RESUSCITATION COUNCIL OF SOUTHERN AFRICA

2021

Basic Life Support Algorithm for Suspected Communicable Disease

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HAZARDS

Ensure the scene is safe → Alert for Communicable Disease → Put on all appropriate PPE →
Pre-cardiac arrest discussion on DNAR

HELLO

- Start initial assessment from at least 2 meters away, keep bystanders safely away
- Do not feel for breathing. Look for visible chest rise and feel for a carotid pulse

HAS PULSE AND BREATHING

- Place in recovery position
- Reassess continuously
- Maintain "Crowd control" at least 2m from the patient

HELP

Call either 112 or local ambulance
Call for assistance and Defib/AED

Emergency No: ……..……

No pulse, unsure or less than 60/min in children and infants

HAS PULSE BUT NO EFFECTIVE BREATHING

Apply a tight seal using a two hand technique on the BVM with a viral filter
Provide rescue breaths

- Adult: every 6 seconds
- Child : every 3 seconds
- Infant: every 2 seconds

Single rescuer – cover the patient's face with a surgical mask or cloth folded 3 times
Team rescuer – cover the patient's face using a BVM with a viral filter and apply a tight seal using a two hand technique

START CHEST COMPRESSIONS

- Push Hard and Fast (almost 2/second)
- Ensure full chest recoil
- Minimise interruptions

BREATHS

- Delay breaths with continuous compressions until full PPE donned for airway manager/resus team
- Attempt 2 breaths at 1 breath/second (with 100% supplementary oxygen if available)
- Adult ratio 30:2/Children or infants 30:2 if alone (2 rescuer 15:2)
- Continue until AED/Defibrillator arrives and attach immediately

Attach AED/Defibrillator immediately

ANALYSE RHYTHM

Shock Advised
(VF/VT)

Give 1 Shock
Monophasic – 360J
Biphasic – 120-360J
Paediatric – 2-4J/kg
AED energy – factory preset

No Shock Advised
(PEA/Asystole)

If signs of life are present, monitor and provide post ROSC care.
If absent continue CPR

Immediately resume CPR starting with compressions
Continue for 2 minutes or until the AED re-analyses