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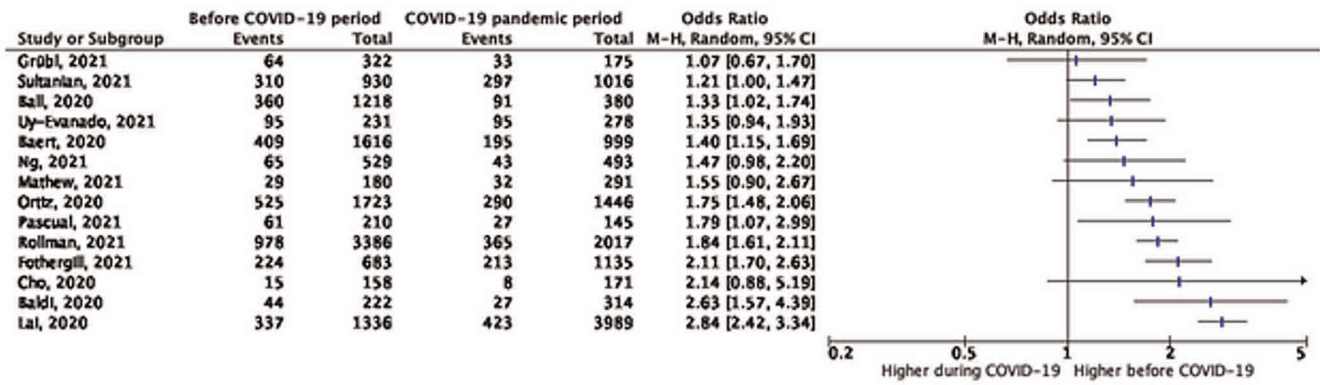


Figure 1. Forest plot of comparison: Return of Spontaneous Circulation (ROSC), outcome: ROSC.

Figure 1: (abstract: OR27)

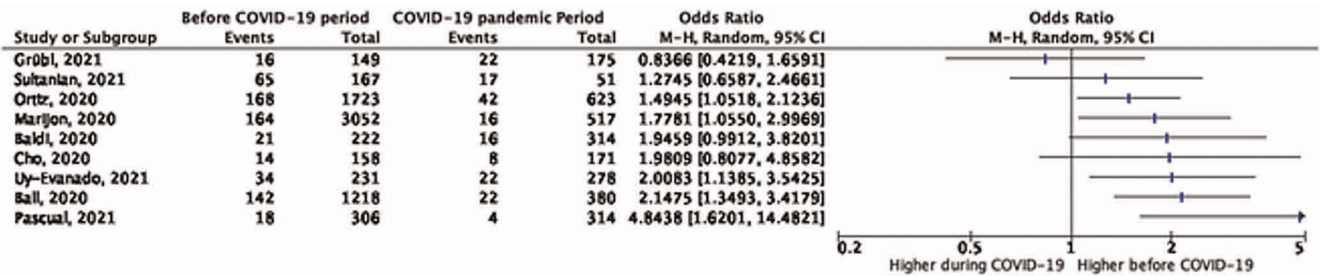


Figure 2. Forest plot of comparison: 2 Survival to Hospital Discharge, outcome: 2.1 Survival to Hospital Discharge.

Figure 2: (abstract: OR27)

OR28

The impact of COVID-19 on emergency medical service led out of hospital cardiac arrest resuscitation: A qualitative study

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Background: Following the emergence of COVID-19 there have been national changes in the way emergency medical service (EMS) staff respond to and treat patients in out-of-hospital cardiac arrest (OHCA). The views of EMS staff on the impact of COVID-19 and management of OHCA have not previously been explored. This study aimed to explore staff views on communication during resuscitation, resuscitation procedures and perception of risk.

Methods: A qualitative phenomenological enquiry was conducted. A purposive sample of n=20 participants of various clinical grades were selected from National Health Service EMS providers in the United Kingdom. Data was collected using semi-structured interviews, transcribed verbatim and inductive thematic analysis was applied.

Results: Three main themes emerged which varied according to clinical grade and location.

1. Service pressures: Availability of operational staff and in-hospital capacity were reduced. Staff felt pressure and disconnect from the continuous updates to clinical guidelines which resulted in organisational change fatigue.
2. Decision-making: Staff generally felt supported to make best interest decisions when resuscitation was ineffective or inappropriate. Staff made informed decisions to compromise recommended levels of personal protective equipment, felt impractical to the pre-hospital context, to improve communication and reduce delays to care.
3. Moral injury: The emotional impacts of prolonged and frequent exposure to patient death caused many staff to take time away from work to recover.

Conclusion: This qualitative study is the first known to explore the impacts of COVID-19 on OHCA which found positive outcomes, but also negative impacts important to inform EMS systems. COVID-19 created delays to performing resuscitation which were multifaceted. Staff developed new ways of working to overcome the barriers of impractical personal protective equipment. There was little impact on resuscitation procedures. Moving forwards EMS should consider how to limit organisational change and better support the ongoing emotional impacts on staff.