COVID-19 - guidance for paediatric services

Health Policy team

This guidance has been prepared to provide health professionals working in paediatrics and child health with advice around the ongoing outbreak of COVID-19. Guidance on this page is applicable to all paediatricians, with advice signposted information for settings specific guidance (community, neonatal and acute). It also links to further information developed by national bodies.

We will update this guidance on a regular basis as new data becomes available. We'll work with others to bring together the best available information. Advice and guidance should be used alongside local operational policies developed by your organisation.

Last modified
9 April 2020

Post date
13 March 2020

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We are reviewing this content each weekday, and will publish any updated guidance.

To get an email notification of each update, you can log in and select the pink button in the

grey box 'Notify me when updated'.

If you have any questions relating to this guidance, please contact us on health.policy@rcpch.ac.uk.

Preparing for COVID-19

- Understand the current advice from Public Health England (PHE) on which patients should go to hospital, and who should stay at home and advise accordingly.
- Understand the Clinical guide for the management of paediatric patients during the coronavirus pandemic document from the NHS.
- Ensure that staff are familiar with local operational procedures and are appropriately trained. For example:
    - Staff should be aware of the location where possible cases will be isolated and who to contact in their organisation to discuss possible cases.
    - Guidelines on the use of Personal and Protective Equipment (PPE) are changing frequently and health professionals should regularly review updated guidance.
    - Staff involved in assessing or caring for confirmed cases of COVID-19 should be trained in using a respiratory mask and that fit testing has been undertaken before this equipment is used.
    - Staff caring for children with confirmed COVID-19 or undertaking aerosol generating procedures should be trained in the safe donning and removal of PPE.
    - Planning for cohorting should be undertaken as soon as possible to ensure criteria for groups are established. Cohorting should be for established diagnosis.
- NHS Inform in Scotland has information for professionals advising the public.
- There is a child-friendly poster explaining COVID-19, available to download at the bottom of this page, shared with permission and thanks to University Hospitals Southampton NHSFT.
- RCPCH statement on use of ibuprofen: Experts at the RCPCH have recommended that parents treat symptoms of fever or pain related to COVID-19 with paracetamol, rather than ibuprofen. While there is no significant scientific evidence that ibuprofen is associated with worse outcomes in COVID-19 infection, this advice is offered as a precaution.
- You may need to contact relatives by phone to inform them of the death of an adult patient who was a parent or carer for children. Guidance from the University of Oxford on this topic is available to download at the bottom of this page. It includes advice on how to speak to the relative about informing the patient's children, and preparing for questions that children may have.
- The Palliative Care Team at West Middlesex Hospital has a poster on compassionate phone communication during the COVID-19 outbreak.

Resilience and self-care

As a healthcare professional, the COVID-19 outbreak is likely to add to your workload and heighten stress levels. We encourage you to try and look after yourself during this uncertain and busy time:

- A lack of sleep lowers your ability to concentrate, impedes your potential to make effective decisions and compromises your immune system. The only way to remedy

this is to get more sleep. The NHS has more information on the impact of not getting enough sleep, and advice on sleep and shift work is available from the BMJ.
- Take regular breaks before you feel that you're getting tired or burned out. This might feel counterintuitive but it will build your resilience to stressful situations.
- Ask colleagues for help if you feel overwhelmed or that your ability to care for your patients is being compromised.
- Try and do as many things as you usually would, such as talking with family and friends.
- Take a break from social media and the news as much as you are able to. The constant COVID-19 news cycle and commentary can have a negative impact on your mental health, especially for those that work in the healthcare sector.

NHS Employers (part of the NHS Confederation) has guidance on supporting the physical and mental wellbeing of staff, including on occupational health, staff wellbeing and support, mental wellbeing and fatigue.

If you are an RCPCH member you can sign up to receive email alerts when this guidance updates every weekday, so that you are better able to take a break from Twitter and still stay informed. Log in and follow instructions at the top of this page.

