Letter to the Editor

The challenge of laypeople cardio-pulmonary resuscitation training during and after COVID-19 pandemic

Sir,

COVID-19 pandemic is impacting on all our life aspects, and its increase over the years is the result of a massive training effort of scientific societies, institutions and associations. This essential was based on Basic Life Support (BLS) courses where groups of people learned chest compressions and mouth-to-mouth ventilation on the same manikin separated by a simple personal face-shield. An unthinkable scenario henceforth. Social distancing and protective facemask will be our companions for months, perhaps years. Training centers will try to make extraordinary efforts to organize themselves limiting the learners’ number in training sessions, providing gloves, hand-sanitizers and hygienizing premises, manikins and AED trainer, but the issue related to mouth-to-mouth ventilation remains. Sharing the same manikin for teaching this technique appears unthinkable, even using pocket masks, both because it’s difficult to ensure safety (ventilation is an aerosol-generating procedure and trainees should remove their protective mask) and because of attendees’ fear in performing this skill. A solution could be ensuring that each learner uses only “personal” manikin throughout the session, guaranteeing distancing during the course and perfect manikin hygienization after the course, also exchanging some parts (face, lungs). However, beyond the costs, it is difficult to guarantee a perfect hygienization, also considering the presumed learner’s fear to perform mouth-to-mouth on a manikin used soon before by another person. Moreover, a person resulted infected by COVID-19 some days after the course could blame the training center of an improperly manikin hygienization.

Considering all aspects, the more straightforward and feasible thing seem to be withdrawing mouth-to-mouth ventilation at least until pandemic end. However, mouth-to-mouth ventilation is a required skill to obtain a BLS certificate and the BLS certificate acquisition is required even for laypeople in certain settings. Therefore, we believe that a scientific societies’ position statement is urgently needed to allow a safe restart of CPR training for learners and instructors, probably allowing only compression-only CPR teaching to acquire a BLS certification at least until the epidemic disappears.

The risk is wiping out decades of training efforts in resuscitation field, causing an increase in OHCA mortality as COVID-19 indirect effect.

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