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Letter to the Editor

Basic Life Support teams stress and decision making in case of out-of-hospital cardiac arrest during COVID-19 pandemic



Sir,

We read with great interest the Letter to the Editor from Scquizzato et al.¹ which highlighted the concerns of witnesses about performing cardiopulmonary resuscitation in case of out-of-hospital cardiac arrest (OHCA) during the COVID-19 pandemic. The latter has worsened the basic stress inherent in any OHCA situation.

We would like to make some comments on the author's manuscript, underlining that stress was also a frequently observed phenomenon among professional rescuers. Indeed, during the Paris lockdown (March to May 2020), the prehospital Fire Fighters Basic Life Support (BLS) teams had to face a dramatic increase of OHCA.² They were confronted with new stressful environments, in particular, that of the families attending the arrival of rescuers dressed in personal protective equipment (PPE). Besides, there were communication difficulties between rescuers with PPE, possibly resulting in overall low performance.

This crisis has shown professional rescuers struggling between their determination to act in the best possible way and the effect of stress on their decision making. A recent paper reported that knowledge, previous experience, and the ability to integrate data into a mental framework under pressure influenced decision making and were critical during the initial response period in a disaster.³ The World Health Organization has published a series of messages to support mental and psychosocial well-being for healthcare workers in general during the COVID-19 pandemic.⁴

In this probably long-lasting pandemic, the Paris Fire Brigade has developed training for ALS–BLS teams in human factors analysis and team resource management preparedness. This training aims to develop the ability to analyze situations, to optimize the teamwork distribution, to prevent team errors, and to secure inter-individual communications. It should help reduce team fatigue, limit a possible

post-traumatic stress disorder, and maintain the operational capacity of the emergency system. In Paris, the BLS teams provide more than 450,000 victim rescues per year. The institution pays particular attention to maintaining the BLS teams' levels of safety, efficiency, and resilience, both individually and collectively. Long-term principles have to be preserved, in this case, limiting the contamination of health care personnel while keeping as much as possible the same quality of care.

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Conflict of interest

None.

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