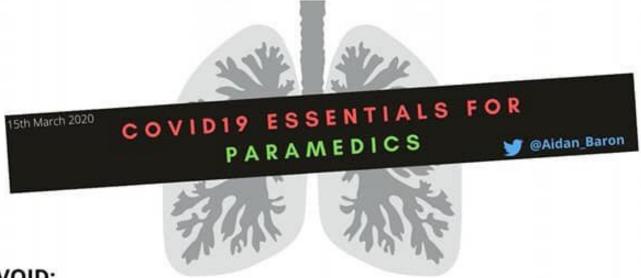
## PPE

- · Face masks reduce viral exposure 6x
- PPE reduces viral exposure 100x Use it
- The main contamination risk for healthcare workers occurs during removing their PPE



## AVOID:

- · Unfamiliar airway management techniques
- · Unnecessary BVM Ventilation
- · High Flow Nasal Cannula Oxygen

USE PPE IF HIGH SUSPICION OF INFECTION
PRACTICE CARE AS USUAL
BE AWARE OF RESPIRATORY DOPLETS
BE ALERT FOR RESPIRATORY DISTRESS

## DO:

- · Have a lower threshold for LMA/ETT use
- Use a 2 person technique with a two-handed mask seal to reduce aerosolised particles when ventilating with a BVM
- Make sure full PPE is applied before starting resuscitation for Cardiac Arrest.
- Place a face mask with oxygen over the patent's mouth when performing CPR to act as a barrier against forcibly exhaled secretions
- · Always use a viral filter in your BVM circuit as close to the patient as possible

## Clinical Features

(Check local health guidelines for case criteria)

- . Common S/Sx incl: Fever, Cough, Fatigue +/- Gastrointestinal
- . Rapid exacerbation of respiratory illness with progressive dyspnoea over ~12 hours
- Viral Pneumonia generalised bi-lateral crackles +/- mild wheeze from mucus plugs (further into the disease)
- Tachypnoea, SpO2 <93%, incr work of breathing + fatigue</li>
- Progression to sepsis and septic shock in some patients
- · Patients with comorbidities and increased age are at increased risk
- especially HTN, Diabetes, IHD, use of Angiotensin 2 blockers
- · Severe illness is rare in children

-Zhao, 2020 - DDI: 10.1003/cid/cid247
-Cascella, 2020 - ncbi nim nih, gov/books/NRK554776/
-Association Council UK Statement on COVID-19 in relation to CPE and resuscitation in healthcare settings
-Association of Anaesthetists of Great Syltain and Ireland - Weblear on COVID-2 - 14th March 2020