

# Cardio Pulmonary Resuscitation (CPR) for Residents in Long-Term Care Homes (LTCH) during COVID-19

---

## Goal

To provide guidance to long-term care homes on the administration of CPR during COVID-19.

## Guiding principles

1. The Most Responsible Provider (MRP) engages with the resident/substitute decision maker and family in long-term care homes to review and, if requested, updates the resident's Medical Orders for Scope of Treatment (MOST<sup>1</sup>) form on their chart. This discussion would also include having a *Serious Illness Conversation*<sup>2</sup> and the development of a mutual agreement for comfort/treatment pathway<sup>3</sup>
2. All residents are to have a clear designation of COVID-19 status on their chart (COVID-19 'not suspected', 'negative', 'positive').
3. CPR is not attempted on a resident who has suffered an unwitnessed cardiac arrest.<sup>4</sup>
4. When a resident has expressed wishes for CPR and where it is medically appropriate, CPR may be initiated and performed by LTCH staff if this intervention can be done safely.
5. In the event of a cardiac arrest, BCEHS (911) will be called to attend and support the emergency.

## Safely performing CPR in long-term care homes during COVID-19

1. BCEHS (911) is called; inform BCEHS of COVID-19 status.
2. Staff have the required skills and training to perform this intervention safely. If not performed properly both residents and staff are placed at risk for exposure to COVID-19<sup>5</sup>.
3. Infection prevention and control measures are available and in place. Routine practices for CPR<sup>6</sup> include:
  - Point of care risk assessment

---

<sup>1</sup> The MOST form is a physician's order and is not an Advance Directive. Under the law, S.19.91 of the HCCCFAA is explicit – an adult must not be required to have an advance directive as a condition of receiving any good or service

<sup>2</sup> Alberta Health Services (April 5, 2020). Planning Ahead with Vulnerable Patients during COVID-19: A Conversation Tool for Clinicians. <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-planning-with-vulnerable-patients.pdf>

<sup>3</sup> BC Centre for Disease Control. Coronavirus COVID-19 Clinical Decision Pathway COVID-19 in LTC Residents <http://www.bccdc.ca/Health-Professionals-Site/Documents/Clinical-Decision-Pathway-LTC-Residents.pdf>

<sup>4</sup> Northern Health. *Medical Orders for Scope of Treatment and Advance Care Planning*. Clinical Practice Standard 1-27-1-000 April 14, 2014

<sup>5</sup> Curtis, Randall MD, Kross, Eric MD, Stapleton Renee MD, The importance of Addressing Advance Care Planning and Decisions about Do-Not-Resuscitate Orders During Novel Coronavirus 2019 (COVID-19) American Medical Association (March 27, 2020)

<sup>6</sup> Alberta Health Services (April 7 2020). Cardiopulmonary Resuscitation (CPR) for Continuing Care Clients with Suspected or Confirmed Novel Coronavirus (COVID-19)

- Hand hygiene
- Personal protective equipment (PPE) such as gloves, N95 respirator, and a gown for all individuals within two metres of the person receiving CPR.

## **The importance of advance care planning and decisions during COVID-19**

CPR is a complex intervention comprising airway management, ventilation, chest compressions, drug therapy, and defibrillation.<sup>7</sup> Recent and early studies are indicating patients with COVID-19 who receive CPR (in hospital) have poor survival rates and if the patient survives the outcome may be poor. The results for residents in LTCHs are likely to be similar or lower due to lack of specialized staff and equipment available. In one study (Wuhan China) of 136 COVID-19 patients who received CPR, four patients (2.9%) survived, with only one patient (0.7%) having a favourable neurologic outcome at 30 days.<sup>8</sup>

These early findings reinforce the need for the health care team to engage the resident and their family in a discussion(s) about CPR and their overall plan of care.<sup>9</sup>

Advance care planning before the potential full effects of the COVID-19 will ensure the residents will be receiving the care they want, aligning the care delivered with the resident's values and goals.<sup>10</sup> Having a clear and transparent conversation with each resident will provide not only the opportunity to listen to and document the resident's wishes but also the opportunity to discuss the possible limitations to critical care interventions (e.g. transfer to the hospital).

