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# BMJ Paediatrics Open

## Working with communities to mitigate the collateral impact of COVID-19 on children and young people

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## Working with communities to mitigate the collateral impact of COVID-19 on children and young people

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## Introduction

Less than a year after it was first described, coronavirus disease 2019 (COVID-19) has had a profound impact upon children and young people (CYP) and their families. While CYP have been relatively spared from severe clinical manifestations of COVID-19,<sup>1</sup> there are growing concerns about the collateral impact of the pandemic upon their health, wellbeing and development.<sup>2</sup> Health services have adapted to meet these challenges, but patient and public involvement (PPI) in research, policy-making and service reconfiguration has been largely overlooked.<sup>3</sup> The complex consequences of the pandemic cannot be addressed sustainably without community engagement, which takes on renewed importance in our era of 'fake news' and scepticism towards authority figures. How can we know what support patients and carers want, or what they need their future health systems to look like, without asking them directly? Meaningful engagement benefits all; health professionals can improve mutual understanding by developing equitable relationships with citizens, and this helps citizens to provide peer-to-peer support and better navigate complex local health systems.<sup>4</sup>

As a group of citizens, clinicians and researchers, we have worked together to mitigate the collateral damage of COVID-19 upon CYP living in North West London (NWL). We have built upon existing relationships with members of our communities to understand concerns and inform service co-design. Here, we explore the concerns of CYP and their carers, and highlight examples of good practice to inspire others to strengthen PPI as the COVID-19 pandemic evolves.

### What are the concerns of parents, children and young people?

While several studies have highlighted the low incidence and transmission of SARS-CoV-2 among children,<sup>1,5</sup> many CYP and carers have struggled to gauge levels of personal risk. In a survey of 1500 Americans, young people aged 18-34 believed they were more likely to contract COVID-19, require hospitalization and die than adults over 70.<sup>6</sup> In the UK, following widespread reports of poor disease outcomes, fears of the virus are particularly prominent amongst parents of CYP belonging to racially minoritised groups.<sup>7</sup> Further confusion has resulted from the chaotic process of identifying children who need to shield from COVID-19.<sup>8</sup> In our experience, many parents have felt compelled to keep their children at home as a means of regaining control during a time of uncertainty.

Contrary to media tropes about self-obsessed young people, many CYP are worried about vulnerable friends and relatives, the strain on health services and the economic consequences of the pandemic.<sup>7</sup> Other concerns include the impact of the pandemic on education and work.<sup>9</sup> Two-thirds of young people are worried about their mental health, compared to just 20% of the general population,<sup>10</sup> and parents have reported increased anxiety and depression, sleep disturbances and mood swings in their children.<sup>11</sup>

### How have we worked with communities to address these concerns?

*Community Voices: Conversations for Change* is a collective of individuals from community, NHS, innovation, and research organisations. It hears what matters to people and gathers stories from communities in NWL in their own words. The collective has heard that concerns have spiralled due to confusing guidance, slow and culturally unaware communication and the spread of misinformation. This connects to frustrations among our communities about

1  
2  
3 the ongoing impact of structural racism, widening health inequalities and the quality of the  
4 care they receive. As child health professionals and researchers, we have a responsibility to  
5 reflect on these issues as parents' and children's lived experiences sit at the intersection of  
6 race, gender and poverty. With permission, these stories have been shared with local NHS  
7 organisations, such as Connecting Care for Children (CC4C), to inform service improvements.  
8  
9

10 CC4C is a paediatric integrated care organisation that improves child health by building  
11 connections between patients, families and professionals. CC4C's Child Health GP Hub  
12 model is centred on improving access to specialist advice; creating multi-disciplinary teams;  
13 and engaging patients, families and the public.<sup>12</sup> Prior to the COVID-19 pandemic, CC4C  
14 regularly sought the views of local parents and young people attending primary care centres  
15 on their child health priorities. Parents and young people were invited to become  
16 'Champions' for child health at their general practice and address their concerns – such as  
17 childhood obesity – through grass-roots campaigns.<sup>13</sup> During the COVID-19 lockdown, CC4C  
18 maintained this volunteer network through weekly calls. Champions' concerns formed the  
19 basis of a series of webinars, which allowed parents and young people to put questions to  
20 local paediatricians. Webinars were promoted by local health and third sector partners and  
21 one session was co-hosted by young people, giving prominence to their voices, and  
22 improving uptake by members of seldom-heard groups. Box 1 highlights the tumultuous  
23 experiences of one local young person during the COVID-19 lockdown.  
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29 CC4C also worked with a local volunteer (HG) to design information bundles for parents,  
30 covering childhood illness with COVID-19, access to emergency services and immunizations  
31 (supplemental materials 1-3). These spread rapidly through local social media networks  
32 because they were highly relevant to parents, by design. HG has said that her involvement  
33 in co-producing materials for her community has "given [her] something to focus on other  
34 than the nightmare we're living in." Other resources produced by CC4C with relevance to  
35 child health during the COVID-19 pandemic can be found in supplemental materials 4-6.  
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37  
38

### 39 **Box 1 – Patient Perspective**

40 I was diagnosed with juvenile idiopathic arthritis in Egypt in October 2019. In November  
41 2019 I was referred to a specialist hospital to confirm the diagnosis. I had my first  
42 appointment but after this we went into lockdown and so everything was put on hold  
43 except my pain. It was really difficult as all my support was gone and my condition started to  
44 worsen as I developed new symptoms.  
45  
46

