

STATEMENT

COVID-19 AND PRE-ARRIVAL INSTRUCTIONS MPDS MODIFICATIONS ADDRESS INTERNATIONAL GUIDELINES

Recently, three related documents were released that contain some basic recommendations regarding resuscitation guidelines during the COVID-19 pandemic. The first is entitled *Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in first aid and community settings* (released on March 4 and updated on March 24), and the second is the American Heart Association's (AHA) release of *Interim Guidance for Healthcare Providers during COVID-19 Outbreak*, which was based on the March 11 recommendations from the Center for Disease Control (CDC). The third was released more recently on April 9 and is more comprehensive. Published in *Circulation*, it is entitled *Interim Guidance for Basic and Advanced Cardiac Life Support in Adults, Children, and Neonates With Suspected or Confirmed COVID-19*.

<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders/interim-guidance-for-first-responders-and-others-in-close-contact-with-symptomatic-people-with-potential-2019-ncov>

https://professional.heart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_505872.pdf

<https://www.ahajournals.org/doi/pdf/10.1161/CIRCULATIONAHA.120.047463>

Critical to this discussion is the fact that this guidance is specific to patients suspected of, symptomatic of, or diagnosed with COVID-19, and not the general population at large. This is clearly stated in all of these documents. **Specifically, the more recent AHA document states: "This statement applies to all adult, pediatric, and neonatal resuscitations with suspected or confirmed COVID-19..."** And the previous AHA guidance asserts: **"Please note that the following guidance is intended specifically for when patients have known or suspected COVID-19."** In all other cases, follow your standard protocol.

The Rules Group of the Academy's Council of Standards recently **approved a temporary change to PAI Panel C/YC-3 that removes the instruction to "Put your ear next to her/his mouth"** and modifies the operant question accordingly. While this change is not exclusive to patients suspected or symptomatic of COVID-19, it is aimed at reducing unnecessary face to face contact with all unconscious patients. There will be no immediate changes regarding the head-tilt airway maneuver, or Mouth-to-Mouth (M-T-M) instructions for the limited subset of patients where M-T-M ventilations are recommended, i.e., children and arrest with suspected respiratory etiology. The risk:benefit ratio is heavily weighted in favor of these life-saving instructions for this cohort of patients that are not suspected of COVID-19 infection and have a clear and primary respiratory component that needs to be addressed. Additionally, COVID-19 deaths follow a well-documented pattern that does not appear to commonly include sudden cardiac arrest but rather a

disease progression that results in hospitalization prior to death.

In the vast majority of cardiac arrest cases, respirations are not advised in the MPDS. They are provided for cases with a known respiratory etiology – think suffocation, asthma attack, or overdose – but not pneumonia. And, also, after 600 compressions in the Compressions 1st pathway, which responder arrival usually precedes. So, simply choosing the Compressions Only Pathway for suspected cardiac arrest avoids M-T-M with all but the relatively rare, primary respiratory etiology patients and children.

Note that a Refused M-T-M Pathway is available in the event the caller doesn't want to provide M-T-M respirations. Should your agency's medical control dictate the cessation of M-T-M instructions, a written procedure authorizing the alternative use of this pathway will facilitate such an order. **However, note that this is not advised or supported, in any way, by the IAED. Airway control and maintenance, and rescue breaths when indicated by protocol, are potentially life-saving interventions that should not be withheld without clear and obvious scene safety concerns – think infant drowning or teenage hanging.** It is the Academy's current position that patients not suspected of COVID-19 that qualify for M-T-M (children and suspected asphyxial arrest) do not present a substantial threat to lay rescuers, while withholding such instruction does present a substantial threat to patients in need of such therapy.