

Basic Life Support (AR and CPR)

DRAFT

Extra measures must be taken to provide Basic Life Support in a COVID-19 world. One of the most stunning modification to our protocols is the removal of ventilations from the entire Artificial Respiration and Cardiopulmonary Resuscitation.

Based on the latest directives and discussions between CSP Yukon Zone instructors on October 16th (*BLS non covid vs covid procedures summary.doc*):

time	module	Non Covid (normal)	Covid
am	BLS	Check vital etc	No change
	Clearing the airway	Position of airway, jaw thrust, tongue as obstruction, etc, etc...	No change
	A.R.	Proper seal, correct equipment (mask, rebreather, etc) , rate etc, etc ...	Re-breather with triangular only
	Suction	How, type, no blind use, less than 5 seconds, etc etc..	Same but must wear gown, surgical mask, faceshield/eye pro
	OPA	Fit, size, when, how, infant vs child/adult positioning, etc, etc ...	Same but must wear gown, surgical mask, faceshield/eye pro
	BVM	How to set up, O2 rate, fit for A,C,I., 1 or 2 person, points of failure (physical/mechanical)	DO NOT USE

PM	Choking A,C,I.	Call ems as needed, engage with patient, ab thrust (back in infant), size of person, pregnant women, check airway when they go unconscious (look, listen and feel), attempt vent, chest compressions (back and chest in infant) at 30:2, etc, etc,...	All of above except... DO NOT put face close to theirs to listen (look and feel only) After 30 chest compressions look and feel but DO NOT VENTILATE - use nasal prongs (cannula) only
	AED	Follow instructions, proper pad placement, AED use in certain locations, CPR between AED checks, etc, etc,...	NO change except NO VENTILATIONS - rebreather with O2 only
	CPR, A,C,I.	Compression rates (30:2), position, etc etc...	NO change except NO VENTILATIONS - rebreather with O2 only
	CPR test		

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	Traditional world	COVID-19 world
Artificial Respiration (AR)		
Suction		
Use of Oropharyngeal airway (OPA)		
Bag Valve Mask		

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