

Frequently Asked Questions for doctors, nurses and health care staff re COVID-19 patients and resuscitation procedures.

1

What do I do if someone collapses and I have an AED/defibrillator immediately available?

A: Before chest compressions, immediately turn the device on, apply the pads and deliver shock if VF/pVT. This can be done without PPE and may negate the need for chest compressions. It also allows time for others to begin donning AGP PPE.

2

What do I do if aerosol-generating procedure personal protective equipment (AGP PPE) is unavailable?

A: In the absence of the gold standard of full AGP PPE for undertaking resuscitation procedures, a risk assessment must be taken by a senior clinician who can then decide on the level of protection that must be deployed during resuscitation events.

3

Chest compressions are not listed in national guidance as an AGP. Why is RCUK advocating this?

A: This is a dynamic and changing situation.

B: As with other AGP, there is very limited data, so recommendations are based on expert opinion. One of the few systematic reviews on this topic identifies chest compressions as an AGP (Tran K et al. PloS One 2012;7:e35797).

C: Protecting the workforce was placed as a high priority, balanced against the risks of delaying resuscitation.

D: CPR was defined as an AGP by PHE in previous publications. In the current COVID publication it is neither identified as a causing, or not causing AGP (note it is also not in the list of interventions which do not cause AGP).

E: This is the approach being adopted in other parts of the world.

F: Major international surviving sepsis guidelines just published by the European Society of Intensive Care Medicine and Society of Critical Care Medicine describe CPR as an AGP and recommend full PPE (including FFP3 mask) (Alhazzani W et al. Intensive Care Medicine 2020 online).