

Coronavirus (COVID-19) and Children in Healthcare

Children are not small adults

EACH Statement

June 2020

Children¹ are not small adults. They differ physically and mentally from adults and therefore react in a different manner. Policies made for adults therefore cannot simply be applied to children. Evidence to date suggests that children have a low risk of serious COVID-19, also named 'Coronavirus', but severe cases can still happen in these age groups and special attention is needed to be given for the impact it has on them.

EACH calls upon all governments, policy makers, staff in hospitals and in all other healthcare facilities, as well as general practitioners, to respect the needs and rights of children regarding the consequences due to Coronavirus, as stipulated in the EACH CHARTER.

Children and Coronavirus

Up till now hospitalization because of coronavirus is rather rare for children. When children are affected with coronavirus, 'child and family-centred care' is not less, but more important for them and for their parents and siblings. Regulated presence of parents and siblings can help the child to cope. It's important to consider their individual special needs and respect the family's way of coping as much as possible.

Specific professional paediatric training and experience is needed in all healthcare services to be able to respond with empathy to the physical and emotional needs of sick children. Children should not be cared for together with adults or in adult wards. According to the UN Convention on the Rights of the Child (0-18), the best interests of the child should prevail in all situations (UNCRC, art3).

Children without Coronavirus

If children are admitted to hospital or to any other overnight health facility, with diseases or conditions not related to coronavirus, it should be carefully considered which preventive restrictions are absolutely necessary. Care must be taken to decide whether these measures have been prompted by actions taken for adults in relation to the coronavirus. Separation from parents can cause extra stress. Stress can negatively influence the healing process and can be the cause of post-traumatic emotional problems. The principles of 'child and family-centred care' should remain as the standard in health services for children.

Special attention is requested:

In case of continuing regular care and rescheduled appointments

- **Consequences:** Inform parents in full about the short and long term consequences of rescheduled appointments regarding the health of their child and the future of their child;
- **Alert:** Inform when parents should alert health care professionals when the health of their child gets worse after a rescheduled appointment;
- **Don't Wait:** Inform parents that they should not wait to contact a doctor if under normal circumstances they would. Healthcare professionals should be aware that continuing regular care is also of great importance;
- **Resuming Regular Care:** Resume regular healthcare as soon as possible with regard to the appropriate COVID-19 safety measures and offer alternative forms of consultations when possible like video calling. The level of child and family centred care in the form of facilities, staff, family presence and participation

¹ Where we write 'children' we also mean 'young people'. Where we write parents we also mean legal caretakers

and policies should not be affected by coronavirus and therefore return to at least the same level as before;

- **Work Together:** Work together on a national (or least a regional) level restarting regular paediatric care to ensure that all children have equality in waiting times to reduce the impact on the child and parents.

Testing children for COVID-19

Whether or not to test a child for COVID-19 is a personal choice with advantages and disadvantages. Taking a test is a shared decision of the child, parents and professionals. The following considerations can help parents and healthcare professionals in making this decision. Of course, there can be exceptions due to medical necessity or the child's medical background.

Considerations to support the decision making process²:

- **Added Value:** What will the added value of a test be? Will it change something in the treatment of the child when the test is positive? If not, then ask if a test is really necessary;
- **Unpleasant:** A COVID-19 test can be a bad experience for a child. Make sure you know how the test will be conducted. Imagine how the child will react;
- **Protective Clothing:** Test staff may be wearing protective clothing like a suit, face mask and splash goggles. This can make children feel unsafe or scared. This feeling could last until after the test;
- **Previous Experiences:** In children with previous negative experiences in healthcare it is extra important to consider the impact;
- **Housemates:** Do adult house / roommates have symptoms? Can you wait for their results?
- **COVID-19 within the Family:** Have other housemates / family members tested positive for COVID-19? Is it necessary to test or can you assume the child is also infected?
- **Symptoms:** Take the duration and severity of the symptoms into consideration.

Concerning parents' involvement and presence of parents:

Being separated from parents during illness and hospitalization can have a major impact on the child's wellbeing. Staying together is crucial for the emotional development and bonding, especially with babies and young children. This will lower the negative psychosocial impact for the child (and the parents) during their stay in a healthcare facility. Parents who can choose to stay with their sick child and refrain from physical contact with other patients and the outside world, while taking care of their own child, are less at risk of spreading the virus than other caregivers.

To ensure that the best interests of the child are maintained:

- **Admission:** Avoid admission to hospital if the care can be provided at home;
- **Parental Visits:** Consider allowing both parents to visit their sick child in hospital and other healthcare facilities (including overnight facilities);
- **Rooming-in:** Consider offering rooming-in (or living-in) for one of the parents if single rooms are available;
- **Partner at Birth:** Allow the father / partner to be present during labour and birth;
- **No Separation:** Do not separate a mother and new-born baby if they have to stay and allow the father to visit 24 hours a day;
- **Siblings & Friends:** Be aware of the effect of not being able to see their siblings has on both the sick child and the siblings. Be aware of the effect of not being able to see friends. Think of alternative ways of visual contact if visiting is not at all possible.

