

COVID-19 WAVE 2 PLANNING: Neonatal Intensive Care

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Objectives for Service

1	Maintain access to neonatal care, with agreed minimum staffing levels (as per OPEL 4) to proportionately respond requests for redeployment and established routes for mutual aid
2	Maintain access to priority training (suspended in wave 1)
3	Maintain access to neonatal transport
4	Identify management plan for neonates with jaundice in the community
5	Share best practice to inform local decision making to facilitate parental access
6	Consider mechanism for national expert advice panel
7	Provide patients that clinicians deem at risk of respiratory Syncytial Virus (RSV) with palivizumab immunisation
8	Maintain routine outpatient activity using virtual means where necessary and appropriate.

Critical Risk

<u>N</u>	<u>Risk</u>	<u>Likelihood</u>	<u>Impact</u>	
1	Loss of staff redeployed to other services			
2	Given close contact between staff high risk of COVID infection affecting service provision. 2 metre distance between cots facilitates parental visits, weekly tests offered to parents			
3	Demand may increase if birth rate has increased following first lock down			
4	Redeployment of ambulance staff impacting on ability to deliver neonatal transport			
5	Delay in identification of neonatal jaundice, more challenging to diagnose remotely in Asian and Afro-Caribbean families			
6	Risk of blindness from retinopathy of prematurity due unavailability of ophthalmologists			
7	Prolonged intervals between face to face outpatient reviews causing delays in diagnosis requiring clinical intervention potential long-term impacts on neurodevelopmental outcomes.			

Lessons Learnt from Wave 1

1	Limited COVID related demand for neonates
2	Challenges associated with managing wider family unit in the care of neonates
3	Remote non-ophthalmologist (nurse) led retinal screening ('ret cam') worked well where implemented
4	vCreate video access for families welcomed
5	Use of telemedicine for direct clinical activity

Data Requirements

1	Cot bureau data support to facilitate regional and national capacity reporting	
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2	Support collection of COVID-19 data to NHS / national data bases	
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Key Actions by Providers

1	Review and plan for impact of staff shortages on service
2	Ongoing use of video conferencing to support parents
3	Identify and implement pre-discharge approaches to prevent neonatal jaundice.
4	Plan approach to managing ongoing routine outpatient activity, using virtual means to support where necessary.
5	Identify plan for virtual management of neonatal jaundice given potential for limited community provision

Key Actions by ICS Systems

1	None identified
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Key Actions by Network

1	Regular calls within ODNs, oversight of emerging hot spots and mutual aid
2	Share best practice between units on facilitating parental access
3	Implementation of non-ophthalmologist (nurse) led retcam screening

Key Actions by Regions

1	None identified
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Key Actions at Supra-Regional Level

1	None identified
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Key Actions by National

1	Capital investment in transcutaneous bilirubin monitors
2	Identify financial support to maintain access to ipads vCreate to provide video access for families
3	Establish national covid expert panel resource that can support providers

Key Milestones

1	None identified	TBN
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Critical Dependencies

1	Neonatal transport
2	Maternity
3	Paediatric Intensive Care

