Paediatric Intensive Care Acute Transport Group (PICS-ATG): Transportation of children with suspected and confirmed COVID19

We appreciate that lots of information exists regarding COVID19. This document is aimed to help paediatric critical care transport services with some common scenarios.

1. *Who should I suspect has COVID19?*

The most current case definition of suspected COVID19 (as of 13th March 2020) is a patient:

- requiring admission to hospital (a hospital practitioner has decided that admission to hospital is required with an expectation that the patient will need to stay at least one night)

  and

- have either clinical or radiological evidence of pneumonia

  or

- acute respiratory distress syndrome

  or

- influenza like illness (fever ≥37.8°C and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing)

Please keep monitoring the Public Health England website for changes to the case definition:

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection#criteria

2. *Can I take a parent on the transfer?*

PICS standards (2015) state that parental presence during the transport is recommended. However, given the high presumed prevalence of COVID19 in adults, who can be asymptomatic, PICS will support PIC transport services if they wish to specify that no adults travel with their child, irrespective of the child's pathology. This position ensures that healthcare staff are not

unnecessarily exposed to the virus in the confines of the ambulance from an infected adult. It also reduces PPE usage by parents in the ambulance.

This practice can be risk assessed and modified locally (e.g. palliative care transfers, self-ventilating distressed child) but PICS will support services not following the standard during this extraordinary time.

3. What PPE should I wear?

All staff should have been fit-mask tested and be trained in donning and doffing of PPE, and. Staff that cannot meet this requirement should not be dealing with suspected or confirmed cases. In addition to PPE, full infection control procedures (e.g. hand hygiene) should be followed.

The table below outlines the suggested PPE based on a clinical assessment of risk – this risk should be assessed by the team for each transport. Appropriate PPE should be worn during the entire patient transport.

Risk group	Minimum PPE
Low/No risk (e.g. cardiac patients)	Apron + Gloves
Suspected Covid-19 (fulfils PHE case definition but no confirmation of Covid-19 yet)	Gown + Gloves + surgical mask *FFP3 mask + Visor for AGP**
Confirmed case of Covid-19	Gown + Gloves + FFP3 mask + Visor

** AGP = aerosol-generating procedure (e.g. intubation, open suction)*

In addition please ensure that, in addition to your own trusts' policies, you are regularly following the Public Health England website for changes to PPE practice. :

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

4. How do I clean the ambulance?

All retrieval services should ensure their SOP for ambulance cleaning and decontamination is up to date. It is possible that these viruses can survive in the environment for a significant period of time (up to 72 hours).

It is important that the correct disinfectant is used to ensure the coronavirus' lipid envelope is destroyed. It is important these are chlorine based products.

The Public Health England website contains guidance for ambulance trusts, but section 7 of this document discusses the decontamination of ambulances:

https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts

It is likely the majority of patients referred to transport services will meet the criteria for suspected Covid19. The ability to have a dedicated 'clean' ambulance is likely to become unsustainable.

5. Can transport services be involved with adult patients?

Inter-hospital transfer of adult ICU patients should be avoided as far as possible, by creating additional capacity at each hospital (e.g. by converting operating theatres and recovery areas into ICU beds staffed by anaesthetists and other professionals).

If transfers are required for capacity reasons, they should preferentially be to other adult ICUs. If all adult ICUs and their overflow areas in the region are also full, there may be a role for liaison with the regional PICU via the appropriate PICU retrieval teams. It is up to each service to review each request on its merit.

The priority for service delivery is to paediatric critical care.

PICS and the Intensive Care Society (ICS) have previously released a joint statement on collaborative working:

https://picsociety.uk/news/pics-and-ics-joint-position-statement-12-mar-2020/