Occupational health

- Information about workforce, including the vulnerable workforce, is available from our guidance for paediatric staffing and rotas.
- It is important that health professionals do not attend a healthcare setting if there is a risk they could spread COVID-19, in line with current PHE guidelines. This guidance also includes a chart that illustrates how long household contacts need to self-isolate.
- Public Health England has occupational health and staff deployment guidance that includes deployment of staff most at risk from COVID-19.
- The Government has advice on what to do when healthcare workers or patients have come into contact with a COVID-19 patient while not wearing PPE (personal protective equipment.
- All staff should be aware of who to contact within their organisation if they develop COVID-19 compatible symptoms.
- NHS Employers (part of the NHS Confederation) has guidance on supporting the physical and mental wellbeing of staff. This includes guidance on occupational health, staff wellbeing and support, mental wellbeing and fatigue.
- The Scottish Government has guidance for NHS Scotland staff.
- Health professionals should seek advice from occupational health if they are pregnant or concerned that they are vulnerable to COVID-19 - see RCOG guidance on pregnancy. Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) are more likely to become severely ill with the virus. Recommendations regarding possible adjustment for staff at increased risk are included in this letter from the NHS Chief Executive and Chief Operating Officer (PDF). There is also guidance from NHS employers on supporting vulnerable staff.
- Public Health England has guidance on protecting people who are extremely vulnerable to COVID-19.
- Health Protection Scotland has COVID-19 guidance for Social or Community Care and Residential Settings including occupational exposure.

- The guidance for health professionals in England, Scotland, Wales and Northern Ireland is being reviewed on a regular basis.

Children at increased risk of COVID-19

On 16 March Public Health England published advice for groups who are at an increased risk of severe coronavirus disease (COVID-19) to follow advice on social distancing measures. These include significantly limiting face to face contact with friends and family for several weeks. The groups at increased risk included in this advice are pregnant women, those aged over 70, and those with a list of specific comorbidities.

On 21 March PHE published advice on shielding and protecting extremely vulnerable people from COVID-19. Extremely vulnerable people are strongly advised to stay at home at all times and avoid any face-to-face contact, for at least 12 weeks.

How to best to apply this to children (including infants and young people) in the UK is complex. Although in adults these comorbidities are associated with increased mortality risk, the evidence for this among children is very limited, and the disease appears to take a milder form in younger age groups. Applying stringent social distancing to all children with this list of comorbidities may also be associated with potential harms and at times may not be possible. PHE guidance has been published on managing self-isolation with children.

All children who fall into the vulnerable group should follow social distancing guidance, however there are certain children identified in the PHE guidance who are at a significantly increased risk from COVID-19 and should take the most stringent measures to shield themselves to reduce their risk. Our current advice is for all children with the following comorbidities to follow stringent shielding measures outlined by Public Health England:

1. Long term respiratory conditions, including:

- Chronic lung disease of prematurity with oxygen dependency
- Cystic fibrosis with significant respiratory problems
- Childhood interstitial lung disease
- Severe asthma (see below for Asthma UK's guidance on children with severe asthma)
- Respiratory complications of neurodisability

2. Immunocompromise (disease or treatment), including:

- Treatment for malignancy
- Congenital immunodeficiency
- Immunosuppressive medication including long term (>28 consecutive days) of daily oral or IV steroids (not alternate day low dose steroid or hydrocortisone maintenance)
- Post-transplant patients (solid organ or stem cell)
- Asplenia (functional or surgical)

3. Haemodynamically significant and/or cyanotic heart disease

4. Chronic Kidney Disease stages 4, 5 or on dialysis

Asthma UK have developed guidance for children with severe asthma.

There is no evidence that children and young people with type 1 diabetes are at increased risk from COVID-19 above the increased risk of infection inherent in poor control of diabetes. The International Society of Paediatric & Adolescent Diabetes (ISPAD) has advised that colleagues in Italy and the Middle East report that children and adolescents with diabetes have not been adversely affected by COVID-19.

The evidence around which groups are at increased risk to COVID-19 is rapidly evolving. As further evidence emerges, our advice around which children and young people should follow more stringent social isolation measures is likely to change. We plan to update these recommendations with more detailed criteria as new data become available.

Please refer to the UK CF Medical Association statement on coronavirus.

Healthcare arrangements for people who are shielding

In England, a letter to trusts regarding patients at increased risk was issued by NHS England on 21 March. This provides some further information on matters such as

- ongoing care arrangements
- support with medical supplies
- and when and how to seek urgent medical attention

PHE also issued advice for patients at increased risk on their GP and hospital appointments, to:

- access medical assistance remotely, wherever possible.
- talk to their GP or specialist if there is a scheduled hospital or other medical appointment during this 12-week shielding period, to ensure that they continue to receive the care they need and determine which of these are absolutely essential
- contact their hospital or clinic to confirm appointments, as they may be postponed or cancelled.

In Wales, the Government will be writing to all GPs and people at increased risk with details of shielding arrangements. On 26 March, the CMO in Scotland outlined the approach to managing people at high risk (PDF). We will update with further information as it becomes available.

Tonsillar examination - infection control implications

For asymptomatically infected children

This guidance is produced by RCPCH and the British Paediatric Allergy Immunity & Infection Group.

