SUDDEN AND UNEXPECTED DEATH IN CHILDOOD (SUDC)

GREATER MANCHESTER (GM) JOINT AGENCY RESPONSE (JAR)

TEMPORARY AMMENDMENTS TO MAIN PROTOCOL

VERSION CONTROL: Version 1

Date of version: 8th April 2020

If you require confirmation this version is the most up-to-date version please contact: Mrs Tracey Cliff (Tracey.Cliff@mft.nhs.uk)Tracey Cliff

The current version of this temporary emergency protocol will always be available at: GM Trix account

We recommend you do not share this protocol on social media as it contains sensitive themes which may be distressing to family members at this difficult time.

We recommend you do not print this document and always access the above weblink.

SUDC JAR (GM) in the time of COVID-19 Pandemic

INTRODUCTION

The aim is to preserve both the investigative component of a SUDC response, with co-ordinated bereavement care for families, which sits within coronial approval. This needs to occur without an additional drain on acute services. Continuation for as long as possible is the wish of our commissioners, the coroners and our steering group.

In terms of North West Ambulance Service (NWAS) NHS Trust, Greater Manchester Police (GMP) and the SUDC JAR, this would be ideal if it were a pan-city approach, and must take into consideration mortuary capacity in real-time.

INITIAL CALL-OUT

The first point of contact will be via

i. NWAS;

ii. GMP; or

iii. A child arrived in Emergency Department in collapse with subsequent death

NWAS, GMP and EDs should already have protocols in place regarding COVID-19 including screening questions to identify possible cases and also to identify which household members are self-isolating because of symptoms, or household-isolating because of a household member having symptoms.

Presentation in ED

If resuscitation is occurring child should be taken to the nearest ED as per existing agreement, staff involved in the joint agency response should follow ED infection control policy. Ambulance services will need to pre-alert the ED specifying suspected COVID-19 to allow teams to don appropriate PPE and have all necessary equipment and personnel ready.

Death in the community

If no resus is occurring, and life is extinct, whilst it would seem to be more appropriate for the child's body to go straight to a mortuary, in order to relieve the pressure on ED, MFT as lead providers wish at MFT sites for the child to be transferred to ED as previously in order to give support for the SUDC paediatrician to examine the child both in terms of a) the PPE required, b) moving/handling of the child, and c) appropriate support for the family where possible. Non MFT sites may wish to discuss this with the coroner on a case by case basis, but support to the family and to complete an adequate investigation must be available wherever a child is seen.

Death on PICU

As PICU will be a site where aerosol generating procedures are the norm, the initial meeting between SUDC Paediatrician, SIO and PICU consultant should occur in a non-clinical area. This gives the opportunity to discuss what direct contact with the patient and family are necessary, and what level of PPE would be required by the SUDC Team to complete the necessary investigation.

EXAMINATION AND HISTORY TAKING

The SUDC paediatrician will need to be aware of all current guidance (including Public Health England guidance and generic government guidance) in order to be safe during the history-taking, examination and (potential) home visit. All reasonable

attempts will be made to ensure that this guidance is up to date, but all involved will need to be aware of the latest advice from their employing organisation.

It is recommended that they go to the gov.uk website and read “COVID-19: Infection Prevention and Control in Healthcare settings”[1].

There is additional Guidance at gov.uk on COVID-19: guidance for the care of the deceased, which contains a link to the latest guidance from the Royal College of Pathologists[2].

Before examination in the ED it has been recommended that The SUDC paediatrician changes into scrubs for the physical examination. This may be kept on for the home visit or if clothes have been changed back into this should be treated as a ‘uniform’ and removed on their return home and washed straight away.

Where previously the child was examined before history taking, there will now need to be sufficient history taken prior to examination to establish how likely it is that the child had symptoms suggestive of COVID-19 infection.

Advice taken on **3rd April 2020 from MFT Infection Control** was as follows:

[1] https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

[2] https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19

Examination

As all unexplained deaths are potentially infectious, apron, gloves and fluid resistant (type IIR) surgical face mask should be used as a minimum to examine the child in all cases.

