Cardiopulmonary resuscitation in primary and community care during the COVID-19 pandemic

Severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2), the virus that causes coronavirus disease 2019 (COVID-19), can be spread by droplets or aerosols, particularly through direct or close contact and aerosol generating procedures (AGPs). Supplies of personal protective equipment (PPE) are limited, raising uncertainties in clinical judgement about the balance between benefit (to the patient) and risk (to the healthcare worker) during medical procedures, such as cardiopulmonary resuscitation (CPR) undertaken without adequate protection during the COVID-19 pandemic. Lack of PPE has caused intense anxiety in view of the increased number of deaths in healthcare workers including in primary and community care.

CPR can be a complex intervention comprising airway management, ventilation, chest compressions, drug therapy, and defibrillation. While the intubation component of CPR is almost universally classified as an AGP, there is controversy around the risk of chest compression (to the person performing it, and to other staff and bystanders).

Risks to healthcare workers will vary depending on the setting where such individuals work (primary or community care versus hospital-based care), and whether the individual works in an environment where AGPs are performed. The key concern for healthcare professionals is based on the possibility of aerosol generation with chest compressions and the risks associated with close physical contact with the patient.

In conclusion, the potential for recovery of the patient needs to be carefully balanced with the significant risk to the healthcare worker.

“The key concern for healthcare professionals is based on the possibility of aerosol generation with chest compressions and the risks associated with close physical contact with the patient.”
support the use of full PPE before giving chest compressions during the pandemic.

Kamlesh Khunti,
Professor of Primary Care Diabetes & Vascular Medicine, Diabetes Research Centre, University of Leicester, Leicester, UK.

Sebastian Straube,
Professor and Division Director, Division of Preventive Medicine, Department of Medicine, University of Alberta, Edmonton, Alberta, Canada.

Anil Adisesh,
Associate Professor and Division Director, Occupational Medicine, Department of Medicine, University of Toronto and St Michael's Hospital, Toronto, Canada.

Xin Hui S Chan,
Clinical Research Fellow, Centre for Tropical Medicine and Global Health, University of Oxford, Oxford, UK.

Amitava Banerjee,
Associate Professor in Clinical Data Science and Honorary Consultant Cardiologist, Institute of Health Informatics, University College London, London, UK.

Trisha Greenhalgh,
Professor of Primary Care Health Sciences, Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK

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