

Children and Women's Division

Updated paediatric guidance for elective surgery

Purpose:

- To approve the changes to the pathway within Royal Alexandra Children's Hospital (RACH);
- Consider adopting the Evelina approach to swabbing

This guidance has been considered and approved at the BSUH Surgery hub meeting (21st July 2020).

Summary of guidance

New national guidance was published on 16th July 2020, by the Royal College of Paediatrics and Child Health on how to prepare children for elective surgery and other procedures. The guidance is available here: <https://www.rcpch.ac.uk/resources/national-guidance-recovery-elective-surgery-children#summary-of-recommendations>

The key recommendations are outlined below along with an explanation of the effect on the Trust in bold:

- a) Pre-operative isolation is NOT recommended for children undergoing elective surgery. **Currently RACH asks children and families to isolate for 14 days prior to their surgery;**
- b) All children and household members should undergo pre-operative virtual / telephone screening 24-72 hours pre-operatively AND at admission, specifically asking about symptoms suggestive of COVID-19 infection. **This is current practice and will continue;**
- c) In addition, during a 'green' or 'amber' period (see below), a pre-operative swab should be taken within 72 hours before admission and preferably as close to the time of surgery as possible (depending on local testing turnaround times). **This is current practice and will continue. It is included in the swabs required to be processed by the Trust;**
- d) During a 'red' period (see below), two pre-operative swabs should be taken, 72-96 hours apart. **This would be new and would require additional swab processing resources. CCS division have confirmed that if the Trust approves the 1000 swabs per day proposal this new requirement can be contained. It is highly unlikely that the region will be rated as red (there has only been one positive inpatient child recorded at BSUH since swabbing began) – see more details on the next page for likely prevalence;** and
- e) A parent or carer should be enabled to stay with their child during day case and inpatient procedures, but while in hospital they should wear a mask or face covering when away from the bedside. **This is current practice and will continue.**

Rating based on prevalence

Regarding the **green**, **amber** and **red** periods, this will be mandated by Public Health England and it will be based on regional prevalence each week. **Our region is currently green**, and the South Thames Surgery in Children ODN will be notified if our region becomes amber or red. Amber requires us to 'stay alert' for a change in policy, whereas 'red' may require us to cancel elective surgery. The table overleaf shows the rating.

Green	Low levels of COVID-19 in community (prevalence < 0.5%) with a doubling time of over 10 days
Amber	Low to moderate levels of COVID-19 in community (prevalence ≥0.5% but <2%) with a doubling time of 5-10 days
Red	Moderate to high levels of COVID-19 in community (prevalence ≥2%) AND/OR a doubling time <5 days. Associated with exponential growth in number of cases

Recent regional prevalence

The table below shows the change in prevalence throughout Covid-19, with all regions now rated as green.

Geography	Population	Daily cases		23 March (peak)			3 July (most recent)		
		0.5% prev.	2% prev.	Cases (RTM)	Est. prev. (%)	RAG	Cases (RTM)	Est. prev. (%)	RAG
England	56,286,961	28,143	112,574	349,000	6.20	Red	5,270	0.09	Green
East England	6,236,072	3,118	12,472	32,900	5.28	Red	501	0.08	Green
London	8,961,989	4,481	17,924	145,000	16.18	Red	586	0.07	Green
Midlands	10,769,965	5,385	21,540	63,000	5.85	Red	1,150	0.11	Green
North East and Yorkshire	8,172,908	4,086	16,346	31,600	3.87	Red	831	0.10	Green
North West	7,341,196	3,671	14,682	36,800	5.01	Red	809	0.11	Green
South East	9,180,135	4,590	18,360	30,900	3.37	Red	611	0.07	Green
South West	5,624,696	2,812	11,249	9,470	1.68	Amber	57	0.01	Green

Prevalence – the evidence

Children <18 years old have accounted for a minority of detected cases of COVID-19 worldwide to date, usually accounting for between 1 and 5% of total cases, depending on

national testing strategies (those which have been more focussed on testing the most unwell have the smallest numbers of children)¹.

The community prevalence of COVID-19 is currently low, with an estimated 0.09% of the population currently infected (calculated 3 July 2020)²; in children the prevalence is lower than this. At present, the prevalence of COVID-19 in hospitals is significantly higher than that in the community, so by entering a hospital, a patient (and their parent) becomes at higher risk of infection.

Other information about the guidance

The guidance was developed in conjunction with several other organisations including:

- a) The Royal College of Surgeons of England
- b) Royal College of Anaesthesia
- c) The Children's Surgical Forum
- d) British Association of Paediatric Surgeons
- e) Association of Paediatric Anaesthetists of Great Britain and Ireland
- f) The Association for Perioperative Practice
- g) Public Health England
- h) NHS England

The STPN encourages the application of this guidance to all children within the network to ensure that they are not further disadvantaged by generic COVID principles.

The Evelina Hospital has decided to not swab children at all as only 40% accuracy rate. Instead they are using the screening in line with the RAG rating above.

¹ Götzinger F, Santiago-García B, Noguera-Julián A, Lanaspá M, Lancella L, Calò Carducci FI, et al. COVID-19 in children and adolescents in Europe: a multinational, multicentre cohort study. *The Lancet Child & Adolescent Health*. 2020.

² <https://www.rcpch.ac.uk/resources/national-guidance-recovery-elective-surgery-children#summary-of-recommendations>