



**The Royal College of
Emergency Medicine**

RCEM and NASMeD Position Statement

The management of ADULT cardiac arrest patients taken to Emergency Departments (EDs) during the Covid-19 Pandemic

The purpose of this document is to provide a shared framework for ambulance clinicians and ED senior clinicians to provide the most appropriate care in the most appropriate place for adult patients in cardiac arrest on arrival at an ED. All paediatric cardiac arrests will be managed on arrival at ED as per current guidance.

Recommendations

- The ambulance service or clinicians will pre-alert the receiving ED with information about the patient including on possible or definite Covid-19 status if known, other standard clinical information and the estimated time of arrival outside the ED.
- Providing support to the ambulance clinicians who will have provided a significant period of care for the patient prior to arrival at the ED, during a difficult period of clinical decision making.
- The doctor from ED leading decision-making must be a senior clinician as designated by the ED/Acute trust for this process.
- No matter what the decision made following ambulance arrival, the patient must be transferred into and handed over in an appropriate area of the Acute Trust within 15 minutes of arrival and if resuscitation is ongoing this must happen immediately after the decision on which resuscitation area is to be used is completed.
- No ED decision-making should occur in any area where the public are within audible or visual contact with the ambulance or ED clinicians or the patient.
- The ED should offer practical support to the ambulance clinicians following handover of the patient e.g. being offered a drink.
- If a relative is with the patient in the ambulance, the ED clinician must have a discussion with them prior to any final decision, if it is likely that resuscitation will be ceased. The relative must be taken into the ED and supported.
- If there is any doubt around ongoing resuscitation the patient must be taken into the ED for further assessment and clinical decision-making.

This guideline relates to:

All adult patients conveyed by ambulance after giving a pre-alert to the ED who are in cardiac arrest, must be either be:

- Taken straight into the Emergency Department, to an ED resuscitation room

OR

- Met outside the ED by a ED senior doctor/clinician who will assess the patient in the back of the ambulance (this must not be within sight or hearing of the public), from which point the duty of care for the patient becomes the acute trust's responsibility - even if the patient is declared deceased and resuscitation is stopped by the ED senior clinician. The patient must be registered on the emergency department information system.

If the emergency department doctor decides to stop resuscitation in the back of the ambulance, the hospital mortuary (or an alternative suitable area) must be open for the ambulance crew to access with the deceased, **within 15 minutes**. If access to the mortuary is not available within 15 minutes the deceased must be allocated an area within the ED and be moved there. This enables the ambulance to be rapidly available for the next emergency call.

The ambulance clinician will also record any decisions made by the ED doctor regarding ongoing resuscitation, stopping resuscitation or moving into the ED in the ambulance clinical patient record.

If the acute trust knows that there is no suitable area available for the ambulance clinician to move a deceased person to immediately after resuscitation is stopped, the patient must be taken into the Emergency Department for the decision to terminate resuscitation to be made there.

If an Acute trust cannot receive a deceased person (where resuscitation is stopped by an ED doctor) into a suitable area **within 15 minutes**, the ambulance clinician/crew will bring the patient into the Emergency Department, into the area advised by the senior ED clinician.

RCEM advice for Emergency Departments on the management of Adult Cardiac arrests

- **ALL** prehospital cardiac arrests should be treated as Covid positive by EDs until robust information indicates otherwise.
- A senior EM Clinician in full AGP level PPE should go out to the ambulance to assess the patient, accompanied by a runner (in Droplet level PPE) who will stay outside the ambulance.
- From the moment the ED clinician starts to assess the patient, the patient becomes the responsibility of the ED. The ambulance clinician will record the time of handover of duty of care, and from that point all responsibility for documentation and acute trust processes are completely the responsibility of the ED and acute trust.
- A patient who is in cardiac arrest on arrival at ED should be reviewed for reversible causes and co-morbidities as per NICE Covid-19 Rapid guideline: critical care (NG159) <https://www.nice.org.uk/guidance/ng159> .
- Ongoing resuscitation efforts by paramedics/ambulance clinicians should continue while the senior clinician reviews available information and the clinical situation. This may, but does not necessarily, involve entering the ambulance to assess the patient. The duty of care for the patient becomes the acute trust's responsibility from this point.
- Cardiac arrest in special circumstances, such as STEMI, children, pregnancy, or traumatic cardiac arrest should be managed as usual but with full respiratory (AGP level) precautions.

- Patients with a potentially reversible cause (e.g. for hypothermia, drug overdose etc) should be transferred to the resuscitation room to be received by staff in full AGP level PPE – the ED runner goes in to tell the ED team before the patient leaves the ambulance.
- A patient with ROSC should be considered to be COVID positive and transferred to a resuscitation room where full AGP level PPE precautions can be taken – the runner should go in to tell the ED team.
- If further resuscitation is considered to be futile, resuscitation may be stopped in the ambulance. Confirmation of death is then the responsibility of the ED clinician, they will complete the ED medical record.
- The ED will then take responsibility for managing the process around the bereavement.

At this point the deceased must be moved out of the ambulance:

- Into the hospital and handed over within 15 minutes, prior to transferring to the mortuary
OR
 - Allow an ambulance crew to go directly into the mortuary/suitable alternative facility on site and handover within 15 minutes
- Emergency department staff must ensure that every death is treated with dignity and respect and provide support to families and staff throughout the event.

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