

GUIDELINE FOR MANAGING PAEDIATRIC CASES OF SUSPECTED/CONFIRMED COVID-19

Clinical Guideline MCSA.C.N.MC.1.4

PURPOSE

The purpose of this guideline is to describe the management of children with suspected or confirmed COVID-19 and managing their families.

APPLICABILITY

This guideline applies to

- Medical Practitioners
- Professional Nurses
- Enrolled Nurses and ENAs
- All ancillary and support staff working in the units

GUIDELINE STATEMENT

Coronavirus disease 2019 (COVID-19) is a respiratory tract infection caused by a newly emergent coronavirus, that was first recognized in Wuhan, China, in December 2019. COVID-19 is a novel virus meaning it is a new virus which we have currently no immunity to.

Current information shows that most people with COVID-19 develop only mild or uncomplicated illness, approximately 14% develop severe disease that requires hospitalization and oxygen support, and 5% require admission to an intensive care unit. From current literature the paediatric population appears least affected with the majority only having mild symptoms, however there have been reported cases of children requiring ventilation.

It is important for early recognition of suspected patients and managing of patients with COVID-19 allowing for effective infection prevention and control principles to prevent spread and ensure staff safety.

In addition it is important to remember that many children are hospitalised annually with respiratory illnesses, and they must not be forgotten, nor must staff be complacent with PPE due to often dealing with these types of illnesses.

DEFINITIONS

TERM, ACRONYM OR ABBREVIATION	DEFINITION
AGP	Aerosol generating procedure
COVID-19	Disease caused by the coronavirus
IPC	Infection Prevention and Control
MDI	Metered Dose Inhaler
PPE	Personal Protective Equipment
PUI	Person under investigation
RSV	Respiratory Syncytial Virus
Spacer	Used for administering the MDI to infants and children

RESPONSIBILITIES

PERSON	RESPONSIBILITIES
Unit Manager	Ensures the staff are updated with current COVID-19 information Ensures the staff are aware of IPC principles and adhere to them Ensures that all patients in the ward are cared for and additional staff is arranged to care for potential COVID-19 cases
Paediatrician	Informs unit of potential case or confirmed case of COVID-19 for admission Follows all IPC principles
Infection Prevention and Control Manager	Monitors compliance to IPC principles Addresses areas of non-compliance

COVID-19 PREPARATION FOR PAEDIATRIC UNITS

- Keep children out of the health system as far as possible
- Ensure staff comply with all IPC principles and staff are trained and comfortable with same
- Have frequent discussions to alleviate fear and misconceptions
- Practice scenarios with staff e.g. limiting exposure in the room and ensuring they plan outside before entering
- Practice with your staff how they will deal with other anxious parents in the unit
- Avoid sending children to adult designated COVID-19 areas

The paediatric ward should be divided into 3 areas

Area 1: For children that have a known negative COVID test

Area 2: For children that are symptomatic and suspected COVID case and awaiting test results

Area 3: For children who have confirmed COVID-19 can be isolated. This room must ideally have its own bathroom. Children with confirmed COVID-19 can be cohorted.

Children admitted as a PUI cannot be cohorted until diagnosis is confirmed. They will require isolation and appropriate PPE to be worn by nursing staff. If insufficient isolation rooms ensure adequate space between beds and distancing. If a bathroom is shared increase the cleaning schedule.

In the confirmed COVID area all equipment should be dedicated for the isolation area and ideally nothing to be shared between this area and the rest of the ward. Keep all equipment not needed outside the area as much of the equipment outside the room in a readily available area, and only bring in as needed to prevent contamination.

