Covid-19
Guidance for practices

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Please be aware that this is a rapidly evolving situation.

GP management of febrile children during the Covid-19 pandemic

Febrile illnesses in children are common, especially during the winter months. The majority of these are self-limiting febrile illnesses most commonly URTI, otitis media, throat infection, respiratory infections. Less than 1% of children with febrile illness seen in general practice will have a serious infection.

Traditionally, prior to the pandemic, general practices would review these children with appropriate clinical urgency, including on an emergency list, to try and differentiate between those suffering with a self-limiting viral infection and those who have a more serious illness or features that require supportive treatment that cannot be managed at home. Part of this assessment frequently has a therapeutic benefit to the parent/carer and reduces their anxiety/stress that something is seriously 'wrong' with the child.

There is existing NICE guidance on the assessment of fever in children under 5 years, this guidance applies during the current pandemic as it does in normal situations

The attached presentation can be used by practices as an educational tool to remind practitioners of the features of more serious illnesses that present as a febrile illness.

General practice supporting parents/carers

- Consider how best to provide parents/carers with information/advice;
    - Liaise with local schools to see if they will provide the information on behalf of the practice. During the pandemic we have an opportunity to work closer with colleagues in education to try and keep our schools open.
    - Text to all parents/carers
- Consider what information to provide parents/carers with
    - PILs on common non-serious causes of febrile illness and their treatments. Include info on the limited role of antibiotics for most of these causes. Information is available on the www.what0-18.nhs.uk website which could be shared as a central resource for all parents with young children
    - Information on how to assess a child and self-care. This will include ensuring they have a home thermometer (under arm for children under 6 months and ear thermometer for those older than 6 months), a first-aid kit and an understanding of when they should seek medical advice (see this leaflet).
    - Practices may wish to use the opportunity of a face to face consultation to teach parents/carers on how to take observations on their child.

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Local guidance relating to the assessment of febrile children during the pandemic

Various CCG/STP guides have been produced on the assessment of children during the pandemic. Please review any guidance that has been shared by your STP areas because it may contain local pathways.

Birmingham and Solihull CCG and Gloucestershire CCG have produced useful guides to suggest how the components of the NICE traffic light system can be assessed via remote consultation. The Gloucestershire CCG document contains a useful checklist for the things that should be documented.

Infection control principles and procedures

The principles outlined in our safe practice policy apply when assessing febrile children. The initial assessment can be either online or by telephone to understand the presenting history. To further assess febrile children a video consultation should usually be performed. If the parent/carer does not have access to or is unable to connect for, a video consultation, then a face to face assessment should be promptly arranged if clinically indicated.

Following this initial assessment, the assessing clinician should then be able to classify the child as either safe for home care (green), requiring further general practice assessment (amber) or needing referral to paediatricians (red).

The key questions when determining if a face to face assessment is required still apply:

- What information is required that cannot be obtained or conveyed remotely?
- Can the required information be obtained via another method?
- Have you obtained sufficient information from history and remote examination to rule out serious pathology or the need for emergency care?
- Have you obtained sufficient information remotely to determine and initiate an appropriate safe management plan?
- Are the parents/carers in agreement with the management plan?
- Do the parents/carers have ongoing significant concerns, and have they been appropriately reassured?

For those deemed as requiring a further general practice face to face assessment, it should be clarified with the parent/carer the reason for attendance and the process that will be followed when the child (depending on age) and carer attend including the need for the carer to wear a face mask and undergo an ‘at-door’ screening process on arrival at the practice.

In determining how and where different aspects of face to face care should be delivered, it is important to consider:

- The balance between the level the risk posed by the patient/health care professional (HCP) and the level of risk posed to the patient/HCP.

- The balance between the level of patient demand for the service and the size of the staff pool available to deliver the service.
- The balance between continuity of care by the normal practice and the need to provide care in the safest setting.
- The physical infrastructure of the building and whether this lends itself to instituting appropriate infection control measures.

