



# COVID-19 Primary Care Vaccination Site Brighton Racecourse

## Resuscitation Guidance during the COVID-19 Pandemic

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Version	Date	Summary of Change	Reviewer
1.0	06/01/21	Initial draft	Pippa Halley Nurse Lead
1.1	07/01/21	Update with latest Resus Council guidance	Dr Selma Stafford
1.2	11/01/21	Final amendments	Pippa Halley Nurse Lead
1.3	01/02/21	Appendix added and amended	Pippa Halley
1.4	22/03/21	Appendix 3 Resus event log updated	Pippa Halley
1.5	24/08/21	Update with latest Resus Council guidance for children. Inclusion of appendix 5.	Sarah Harrison

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## 1. Background

People attending the Brighton Racecourse GP COVID Vaccination Hub will have been screened for symptoms of acute infection such as high temperature new cough or anosmia. They can therefore be treated as low risk as they are not attending as patients but as members of the public receiving vaccinations.

For patients allocated to the Low-Risk category, the standard pre-COVID algorithms can be used and all healthcare staff attending resuscitation events should wear a minimum of a Type II fluid resistant surgical mask, eye protection, disposable gloves, and an apron.

For resuscitation service planning we recommend that local decision makers decide the level of risk within each area and apply the appropriate resuscitation algorithm to ensure appropriate treatment. Integral to this will be clear communication to all members of staff to ensure that there is no delay to resuscitation and no increased risk to healthcare worker safety.

<https://www.resus.org.uk/about-us/news-and-events/resuscitation-council-uk-position-covid-19-guidance-september-2020>

COVID-19 is thought to spread from person-to-person through close contact and droplets. Standard principles of infection control should be followed rigorously, and all healthcare workers managing those with suspected or confirmed COVID-19 must follow local and national guidance for infection control and the use of PPE.

## 2. Guidance

Resuscitation is an invasive medical procedure and should only be provided after careful consideration, ideally with the patient, of the benefits and burdens provided by resuscitation. For those for whom resuscitation would be inappropriate, decisions must be made and communicated.

Equipment must be made readily available to protect staff during resuscitation attempts – the Resuscitation Council UK acknowledge that this may cause a brief delay to starting chest compressions, but the **safety of staff is paramount**.

## 3. Resuscitation & Anaphylaxis

**PRIOR TO START OF EACH SHIFT, THE DUTY RESUSCITATION TEAM AND OUTSIDE RESPONDER SHOULD BE IDENTIFIED AND SHOULD MEET BRIEFLY TO CLARIFY ROLES, LOCATE EQUIPMENT AND ENSURE THEY ARE FAMILIAR WITH THIS GUIDANCE**

**ALL STAFF WORKING AT THESE SITES SHOULD BE FAMILIAR WITH THIS GUIDANCE TO ENABLE RESUSCITATION TEAM TO WORK UNHAMPERED AND MINIMISE THE NUMBER OF PEOPLE INVOLVED DIRECTLY IN THE RESUSCITATION.**

Staff should follow PPE guidance for all care within 2 metres (minimum fluid resistant surgical mask (Type IIR), gloves, apron, eye protection). This will provide protection for droplet transmission and contamination from surfaces.

In a situation where a patient is unresponsive – to minimise the risk of droplet transmission, assessment includes:

- The first responder should don minimum PPE if not already wearing (Fluid resistant surgical mask, visor, gloves apron). **Do not approach patient without minimum PPE.**
- The first responder will alert others for help immediately and look for absence of signs of life and normal breathing. Feel for a carotid pulse if trained to do so. **Do NOT listen or feel for breathing by placing your ear and cheek close to the patient's mouth.**

- If possible, the patient will be moved to resuscitation area on a trolley, if not, the **duty resuscitation team** will mobilise around the patient and a resuscitation room will be assembled using screens.
- The **duty resuscitation team** will be alerted and will don minimum PPE if not already wearing (Fluid resistant surgical mask type IIR, visor, gloves apron). **Do not approach patient without minimum PPE.**

