

## Position statement

### ASA Position on COVID vaccination

#### Preamble

This ASA position has been afforded by the low prevalence of SARS-CoV-2 in Australia. This has arisen from the hard work of Public Health Units and the Australian community, for which we are grateful. This position also takes into consideration the paucity of COVID-19 vaccines in Australia and the high global demand that will likely adversely affect vaccine availability for some time. If either community prevalence or vaccine availability in Australia were to change it could be anticipated that the ASA position on vaccination would change.

#### **Anaesthetists have a crucial role in caring for critically ill patients within and outside of the operating theatres**

Anaesthetists are closely linked with Intensive Care Medicine, with a good number of ICU colleagues being dual trained in both anaesthesia and intensive care. Particularly in regional centres in Australia, specialist anaesthetists and anaesthesia providers are often responsible for the ICU work, after-hours ICU work and after-hours support of Emergency Departments. Even in metropolitan areas such as Melbourne during the last year, we have been relied upon to provide surge capacity care in ICUs and are frequently involved with resuscitation of critically ill patients and intra- and inter-hospital transfers.

Anaesthetists may also be responsible for airway management across the hospital, as key members of 'intubation teams', in conjunction with ICU and Emergency medicine. Thus, we are intimately linked to the treatment and management of COVID-19 patients, and involved in some of the most high-risk aspects of their care. By this we mean the highly 'aerosol generating' procedure of airway management, especially intubation for ventilation or for surgery.

Anaesthetists also expect to be managing patients with known SARS-CoV-2 infection as well as those who are asymptomatic or pre-symptomatic in the operating room for non-COVID-19 related surgical procedures or other areas where our specialist skills are required, such as providing analgesia for labouring women. We remain concerned about the risk of acquiring COVID-19 from performing airway manoeuvres especially with the ramp up of elective surgery. The ASA is aware of a number of anaesthetists who have been infected in Melbourne during the second wave in August 2020 from patients with pre-symptomatic COVID-19.

#### **ASA Position**

Given the considerations discussed above, the ASA seeks that vaccination of health workers including anaesthetists be prioritised in the following order:

1. Those involved in the regular or not unexpected care of COVID-19, suspected COVID-19 (sCOVID-19) and undifferentiated patients. This would include anaesthetists who may be called upon to provide assistance in ED, ICU and ward resuscitations as well as those who work in regional, remote and retrieval services.

2. Health workers who regularly perform aerosol generating procedures (AGPs) or who work with patients who display aerosol generating behaviours (AGBs). This would include all anaesthetists not included in group 1 who regularly work in clinical anaesthesia.
3. All other health workers. This would include all other anaesthetists, such as those in non-clinical or non-procedural roles.

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