Neonatal Community Outreach

Standard Operating Procedure for Management of suspected or confirmed Coronavirus (Covid-19) infection

1. Introduction

Coronaviruses are mainly transmitted by large respiratory droplets and direct or indirect contact with infected secretions. They have also been detected in blood, faeces and urine and, under certain circumstances, airborne transmission is thought to have occurred from aerosolised respiratory secretions and faecal material.

Personal protective equipment (PPE) and good infection prevention and control precautions are effective at minimising risk but can never eliminate it. In the absence of effective drugs or a vaccine, control of this disease, relies on the prompt identification, appropriate risk assessment, management and isolation of possible cases, and the investigation and follow up of close contacts to minimise potential onward transmission.

2. Scope

This policy is relevant to all Neonatal Community Outreach members.

3. Policy Aims

To provide guidance to all Neonatal Community Outreach members in the management of patients with suspected Covid-19.

4. Patient identification and classification

Suspected Cases

Patients can be classified as having a possible case of coronavirus if they satisfy the clinical and epidemiological criteria set out below:

- Clinical criteria
    - Severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome; or
    - Acute respiratory infection of any degree of severity including at least one of shortness of breath or cough, (with or without fever); or
    - Fever with no other symptoms
    - Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised.

- Epidemiological criteria
    - If, in the 14 days before the onset of illness, they have travelled to/through China or another area with high risk for Covid-19 infection (as from 25th February, this includes Cambodia, China, Hong Kong, Iran, Northern Italy, Japan, Laos, Macau, Malaysia, Myanmar, South Korea, Singapore, Taiwan, Thailand and Vietnam), or

- If they have had contact with any confirmed cases of Covid-19. For the purposes of testing, contact with a case is defined as:
    - Living in the same household, or
    - Direct contact with the case or their body fluids or their laboratory specimens, or in the same room of a healthcare setting when an aerosol generating procedure is undertaken on the case, or
    - Direct face-to-face contact with a case for any length of time, or
    - Being within 2 metres of the case for any other exposure not listed above, for longer than 15 minutes, or
    - Being otherwise advised by a public health official that contact with a confirmed case has occurred

At referral to Neonatal Community Outreach service the referring unit team should be asked if they have concerns that one or other parent may have Covid-19. The above criteria may be used as a guide. This should be documented on the Neonatal Community Outreach form.

5. **Pre referral to the community outreach service**

Confirmed cases

The referring unit team should have discussed a confirmed case with NHS England Emergency Preparedness Resilience response (EPRR) duty officer via Public Health England (03442254524) for possible direct transfer to one of the national HCID centres.

Suspected Cases

Visits should only be undertaken if clinical examination is required. Babies on home oxygen and requiring assessment or babies having NGT feeding, where continuing assessment or interventions is required i.e. repassing of NG tubes or another babies where there is concerns. Otherwise telephone consultations can be undertaken.

Babies requiring a visit should be planned to be undertaken when visits to families who are low risk have been seen. Where possible should be the last visit of the day

Where concerns are raised by families as being at risk off or have confirmed COVID 19. The community outreach nurse will discuss this with the named consultant or if not available the hot week consultant and an ongoing treatment plan agreed. The consultant should be kept up to date with any changes in the families or babies circumstance

For **suspected** cases please follow the COVID-19 flow chart to identifying infants who require PPE precautions.

6. **Patient Management**

Entry Records

The attached flow chart should be completed before each visit and signed and dated by a community outreach nurse.

Only essential staff should have contact with the patient and a record must be kept**. Please ensure all members of the community outreach team have their names written on the community referral form.**

Precautions to be undertaken for all visits

Uniforms should be worn for all visits

Hands should be washed on entering the family home. Aprons and gloves should be worn for all patient contact and disposed of at the family home.

Surgical masks should be worn if suspected or confirmed COVID 19. Where there is suspected COVID 19 contact PPE would need to be bagged and disposed of as clinical waste

Hand hygiene

This is essential before and after all patient contact, removal of protective clothing and decontamination of the environment.

Use soap and water to wash hands or alcohol hand rub if hands are visibly clean.

Removal of PPE

PPE should be removed in an order that minimises the potential for cross-contamination. The order of removal of PPE is suggested as follows, consistent with WHO guidance:

1. Peel off gloves and dispose in clinical waste (In room)

2. Perform hand hygiene (In the home)

3. Remove gown by using a peeling motion, fold gown in on itself and place in clinical waste bin (In room)

4. Remove mask following PPE procedure

7. Supporting documents and Key references

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

Further information and guidance about the approach in LLR can be found here: http://insite.xuhl-tr.nhs.uk/wuhan

.**Information correct as of March 18th 2020**

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