

## Information about 2019-nCoV for UK Critical Care Departments

- Issued by the HCID(A) Network

### HCID(A) Network

There are 5 High Consequence Infectious Diseases (Airborne) centres in the UK:

- Guy's and St Thomas' NHS Foundation Trust (adult and paediatric services)
- Royal Free London NHS Foundation Trust, with a paediatric service provided by Imperial College Healthcare NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust, with a paediatric service provided by Alder Hey Children's NHS Foundation Trust
- Newcastle upon Tyne Hospitals NHS Foundation Trust (adult and paediatric services)
- Royal Hallamshire Hospital Sheffield (adult services)

## 2019-nCoV Frequently asked questions:

### How can I prepare my Critical Care department for 2019-nCoV?

Please read the PHE infection prevention and control guidance:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>. All critical care staff who may come into contact with a confirmed case of 2019-nCoV should have undergone FFP3 mask fit-testing and familiarisation with respiratory PPE. Units with negative pressure rooms should ensure the systems are working and commissioned for use.

### How should I manage a suspected 2019-nCoV patient?

Critically ill patients who fulfil PHE's criteria for suspected 2019-nCoV should be managed in a negative-pressure single occupancy room where available or, if not available, a neutral-pressure single room. Discussion should occur immediately with your local infection specialists for details of sampling, testing and interim management.

### **How should I manage a confirmed 2019-nCoV patient?**

Critical care patients with confirmed 2019-nCoV will automatically be referred to the HCID(A) network on confirmation of a positive test result. The local infection prevention and control team should manage placement of the patient whilst awaiting transfer. Respiratory PPE should be used for all patient contacts and aerosol-generating procedures avoided. Staff contacts should be minimised and investigations limited. If in doubt, please discuss interventions with your local infection specialist team.

### **How do critical care patients access the HCID(A) network?**

Each HCID(A) centre provides critical care capacity for confirmed cases of 2019-nCoV. PHE will notify NHS England when a new case is diagnosed and the Trust will be contacted to understand patient requirements.

### **NIV and HFNC**

Non-Invasive Ventilation, High Flow Nasal Cannulae or other high flow oxygen delivery systems may increase environmental contamination through aerosolisation of virus. The HCID(A) Network Critical Care units advise against routine use in confirmed cases or where there is a high index of suspicion of 2019-nCoV. In these patients, a low threshold should be applied to early intubation and mechanical ventilation, and NIV or HFNC should be restricted to short-term use within functioning negative pressure rooms with a high air exchange rate (see HBN 04-01 Supplement 1, Isolation facilities for infectious patients in acute settings).

### **Steroid therapy**

Steroids have been associated with increased mortality when used in patients with severe respiratory failure due to viral pneumonia. The HCID(A) Network Critical Care units recommend against the use of steroids for ARDS associated with 2019-nCoV.

### **How do critical care patients with suspected or confirmed 2019-nCoV access ECMO?**

Suspected 2019-nCoV patients who fulfil the criteria for ECMO referral should be discussed with the relevant regional ECMO centre. If the patient has confirmed 2019-nCoV and fulfils the criteria for ECMO, the HCID(A) network will arrange retrieval.