Context

Our priority is to keep ourselves and our colleagues safe while maintaining a pragmatic approach, and being mindful that PPE is potentially in limited supply.

While the COVID-19 narrative has focused predominantly on adults, there is growing concern about the role played by asymptomatic children in the spread of infection.1 Transmission from the upper airway has been raised as a particular concern by ear, nose and throat (ENT) specialists,2 with viral replication shown to take place in the upper airway as well as the lower airway. This may explain why a number of paediatric and ENT healthcare professionals have developed disease in the absence of exposure to children with currently defined risk factors.

Clinical recommendations

- We recommend that the oropharynx of children should only be examined if essential.
- If the throat needs to be examined, personal protective equipment should be worn, irrespective of whether the child has symptoms consistent with COVID-19 or not.

Suspected tonsillitis in primary care or emergency departments

- During the COVID-19 pandemic, if a diagnosis of tonsillitis is suspected based on clinical history, the default becomes not examining the throat unless absolutely necessary.
- If using the feverpain scoring system to decide if antibiotics are indicated (validated in children 3 years and older),3 we suggest that a pragmatic approach is adopted, and automatically starting with a score of 2 in lieu of an examination seems reasonable.
- Antibiotics should be considered in children with a total feverpain score of 4 or 5 (we suggest children with a score of 3 or less receive safety netting advice alone).
- Although this is likely to result in a temporary increase in antibiotic prescribing in children, we feel that this is preferable to healthcare staff being unnecessary exposed to COVID-19. Antibiotics rarely confer a benefit in children under 3 years with tonsillitis and should only be prescribed in exceptional circumstances or if a diagnosis of scarlet fever is strongly considered.

Pregnancy

Information for the vulnerable workforce, including pregnant staff members, is available from the RCPCH COVID-19 guidance for planning paediatric staffing and rotas.

Guidance from the Royal College of Obstetricians, Royal College of Midwives, RCPCH, Public Health England and Health Protection Scotland covers COVID-19 infection and pregnancy, information for pregnant women and their families, and occupational health advice for employers and pregnant women.

Public Health England has guidance on PPE that should be worn on the labour ward (section 8.7). This is adopted by all UK countries.

PHE guidance for households with possible coronavirus infection would indicate that if a

mother and baby leave hospital and return to share a home with someone with symptoms of COVID-19 infection they should self-isolate.

The Scottish Government has infant feeding guidance for us by all NHS staff working in maternity, community and Health and Social Care Partnerships during the COVID-19 outbreak. For guidance regarding COVID-19 suspected and positive mothers, see 'Breastfeeding by COVID-19 suspected or confirmed mothers' in the 'Working in neonatal settings' section, below.

Safeguarding, looked after children and vulnerable children processes in England, Wales and Northern Ireland

Preparations

- Throughout these exceptional times, all professionals who look after children and young people, must continue to base their judgments on the best interests of the child or children that they are caring for. This fundamental of good paediatric practice is the constant that must not alter however much the circumstances change around us.
- Paediatricians and other colleagues involved in safeguarding children, looked after children (LAC), adoption, child death and children with special education needs (SEN) work may already be part of, or be drafted back into, providing acute lifesaving medical services or support of those services.
- The result of this will be a reduction in paediatricians and other colleagues' ability to contribute fully to the multi- agency processes and these problems will be mirrored by workforce and safety issues within partner agencies. We do not yet know whether or when certain statutory processes may be suspended and how long this may last.
- Paediatricians and other colleagues should ensure safeguarding arrangements are considered in the context of an influx of young adults into children's hospitals and wards. Every reasonable effort should be made to separate different age groups.
- It should be discouraged to admit well children and young people to hospital because this is deemed to be a place of safety, unless no other alternative arrangements can be made.
- Key vulnerable children professionals should contribute to the discussions for contingency planning with regard to what will happen when parents, foster carers, connected carers and residential home workers become unwell and can't look after children in their care.
- Key vulnerable children professionals should contribute to discussions for contingency planning with regards to how food and medicines will be supplied to vulnerable children and families in households in self-isolation.
- Public Health England has guidance on the provisions being made for vulnerable children and young people.

Good practice for paediatricians

- Designated and named professionals, or their equivalents, should meet with colleagues in social care and the police to discuss what the different levels of support may be, which are likely to vary in a step wise manner as local health resources change.