Good planning will involve having the following documented conversation with every resident:

1. [A Serious Illness Conversation](#) to assess the resident's understanding of the COVID-19, and to listen and gather information about how they would like to be cared for if they became sick with COVID-19
2. A review and if required an update of their *Medical Orders for SCOPE of Treatment* (MOST) by the resident's MRP

This discussion should include the Most Responsible Provider (MRP), the resident/Substitute Decision Maker and/or family spokesperson and the LTCH care team. This discussion will need to be by phone, face-time, etc. because COVID-19 has required that visitation in all healthcare facilities is restricted to essential visits only.

---

<sup>7</sup> Fritz, Z., Perkins, G. (April 2020). Cardiopulmonary resuscitation after hospital admission with covid-19. *BMJ* 2020;369

<sup>8</sup> Shao, F., et.al (April 2020). In-hospital cardiac arrest outcomes among patients with COVID-19 pneumonia in Wuhan, China. Elsevier

<sup>9</sup> Fritz, Z., Perkins, G. (April 2020). Cardiopulmonary resuscitation after hospital admission with covid-19. *BMJ* 2020;369

<sup>10</sup> Curtis, Randall MD, Kross, Eric MD, Stapleton Renee MD, The importance of Addressing Advance Care Planning and Decisions about D0-Not-Resuscitate Orders During Novel Coronavirus 2019 (COVID-19) American Medical Association (March 27, 2020).

## Long-term care to acute care transfer – non beneficial treatment<sup>11</sup>

The [Transferring Acutely Ill LTC/AL Residents to Acute Care](#) document outlines when it would be not be appropriate to transport a resident from a LTCH to a higher level of care. The same principles can be applied in assessing medical appropriateness for initiating CPR in the LTCH.

### Situation

*What is the ethical response when residents in LTCH/assisted living (AL) acquire COVID-19 and become acutely ill, and where the the clinical team detemines acute care treatments to be non-benefincal and/or where the benefits of such treatments are unknown, and the resident's family member(s) and/or decision maker requests transfer to an acute care facility?*

### Assessment

As has been currently observed, frail older adults **who acquire COVID-19** become acutely ill within a rapid period. The benefits of acute care treatments for this population are unclear. It may be ethically permissible to deny family requests to transfer patients from LTCH/AL to acute care in light of what is known about COVID-19 illness trajectory and the current lack [of] any known cure for COVID-19.

### Discussion

Current guidance from the BC Centre for Disease Control and BC Ministry of Health instructs the following on Long Term Care/Assisted Living residents transferring to the acute care setting:

*Residents with suspected or confirmed COVID-19 who require urgent medical attention and transfer to an acute care facility should wear a mask, if tolerated. Call a Medical Health Officer or designate to review and discuss.*

*In addition to routine practices, health care workers involved in transporting the resident should wear a surgical/procedure mask, eye protection, gown and gloves as per the above recommendations. Notify the BC Ambulance dispatch and receiving institution about a suspect/confirmed COVID-19 patient ahead of transport<sup>12</sup>.*

Care must be taken to maintain strict infection control procedures during transfer to reduce the risk of spread, and appropriate PPE should be available for the transfer.

---

<sup>11</sup> Northern Health (April 23, 2020) Regional Director, Risk and Compliance. Ethical analysis and recommendation – issues in Long Term Care (LTC) and Assisted Living (AL) arising from the COVID-19 pandemic: [Transferring Acutely Ill LTC/AL Residents to Acute Care when Treatments in the Acute Care Setting are deemed Non-Beneficial](#), <https://physicians.northernhealth.ca/sites/physicians/files/physician-resources/covid-19/SBAR-nonbeneficial-treatment-LTC-transfers-acute-care.pdf>

<sup>12</sup> Coronavirus COVID-19, BC Centre for Disease Control, BC Ministry of Health, [http://www.bccdc.ca/Health-Info-Site/Documents/COVID19\\_LongTermCareAssistedLiving.pdf](http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_LongTermCareAssistedLiving.pdf), accessed March 19, 2020.

