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 DROPLETS
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, SpO2 <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