

## 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

15th March 2020

## COVID19 ESSENTIALS FOR PARAMEDICS

 @Aidan\_Baron

## 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 DOPPLETS  
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 patient'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, SpO<sub>2</sub> <93% , incr work of breathing + fatigue
- 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 - DOI: 10.1093/cid/ciaa247

-Casella, 2020 - ncbi.nlm.nih.gov/books/NBK554776/

-Resuscitation Council UK Statement on COVID-19 in relation to CPR and resuscitation in Healthcare settings

-Association of Anaesthetists of Great Britain and Ireland - Webinar on COVID19 - 14th March 2020