- Only clinically essential face-to-face meetings should occur.
- Telephone or video conferencing facilities should be used wherever possible in place of face-to-face meetings whether they be strategic or for individual case management purposes.
- Telephone or video conferencing may also be utilised when available to carry out consultations with patients and their families when clinically necessary. However, there will still need to be some children assessed face-to-face following appropriate risk assessment.
- Paediatricians should wear correct PPE as per PHE guidance for examining children and in particular for examining the tonsils. Examination of the tonsils is considered an aerolising procedure. It is therefore best not to examine the throat unless there is a high suspicion of injury to the throat and to only do so using the appropriate precautions. You can read our full guidance on tonsillar examination and infection control implications.
- NHSE has requirements on how providers of community services can release capacity to support the COVID-19 preparedness and response. You can read guidance for LAC teams, safeguarding and sexual assault services (PDF). This document advises which services should currently be prioritised.
- CoramBAAF has guidance for the LAC sector on how to respond to the pandemic, including information on the provision of health aspects of fostering and adoption work.
- Public Health England has updated the NHS entitlements: migrant health guide to state that no charge can be made to an overseas visitor for the diagnosis or treatment of COVID-19.
- Consent issues for vulnerable children can be complex. A guide to this by Nottingham Children's Hospital is available to download at the bottom of the page.

During the peak of the pandemic paediatricians and other colleagues may only be able to:

- Treat injured children where there is no option but to admit to hospital. This group of children are likely to have already presented to emergency departments with fractures, burns and head injuries, etc.
- Attend to the essential health needs of sexually assaulted children, eg supply Post-Exposure Prophylaxis following Sexual Exposure (PEPSE), Hepatitis B vaccine, pregnancy testing and sexually transmitted infections (STI) screening. Where possible this should be via liaison with primary care or other non-hospital services, by developing local risk assessment and care pathways with social care and the police. The Faculty of Forensic and Legal Medicine has guidance on Sexual Assault Referral Centres (SARC) requests for Forensic Medical Examination based on the current situation.
- Provide health based telephone advice to social care and the police about urgent child protection, LAC, adoption, and child death matters. This advice service may be arranged on a rota basis within existing health networks.
- Paediatricians and other colleagues should remain mindful of contextual safeguarding issues. This advice will be based on their best clinical judgement and on resources available at the time.

The Royal College of Nursing, NHS England and the National Network of Designated Healthcare Professionals (NNDHP) are supportive of the above guidance for professionals working in safeguarding and looked after children's areas of practice. We remind all concerned to ensure they also follow local operational policies developed by their

organisation.

Child protection, looked after children and vulnerable children processes in Scotland

Preparations

- Throughout these exceptional times, all professionals who look after children and young people, must continue to base their judgements on the best interests of the child or children that they are caring for. This fundamental of good paediatric practice is the constant that must not alter, however much the circumstances change around us.
- Paediatric child protection services should be seen as a critical service, that is adequately staffed and rotas maintained. This may mean that fewer child protection doctors cover the rotas in order to allow paediatricians with a range of skills to be deployed to other areas.
- Robust rotas of paediatricians with expertise in child protection need to be available to multi-agency colleagues to ensure medicals can still take place but IRD (initial referral discussion) and case conference is likely to be affected as workload increases and human resource depletes. Face to face medical assessments should proceed, if risk assessed as essential.
- The clinical leadership of the lead paediatrician in child protection should be protected to ensure that clinical and multi-agency staff have appropriate clinical advice, but other strategic roles of this post will not be maintained during this period of crisis.
- Paediatricians and other colleagues should ensure safeguarding arrangements are considered in the context of an influx of young adults into children's hospitals and wards. Every reasonable effort should be made to separate different age groups.
- It should be discouraged to admit well children and young people to hospital because this is deemed to be a place of safety, unless no other alternative arrangements can be made.
- Key vulnerable children professionals should contribute to the discussions for contingency planning with regard to what will happen when parents, foster carers, connected carers and residential home workers become unwell and can’t look after children in their care.
- Key vulnerable children professionals should contribute to discussions for contingency planning with regards to how food and medicines will be supplied to vulnerable children and families in self-isolation.
- Scottish Government has guidance on critical childcare for key workers and supplementary national guidance for child protection during the COVID-19 outbreak.

Good practice for paediatricians

- Lead paediatricians for child protection and Paediatricians with a Special Interest in Child Protection, should meet with colleagues in social care and the police to discuss what the different levels of support may be, which are likely to vary in a step wise manner as local health resources change.
- Only clinically essential face-to-face meetings should occur.
- Telephone or video conferencing facilities should be used wherever possible in place of face-to-face meetings, whether they be strategic or for individual case management purposes.

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We would like to remind all concerned to ensure they also follow local operational polices developed by their organisation.

