

- Full PPE should always be worn when nursing COVID-19 +ve children if available
- Aerosol-generating procedures are high risk and full Personal Protective Equipment (PPE) is required and these should be reduced to an absolute minimum <sup>1,2</sup> **ALWAYS PROTECT YOURSELF**
- Please note: 1 negative PCR does not rule out covid-19: adult recommendations state if patient has symptoms suggestive of COVID-19 repeat PCR (continue precautions) <sup>1,2</sup>

## Aerosol-generating events

- Intubation/assisting with intubation
- Extubation
- Tracheal suction (without a closed system)
- Bag-mask ventilation
- NIV or PPV without an adequate seal
- Coughing/sneezing or any procedure inducing this
- High Flow Nasal Cannula
- Delivery of nebulised medications
- Cardiopulmonary resuscitation (prior to intubation)
- Any procedure which risks ventilator circuit disconnection (proning)

## Airway and suctioning

No routine chest physiotherapy<sup>3,4</sup>

Full PPE should be worn if any risk of aerosols<sup>1</sup>

Always use closed (in-line) suction<sup>2,3,4</sup>

Leave in-line insitu unless contaminated<sup>5</sup>

Avoid ventilator circuit disconnection<sup>2,3,4</sup>

If disconnection essential: Stop flow in the ventilator before disconnecting and clamp ET tube to avoid droplet spray<sup>4</sup>

## General Measures – Nursing Care

No routine ventilator circuit changes unless contaminated<sup>6</sup>

Check ETT cuff pressure 6-12 hourly for no leak and safe pressure <20cm H<sub>2</sub>O<sup>2,4</sup>

Prone daily for at least 12 hours (avoid disconnection)<sup>1,2,3,4</sup>

Minimise oral care/hygiene to 12 hourly (high risk procedure)<sup>7</sup>

Enterally feed as tolerated & prevent pressure areas<sup>8</sup>

Caution with nebulised medications (full PPE)<sup>9,10</sup>

If on CPAP/NIV ensure good mask seal no leaks (preferably full-face mask or helmet)<sup>11,12</sup>

## Maintaining child and family-centred care **\*\*If child is COVID-19+ve parent/s = contacts\*\***

Extreme caution in visitation by parents until COVID-19 -ve. Provide instruction daily, before entry into the patient care area, on hand hygiene, limiting surfaces touched, and the use of PPE according to local policy<sup>13</sup>

Minimise child and family fears of health professionals in PPE through age/developmentally appropriate explanations and play<sup>13</sup>

Where possible, reassure child and involve parents/carers as much as possible. Use available technology (such as teleconferencing) to support communication between the child/parent/healthcare team and wider family<sup>13</sup>

To reduce exposure, minimise visitors to parents/primary carers only. The visitation of siblings should be avoided<sup>4,13</sup>

If parents or siblings become COVID-19 symptomatic they must alert staff immediately and should not visit<sup>13</sup>

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## Supporting evidence or recommendation

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