



## CPD handbook appendix 19

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### Guidelines for COVID-19 airway management *Emergency response* education sessions

#### Context

With the evolution of COVID-19 (*novel coronavirus*), CPD participants may participate in simulation sessions regarding optimal patient airway management and infection control measures for themselves and others as an additional Emergency response.

The education sessions should optimally include a practical simulation component. Simulation in this context may mean bench top training in a local department, not necessarily fully immersive mannequin based simulation in a centre.

Hospital departments and private practice groups are encouraged to develop education sessions that satisfy local needs, incorporating local staff, work environment and equipment.

Assessment, planning and preparation are of paramount importance in managing the airway of a known or suspected COVID-19 positive patient and are considered essential steps.

#### Background to COVID-19 activity

The COVID-19 pandemic has emerged as a significant disease requiring the skills of airway experts. The highly infectious nature of this disease and the high rates of morbidity and mortality for healthcare workers adds to the complexity of clinical management.

Specialists are well placed to lead clinical management. Anaesthetists have the practical skills required to initiate and maintain the airway in the critically compromised.

The adaptive skills needed to limit spread of the disease have required additional education, thus, the addition of a specialised Emergency response.

Numerous factors are recognised that pose challenges to anaesthetists in this situation, including:

- Uncertainty as to when to identify a COVID-19 positive patient;
- Lack of familiarity with surgical airway techniques;
- Inadequate access to appropriate equipment; and
- Underdeveloped skills in leading a team in this crisis.

#### Definitions and terms

For the purposes of clarifying terms that are used within this document, the following definitions are provided. Alternative definitions may be used, however providers should demonstrate that these have equivalent meaning.

*COVID-19* assumes both known and suspected patients are infected with the virus. According to the World Health Organisation Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes.

*Personal Protective Equipment (PPE)* is essential for maximum personal and patient protection.

## Recognised emergency algorithms

Currently, ANZCA does not exclusively endorse any one emergency algorithm for COVID-19 situations.

The ANZCA Library has established the following clinical resources that may be useful for airway management and infection control and PPE, accessible by [clicking here](#).

## Learning objectives

By the end of the education session, participants will be able to:

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1. Apply locally appropriate criteria to recognise when a COVID-19 situation has arisen.
2. Communicate clearly to others that a COVID-19 situation exists.
3. Follow the steps and decision-making points in a COVID-19 airway management protocol.
4. Be familiar with PPE, equipment and procedures relevant to the preferred emergency algorithm. Particular attention should be given to the selection of appropriate available personnel to perform airway management, use of negative pressure rooms, recognising the 'hot zone', appropriate technique for donning and doffing of PPE, use of videolaryngoscopy, use of a viral airway filter, and consideration of ethical decision making regarding front-of-neck access in COVID-19 patients.
5. Direct/lead the team in an emergency response for COVID-19.
6. Recognise that non-technical and teamwork skills, as well as initiation of management protocols, are vital to the management of a COVID-19 situation.

## Optional

Education session providers may elect to expand the focus of teaching to include additional objectives if it is deemed that this would facilitate more effective teaching for the particular target audience. Suggestions for consideration include:

- Recognise the non-technical and teamwork competencies that have a positive impact in evolving COVID-19 crises, and employ strategies to utilise them
- Discuss the role of cognitive aids in the management of COVID-19 situations
- Recognise the role of human centred design as it relates to emergency equipment and hospital systems
- Recognise the relationship of COVID-19 to anaesthesia related mortality, and the major risk factors for COVID-19.

## Structure of the education session

1. Education should be provided by ANZCA fellows skilled in airway management.
2. Education should include written and practical skill sessions.
3. There are no current recommendations for duration of training in these skills due to the rapidly evolving nature of management protocols. Further refinement once efficacy is measurable will be incorporated into the recommended structure.
4. Utilise the following equipment:
  - models of the neck allowing practice of infraglottic airway placement;
  - oxygen for oxygen delivery for infraglottic airway access / front-of-neck access; and
  - equipment relevant to preferred emergency algorithms
5. Course directors who wish to record information relating to the performance or conduct of participants must obtain written consent and adhere to the privacy policies of their organisation and location. ANZCA does not collect this information and it is optional for the course provider and director to do so.