**The duty resuscitation team consists of:**

1. **Resus Co-ordinator /Scribe:** This will be a doctor or nurse who is responsible for co-ordinating the resuscitation attempt, directing the team and staff on hand, and recording events as they happen.
  2. **Resuscitator 1:** This will be a competent doctor/nurse/HCA/first aider who will go straight to the patient and commence 30 chest compressions and 2 rescue breaths via bag/mask kit as per RCUK BLS algorithm. **Mouth to mouth ventilation or pocket mask are not advised.**
  3. **Resuscitator 2:** This will be a competent doctor/nurse/HCA/first aider who will get the defibrillator and oxygen and attach to patient. The team then follows direction from AED. If an initial shockable rhythm is present, early defibrillation has a high chance of success.
  4. **Admin:** One member of admin staff will stay on hand but standing well back (at least 2 metres and wearing minimum PPE. They will call ambulance/update ambulance and get further help/equipment as requested by the **Resuscitation Co-ordinator.**
- The **Duty Resuscitation Team** will conduct the resuscitation. All other staff will move back from the scene and direct any patients/relatives/etc. appropriately and continue with vaccination where practical.
  - If a patient is unresponsive and not breathing normally, the **Resuscitation Co-ordinator** will direct staff to Call 999 and state the low risk of COVID-19. The ambulance service will have been notified to the location and existence of the vaccination centre.
  - If a patient is showing symptoms of **severe anaphylactic reaction**, the **Resuscitation Co-ordinator** will direct the team response following latest Resuscitation Council guidance (Appendix 2)
  - As soon as the **Duty Resuscitation Team** arrives, the first responder must withdraw to a safe distance, remove PPE as per PHE guidance and thoroughly wash hands up to the elbows. They may at this stage put on fresh PPE if resus co-ordinator feels they may be further needed.
  - The **Resuscitation Co-ordinator** may direct the team to use the two-person bag-mask technique with the use of an oropharyngeal airway if parties are competent and confident to do so. This will be at the discretion of the resuscitation co-ordinator.
  - The **Resuscitation Co-ordinator** will direct team to identify and treat any reversible causes e.g., **anaphylaxis**, severe hypoxaemia. Wait for ambulance to arrive.

#### **4. Post Event Considerations**

- The resuscitation area/room and all equipment used must be deep cleaned by staff wearing minimum PPE. The area/room must be evacuated and sealed off with notice stating “Isolation Area. Awaiting Deep Clean” until this is done. Ensure windows and doors are left open to allow air exchange.
- Patient flow will be redirected as per continuity plan.
- Follow Public Health England’s guidance for safely removing PPE to avoid self-contamination and dispose of clinical waste bags as per local guidelines. Thoroughly wash hands up to forearms with soap and water.
- Team debrief at the end of the Resuscitation attempt.

