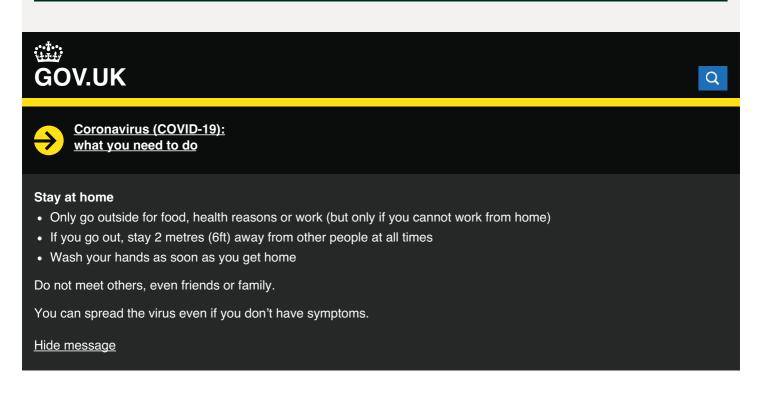
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#### Guidance

PHE statement regarding NERVTAG review and consensus on cardiopulmonary resuscitation as an aerosol generating procedure (AGP)

Updated 27 April 2020

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# 1. Purpose and scope

This explains PHE's application of the review and consensus published by the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) on 24 April 2020, regarding whether cardiopulmonary resuscitation (CPR) by chest

compressions and defibrillation is associated with an increased risk of transmission of acute respiratory infections and should be considered to be aerosol generating procedures (AGPs).

#### 2. NERVTAG

NERVTAG advises the government on the threat posed by new and emerging respiratory viruses.

On 24 April 2020, NERVTAG published its evidence review and consensus regarding CPR as an AGP

# 3. PHE's application of the NERVTAG consensus statement on CPR as an AGP

NERVTAG was asked to undertake an evidence review to consider whether chest compressions and defibrillation are associated with an increased risk of transmission of acute respiratory infections. NERVTAG was also asked to give an opinion on whether chest compressions and defibrillation should be considered to be aerosol generating procedures.

Having reviewed all the available evidence, NERVTAG stated: "It is biologically plausible that chest compressions could generate an aerosol, but only in the same way that an exhalation breath would do. No other mechanism exists to generate an aerosol other than compressing the chest and an expiration breath, much like a cough, is not currently recognised as a high-risk event or an AGP." NERVTAG also stated that it "does not consider that the evidence supports chest compressions or defibrillation being procedures that are associated with a significantly increased risk of transmission of acute respiratory infections."

Based on this evidence review, the <u>UK IPC guidance</u> therefore will not be adding chest compressions to the list of AGPs. Healthcare organisations may choose to advise their clinical staff to wear FFP3 respirators, gowns, eye protection and gloves when performing chest compressions but we strongly advise that there is no potential delay in delivering this life saving intervention. <u>Table 4</u> in the revised PPE guidance recommends clinicians wear PPE during sessions in all settings when they assume there is widespread transmission in the community.

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