COVID-19

CORONAVIRUS AND MEDICAL CONSIDERATIONS WHEN MOVING CHILDREN

The following notes are based on discussions with medical advisers relating to the decisions they have been involved in making concerning children moving between households during the coronavirus pandemic. See also the letter from the Scottish Government on the issue of testing at: - Iona Colvin letter

Possible testing of children moving from a household where household members are unwell

If a child is in a household where birth parents, (or other household members) claim to have COVID-19 symptoms, advice is provided by a few sources, namely, from a paediatrician with responsibility as the medical adviser for LAAC; a Health Protection Specialist Nurse; Infection Control and from Public Health.

While the current pandemic should not influence the need to remove at risk children, thought has to be given in this scenario to potentially putting other carers/children at risk. These considerations apply equally when moving children between carers or onto adoptive parents.

Where children need to be accommodated due to possible parental/carer infection, the question arises as to whether there is any potential to have those children tested, and if so how long it would take to get the results. If any testing is feasible it will only be of those people who are already unwell and only where concerns have reached such levels that safeguarding would require the removal of the child from the household.

Any household that these children will be entering will have to continue the child's 14 days isolation that commences when their parents/carers became symptomatic. Testing of the children when asymptomatic could be falsely reassuring and be of little value. The link containing the stay at home guidance for households with possible COVID-19 infection would be helpful to provide information to families if any of these children develop symptoms.

NHS Inform - guidance for households with possible coronavirus infection

A test of the symptomatic parents/carers where the child resides would probably not be undertaken at the outset because results are not immediately available and could take 24-48 hours. There would require to be isolation of the exposed child for the recommended timeframe of 14 days from the date of onset of the symptomatic household contact.

Assessing risks for the new placement

Potential foster carers would need to be identified, appraised of the potential for them to be infected and a risk assessment on the placement carried out. The vast majority of fostering households already have other children in the home. These may be birth children or existing foster children. Any risk assessment would need to balance the risk to the individual child who needs to move with risk to carers and children already within their care. The Highest Risk or Shielding category are less likely to be active Foster Carers but there may be a selection of carers who would consider themselves Higher Risk.

Some local authorities have written to carers asking them to self-declare in respect of their current health situation.

The following points can be used in assessing the risk level for prospective carers:

At risk groups

- Carers with underlying health conditions
- Carers over 55 (although this may be raised slightly)
- Males in particular in both of the above categories
- Carers in the obese categories

The list below naming the conditions causing higher risk is quite comprehensive. This, together with the guidance above for households with possible coronavirus infection, should be sufficient to risk assess the situation. It would be essential to exclude all households with someone (child or adult) at extremely high risk and try to avoid placing a child who was in a household with someone symptomatic in households with someone (child or adult) at higher risk. NHS Inform - Covid general advice

Extremely high risk of severe illness

Some groups of people are considered to be at extremely high risk of severe illness with COVID-19. This group includes people who:

- have had solid organ transplants
- have cancer and are receiving active chemotherapy
- have lung cancer and are either receiving or previously received radical radiotherapy
- have cancers of the blood or bone marrow, such as leukemia, lymphoma or myeloma who are at any stage of treatment
- are receiving immunotherapy or other continuing antibody treatments for cancer
- are receiving other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- have severe chest conditions such as cystic fibrosis or severe asthma and severe COPD
- have rare diseases that significantly increase the risk of infections such as SCID and homozygous sickle cell
- are receiving immunosuppression therapies that significantly increase risk of infection
- are pregnant with significant heart disease (congenital or acquired)

At higher risk of severe illness

This group includes people who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition, including anyone given the flu vaccination each year on medical grounds
- pregnant
- Underlying health conditions include:
    - chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
    - chronic heart disease, such as heart failure
    - chronic kidney disease
    - chronic liver disease, such as hepatitis

- chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- problems with your spleen - for example, sickle cell disease or if you have had your spleen removed
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- being seriously overweight (a BMI of 40 or above)

Workers are not expected to present medical information in relation to children and adults without the input of the medical adviser who can offer opinion and advice on the facts specific to each situation. Where the medical adviser for LAAC is not available, and advice is needed, there should be a duty paediatrician based within the Authority with whom to have an out of hours discussion. GPs, health visitors, school nurses and online health records should be accessed to provide as much medical information as is needed for as comprehensive an assessment as possible to be carried out.

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