



Assessing children with COVID like symptoms - Amber Site Guidance

As has been previously circulated the RED Site at the NEC will only be seeing the over 16s with COVID like symptoms. There are a number of reasons behind this decision:

- The site environment will not be suitable for children
- It will be unfair to ask families to transport children to a single site from across the city
- There will be a higher risk of exposing children and their families to infection at that site due to the nature of the patient population
- At peak times of the pandemic it is likely to be very stretched

We have written this guide to support clinicians to assess and see these cases confidently and safely within a more appropriate environment.

The Following is for practices and PCNs to use for guidance only dependant on local circumstances, clinical capacity and Local estate constraints.

IF a face to face consultation for a symptomatic child is required for further assessment the following should be taken into account

These patients should be brought to the Amber site, however they need to be separated from other patients and staff, especially shielded patients if:

- The patient/child is showing signs of a respiratory illness (possible COVID-19 or otherwise)
- Or anyone in the household is isolating because of possible or confirmed COVID-19

There are a number of ways an amber site can manage this dependent on the needs and facilities within their particular sites physical environment. In the first instance if an initial triage assessment in the car can be done then this should be used, if available a separate site could be used or a separate room on the site, with a separate entrance where possible, or bring them in at the end of a clinic, or use an AM /PM split.

To do this PPE should be used as a minimum as per National guidance for primary care, (see link below):

<https://www.birminghamandsolihullccg.nhs.uk/your-health/coronavirus-advice-for-professionals>

Practitioner should be mindful of children and young people with Learning Disabilities and do all they can to reduce concern that could be heightened by the use of masks, extra time may be needed when looking after some parents, children and young people either face to face or on remote consultations.

In clinical areas, communal waiting areas and during transportation, it is recommended that possible or confirmed COVID-19 patients wear a fluid-resistant (Type IIR) surgical face mask (FRSM) if this can be tolerated.

The aim of this is to minimise the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination. A FRSM should not be worn by patients if there is potential for their clinical care to be compromised (for example, when receiving oxygen therapy via a mask). An FRSM can be worn until damp or uncomfortable.

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

The patient and parent/responsible adult should both wear masks, unless it impairs the ability of the clinician to examine the patient

If advice or referral to paediatrics is needed at any point:

There are two options for contacting Paediatrics Consultant Led

- **BWC PAIRS telephone advice and guidance:** Tel: 0121 333 8170
- Service available: Mon-Friday: 11 00 - 13 00 hours and 15 00 - 17 00 hours.
- **UHB Paediatric advice line** Tel: 07956662852
- Service available 9am to 7 pm, seven days a week.
- Outside these hours the paediatric registrar can be bleeped via hospital switch board.
- Both services available to ANY primary care clinician THROUGHOUT Birmingham and Solihull

The flow chart below is a guide and can be adapted to local needs.