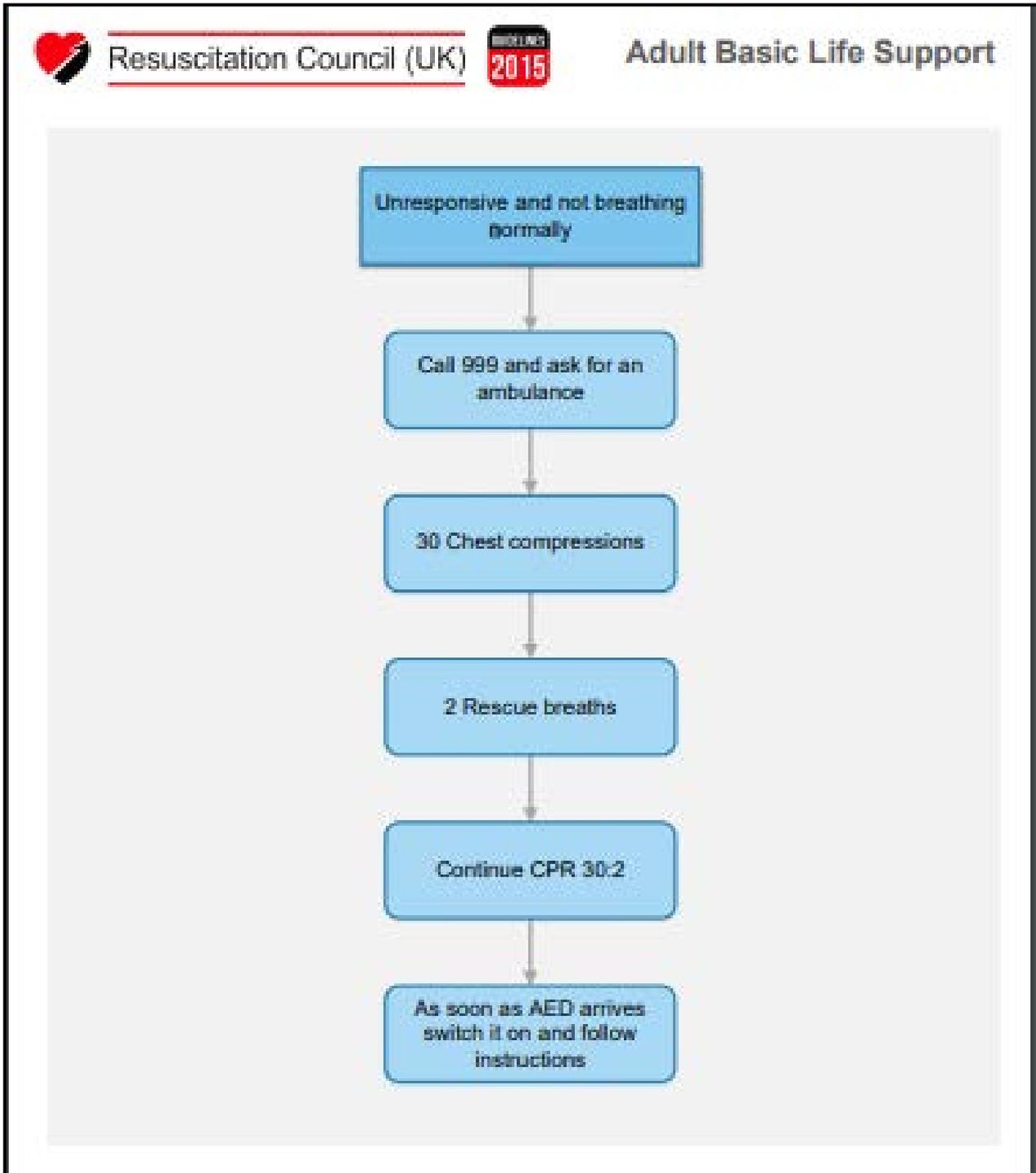
#### **5. Outside Responder**

- At the start of each session, an outside responder will be identified. This person will be an experienced nurse or doctor who is acting in the role of Vaccinator/Consenter for the session.
- The outside responder will be called to deal with any accidents or illness occurring outside the vaccine centre but still on the Racecourse site to deliver first aid and assessment.
- The Outside Responder will be posted in POD 7 which will also contain the Outside Responder Box during session times. The box will be stored in the resuscitation area outside of session times.
- The Outside Responder Box will contain:
  - A defibrillator
  - Steristrips
  - Saline
  - Gauze
  - N/A dressings
  - Mepores – assorted sizes
  - Crepe bandages
  - Clinipore tape
  - Forceps

