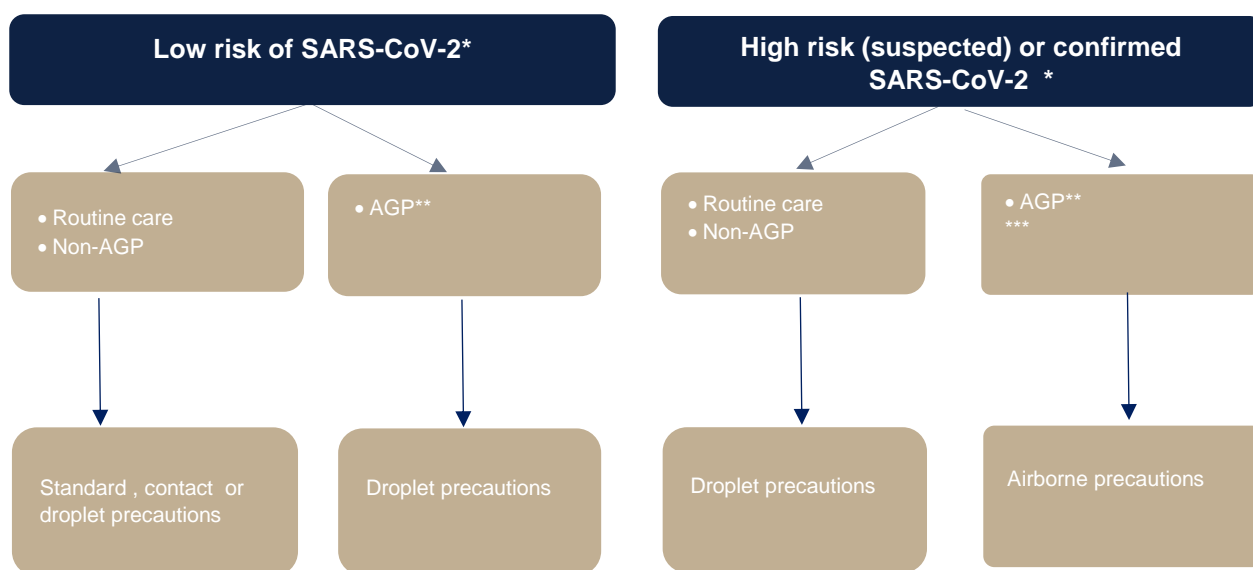




Recommendations for PPE according to SARS-CoV-2 risk status

Pending updates in response to ICEG interim guidance statement on PPE (24/4/2020).



The measures in this flow chart refer to protection of the anaesthetist. Protection of the patient during invasive anaesthesia procedures (such as central venous catheterisation, neuraxial anaesthesia etc.) are guided by **PS28** "Infection Control in Anaesthesia".

* Definition of 'Low risk of SARS-CoV-2' and 'Suspected/confirmed SARS-CoV-2' will depend on your location, and should be based on **national case definitions** and guided by local infectious diseases and public health advice

** AGPs: a. Bag and mask ventilation; b. Tracheal intubation; c. Tracheal extubation; d. Ventilation via supraglottic airways (including insertion and removal); e. Non-invasive ventilation including CPAP and BiPAP; f. High flow nasal oxygen therapy; g. the use of nebulisers; j. Non-anaesthesia instrumentation of the airway including bronchoscopy and tracheostomy; and surgical procedure where there is close and or prolonged exposure to secretions from the airway.

As per the ICEG interim guidance statement on PPE (24/4/2020) the following guidance is offered:

- Cardiopulmonary Resuscitation (CPR): Chest compressions and defibrillation are not considered to be AGPs
- The risk of aerosol generation from procedures exposed to non- respiratory tract tissue is currently not accurately known but is thought to be low.
- Normal processes of labour are not considered to be high risk for generation of aerosolised particles.
- Coughing is predominantly droplet generating.