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GMVEMSC

COVID-19 Bulletin 8B: Interim Law Enforcement Guidance for Cardiac-Respiratory Arrest Resuscitation with Suspected or Confirmed COVID-19

This template is intended for use by law enforcement agencies and personnel. Use of all or any part of this template is at the discretion of each agency.

- Providers must protect themselves and colleagues from unnecessary exposure.
- With evidence of community spread, it is reasonable to suspect COVID-19 in all out-of-hospital cardiac arrests (OHCAs) by default. Risks are increased by PPE shortages and having multiple rescuers working in close proximity. The high stress of OHCAs increases the risk for lapses in infection control practices.
- Before entering the scene, don PPE, even if that delays resuscitation. Limit the number of personnel in the room to only those essential for patient care.
- Ask if the patient has a DNR. Do not attempt resuscitation on patients with DNR-CC or DNR-CCA.
- CPR, including chest compressions and ventilations, along with other airway interventions, produce aerosols from the patient that may transmit the virus that causes COVID. All personnel involved or within six feet of the patient must be in PPE, as available, including gown or coveralls, gloves, eye protection, and masks, preferably fit-tested N95 masks.
- Bystander CPR improves the likelihood of survival from OHCA, which decreases with every minute that CPR and defibrillation are delayed.
- Law enforcement officers may have limited PPE and be at increased risk of exposure to COVID-19 during CPR. Rescuers with increasing age and conditions such as heart disease, diabetes, hypertension, and chronic lung disease, are at increased risk of becoming critically ill if infected.
- For adults, perform hands-only CPR. Use a surgical or cloth mask or other cloth to cover the mouth and nose of both the rescuer and the victim.

- For children, perform chest compressions and consider ventilation, if willing and able, given the higher incidence of respiratory arrest in children.
- Defibrillation is not a highly aerosolizing procedure. Use an automated external defibrillator, if available, to assess and treat victims of OHCA.
- Minimize the number of individuals in close proximity by using only two or three rotating persons as compressors.
- Place a sheet over the patient including patient's head to decrease aerosol. Perform compressions through the sheet.