If the child potentially had COVID-19 or was in a symptomatic home, there should be no aerosol risk if the child is dead, but there would still be risk of splash so PPE required is gloves, apron, fluid resistant mask(type IIR), as above and visor (level 2) or other appropriate eye protection.

Both WHO and NHS England advice is that chest compressions are not considered aerosol generating procedures, therefore gentle turning during examination after death would also follow as not an AGP. When examining a child it would be sensible to cover the mouth and nose of the child when turning to minimise splash and surface contamination.

Aerosol Generating Procedure (AGP) PPE would be required if the child was a confirmed case of SARS-CoV-2 (COVID-19).

Where possible the minimum number of people should be involved in the examination, and it may be if there are no suspicious findings, that the SIO would be informed of the examination, but not take part in it. If suspicious findings were present, they would need to see and potentially arrange to photograph these, wearing suitable PPE.

Removal of the ETT would be considered an aerosol generating procedure and as such should not be performed unless wearing full aerosol generating procedure (AGP) PPE including a FFP3 mask.

History taking

- If parents are asymptomatic, they can be interviewed without specific barriers beyond safe social distancing of 2m, and good hand hygiene. The latest guidance published 6th April would indicate use of gloves, an apron and a fluid resistant face mask.

- If parents are symptomatic, they should go home and history should be taken by telephone.

Establishing COVID-19 status

The sooner a child's SARS-CoV-2 (COVID-19) status is known, the sooner they could have their PME, therefore ideally we would need blanket coronial permission to swab all potential cases as soon as possible to identify cases. Currently this is not the case. Therefore for all SUDC cases permission to swab for COVED-19 should be discussed with the coroner on a case by case basis and swab ideally done prior to transfer to the mortuary.

Home Visit

This should remain a part of the JAR wherever possible but who should go to the home, and when, needs to be considered case-by-case by the SUDC paediatrician on call and the SIO. In principle this should involve the smallest number of people possible and there will need to be specific consideration given to both hand hygiene prior to, during and after the home visit as well as social-distancing in accordance with the latest government advice: https://www.gov.uk/coronavirus. It may well be necessary to defer the home visit until the following day to ensure correct up to date advice has been taken, and correct PPE is available if required.

PPE should be available from the ED in the hospital where the child has been seen. If correct PPE is not available the home visit should be deferred.

There may be some cases where it could be decided sufficient information could be capture by a single professional with body-cam equipment. This should form part of the discussions as to who should be present for the home visit.

If no risk has been identified in the home setting, then no specific PPE is required, beyond plastic apron, gloves and fluid resistant facemask. Hands should have hand sanitiser gel used on entrance into and exit of the home as per guidance in Coved

19: Infection Prevention and Control in Healthcare settings"[3]. Hands should be washed with soap and water as soon after the visit as this is available.

If anyone in the home is deemed vulnerable (in a high risk health category or over 70 years old requiring shielding) they should avoid contact with the visiting team by being in a different area of the house. If a household member is being "shielded" then a discussion between senior colleagues, on a case-by-case basis, should take place to determine if a home visit should take place and if so, when.

If the family are self-isolating together, the home visit should be delayed until the family are no longer isolating (7 days after the last member of the family is symptomatic). There may be exceptional cases (cases that are suspicious or raise significant safeguarding concerns) that require consideration of an immediate scene examination even in a home where COVID-19 has been identified or clinically thought to be very likely and this will require appropriate PPE to be used by professionals.

On 3rd April 2020, the advice from the Infection Control and Prevention Team was:

- Professionals should put on PPE before entering the home.

[3] https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

- PPE should include surgical face mask, apron and gloves. If likely to come into contact with a potentially infected individual eye protection would also be necessary.

