



## **NTG guidance updated 16/7/2020 Cath Harrison**

### **Neonatal transport pathway in cases of suspected/confirmed COVID-19 infection**

- Protection of staff and other patients is a priority
- Vertical transmission between mother and baby is uncommon.
- There are cases of early acquisition in the neonatal population
- No babies with suspected/confirmed COVID-19, or whose mother has suspected/confirmed COVID-19 should be transferred, unless there are pressing clinical or operational service needs. Local care should be arranged whenever possible.
- A more likely scenario will involve a suspected/confirmed COVID-19 infection in a mother, whose baby needs transfer for other reasons for uplift in care e.g. prematurity, surgery, cardiac etc
- In a suspected/confirmed maternal case of COVID-19 the mother must not be transferred with the baby. The partner should not travel with the baby as is also likely to be infected.

### **Parents**

- The majority of neonatal transport teams are not taking parents on transfer, unless there are exceptional circumstances- this decision is at the transport teams' discretion.
- Parental travel policies are discussed regularly at the NTG clinical leads meetings

### **Equipment and PPE**

- Transport staff should wear enhanced PPE including fit tested FFP3 mask + visor (or hood), long sleeved gown and gloves for all aerosol generating procedures (AGP)\* in suspected cases  
Link to donning/doffing of PPE below:  
<https://www.youtube.com/watch?v= trpNLW2wgg&feature=youtu.be>
- During episodes of care with a low risk of aerosol generating procedures, standard PPE including surgical facemask, eye protection, apron and gloves can be used.
- There is no neonatal size of PPE to use in self ventilating babies to protect the staff from the patient
- Infants should be transferred in an incubator or baby pod depending on weight. Please remember incubators aren't closed units and have air circulation to the outside.
- Consider removal of non-essential equipment prior to loading the patient or moving it to a closed compartment.
- Have essential equipment in a pouch under the incubator to minimise the need to open cupboards.
- Consider in line suction devices to minimize aerosol particles.
- Consider expiratory limb filters in ventilator circuits.

### **Pre-transfer**

- Ensure ambulance provider is aware of any suspected COVID-19 cases that are due to be transferred.
- The receiving unit should be informed of estimated time of arrival as early as possible to allow for preparation and patient isolation.
- The receiving unit to advise the transport team where patient will be cared for, and agree route into hospital.
- Consider the mode of ventilatory support, if required, at an early stage. The risk of horizontal transmission will potentially be reduced by minimising aerosol generation and therefore the use of CPAP and High-Flow should be minimised. The threshold for invasive ventilation will be lower.
- Keep staff to a minimum, do not take observers

### **During stabilisation and transfer**

- Have a plan before donning PPE and entering the room
- Decide which drugs/ infusions/ fluids/ monitoring/equipment you will most likely need to before entering the room and take them out of the pouches/ bags before entering the room
- Remember paperwork can't be cleaned if you take it into the room.
- Avoid opening the incubator unless essential to do so.
- No mouth to mouth ventilation should be given to any patients.
- Enhanced ( aerosol) PPE should be worn for all aerosol generating procedures\* (AGP)
- Standard ( droplet) PPE should be worn at all other times
- Drivers:
  - Each transport team has local guidance on whether PPE is needed for the journey.
  - Ensure the partition between the cab and the main compartment is closed throughout the transfer.
- On arrival the transport team should alert the receiving unit before offloading the patient. The route into the hospital should be confirmed.

### **Post-transfer**

- Ambulance cleaning  
<https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts/covid-19-guidance-for-ambulance-trusts>
- Equipment  
Deep clean of all equipment  
Discard all disposable equipment that has potentially been contaminated
- Personnel  
Standard PPE is required for cleaning  
Change uniform and wash clothes at 60 degrees C at the end of the process

\*Aerosol Generating Procedures – for example suctioning, intubation and extubation, manual ventilation, non-invasive ventilation, tracheostomy procedures, high-frequency ventilation