Febrile children can be considered in two different risk categories according to the risks of Covid-19 transmission:

1) Higher risk of Covid-19 transmission
    a. Those with a positive Covid test.
    b. Those meeting self-isolating criteria due to contact with someone with a known positive Covid test.
    c. Those in quarantine.
2) Lower risk of Covid-19 transmission
    a. Although dependent on prevalence and incidence, currently the proportion of children presenting with fever due to non-Covid causes is likely to be significantly higher than those with a Covid aetiology.

Children of higher risk of Covid-19 transmission

It would be appropriate for children to be able to utilise the facilities designed for all patients at higher risk of transmission. In some areas, there is a designated, bespoke hot hub service. The arrangements for these hubs vary by borough with different age thresholds in each area. Please ensure you familiarise yourself with the local arrangements.

Children of lower risk of Covid-19 transmission

The demand for face to face appointments for children who are at amber risk for Covid-19 is likely to be much higher, and it may not be deemed appropriate to sacrifice continuity of care at the family's usual practice, nor to expose the child and parent/carer to an environment designed for patients of high infectivity risk, unnecessarily. However, applying the principle of 'first do no harm', it will be necessary to protect other patients from the risk of Covid-19 infection, especially if they are at risk of severe Covid-19 disease.

Therefore, the following principles are helpful to consider:

1) Children should be triaged remotely, with as much clinical information obtained remotely as possible, unless not clinically appropriate.
2) Children who require face to face care should be seen in an environment that minimises exposure of other patients. This could be an amber zone within a practice, or at an amber site that accepts patients from across a PCN or group of practices.

3) The risk to other patients could be minimised by the operating procedures that:
    a. Ensure that the amber site/zone has a separate entrance, exit and waiting area.
    b. Minimise the duration of time that the patient spends in the practice.
    c. Ensure consulting rooms and equipment are cleaned after every encounter.
    d. Minimise the number of people accompanying the child, ideally one parent/carer if possible.
    e. Ensure patients/those accompanying are able to socially distance.
    f. Ensure that parents/carers and children over the age of 3 years of age wear face coverings unless not tolerated. Note that PHE do not recommend face coverings for children under the age of 3 for health and safety reasons, and children under the age of 11 are included on the government's list of people who may be less able to wear face coverings.
    g. Consider whether those who deliver care to people at high or amber risk of transmission should avoid delivering face to face care to those at the highest risk of severe covid disease.
4) The risk to staff could be minimised by operating procedures that:
    a. Ensure individual members of staff have a risk assessment, the outcomes of which are considered in determining who should deliver face to face care.
    b. The number of staff encountering patients is minimised.
    c. Ensure staff are able to appropriately doff and donn PPE.

Assessment rooms

- Practices will need to consider their individual circumstances and the consultation rooms available to determine if they can operate with a specific room solely for use to assess F2F febrile children. Practice should consider the flow of the patient through the practice in addition to the availability of the room to ensure a safe entry/exit pathway.
- If this is not possible at a practice level, discussions will be needed to determine if this can be offered by the PCN or Federation
- The assessment room should contain appropriate examination instruments that are specifically for use in this room.
- It is essential that practices follow the essential principles of universal precautions for any patient assessment or treatment, these include:
    - Advising at the initial telephone/video assessment that the child can be accompanied by one adult to the appointment.
    - Wearing PPE when assessing all patients and donning and doffing the PPE appropriately before and after every patient contact.
    - Cleaning the consultation room and equipment after every patient.

Assessing clinician

It is important to ensure that a risk assessment of clinicians has been undertaken and all possible measures are in place to minimise the risk to colleagues.
Practices should consider how they determine which clinician sees a patient face to face, depending on the individual practices situation they may want to consider having a process;

- whereby clinicians only see those that they have remotely assessed; or
- for each day/session in which there is a dedicated clinician(s) to undertake child examinations.

Special cases: shielding patients

We understand that the shielding scheme is likely to be reinstated, and we await the details of the services that will be offered to shielding individuals and shielding household contacts. Alternative face to face provision may have to be considered for children at amber risk of transmission who are shielding because of their personal risk, or due to risk of a close household contact.

Resources

For health care professionals:

- NICE traffic light system
- RCCPH Covid-19 - research evidence summaries
- Healthier together guide

For parents:

- RCPCH advice for parents
- What0-18 guides
- Birmingham and Solihull CCG assessment of febrile child
- Returning to school