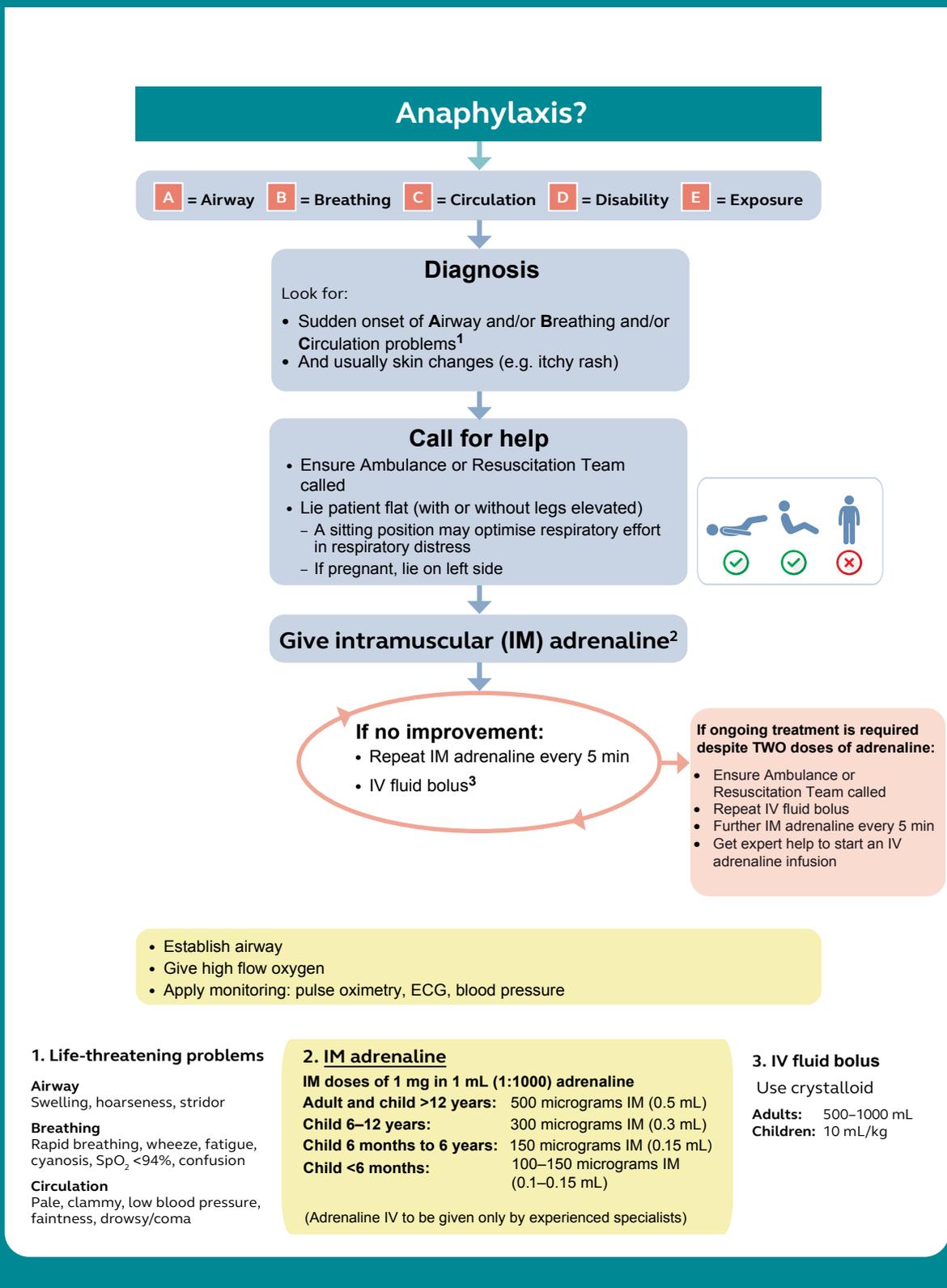
## 6. Paediatric Basic Life Support

- Paediatric Cardiac arrest in vaccination settings Cardiorespiratory arrest in children is rare.
- Children attending a vaccination setting will usually be well, relative to their underlying condition, so their oxygen levels prior to vaccination should be at their normal baseline. The most likely cause of arrest in this setting, therefore, would be severe anaphylaxis –something which is very uncommon in young people (children and adolescents).
- The first priority must be to treat anaphylaxis proactively according to the anaphylaxis guidelines (algorithm attached). In particular, intramuscular adrenaline should be a priority treatment and delivery of high-flow oxygen if available, along with a call to emergency services (999).
- If cardiorespiratory arrest occurs the emergency services must be called, and immediate cardiopulmonary resuscitation (CPR) started. R
- Rescue breaths increase the risk of transmitting the COVID-19 virus, either to the rescuer or the child. However, this risk is small compared to the risk to the child of taking no action. Therefore give ventilations/rescue breaths wherever possible as per Paediatric Basic life Support guidelines (algorithm attached).
- Bag-valve-mask ventilation (ideally with an HME/viral filter) by those trained to do so, is preferable to using a face mask, which is in turn preferable to mouth-to-mouth or mouth-to-mouth-and-nose from a rescuer safety perspective.
- With this in mind, a risk assessment is essential and should include the skills required, training to be provided and equipment made available, along with a documented response to emergencies.
- The level of PPE provided will vary in vaccination settings (e.g. proximity to advanced resuscitation facilities, and vaccination of higher risk populations such as those with chronic health conditions) and the planned emergency response should reflect this.
- The individual rescuer may need to undertake a dynamic risk assessment and should be supported whenever possible in their actions.
- CPR (including ventilation and chest compressions) is an aerosol generating procedure. Therefore, resuscitation should be carried out using the highest level of PPE available to the rescuer.
- The risk assessment will clarify the planned response and needs within the vaccination setting and identify what PPE will be provided and the training to use it. This must be communicated to everyone working in the setting.
