

COVID-19 TRIAGING OF NEWBORNS (V2) 11/04/20

Mother	Baby (on Admission or on the Unit)	Isolate*	Test‡	De-Isolate*
COVID positive/suspected with typical symptoms [§]	Regardless of baby's symptoms if the baby needs admission	Yes	Day 3 and 5	All swabs neg.
COVID suspected, e.g. from contact, without typical symptoms [§]	Regardless of baby's symptoms if the baby needs admission	Yes	Day 3 and 5	All swabs neg.
COVID neg./not suspected	Respiratory support required for an anticipated non-covid pathology (with symptoms that can be explained by other conditions)	Yes	Day 3 and 5	All swabs neg.

Our priority is to protect babies, parents and staff from contracting Covid-19 during these very difficult times. Parents of a baby in isolation are not able to visit TMBU until their baby comes out of isolation. This is very upsetting for parents and staff alike but follows National Guidance from the Royal College of Paediatrics and Child Health.

Please do express breast milk if you are able because this is safe for us to give.

§ Typical adult symptoms – Clinical or radiological evidence of pneumonia **or** acute respiratory distress syndrome **or** Fever > 37.8C **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

*** Isolate/De-Isolate** = Care in Nursery 2 or designated Level 8 RACH PICU Room; incubator care irrespective of gestation

‡ Test = Deep pharyngeal swab or tracheal fluid – please follow Trust guidance regarding packaging and sending

How to manage suspected cases who are already admitted

Baby already admitted	Baby status	Isolate	Test	De isolate
Potential Covid infection due to significant respiratory deterioration	Fever >37.8 or Increased level of respiratory support ie marked respiratory deterioration that cannot be explained easily (eg aspiration)	Yes Isolate/cohort in N2	On day of deterioration	If swab negative If swab positive – see below

DE ISOLATION

COVID Negative Babies: Infants can come out of isolation despite continuing need for respiratory support, providing the tests on day 3 and 5 are negative, and the infant is following the projected clinical course (eg expected for RDS, etc.)

COVID Positive Babies: Continue to isolate known COVID-19 positive infants until their symptoms resolve and they no longer need respiratory support; they can then be allowed out of isolation but must remain in an incubator and monitored for respiratory signs and symptoms for a further 14 days. During this period, they should be barrier nursed (FRSM, gloves and aprons). If they subsequently require respiratory support, they should return into isolation and be retested.

Preterm infants can require lengthy respiratory support by virtue of their prematurity. If they are also COVID-19 positive, it would be permissible to move them out of isolation despite needing continued respiratory support, providing they are stable, with a clinical time course consistent with a non-COVID-19 respiratory pathology (eg RDS). The reliability of repeatedly testing for COVID-19 has not been established. If they are moved out of isolation, they must remain in an incubator whilst on respiratory support. During this period, they should be barrier nursed (gloves and aprons). If they deteriorate and require increasing levels of respiratory support, they should return into isolation and be retested.

