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Leg-heel chest compression as an alternative for medical professionals in times of COVID-19



To the Editor,

We read with great interest an article by Ott M et al. [1] sharing their first research article about leg-heel chest compression as an alternative for medical professionals in times of COVID-19 due to the increased distance from the patient's airway and the limitation of contact from the infectious aerosol. We agree that leg-heel chest compression may provide similar CPR quality compared to manual chest compression while markedly increasing the distance to the patients (potentially contagious) airway [1]. Some authors have questions, one of them is a potential balance problem for people performing these types of chest compressions, which can lead to breakage of chest compressions, the consequences of which can be dramatic for both the patient and the medical staff, who may be injured during a fall [2], is an interesting point we think. We agree that with PPE, the strength and depth of compressions, especially without long-term training of medical personnel in this type of techniques, may lead to their ineffectiveness and may be too shallow or too strong, which may lead to very serious damage not only to the ribs and sternum, but also to internal organs [2]. So, we should also consider that under special circumstances like COVID-19-pandemic, leg-heel chest compression with well focus on training compared to bystander CPR while increasing the distance to the patient. Although the use of this method may be impossible or very difficult in many cases, but the emergency medical technician

try to perform the alternative leg-heel chest compression in stead of bystander CPR on patients with prehospital out-of-hospital cardiac arrests in COVID-19 pandemic??. Once again, we thank Dr. Ott M and colleagues for their present and future study of leg-heel chest compression as an alternative for medical professionals in times of COVID-19.

Declaration of Competing Interest

The other authors have no example conflicts of interest to disclose.

References

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