NEWS

Covid-19: Doctors performing resuscitation need higher level of PPE, says royal college

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Doctors and nurses carrying out resuscitation on patients with covid-19 must be given the highest level of personal protective equipment (PPE), the Royal College of Physicians and Surgeons of Glasgow has urged.

The college said that UK public health agencies must change their guidance on the use of PPE and adopt stricter requirements to protect clinicians. It said that doctors or nurses who were required to carry out cardiopulmonary resuscitation should be equipped with the highest level of protection (level 3 PPE), which includes a respirator and visor.

The recommendation follows a statement on 20 April from the Resuscitation Council (UK),¹ which made clear that cardiopulmonary resuscitation, particularly cardiac compression, can produce excretions from a patient's nose and mouth and should therefore be classed as an aerosol generating procedure (AGP).

UK public health agencies do not currently include cardiopulmonary resuscitation and cardiac compression as AGPs. Public Health England recently updated its guidance and maintained this position on the basis of advice from the Department of Health and Social Care's New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG).²

But Richard Hull, the college's honorary secretary, urged agencies to shift this stance to protect doctors. He said, "These procedures require additional protection for those carrying them out in order to minimise the risk of infection.

"Public Health England, Public Health Wales, Health Protection Scotland, and the Public Health Agency (Northern Ireland) must update their official guidance urgently to ensure that those on the front line in fighting the covid-19 pandemic are afforded the correct level of protection."

Demonstrable risk

In the Resuscitation Council (UK)'s updated statement its president, Jonathan Wyllie, said that he was "deeply concerned

by Public Health England's continued insistence on designating chest compressions as non-AGPs."

He said, "The absence of high quality evidence for this should not be interpreted as the absence of risk. The clinical reality is that chest compressions produce excretions from a patient's nose and mouth. As such, irrespective of whether this is via aerosol or droplet or both, this poses a demonstrable risk to healthcare professionals."

Wyllie noted "significant confusion" on the issue of PPE in the NHS, since many trusts and doctors follow the Resuscitation Council's stricter guidance rather than that of Public Health England.

He added, "Our guidance is based on scientific evidence and a wealth of clinical experience across the resuscitation world. Our concern remains that not providing level 3 PPE to healthcare professionals performing chest compressions is a clear risk to their safety. In a pandemic where healthcare professionals are tragically dying, we challenge the rationale for advocating a lesser form of PPE where expert consensus states that such a risk to safety exists."

Susan Hopkins, Public Health England's covid-19 incident director, said, "The UK PPE guidance continues to recommend the highest level of protection for health and social care teams treating covid-19 patients. It is crucial that everyone that needs it has access to the right protective equipment."

1 Resuscitation Council (UK). RCUK statement on PHE PPE guidance. 20 Apr 2020. <https://www.resus.org.uk/media/statements/resuscitation-council-uk-statements-on-covid-19-coronavirus-cpr-and-resuscitation/statement-on-phe-ppe-guidance/>.

2 Public Health England. COVID-19 personal protective equipment (PPE). 17 Apr 2020. <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>.

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