Given the expected shortages of PPE, this alone may become a barrier to acute transfers.

For further details, read the document on transferring acutely ill LTCH/AL residents to acute care when treatments in the acute care setting are deemed non-beneficial:

<https://physicians.northernhealth.ca/sites/physicians/files/physician-resources/covid-19/SBAR-nonbeneficial-treatment-LTC-transfers-acute-care.pdf>

**NOTE:** This decision will be reviewed and assessed as this pandemic progresses. Contact [Risk.Management@northernhealth.ca](mailto:Risk.Management@northernhealth.ca) for updates and/or further information.

## **The resident's room – post CPR**

If CPR is performed on a resident with suspected or confirmed COVID-19, precautions to protect residents and staff must be taken until the space (e.g. resident's room) has been cleared of all aerosols.

1. Precautions are clearly posted outside the room
2. Staff entering the room must don appropriate PPE as indicated on the precautions posted (N95 mask)
3. Wait minimum of two (2) hours before entering a room where an aerosol generating medical procedure (AGMP) has occurred<sup>13</sup>

## **COVID-19: Code blue response in long-term care home**

The attached algorithm identifies the steps to take related to preparing for the management of code blue in long-term care homes.

---

<sup>13</sup> Northern Health Housekeeping Process, Novel Coronavirus (COVID-19) Cleaning Specifications (April 20, 2020)  
[https://ournh.northernhealth.ca/oursites/NHCommittees/SupportServices/HsKeepLaundPolProcWG/OurNH%20Documents/Housekeeping%20-%20Novel%20Coronavirus%20\(COVID-19\)%20Cleaning%20Specifications.pdf](https://ournh.northernhealth.ca/oursites/NHCommittees/SupportServices/HsKeepLaundPolProcWG/OurNH%20Documents/Housekeeping%20-%20Novel%20Coronavirus%20(COVID-19)%20Cleaning%20Specifications.pdf)

## References

Alberta Health Services (April 5, 2020). *Planning Ahead with Vulnerable Patients during COVID-19: A Conversation Tool for Clinicians*.

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-planning-with-vulnerable-patients.pdf>

<http://www.bccancer.bc.ca/new-patients-site/Documents/SeriousIllnessConversationGuideCard.pdf>

Alberta Health Services (April 7 2020). *Cardiopulmonary Resuscitation (CPR) for Continuing Care Clients with Suspected or Confirmed Novel Coronavirus (COVID-19)*

<https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-cc-cpr.pdf>

BC Centre for Disease Control. *Coronavirus COVID-19 Clinical Decision Pathway COVID-19 in LTC Residents*

<http://www.bccdc.ca/Health-Professionals-Site/Documents/Clinical-Decision-Pathway-LTC-Residents.pdf>

BC Centre for Disease Control. (April 2, 2020). *Safe Handling of Bodies of Deceased Person with Suspected or Confirmed COVID-19: Interim Guidance*

[http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_SafeHandlingBodies.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_SafeHandlingBodies.pdf)

Curtis, Randall MD, Kross, Eric MD, Stapleton Renee MD, (March 27, 2020). *The Importance of Addressing Advance Care Planning and Decisions about Do-Not-Resuscitate Orders During Novel Coronavirus 2019 (COVID-19)*. American Medical Association

Fraser Health (April 15, 2020). *COVID-19 Binder: Response Guidance for Long Term Care, Assisted Living and Independent Living Facilities*

Fritz, Z., Perkins, G. (April 2020). *Cardiopulmonary resuscitation after hospital admission with covid-19*. BMJ 2020; 369

Government of British Columbia. (December 1 2019). *Community Care and Assisted Living Act, Residential Care Regulations* (pp. 27). Queens Printer, Victoria BC

*Health Care (Consent) and Care Facility (Admissions Act)*. (April 29, 2020).

