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UPDATED: Interim Guidance on Card Extensions during COVID-19 Outbreak



CPR & EMERGENCY CARDIOVASCULAR CARE

Dear Global AHA Training Network,

Beginning in early March, to provide additional flexibility for providers, AHA Instructors, and AHA Training Centers during the COVID-19 pandemic, the AHA issued extensions for AHA Instructor and Provider cards beyond their recommended renewal date, initially for 60 days, then to 120 days. Over the last 3 months, to support you during this challenging time, the AHA has also released guidance on additional precautions, options for healthcare and Heartsaver courses, CPR guidelines, just-in-time ventilation modules for healthcare providers, and is temporarily allowing virtual training through guidance to our Training Center Coordinators.

As the COVID-19 pandemic evolves and Training Centers may be more able to return to training providers and Instructors using options provided by the AHA, we are issuing clarification and updates for card extensions as outlined below.

- Those with AHA Provider and Instructor cards that expired in March and April, and those with cards expiring at the end of May and June can renew their card for up to 120 days from the recommended renewal date on their card. See below for specific recommended renewal and extension dates:

Recommended Renewal Date on Card (end of month)	New Renewal Due Date with 120-day Extension (end of month)
March 2020	July 2020
April 2020	August 2020
May 2020	September 2020
June 2020	October 2020

- **Beginning in July, we will resume normal timelines for renewing cards.** Those with cards expiring at the end of July should plan to renew their cards by the recommended renewal date on their card (July 2020).
- However, for those who may be in affected areas with restrictions still in place into July, Training Centers, at their discretion, may consider extending

July cards past their renewal date, for no more than 120 days.

- As always, AHA TCs are responsible for following the instructions from their local government or public health authority as it relates to actions around COVID-19. In accordance with the guidelines released by local government, the leadership of the TC should use discretion to evaluate the risk of disease transmission in their area before organizing any training events and take necessary precautions to avoid transmissions.

The AHA continues to closely monitor the COVID-19 pandemic and evaluate options for delivering resuscitation education while taking the proper precautions. Our top priority is the safety of both AHA Instructors and learners.

We know that high-quality CPR is the primary component in influencing survival from cardiac arrest. To save more lives, healthcare providers must be competent in delivering high-quality CPR, and patient care teams must be coordinated and competent working together effectively. Although COVID-19 is certainly our most immediate threat, we must remember the ever-lurking dangers of heart disease and stroke – which, year in and year out, are the top two killers worldwide.

As a reminder, the AHA offers many options to help meet your training needs and the needs of your learners. During this time of social distancing, our blended learning or self-directed learning may be good options for your organization. Consider offering blended learning courses such as the AHA's [HeartCode](#) program for BLS, ACLS, and PALS, or [Heartsaver First Aid CPR AED blended learning](#) for non-healthcare providers. Students can complete the online portion of the course and then complete their skills session separately when it is convenient. Self-directed learning and skills competence can be obtained with social distancing outside the classroom with the AHA's [HeartCode Complete](#) and [RQI](#) (Resuscitation Quality Improvement) programs for healthcare providers.

We remain committed to serving you as trusted resource to allow for the continuance of safe, high-quality CPR training, as feasible. Thank you for everything you are doing during this challenging time.

Sincerely,
American Heart Association

Interim FAQs for Communities: COVID-19 and CPR Training



CPR & Emergency Cardiovascular Care

Q: Can I get COVID-19 from performing CPR?

A: According to the [U.S. Centers for Disease Control \(CDC\)](#), the situation is rapidly evolving, and your risk is variable depending on your location. If someone's heart stops, and you are concerned they may have had respiratory symptoms, it is at your discretion to perform or not perform mouth-to-mouth breaths based on your personal preference. It's still important to call 9-1-1 and find an AED. If you choose to perform breaths, you can also use a barrier device, such as a pocket mask or face shield, to help protect yourself.

CPR with breaths is recommended for people who have been trained in CPR, but as an alternative, Hands-Only CPR can be performed until help arrives if you are unsure about putting your mouth on a stranger's mouth, or have concerns the person may have COVID-19. If you choose to perform Hands-Only CPR, first call 9-1-1 and then push hard and fast in the center of the person's chest until advanced help arrives. If you think the person may have COVID-19, please state your concerns to the emergency response telecommunicator so everyone who responds can be aware of the potential for COVID-19 transmission.

Q: Should I still do the breaths for CPR?

A: Hands-Only CPR has been shown to be as effective as conventional CPR in many cases. If you have completed CPR training, and feel comfortable doing so, you should also give breaths. Overall, compressions with breaths is the most effective CPR in helping to save lives, especially in children/infants, and people whose hearts have stopped due to drug overdose, drowning, and other respiratory issues. But the most important thing is to do what is most comfortable for YOU.

- For a child or an infant, the cause of the heart stopping is likely to be due to a respiratory issue, so breaths are really important. Most children or infants who have their heart stop are provided CPR by a family member or friend. Consider performing compressions and breaths, especially if the child/infant is known to you.
- If you do not feel comfortable giving breaths, or are concerned for COVID-19, you can consider only performing Hands-only CPR until help arrives.

