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## Letter to the Editor

# The impact of COVID-19 on the Australian public's willingness to perform hands-only CPR



To the Editor,

The provision of bystander CPR in public places relies on the public's willingness to intervene and provide first aid to a stranger. Recent surveys suggest approximately half of members of the public are willing to provide CPR to a stranger,<sup>1</sup> with fear of infection rarely reported as a barrier.<sup>1,2</sup> However, this may have changed in the current era of the highly infectious COVID-19 pandemic.

Data is emerging about the variable effects of the current COVID-19 pandemic on rates of bystander CPR.<sup>3</sup> Of importance, an international social media survey conducted in June 2020 suggests willingness to perform bystander CPR had decreased.<sup>4</sup> However, this study asked participants to reflect on their prior willingness to intervene and was conducted relatively early in the pandemic. We

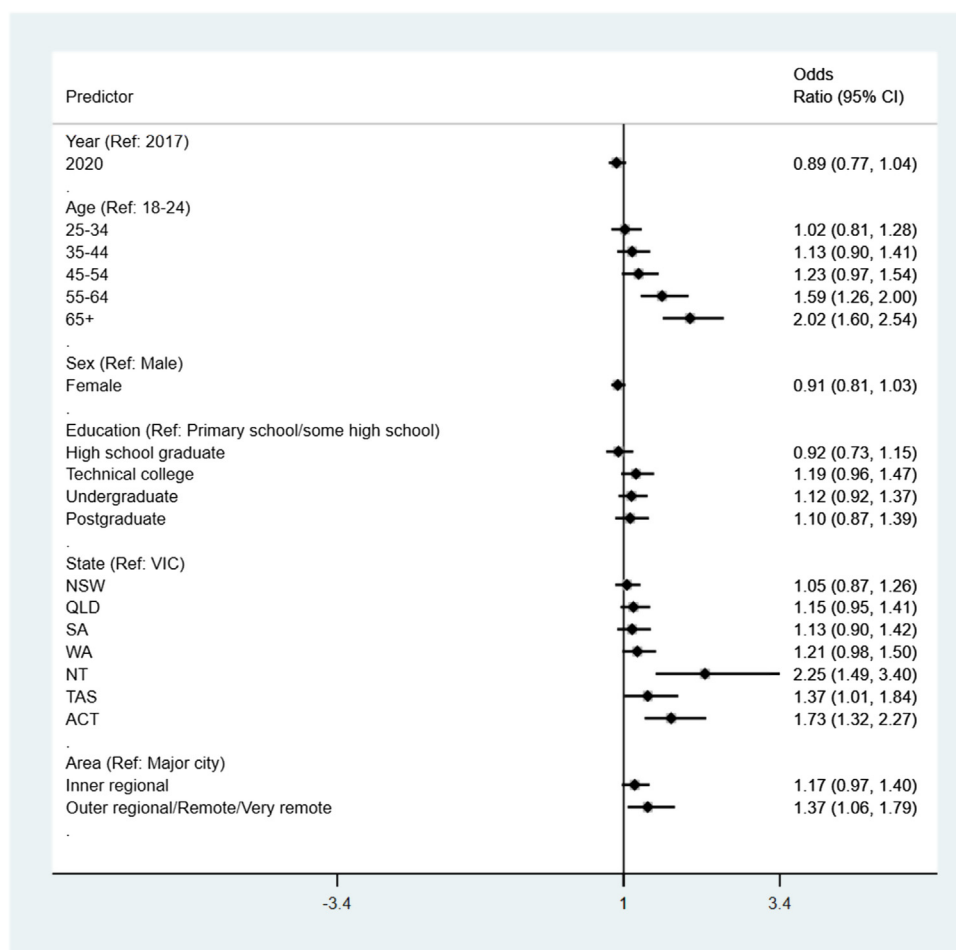


Fig. 1 – Multivariable analysis of willingness to perform CPR.

decided to investigate whether this was an issue at the peak of the pandemic in Australia.

The National Heart Foundation of Australia commissions quarterly online surveys of Australian adults.<sup>1</sup> In two of these quarters, July to September 2017 (n = 1076) and the same period in 2020 (n = 3607), questions were added about willingness to provide hands-only CPR to a stranger. We explored this data to examine whether the pandemic had changed the Australian public's willingness to provide CPR to a stranger, and conducted a logistic regression analysis to determine whether subgroups of the population were more willing.

Our data suggests the Australian public's willingness to perform bystander CPR on a stranger did not change at the peak of the pandemic (54% in 2017 to 55% in 2020, p = 0.70). Compared to younger participants surveyed, those aged over 55 years were more willing to provide CPR (Fig. 1), as were those who were living in states and territories with smaller population numbers (vs Victoria) and in outer regional, remote and very remote locations (vs major cities).

Rates of COVID-19 varied widely between states and territories, and were greatest at the time of the survey in the state of Victoria. However, our data showed no change in willingness to perform CPR by Victorians (52% in 2017 and 48% in 2020, p = 0.28). This finding is consistent with OHCA registry data from this region which suggest no changes to bystander CPR rates in public places during the pandemic.<sup>5</sup>

Our data does highlight the relatively low willingness of Australians to provide bystander CPR to a stranger, and also provides important information about whom to target with education highlighting the importance of CPR and the need to intervene. Targeting and tailoring CPR education specifically by age may be warranted.

## Conflicts of interest

No conflicts of interest.

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