- Once the emergency medical response arrives, direction should be taken from the ambulance personnel. They may require rescuers to withdraw from the area whilst procedures are carried out and all directions should be followed.
- There should be a debrief of the event and the drug reaction should be reported using the 'yellow card system'. T
- There should be governance structures in place to review and report events. Published July 2021 Revised August 2021

7. Appendix 1 - Adult Basic Life Support Algorithm



[https://www.resus.org.uk/sites/default/files/2020-05/Adult\\_BLS-A3.pdf](https://www.resus.org.uk/sites/default/files/2020-05/Adult_BLS-A3.pdf)



### 9. Appendix 3 - Resuscitation Event Log

Word document available on the website:

<https://www.improvingaccessservices.co.uk/ehs-staff-resources/brighton-racecourse-gp-vaccination-hub/emergency-protocols/>

RESUSCITATION EVENT LOG						DATE:	TIME:
NAME:			DOB:				
PRESENTING COMPLAINT:						TIME OF AMBULANCE CALL:	
SIGNIFICANT PMH:							
NEWS KEY:		TIME					
0	1	2	3				
A+B Respirations Breaths/min	≥20						3
	21-24						2
	16-20						
	10-17						
	12-14						
	8-11						1
≤7							3
A+B Oxygen saturation %	≥96						1
	94-95						2
	92-93						3
Air or Oxygen?	A + Bk						
	≥21 L/min						2
C Systolic blood pressure	≥200						3
	201-239						
	161-199						
	162-180						
	141-160						
	121-140						
	101-120						1
	81-100						2
	71-80						3
	61-70						3
	≤60						3
C Pulse Beats/min	≥121						3
	122-150						3
	111-120						3
	102-110						3
	91-100						1
	81-90						3
	71-80						3
	61-70						3
	51-60						3
	41-50						1
	≤40						3
D Score for NEW onset of confusion (no score if chronic)	Abet						3
	Confused						3
	V						3
	U						3
E Temperature Degrees Celsius	≥39.1						3
	38.1-39.0						3
	37.1-38.0						
	36.1-37.0						1
	≤35.0						3
<b>NEWS TOTAL</b>							
Blood glucose							
Capillary refill							
Pain (0-10)							

TIME AED SWITCHED ON:			
TIME	RHYTHM	SHOCK	DRUG/DOSE/ROUTE

# DUTY RESUSCITATION TEAM

## Resus Co-ordinator /Scribe:

Doctor or nurse who is responsible for co-ordinating the resuscitation attempt, directing the team and staff on hand, and recording events as they happen.

## Resuscitator 1:

Doctor/nurse/HCA/first aider who will go straight to the patient and commence 30 chest compressions and 2 rescue breaths via bag/mask kit as per RCUK BLS algorithm. **Mouth to mouth ventilation or pocket mask are not advised.**