Q: Can I still use an AED?

A: Yes. Early AED use is still very important. AED pads can be placed on the person's chest as directed by the AED prompts. Use the AED as directed. There are no additional directions needed for coronavirus. Clean the AED surface after use with simple disinfectant to kill the virus, following the manufacturer's guidelines. Protect yourself and others by wearing gloves when cleaning, and then washing your hands with soap and water, or using an alcohol-based hand sanitizer. Avoid touching your face (e.g., eyes, mouth, or nose).

Mass Training Events

The American Heart Association supports following the existing recommendations for mass gatherings outlined on the [World Health Organization \(WHO\) website](#), and in the U.S. refer to the [Center for Disease Control \(CDC\)](#) recommendations, as well as the proposals and suggestions of

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the national, state, and local public health authorities which will have the most up-to-date facts and will provide information on basic protective measures against COVID-19. Also, anyone who does not feel comfortable gathering for large events should not attend mass trainings. And, we urge anyone feeling ill to stay home.

Q: What is a novel coronavirus? And what is COVID-19?

A: A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the [coronaviruses that commonly circulate among humans](#) and cause mild illness, like the common cold. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. (Source: [CDC](#), accessed 3/11/2020)

Q: How does it spread?

A: The virus is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet) and through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

People are thought to be most contagious when they are most symptomatic (the sickest). Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads. (Source: [CDC](#))

Q: Can I catch COVID-19 from surfaces?

A: It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. (Source: [CDC](#))

Q: What are the symptoms of COVID-19?

A: Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed COVID-19 cases. Symptoms may appear 2-14 days after exposure and may include fever, cough and shortness of breath. Older people, and those with underlying medical problems like heart disease, diabetes, or lung disease are more likely to develop serious illness. Call your doctor if you develop symptoms and have been in close contact with a person known to have COVID-19, or have recently traveled from an area with [widespread or ongoing community spread of COVID-19](#). (Source: [CDC](#))

Q: How do I know how many people have COVID-19 in my community?

A: The rates of COVID-19 vary by location, however, the situation is rapidly evolving, so it is important to follow the recommendations of the [CDC](#), [WHO](#), local/state/federal government and/or your local public health department on the current rates of COVID-19 in your community.

Interim FAQs for Communities: COVID-19 and CPR Training



CPR & Emergency Cardiovascular Care

Q: How does the [CDC](#) recommend I protect myself so I do not get COVID-19?

A: Please review the following recommendations:

- Stay home when you are sick.
- [Wash your hands often with soap and water](#) for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using a facemask.
 - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
 - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for [health workers](#) and [people who are taking care of someone in close settings](#) (at home or in a health care facility).
- Call ahead to a healthcare professional if you develop a fever and symptoms of respiratory illness, such as cough or difficulty breathing, and have been in close contact with a person known to have COVID-19 or if you live in or have recently traveled to an area with ongoing spread. Tell your healthcare professional about your recent travel or contact. Your healthcare professional will work with your state's public health department and CDC to determine if you need to be tested for COVID-19.
- **AND PLEASE DON'T FORGET:** It is not too late to get a flu vaccine.

COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.



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Step 1



Phone 9-1-1
and get an AED.

Step 2



Cover your own
mouth and nose
with a face mask
or cloth.



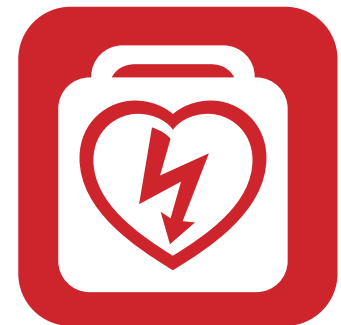
Cover the
person's mouth
and nose with
a face mask or
cloth.

Step 3



Perform
Hands-Only CPR.
Push hard and fast on
the center of the chest
at a rate of 100 to 120
compressions
per minute.

Step 4



Use an AED as
soon as it is
available.

COVID-19 and Child and Infant CPR

If a child or an infant's heart stops and you're worried that they may have COVID-19, you can still help.



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Step 1

Make sure the scene is safe.

Check to see if the child or infant is awake and breathing normally.



Step 2

Shout for help.

If you're alone, phone 9-1-1 from a cell phone, perform CPR with 30 compressions and then 2 breaths (if you're willing and able) for 5 cycles, and get an AED.

If help is available, phone 9-1-1. Send someone to get an AED while you start CPR.



Step 3

Provide CPR with compressions and breaths (if you're willing and able).



■ Start child CPR

Push on the middle of the chest 30 times at a depth of 2 inches with 1 or 2 hands.

Provide 30 compressions and then 2 breaths. Repeat cycles.



■ Start infant CPR

Push on the middle of the chest 30 times at a depth of 1½ inches with 2 fingers.

Provide 30 compressions and then 2 breaths. Repeat cycles.

Use the AED as soon as it arrives. Continue CPR until EMS arrives.