² <https://kindenzorg.nl/je-kind-testen-op-corona-ja-of-nee/>, Stichting Kind en Ziekenhuis, Charlie Braveheart Foundation, Skills4Comfort 2020

In matters stated below:

- **Communication:** Be aware that much of the information that children hear about COVID-19 is intended for adults. Because children don't understand risk in the same way that adults do, many children are unsure of how worried they should be but many are very worried indeed – about themselves, their parents, grandparents, their pets, and their friends. Children are not small adults and their understanding depends on their developmental stage. This means that we need to talk to children about what is happening at a level that is developmentally right for them. Use play and stories with younger children to get to know the child's emotions and to find out what the child understands³. Part of good communication is also about listening to children and taking them seriously;
- **Domestic Violence & Neglect:** Be aware that in times of more isolation cases of domestic violence and sexual abuse against children are likely to go up. The same goes for neglect. Children who are already vulnerable are at even higher risk. Be aware that social networks like schools, sports and neighbourhood activities are not as much in place to help to identify cases. The same goes for primary care professionals⁴. Be extra alert;
- **Mental Health:** Children experience more feelings of loneliness and anxiety which can, for example, result in depression in times of isolation⁵. Children with a history of mental health issues are more likely regress at these times;
- **Long Term Sick Children:** Families who care for a long term sick child at home can experience extra difficulties in times of isolation. Their social network like grandparents, other family members and neighbours can't help out. Stay in contact and support them in finding solutions;
- **School:** School is more than just education for children and young people. School provides a form of social interaction with other children and friends which is vital for their healthy development. Be aware that not going to school due to COVID-19 can have a big impact on children's mental wellbeing. If schools have opened again and specific children still can't attend due to health reasons interactive tools are available to follow lessons and interact with classmates remotely.
- **Digital Care:** A positive effect of coronavirus is the increase in the use of digital forms of communication between patients and doctors, like video consultations and training exercises. A positive effect is, for example, that digital consultations result in less travelling, less time out of school and work for children and parents, less issues with minding of other children, it minimizes parking issues and there are less safety issues regarding spreading of the virus. Do take into consideration that not every family will have access to a computer/phone with video set-up and/or internet connection. Be aware that extra policies have to be put into place to make staff familiar with digital consultations like video calling. Extra attention is needed to read body language and to keep the child involved and at the centre of care. Not every form of consultation is as suitable for a digital form such as a first consultation, discussing difficult subjects and when the child and or parents don't feel comfortable with this form of consultation;
- **Play:** Still make play and other forms of distraction available in hospitals. Think outside of the box if play rooms or other facilities have to close. Like online activities and connectivity with other children and friends, let children make their own entertainment;
- **Hygiene and Toys:** Ensure that toys and other entertainment devices are thoroughly cleaned.
- **Protective Materials:** Offer enough safety protection materials to parents who give medical/ nursing care at home to their (seriously and/or chronically) sick child. The same goes for healthcare professionals who care for children with healthcare needs in schools, living facilities and children's hospices;
- **Research:** Start research to register all children who have been tested positive for COVID-19 (because it was medically necessary to test them) and start follow-up studies to measure long-term effects of COVID-19 in children. Follow international protocols to minimize the impact of the studies on children.

Members represent Austria, Czech Republic, England, Scotland, Finland, Germany, Iceland, Ireland, Italy, Lithuania, Netherlands, Sweden, Switzerland and Portugal. (links to member organisations on our website)

³ <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Talking%20to%20children%20about%20illness.pdf>

⁴ <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931445-8>

⁵ <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931445-8>

Background to EACH

EACH, the European Association for Children in Hospital, is an international umbrella organisation open to European non-governmental, non-profit national associations involved in the welfare of children in hospital and other healthcare services.

All the member associations promote the implementation of the EACH Charter. In the EACH Charter the standards are set for the quality of care and the rights of children and their families. The articles in the Charter apply to all children, regardless of their age, illness, disability as well as their religion and their social or cultural background. The activities of the member organisations of EACH are adapted to the needs of each particular country.

Reference to the EACH Charter:

The EACH Charter recognises and endorses the rights of the child as stipulated in the UN Convention on the Rights of the Child (UNCRC), and in particular the key principle that, in all situations, the best interests of the child should prevail (art.3).

In addition, the EACH Charter relates to the UNCRC General Comment No 15 (2013) on the child's right to the enjoyment of the highest attainable standard of health (art. 24), and to the UNCRC General Comment No. 4 (2003) on adolescent health and development.

Art 1: Children shall be admitted to hospital only if the care they require cannot be equally well provided at home or on a day basis.

Art 2: Children in hospital shall have the right to have their parents or parent substitute with them at all times.

Art 4.1: Children and parents shall have the right to be informed in a manner appropriate to age and understanding.

Art 4.2: Steps should be taken to mitigate physical and emotional stress.

Art 5.1: Children and parents have the right to informed participation in all decisions involving their health care.

Art 6.1: Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards.

Art 8: Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.

UN Convention on the rights of the child:

Art 3.1 and Art 3.3: Best interests of the child

Art. 5: Parental guidance and the child's evolving capacities

Art. 9: Separation from parents

Art. 12.1: Respect for the views of the child

Art. 17: Child's access to appropriate information

Art. 19: Child's right to protection from all forms of violence

Art. 23.3. and 23.4: Rights of disabled children

Art. 24: Children's right to health and health services

Art. 25: Child's right to periodic review of treatment

For all 10 articles of the EACH Charter and its annotations visit
www.EACH-for-sick-children.org