- On exiting the home, PPE should be removed at the door prior to exiting. Gloves, then apron should be removed first, and hands should be gelled between each item of PPE removal. The surgical mask should be removed on the outside of the property. Care should be taken not to touch the outer aspect of the PPE as it may be contaminated. The waste will need to be double bagged and disposed of in the family's home domestic waste. If any doubt arises as to the safety precautions required, the individual case should be discussed with the on-call virologist at RMCH **(office hours 0161 276 788 option2 or out of hours via RMCH switchboard 0161 276 1234)** or the RMCH Infection Control and Prevention Team 0161 701 7114.

Multiagency meetings

Meetings should **not** be at the GP surgery, and should **not** be in person. As lead provider MFT recommend the Webex site for video conferencing and caution against the use of zoom. This will be made available to those on call paediatricians from outside MFT or they can use sites approved by their own employing trust. The same would be the case for final Case Discussion Review Meetings (CDRMs). Where the family would usually be visited to have the final PME results explained to them this should now occur by telephone.

We have tried to always enhance bereavement support for families and facilitate visits to the mortuary, but we will need to take ongoing advice regarding the risk to mortuary staff (as there needs to be sufficient staff to ensure the safe running of the mortuary) of having families to visit during a COVID-19 pandemic.

National guidance is expected soon but no specific timeframe has been given.

Dr Lizzy Dierckx

GM Joint Agency Response to SUDC

23rd March 2020 (updated 8th April 2020)

APPENDIX ONE

	History taking from parent	**Examination of the child after death**	**Home visit**
Neither child nor any household member symptomatic (NO temperature, cough or shortness of breath)	Social distancing of 2m should be observed. Door should be open (balancing with confidentiality). Hand washing before and after. No sharing of equipment (document verbal agreement for mementos) Gloves, apron and face mask should be worn.	Disposable gloves, disposable plastic apron, fluid resistant (Type IIR) surgical mask (FRSM), Disposable eye protection.	Disposable gloves, disposable plastic apron, fluid resistant facemask.
Child has been symptomatic but no one else in the household has been ill	Social distancing of 2m should be observed. Door should be open (balancing with confidentiality). Hand washing before and after. No sharing of equipment (document verbal agreement for mementos) Gloves, apron and face mask should be worn	Disposable gloves, disposable plastic apron, fluid resistant (Type IIR) surgical mask (FRSM), Disposable eye protection.	Disposable gloves, disposable plastic apron, fluid resistant (Type IIR) surgical mask (FRSM).
One or both Parents has been symptomatic	Ideally anyone symptomatic should return home. History should be taken either from the asymptomatic parent or over the telephone.	Disposable gloves, disposable plastic apron, fluid resistant (Type IIR) surgical mask (FRSM), Disposable eye protection.	Delay home visit until all asymptomatic*
Neither Index child, nor parents symptomatic, but household isolating as other member of household showing symptoms	Social distancing of 2m should be observed. Door should be open (balancing with confidentiality). Hand washing before and after. No sharing of	Disposable gloves, disposable plastic apron, fluid resistant (Type IIR) surgical mask (FRSM), Disposable eye protection.	Delay home visit until all asymptomatic.*

	equipment (document verbal agreement for mementos) Gloves, apron and face mask should be worn		

NB: even if all household members are NOT symptomatic, **you** may pose a risk to those in the household, especially if *they* are in a high risk category or are being shielded.

Please ask about COVID-19 symptoms and high risk household members when deciding how, who and when a home visit occurs.

*If COVID-19 is confirmed or clinically suspected in a household member and a home visit cannot be delayed, they fewest number of people necessary should enter the home.

They should have disposable gloves, disposable plastic apron, fluid resistant (Type IIR) surgical mask (FRSM) and follow guidance on how to don and doff the PPE:

Non-aerosol generating PPE:
https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

Aerosol generating PPE:
https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

There is guidance available from Public Health England about care of a deceased person with suspected COVID-19:
https://www.gov.uk/government/publications/covid-19-guidance-for-care-of-the-deceased/guidance-for-care-of-the-deceased-with-suspected-or-confirmed-coronavirus-covid-19