

KIDS/NTS RSV Surge Standard Operating Procedure 2021

Background

Public Health England (PHE) is currently modelling the likely impact of the lack of social mixing on future epidemics of RSV. Initial modelling, based on the last 5 years positive test results, predicts a prolonged 2021/22 season lasting from week 32 (August 2021) to week 10 (March 2022), with a peak occurring at week 47 (November 2021). This provides an estimate of the number of cases however these do not yet provide an estimate of the number of children requiring enhanced care in PICU. This surge plan recognises the need to support increased capacity (beds, workforce and consumables) across Paediatric Critical Care (PCC), District General Hospitals and Transport Services to enable a response to an increase in paediatric respiratory infections.

The PHE modelling has outlined three possible scenarios with the first listed being the most likely and the third least likely:

1. An earlier outbreak with 20-50% increase in total number of RSV cases / admissions.
2. A normal or quieter than normal RSV season (particularly if Non-Pharmaceutical Interventions are maintained).
3. A larger outbreak with 100% increase in total number of RSV cases / admissions.

This surge plan will be based on the assumption of the first scenario.

Prediction for transport teams:

Team	Usual WINTER monthly transports	SURGE 20%	SURGE 50%	SURGE 100%
KIDS	55	61	72	91
CoMET	30	33	39	49
Total	85	94	111	140

*Predicted surge numbers include unplanned transfers only (exc. planned transfers and transfers to DGH)

Scope

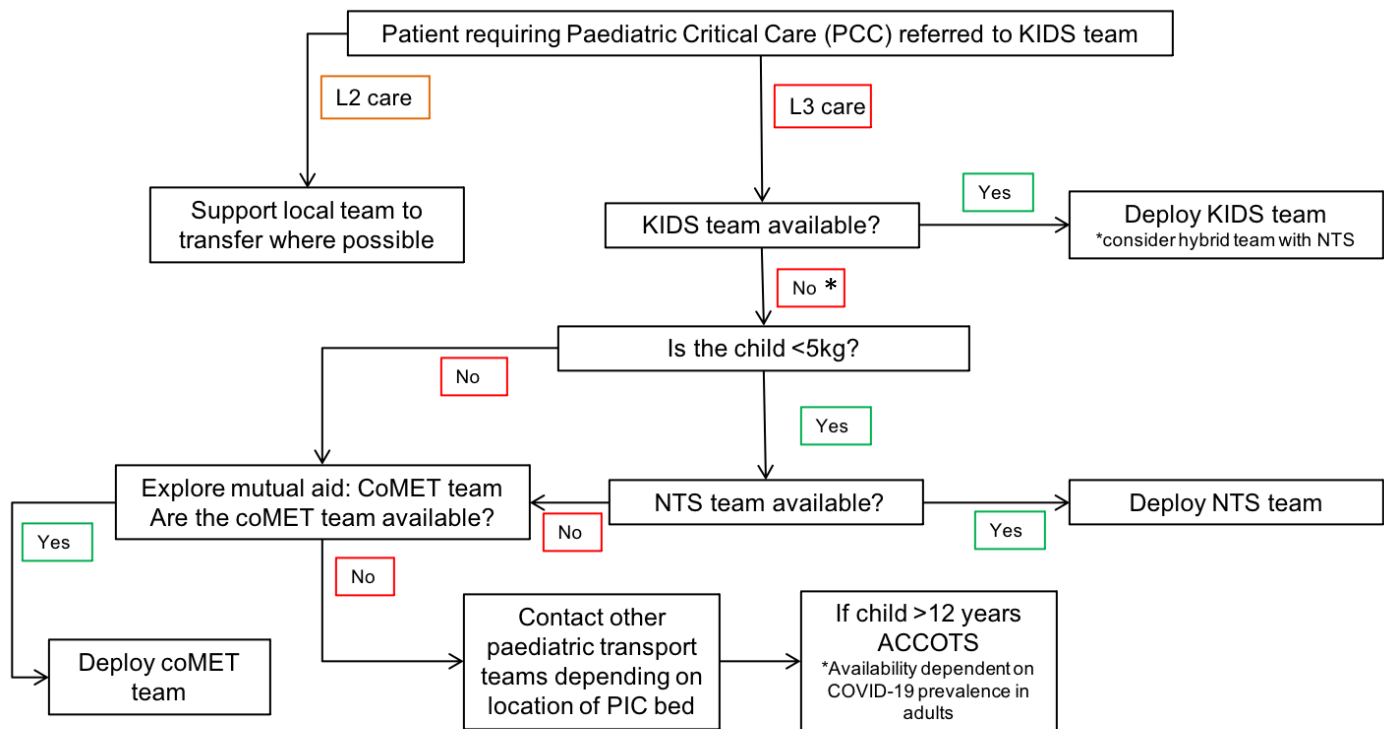
This SOP is relevant to all staff in the KIDS/NTS retrieval service. It refers primarily to critically ill children requiring paediatric critical care (PCC) admission within the West Midlands including children who need to be transferred from PICU within or out of region on a non-elective basis.

Aims

To provide guidance to all staff on the organisation of patient transfer to access PCC during the predicted RSV surge in the event of the capacity of the KIDS team being exceeded.

Process

- KIDS/NTS will continue to provide 24/7 advice, support and transfer service for level 3 patients.
- Supporting referring hospitals with level 2 transfers will be discussed and decided by the KIDS consultant, on an individual case basis.
- Starting from September 2021 to end of March 2022, KIDS service will endeavour to have a second team. However, this will depend on the availability of middle grade and nursing staff.
- In circumstances wherein KIDS do not have the capacity to transfer L3 patients, the following options for transfer will be explored:
 1. Local team managing the patient until a retrieval team is available, with the advice and support of KIDS consultant.
 2. Creation of hybrid teams (KIDS & NTS).
 3. Transfers performed solely by the NTS team, where the weight of the patient is <5kg.
 4. Request for mutual aid from the CoMET team.
 5. Request for other appropriate Paediatric Critical Care Transport teams, depending on the location of the PIC bed.
 6. Request ACCOTS service for patients >12yrs of age.
- If non-paediatric critical care transport teams are performing the transfer, the KIDS consultant will be available to advise and support the teams.
- In circumstances wherein a KIDS consultant cannot be urgently contacted e.g: KIDS consultant busy with another patient; KIDSNTS call handlers will follow the SOP: "Unable to contact duty KIDSNTS consultant", thereby ensuring critically ill children get timely advice and support.



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*If KIDS team not available - KIDS consultant to make the decision if a retrieval team needs to be urgently deployed - in most cases patient is stable enough to wait for the KIDS team. KIDS consultant will explore other possibilities in the meantime as per flowchart.

All patients who need time critical transfers will be discussed with KIDS consultant and primary transfers carried out by the referring hospitals.