[http://www.bclaws.ca/civix/document/id/complete/statreg/96181\\_01#section19](http://www.bclaws.ca/civix/document/id/complete/statreg/96181_01#section19)

Interior Health (March 26, 2020). *Clinical Decision Pathway COVID-19 in LTC Residents*

[https://www.divisionsbc.ca/sites/default/files/64258/IH-PH-COV-360%20Clinical%20Decision%20Pathway%20COVID-19%20-%20LTC\\_06Apr2020.pdf](https://www.divisionsbc.ca/sites/default/files/64258/IH-PH-COV-360%20Clinical%20Decision%20Pathway%20COVID-19%20-%20LTC_06Apr2020.pdf)

Northern Health. Clinical Practice Standard 1-27-1-000 April 14, 2014. *Medical Orders for Scope of Treatment and Advance Care Planning*,

Northern Health (April 6 2020) Penny Anguish, Deanna Hembroff, Dr. Randal Dumont. MEMO: *COVID-19 Response – Safe Handling of Bodies of Deceased Person with Suspected or Confirmed COVID19 and Morgue Capacity*

Northern Health Housekeeping Process, Novel Coronavirus (COVID-19) Cleaning Specifications (April 20, 2020)  
[https://ournh.northernhealth.ca/oursites/NHCommittees/SupportServices/HsKeepLaundPolProcWG/OurNH%20Documents/Housekeeping%20-%20Novel%20Coronavirus%20\(COVID-19\)%20Cleaning%20Specifications.pdf](https://ournh.northernhealth.ca/oursites/NHCommittees/SupportServices/HsKeepLaundPolProcWG/OurNH%20Documents/Housekeeping%20-%20Novel%20Coronavirus%20(COVID-19)%20Cleaning%20Specifications.pdf)

Northern Health (April 21, 2020). COVID-19 Implementation of PPE Protocol EOC Task Group  
<https://ournh.northernhealth.ca/oursites/communications/OurNH%20Ccommunications%20Documents/ppe-faqs.pdf>

Northern Health (April 23, 2020) Regional Director, Risk and Compliance. Ethical analysis and recommendation – issues in Long Term Care (LTC) and Assisted Living (AL) arising from the COVID-19 pandemic: *Transferring Acutely ILL LTC/AL Residents to Acute Care when Treatments in the Acute Care Setting are deemed Non-Beneficial.*  
<https://physicians.northernhealth.ca/sites/physicians/files/physician-resources/covid-19/SBAR-nonbeneficial-treatment-LTC-transfers-acute-care.pdf>

Provincial COVID-19 9-1-1 Long Term Care Transfer Algorithm (April 6, 2020).  
[https://www.divisionsbc.ca/sites/default/files/64258/IH-PH-COV-361%20COVID-19%20911%20LTC%20Transfer%20Algorithm\\_06Apr2020.pdf](https://www.divisionsbc.ca/sites/default/files/64258/IH-PH-COV-361%20COVID-19%20911%20LTC%20Transfer%20Algorithm_06Apr2020.pdf)

## **Northern Health Resources**

Thomson, Kirsten, Regional Director, Risk & Compliance, Risk Management & Compliance

Miller, Brenda, NI Regional Educator, Home and Community Care

Griffith, Mitch, NW Community Services Manager LTCH, Terrace BC

Lennert, Carla, Resident Care Coordinator, Preventative Public Health, Terrace BC

Axen, Linda, Regional Manager, Policies & Clinical Practice Standards

Herauf, Mary, Clinical Practice Standards Lead Home and Community Care