

# European consensus recommendations for neonatal and paediatric retrievals of positive or suspected COVID-19 infants and children

## Purpose

To describe procedures and precautions for safe retrievals of infants and children with confirmed or suspected COVID-19.

## To whom does this apply

All staff involved in neonatal and paediatric ground or air transports.

## Key points

### 1. Case definition

- Case definitions for suspected and confirmed COVID-19 patients may vary, we recommend to consult with the current definition from CDC<sup>1</sup>.
- Suspect COVID-19 in any child needing hospital admission AND showing symptoms of an acute respiratory infection.

### 2. Personal Protection Equipment (PPE) for the team during transport

- PPE strongly recommended for the team during transport of patients with suspected or confirmed COVID-19<sup>2</sup>.
- Including FFP2 or FFP3 masks for everyone in direct contact with the patient and potentially involved in aerosol generating procedures.
- PPE from first contact with patient until safe to doff PPE without risk of environmental contamination.
- Deviation from this recommendation should involve active risk assessment by the transport team.

### 3. Airway management

- Consider airway management of COVID-19 patients a high-risk procedure, specifically intubation<sup>3</sup>.
- Consider the risk of aerosol generation during intubation, as well as the risk of adverse events.

### 4. Respiratory support of COVID-19 patients

- Use high-efficiency particulate air (HEPA) filters on expiratory and inspiratory hose of ventilator.
- NIV including CPAP and HFNC increases risk of aerosol spread of viral particles.
- Use any form of NIV with caution, if so best provided by a ventilator with filters / closed circuits systems and under full PPE.
- Consider early intubation.

### 5. Specific considerations for neonatal transport

- Incubator transport to be handled like an open stretcher transport regarding use of PPE.
- To reduce use of incubator heat and/or humidification, which theoretically could increase the risk for aerosol spread of viral particles, place the newborn infant in a suitably sized plastic bag.
- Place plastic covers/porthole gloves over incubator portholes to minimize air leakage.

### 6. Specific Considerations for paediatric transports

- Use of incubators or capsules if possible, but this should not compromise necessary clinical management and patient safety.

### 7. Parents during transport

- Transport infants and children **without** parents or relatives, regardless if symptomatic or not.
- Despite principles of family centred care we recommend this to protect the transport team.

### 8. Upon arrival at destination unit

- Before starting transport coordinate with receiving unit about safe and secure procedure to transfer the patient within the hospitals to its destination.
- Perform safe handover (submit transport documentation electronically).
- Doffing of PPE only in designated areas, avoid cross-contamination.

### 9. Decontamination of transport vehicle and equipment

- Decontaminate any exposed transport equipment.
- Decontaminate equipment left within the transport vehicle (not kept within closed compartments).
- Use any universal decontamination detergent.
- Clean entire interior of vehicle with chlorine-based solution at 1,000 parts per million.

### Additional resources

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>
2. <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>
3. <https://picsociety.uk/wp-content/uploads/2020/04/COVID-19-Paediatric-Airway-Checklist-04042020.pdf>

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