

The Intensive Care Society and Paediatric Critical Care Society joint position statement on COVID-19 demand

The [Intensive Care Society \(ICS\)](#) and [Paediatric Critical Care Society \(PCCS\)](#) recognise that adult critical care capacity across the country remains under enormous pressure. We are in the midst of a second COVID-19 wave while also having to accommodate essential elective surgery as well as increased seasonal activity that occurs every winter.

In the first wave many paediatric intensive care units (PICUs) admitted and cared for critically ill adult patients for between 4 and 6 weeks. The situation is different this time around for the following reasons:

- 1) Regional PICUs are busier with increased winter activity. The national bed occupancy rate as of 21/12/2020 is >85% and is expected to rise in the forthcoming weeks.
- 2) The use of 'mutual aid' in adult critical care has enabled adult ICU patients to be transferred to nearby adult units with available capacity.
- 3) Both ICS and PCCS recognise that their members, particularly nursing colleagues, are extremely fatigued. The workforce is under strain and depleted through illness and necessary quarantining, and PIC staff have been called upon to look after critically ill adults in unfamiliar environments.

This winter, 'surge' arrangements for PCC are described in the NHS England Paediatric Intensive Care Winter Surge Standard Operating Policy [NHSE PCC winter surge SOP](#) . All local decisions should defer to this document to inform operational decisions relating to critically ill children.

The surge SOP establishes several important principles:

- 1) Each regional operational delivery network is responsible for the delivery of its surge plan. This should be in conjunction with lead clinicians and matrons from each PICU.
- 2) PCC is a nationally commissioned specialised resource. The use of PCC resources for adult critical care is not expected. PICU beds should be ring-fenced as far as possible and attention should always be paid to the anticipated bed base required to meet seasonal activity at a regional level.
- 3) Section 6 of the NHSE surge plan describes the process that should be followed if requests come from adult critical care for use of PCC resources. If such requests are made, the responsibility for patient decision making is a clinical one supported by the

NHSE/ I regional team. In addition, there is national oversight of all critical care bed pressures by the national Severe Covid Response Cell core group.

ICS/ PCCS recognises that this is an extremely difficult time for all professionals working in critical care. Our Societies will continue to work together closely to support its members and issue relevant guidance as required.

Lastly, we hope that everyone manages to have some short respite during the Christmas break. It has been a difficult year and we are proud to represent colleagues who have risen to the challenge so magnificently.

James Fraser
President PCCS

Stephen Webb
President ICS