MSE Post Covid Elective Surgery for Children Policy -November 2021

Based on Royal College of Paediatrics and Child Health *National Guidance for the Recovery of Elective Surgery in Children* Policy (1), last updated October 2021.

This Guidance has been developed by NHS England, Public Health England, Royal College of Surgeons of England, Royal College of Anaesthetists, Royal College of Paediatrics and Child Health, the Children's Surgical Forum, the British Association of Paediatric Surgeons, Association of Paediatric Anaesthetists of Great Britain and Ireland, and The Association for Preoperative Practice.

Nature of Symptoms	**No of days/weeks required to wait before listing for elective surgery**	**Rationale behind decision**
Immunocompetent children who are: Asymptomatic (positive PCR) or: Mild, NON RESPIRATORY symptoms (eg headache, vomiting)	At least 14 days	Large body of evidence that risk of onward transmission is extremely low beyond 10-14 days from diagnosis/onset of symptoms Consideration needs to be taken for parents/carers accompanying child to hospital- should delay until all household members out of isolation period
Immunocompetent children who: Have respiratory symptoms eg cough, shortness of breath, features of LRTI	4 weeks	In line with existing policies post Lower Respiratory Tract Infection (LRTI)
Immunocompromised children or immunocompetent children who: Were hospitalised due to SARS COV-2 infection or: Have features of Long Covid	7 weeks	In line with existing data from (mainly adult) studies

For Immunocompromised children, a clinical risk assessment should be performed by the child's named Paediatrician and Surgical team, in conjunction with infection control team and clinical virologists if it is felt that the nature of the surgery cannot wait for 7 weeks.

It is not advised to repeat testing for SARS-COV-2 prior to admission. If it is done, systems should be put into place to measure the PCR threshold (CT) value- a positive PCR test with a CT value >35 suggests an extremely low likelihood viable virus and therefore almost no ongoing transmission risk when standard infection control processes are in place. An alternative would be to perform a lateral flow test.

Risk from SARS-COV-2 as a co-morbidity to the underlying illness/intervention: Data suggests that peri-operative outcomes for children with SARS-COV-2 infection are comparable compared to adults (2), and based on the experiences of members of the steering group during the pandemic, it was agreed that a different approach should be adopted for children compared to adults in terms of a shorter delay to elective surgery. Data will be continued to be collected on the outcomes of children receiving emergency surgery shortly after a SARS-COV-2 infection, and the guidance will be reviewed accordingly.

References:

1. RCPCH National Guidance for the recovery of elective surgery in children, latest version October 2021
2. Nepogodiev D. Favourable perioperative outcomes for children with SARS-CoV-2. British Journal of Surgery 2020; 107: e644–e645