Community settings

Alongside the British Association for Community Child Health (BACCH), we have developed operational and clinical guidance for community settings.

The operational guidance includes minimising potential exposure to COVID-19 for patient and practitioner while keeping patients safe, and the role of community care in supporting the NHS response to COVID-19 (England only). The clinical guidance includes the isolation of

children from household members and other health professionals, and how to manage suspected cases in the clinic, educational settings and residential settings and during home visits.

Neonatal settings

Alongside the British Association of Perinatal Medicine (BAPM), we have developed guidance for neonatal settings.

It covers: maternal admissions, neonatal management in labour suite; baby born in good condition; baby requiring additional care; transfer to NNU; management on NNU; transport; PPE required for suspected or confirmed cases being cared for within neonatal services; testing and isolation of infants, and NICU admissions; moving out of isolation; breastfeeding; newborn screening; managing NNU capacity; parents and visitors; discharge and follow up; and staff wellbeing.

Guidance on caring for pregnant women with suspected or confirmed COVID-19 and their babies is published and available from the Royal College of Obstetricians and Gynaecologists website.

Acute and emergency settings

Alongside the Association of Paediatric Emergency Medicine (APEM) and the British Paediatric Allergy, Immunity and Infection Group (BPAIIG), we have developed guidance for paediatric emergency and acute settings.

The guidance includes preparations, good practice tips, infection control, management of suspected cases in ED and as inpatients, plus advice and guidance on critical care

scenarios.

Association of Paediatric Emergency Medicine

BPAIIG British Paediatric Allergy Immunity & Infection Group

Intensive care settings

The Paediatric Intensive Care Society (PICS) is working with the RCPCH, NHS England, the HCID network and other agencies to ensure that members are provided up to date and relevant guidance to support management of critically ill children with COVID-19 infection. The PICS guidance includes:

- Referral and transport of critically ill children with suspected and confirmed COVID-19 infection.
- Flow diagram for the management of critically ill children with suspected and confirmed COVID-19 infection.
- PICS and ICS joint position statement on planning for the pandemic.
- Management of high risk aerosol-generating procedures.
- Checklist for intubation.
- Transport of children with suspected and confirmed COVID-19

NHS England has guidance on management of paediatric patients during the pandemic. This includes actions for team leadership, emergency paediatric surgery and service reconfiguration. The guidance notes that there may be a role for PICU in admitting young adults under 25 years of age.

The Faculty of Intensive Care Medicine, Intensive Care Society, Association of Anaesthetists and Royal College of Anaesthetists have developed a website to provide information, guidance and resources on understanding of and management of COVID-19 for the UK intensive care and anaesthetic community.

Paediatric scenarios

We have developed guidance on care and management for different groups of children as inpatients. It advises on specific groups of children - those with febrile neutropenia, and those at increased risk of COVID-19.

Isolation plans

We have developed guidance on isolation plans for parent-child combinations, including a single parent and child meeting COVID-19 case definition and isolation plan while waiting for virology results.

Latest updates on this page

Updates in this version (published 9 April):

- Preparing for COVID-19: added link to poster on compassionate phone communication, developed by West Middlesex Hospital.
- Child protection, Scotland: noted that some children will need to be assessed face-to-face following appropriate risk assessment; added link to CoramBAAF guidance for the LAC sector.

Updates in version published 8 April:

- Reordering of the page, including linking out to setting specific guidance pages (community, neonatal and acute).
- Safeguarding: CoramBAAF guidance for the LAC sector added.

Updates in version published 7 April:

- Community settings: links updated

If you need to know what updates occurred on days prior to those specified above, contact us on health.policy@rcpch.ac.uk.

To get an email notification of each update, you can log in and select the pink button in the grey box 'Notify me when updated'.

- 1. Kam KQ, Yung CF, Cui L et al. A Well Infant with Coronavirus Disease 2019 (COVID-19) with High Viral Load. Clin Infect Dis 2020
- 2. Lu D, Wang H, Yu R et al. Integrated infection control strategy to minimize nosocomial infection of corona virus disease 2019 among ENT healthcare workers. J Hosp Infect 2020
- 3. Little P, Hobbs FDR, Moore M et al. Clinical score and rapid antigen detection test to guide antibiotic use for sore throats: randomised controlled trial of PRISM (primary care streptococcal management). 2013; 347: f5806

Downloads

COVID-19 child friendly poster472.64 KB
Nottingham Children's Hospital guide to parental consent831.38 KB
University of Oxford - Contacting relatives by phone guidance.PDF133.54 KB