**Memo: re Delivery of breaths in CPR (HCP)**

Dear Training Site Co Ordinator,

As you are aware, the delivery of rescue breaths by mouth to mouth, or mouth to mask ventilation was not recommended during the COVID pandemic. Now that the acute phase of the pandemic has passed, direction from American Heart Association and Pre-Hospital Emergency Care Council is to recommend the reintroduction of rescue breaths for community and general public settings.

The Deteriorating Patient Improvement Programme (DPIP) has reviewed the existing guidelines, and their current advice is to make no change to current practice for the in – hospital setting.

**Training Advice**

**In Hospital Facility**

As HCPs may need to use a pocket mask in an outreach part of the hospital or in an out of hospital setting, they should be shown the pocket mask section of the video. Candidates should then have the opportunity to practice assembling the pocket mask, place and hold it appropriately on a manikin’s face in order to create a good seal.

All healthcare professionals should be trained in the use of a Bag Valve Mask (BVM) with an appropriate bacterial and viral filter attached. Generally, this skill should be taught as a two-person technique, unless candidates are working in an Ambulance or Critical Care/ Theatre/Anaesthetic environment where one person BVM usage may be more realistic.

**Non-acute / Community Care Facility (healthcare professionals)**

As above, however, if the instructor deems it appropriate for a particular setting, candidates should, in addition to assembling and placing the mask, be facilitated to go ahead and deliver rescue breaths.

Instructors are reminded that if the manikin has been used for delivery of breaths, the manikin lungs must be changed after each class.

**Clinical Practice**

As a Training Centre, the Irish Heart Foundation can only offer guidance on training in accordance with AHA recommendations. Clinical practice should be led by the local governing body within each hospital or clinical area.

When formulating clinical Practice guidance, IHF would advise consideration of the risk versus benefit of withholding rescue breaths, and the importance of ensuring that staff have access to appropriate BVMs with viral and bacterial filters where at all possible.

For those working in areas where they are sole workers and/or with no access to a BVM, they should be fully trained in the use of a pocket mask.

In the event of cardiac or respiratory arrest, the healthcare professional should be advised to carry out a rapid risk assessment and use the pocket mask if they deem it safe to do so. If an HCP does not deem it safe to attempt rescue breaths with a pocket mask, and no BVM is available, continuous chest compressions is an acceptable alternative.

HCPs are reminded that children and infants in particular depend on the provision of rescue breaths, and this should only be withheld if there is serious concern re infection control risk.

In all cases of attempting resuscitation, please continue to follow your local infection control guidelines with regard to PPE use.

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