## Resuscitator 2:

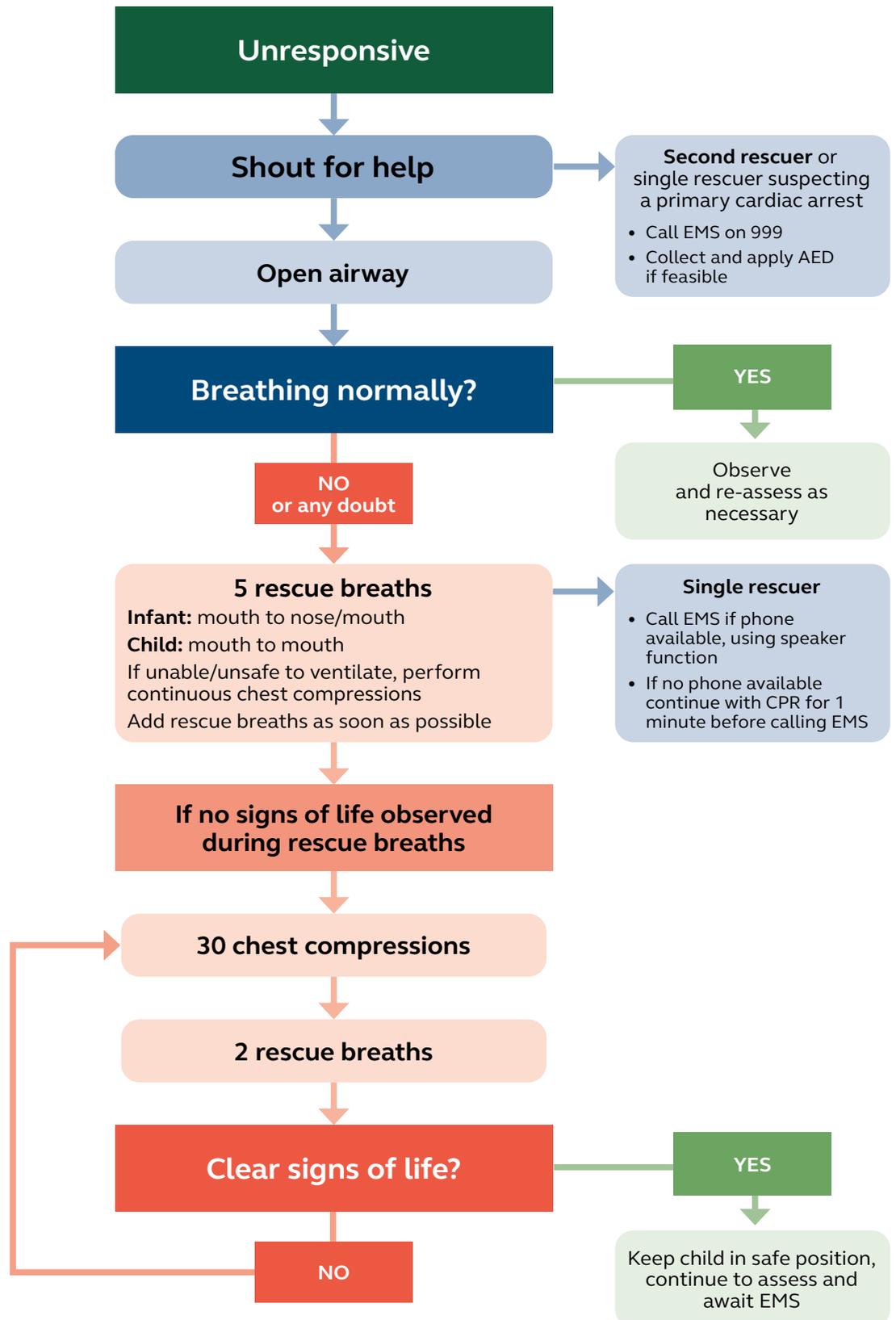
Doctor/nurse/HCA/first aider who will get the defibrillator and oxygen and attach to patient. The team then follows direction from AED.

## Admin:

Member of admin staff will stay on hand but standing well back (at least 2 metres and wearing minimum PPE. They will call ambulance/update ambulance and get further help/equipment as requested by the **Resuscitation Co-ordinator.**

## Outside Responder (POD 7):

# Paediatric out-of-hospital basic life support



Those trained only in 'adult' BLS (may include healthcare providers and lay rescuers) who have no specific knowledge of paediatric resuscitation, should use the adult sequence they are familiar with, including paediatric modifications.