Nursing Staff should be dedicated for the isolation area

- The patient should be looked after by the most appropriate category of staff depending on their condition.
- For the first 1-2 days of the admission this may need to be a PN, as if the child deteriorated you do not want to change staff within the shift, and expose additional staff
- If there is more than one COVID-19 patient then the patients can be cohorted
- Suspected cases/PUI need to be separately isolated and if there is insufficient staff available, the staff should keep their mask and visors on, and change aprons and gloves moving between PUI's. Staff should ideally not move between COVID positive and PUI patients
- If there are insufficient isolation areas within the paediatric ward, the hospital should approach the Infrastructure department to consider erecting partitions between beds to make a type of cubicle.

PROCEEDING WITH ELECTIVE PROCEDURES IN CHILDREN

From May some surgical procedures will recommence, with the child being required to undergo a PCR test to exclude COVID-19. This test is done to prevent surgery occurring in an asymptomatic child, and possibly causing harm to the child, and to manage the risk within hospital. If they test positive the procedure can then be postponed to a more suitable time. The parent accompanying the child will not be required to be tested and they will be admitted as a 'unit'.

All children admitted as an emergency or medical admission will be tested on admission, but again the accompanying parent will not. They will be admitted as a 'unit' with the staff wearing the necessary PPE.

ADDITIONAL CONSIDERATIONS

- If it is an infant (<1yr), the bottles can be wiped down and removed from the room, and managed as per usual.
- If a mother is expressing her milk, all expressing equipment to be kept in the room and breast pump must belong to the mother and not be shared
- Nebulization is commonly used in paediatrics but should be used with caution in COVID-19 positive children as this causes aerosolisation of the virus. If the child needs nebulizing, the parent staying with the child should give the nebulizer if possible. Paediatricians should be encouraged to use MDI inhalers if possible
- All nursing staff will wear a surgical mask and visor for their shift
- All respiratory illnesses needing admission will need to be managed as a potential COVID-19 PUI
- Ensure staff understand the different types of PPE and practice scenarios with them
- Scenarios to include managing the patient with and without a parent
- Scenarios to include planning each entry into the room, so all is done at once, but also keeping the child safe and rendering the appropriate care
- Try and alleviate fears with knowledge – a child with adenovirus or pertussis would require the same type of IPC precautions

- It is the RSV season and ensure staff do not become complacent to the usual viruses and conditions that affect a paediatric environment at this time of the year.
- Hand washing and thorough environmental cleaning must continue in addition to PPE, and it is important to reduce the risk of transmission from contaminated surfaces

ASSOCIATED DOCUMENTS AND RECORDS

TITLE OF APPLICABLE IPC POLICIES	NUMBER	LOCATION
<ul style="list-style-type: none"> • Hand Hygiene • Notifiable Medical Condition Reporting • Surveillance • Isolation: Standard and Transmission Based Precautions • Cleaning and Disinfection: Bed and Patient Environment • Disinfection Guidelines • Suspected or confirmed novel influenza 	N/A	Intranet

REFERENCES

1. Coronavirus in Pregnancy. RCOG guideline Version 3. Published 18 March 2020. <https://www.rcog.org.uk/globalassets/documents/guidelines/coronavirus-covid-19-infection-in-pregnancy-v3-20-03-18.pdf>
2. Coronavirus Disease 2019 (COVID-19) **Update—Information for Clinicians Caring for Children and Pregnant Women** https://emergency.cdc.gov/coca/calls/2020/callinfo_031220.asp?deliveryName=USCDC_1052%20DM22171
3. Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html?deliveryName=USCDC_1052%20DM22171
4. COVID-19 – guidance for paediatric and Neonatal services. RCPCH Updated daily. Published 13 March 2020. Last Modified 30 April 2020 <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services>

HISTORY AND VERSION CONTROL

CONTRIBUTORS	NAME	DESIGNATION
	Aliné Hall	Clinical Quality Specialist: Mother and Child
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VERSION	Changes (Highlighted in yellow)
1.2	Clarification on PUI isolation Parents to wear cloth mask Managing bottles
1.3	Clarification of testing for elective procedures and parent testing
1.4	Clarification of areas in paediatric ward