the patient and try and rouse them.

If no response, and they're in the dental chair, make sure they are lying flat

03 | Shout for Help

Call for your team and call 999, make sure you says it's a "Cardiac Arrest"

04 | Airway

Is it Clear?

If not, suction it with the handheld aspirator from your kit, or remove any obstructions by hand if you can

05 | Breathing

1. Look for signs of life and breathing.
2. Is the chest going up & down?
3. We're no longer advised to put our ear down close to the patients mouth to assess breathing, as its deemed too close and potentially risky, should the patient be Covid-19 positive.
4. Bring your Defibrillator and full emergency kit to the scene quickly.
5. Quickly take your FFP2 mask from your defibrillator case and place it over the patient's mouth



06 | Circulation

1. Get your colleague to begin chest compressions as soon as you possibly can.
2. You, get the defibrillator on and get the first shock in.
3. Get your colleague back on the chest compressions asap.
4. Get the “Covid-Compliant Bag & Mask” on and commence full CPR using the 30:2 ratio as soon as possible.

We've sourced the correct Viral/Bacterial I filters that should be fitted to the bag & mask to make it “3C.P.R.” compliant. That way any air going into the patient (and in particular any expired air coming out), is properly filtered and as low a cross infection risk as possible

We are just generally advising that a new bag & mask be sent out, as the filters do not fit every bag & mask on the market, supplies are still very limited and also many bag & masks are generally in need of being replaced due to faulty masks and internal seals perishing.

NB: These bag & masks were never intended to sit in clinics, unused, for years.



MAKING THE BAG & MASK "3C.P.R." COMPLIANT.

STEP 3

We carefully remove the exhaust port and replace it with a second 99.99% BV filter

This ensures that all the air going in (and especially coming out) of the patient, is as filtered and as low risk as possible.

STEP 2

We fit the 99.99% BV filter between the bag & face mask

STEP 1

We close over the "pop off valve".

If you want any information about our CPD approved training courses, emergency oxygen or drugs kits, defibrillators or consumables or just some advice, please get in touch

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DRUGS USED IN MEDICAL EMERGENCIES

SDCEP (Guidelines Compliant) – October 2019

DRUG NAME:	GTN (Glyceryl Tri-Nitrate) spray (400 mcg)	
INDICATIONS	CHEST PAIN (non traumatic)	
CONTRA INDICATIONS	Taking "Sildenafil" tablets / has very low blood pressure	
DOSE:	2 SPRAYS initially (repeat every 3 minutes if required).	

DRUG NAME:	ASPIRIN (Disprin Direct) 300mg	
INDICATIONS	CHEST PAIN (non traumatic)	
CONTRA INDICATIONS	<ul style="list-style-type: none"> Known allergy to any ingredients. Is asthmatic, & cannot take Aspirin (or other NSAID's) without them inducing an asthmatic type attack. 	
DOSE:	1 x 300mg tablet (chewable) – DO NOT REPEAT	

DRUG NAME:	SALBUTAMOL (Ventolin) inhaler	
INDICATIONS	WHEEZY (shortness of breath)	
CONTRA INDICATIONS	None, (unless a known allergy to any of the ingredients)	
DOSE:	<p>Adult - 4 PUFFS initially into the spacer device (repeat as necessary)</p> <p>Child – 1 PUFF every 15 seconds (max 10 puffs), repeat after 10 mins</p>	

DRUG NAME:	MIDAZOLAM (EpiStatus) 10mg / 1ml								
INDICATIONS	Seizures (Fits) lasting more than 5 minutes Or multiple consecutive seizures								
CONTRA INDICATIONS	Do NOT give if under 3 Months Old								
DOSE:	<table border="0"> <tr> <td>over 10 years old</td> <td>10mg (1ml)</td> </tr> <tr> <td>between 5 - 10 years old</td> <td>7.5mg (0.75 ml)</td> </tr> <tr> <td>between 1 - 5 years old</td> <td>5 mg (0.5ml)</td> </tr> <tr> <td>3 months - 1 year old</td> <td>2.5mg (0.25 ml)</td> </tr> </table>		over 10 years old	10mg (1ml)	between 5 - 10 years old	7.5mg (0.75 ml)	between 1 - 5 years old	5 mg (0.5ml)	3 months - 1 year old
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3 months - 1 year old	2.5mg (0.25 ml)								
A SECOND DOSE MAY BE GIVEN AFTER 10 MINUTES IF STILL FITTING									

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DRUGS USED IN MEDICAL EMERGENCIES

SDCEP (Guidelines Compliant) – October 2019

DRUG NAME:	BUCCOLAM® (Midazolam)	
INDICATIONS	Seizures (Fits) lasting more than 5 minutes Or multiple consecutive seizures	
CONTRA INDICATIONS	Do NOT give if under 3 Months Old	
DOSE:	over 10 years old	10mg
	between 5 -10 years old	7.5mg
	between 1 - 5 years old	5 mg
	3 months - 1 year old	2.5mg
REPEAT AFTER 10 MINUTES IF STILL FITTING		




DRUG NAME:	GLUCO BOOST (or Hypo-Stop or Gluco-Gel)	
INDICATIONS	Low Blood Sugar Level (Hypoglycaemia) (BM < 4 mmol/l-1) approximately (stated as a guide only)	
CONTRA INDICATIONS	Unconscious casualty (as there would be a choking risk)	
DOSE:	Normally 1 or 2 tubes (10g Glucose per tube)	



DRUG NAME:	GLUGAGEN (Glucagon) 1mg/1ml	
INDICATIONS	Low Blood Sugar Level (BM < 4 mmol/l-1) and unable to give oral Glucose	
CONTRA INDICATIONS	Known 'Pheochromocytoma' (very rare), which is an adrenal gland tumour	
DOSE:	> 8 years old	1 ml (1mg)
	< 8 years old	0.5 ml (0.5 mg)
DO NOT REPEAT (1 x dose only)		



DRUG NAME:	ADRENALINE (Epinephrine) 1:1,000 (1mg/1ml)	
INDICATIONS	Anaphylaxis (Severe Allergic reaction)	
CONTRA INDICATIONS	None in a life-threatening situation.	
DOSE:	over 12 years old	0.5 ml (0.5mg / 500 mcg)
	between 6 - 12 years old	0.3 ml (0.3 mg / 300 mcg)
	under 6 years old	0.15 ml (0.15 mg / 150 mcg)
MAY REPEAT EVERY 5 MINUTES IF REQUIRED		


