AHA Interim Guidance for CPR and COVID-19

(taken directly from Interim Guidance for Life Support for COVID-19)

Out-of-Hospital Cardiac Arrest (OHCA)

Below are specific considerations for cardiac arrest in victims with suspected or confirmed COVID-19 occurring outside of the hospital. Depending on local prevalence of disease and evidence of community spread, it may be reasonable to suspect COVID-19 in all OHCAs, by default.

- Lay rescuers:

  Bystander CPR has consistently been shown to improve the likelihood of survival from OHCA, which decreases with every minute that CPR and defibrillation are delayed.[15-17] Rescuers in the community are unlikely to have access to adequate PPE and, therefore, are at increased risk of exposure to COVID-19 during CPR, compared to healthcare providers with adequate PPE. Rescuers with increasing age and the presence of comorbid conditions, such as heart disease, diabetes, hypertension, and chronic lung disease,[4] are at increased risk of becoming critically ill if infected with SARS-CoV2. However, when the cardiac arrest occurs at home (as has been reported in 70% of OHCAs [17] before the recent wide-spread shelter-at-home ordinances) lay rescuers are likely to already have been exposed to COVID-19.

– Chest compressions

  - **For adults**: Lay rescuers should perform at least hands-only CPR after recognition of a cardiac arrest event, if willing and able, especially if they are household members who have been exposed to the victim at home. A face mask or cloth covering the mouth and nose of the rescuer and/or victim may reduce the risk of transmission to a non-household bystander.
  - **For children**: Lay rescuers should perform chest compressions and consider mouth-to-mouth ventilation, if willing and able, given the higher incidence of respiratory arrest in children,[17] especially if they are household members who have been exposed to the victim at home. A face mask or cloth covering the mouth and nose of the rescuer and/or victim may reduce the risk of transmission to a non-household bystander if unable or unwilling to perform mouth-to-mouth ventilation.

– Public access defibrillation

  - Because defibrillation is not expected to be a highly aerosolizing procedure, lay rescuers should use an automated external defibrillator, if available, to assess and treat victims of OHCA.

- EMS
- Telecommunication (Dispatch):
  - Telecommunicators, consistent with local protocols, should screen all calls for COVID-19 symptoms (eg, fever, cough, shortness of breath) or known COVID-19 infection in the victim or any recent contacts, including any household members.
  - For lay rescuers, telecommunicators should provide guidance

about risk of exposure to COVID-19 for rescuers and instructions for compression-only CPR, as above.

- For EMS, telecommunicators should alert dispatched EMS teams to don PPE if there is any suspicion for COVID-19 infection.

– Transport

- Family members and other contacts of patients with suspected or confirmed COVID-19 should not ride in the transport vehicle.
- If return of spontaneous circulation (ROSC) has not been achieved after appropriate resuscitation efforts in the field, consider not transferring to hospital given the low likelihood of survival for the patient,[17] balanced against the added risk of additional exposure to prehospital and hospital providers.