Modifications to the BLS algorithm during COVID-19 period – Q&A

Western Health

COVID - 19

Be Safe – Be Smart – Be Kind

Q&A for now …

I'm still unsure which PPE to don for Code Blue. What is the guidance?

Western Health advises that for Non-COVID-19 patients (ie COVID-negative or very low risk) it is appropriate to don gloves, eye-protection (such as goggles) and a surgical mask. If the patient is COVID-19 positive or suspected then airborne and contact precaution PPE including a gown and a P2/N95 mask is required.

Western Health is actively reviewing PPE guidance. The above information will be updated to reflect any new recommendations.

As a BLS responder can I suction the airway?

Yes if trained to do so and patient has obvious secretions/ blood/ vomit (routine suctioning not recommended). The yankauer suction device should be placed directly into appropriate waste bin straight after use (not lying freely on bed or under pillow), or placed back in its packaged if further use is anticipated.

Do we still use COACHED?

The acronym COACHED is used at Western Health for manual mode rhythm checks in Advanced Life Support (AED mode defibrillation is recommended during BLS).

This will continue as normal.

It is worth highlighting that as part of the ALS response, early intubation with a viral filter closest to the ETT in the circuit is recommended, and circuit disconnections to the endotracheal tube should be minimised.

Therefore do NOT disconnect circuit for “oxygen away” as it is a closed ventilation circuit. This is normal practice for our ALS providers so shouldn’t be new info, more just highlighting the importance of this.

Do I perform airway opening manouevres?

Yes if trained to do so apply simple airway manoeuvres (head tilt, chin lift, jaw thrust) with Hudson mask on patient. Maintain maximum possible distance from patient's airway (keep arms straight).

Should we move the patient to a negative pressure room for intubation during a cardiac arrest?

No. We recommend intubating the patient where they are during cardiac arrest, using a video laryngoscope and placing a viral filter in the circuit.

From a staff safety perspective, it is felt there is most benefit in intubating the patient ASAP with a viral filter and closed circuit (to prevent further aerosol generation), rather than moving the patient to a negative pressure room.