47 My mental health was affected as I started to feel there was no purpose to life anymore. I  
48 used to socialise and volunteer a lot before lockdown, so not being able to see my friends  
49 was quite hard. I was very scared of what would happen if I caught COVID-19 as my immune  
50 system is compromised. I used to have a lot of down days and I was on an emotional roller-  
51 coaster. The easing of lockdown meant I could go to the hospital for various tests. At my  
52 first visit, I was convinced I would catch COVID-19 but I have now been five times and I  
53 haven't. More importantly I've been able to meet my close friends. I want to go back to  
54 school, I want life to go back to normal. But other people have been going to parties and will  
55 be getting public transport to school, so is it even safe to go back?  
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## How can we promote sustainable engagement with parents and CYP during COVID-19?

In the UK, CYP have been excluded from asking questions in government briefings.<sup>14</sup> This may stem from a misplaced, paternalistic desire to protect children from the realities of the pandemic. However, we must be open and honest with CYP to help them to understand the risks posed by the virus.<sup>15</sup> Our recent experience suggests that citizens value direct involvement in webinars and co-designing resources as it provides them with a sense of control during a crisis. Young people can participate directly in research as peer researchers, giving them new skills and simultaneously enhancing access to seldom-heard groups.<sup>16</sup> More equitable relationships are key; communities will engage if benefits are mutual. Careful attention must be paid to the human and financial resources needed for engagement and providing neutral physical and virtual spaces where communities, health professionals and researchers can work together. Initiatives such as Community Voices, and a citizen-led approach to health and care in Wigan,<sup>17</sup> confirm the value of participatory research and community engagement in driving sustainable, patient-centred change.

### Conclusions

CYP have experienced substantial collateral damage from the COVID-19 pandemic. Tragically, they have been sidelined during this crisis. We must take this important opportunity to enhance their voices and those of their families to reshape health and research priorities around patient and carer perspectives.

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### Supplemental Materials (uploaded separately as hard copies)

Links to resources co-designed by CC4C and members of the public with a focus on child health and COVID-19 can be found at <https://www.cc4c.imperial.nhs.uk/our-experience/blog/coronavirus-resources-for-parents>

1. Connecting Care for Children. Advice for parents during coronavirus and parents' frequently asked questions. Adapted from Royal College of Paediatrics and Child Health. 2020
2. Connecting Care for Children. How to access local emergency services during coronavirus: local information for parents in Hammersmith and Fulham, Kensington and Chelsea and Westminster. 2020
3. Connecting Care for Children. Vaccinations for children during coronavirus. 2020
4. Connecting Care for Children. Existing translated healthcare resources on COVID-19 and child health. 2020
5. Connecting Care for Children. How to help your unwell child. 2020
6. Connecting Care for Children. Is it serious? Look, listen, touch, check. 2020



# Advice for parents during coronavirus

Whilst coronavirus is infectious to children it is rarely serious. If your child is unwell it is likely to be a non-coronavirus illness, rather than coronavirus itself.

Whilst it is extremely important to follow Government advice to stay at home during this period, it can be confusing to know what to do when your child is unwell or injured. Remember that NHS 111, GPs and hospitals are still providing the same safe care that they have always done. Here is some advice to help:



**RED**

## If your child has any of the following:

- Becomes pale, mottled and feels abnormally cold to the touch
- Has pauses in their breathing (apnoeas), has an irregular breathing pattern or starts **grunting**
- Severe difficulty in breathing becoming agitated or unresponsive
- Is going blue round the lips
- Has a fit/seizure
- Becomes extremely distressed (crying inconsolably despite distraction), confused, very lethargic (difficult to wake) or unresponsive
- Develops a rash that does not disappear with pressure (the 'Glass test')
- Has testicular pain, especially in teenage boys

## You need urgent help:

Go to the nearest A&E department or phone 999



**AMBER**

## If your child has any of the following:

- Is finding it hard to breathe including drawing in of the muscles below their lower ribs, at their neck or between their ribs (**recession**) or **head bobbing**
- Seems dehydrated (dry mouth, sunken eyes, no tears, drowsy or passing less urine than usual)
- Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) - especially if they remain drowsy or irritable despite their fever coming down
- Has extreme shivering or complains of muscle pain
- Babies under 3 months of age with a temperature above 38°C / 100.4°F
- Infants 3-6 months of age with a temperature above 39°C / 102.2°F
- For all infants and children with a fever above 38°C for more than 5 days.
- Is getting worse or if you are worried
- Has persistent vomiting and/or persistent severe abdominal pain
- Has blood in their poo or wee
- Any limb injury causing reduced movement, persistent pain or head injury causing persistent crying or drowsiness

## You need to contact a doctor or nurse today.


Please ring your GP surgery or call NHS 111 - dial 111

The NHS is working for you. However, we recognise during the current coronavirus crisis at peak times, access to a health care professional may be delayed. If symptoms persist for 4 hours or more and you have not been able to speak to either a GP or 111, then take your child to the nearest A&E



**GREEN**

## If none of the above features are present

- You can continue to provide your child care at home. Information is also available on NHS Choices
- Additional **advice** is available to families for coping with crying of well babies 
- Additional **advice** is available for children with complex health needs and disabilities.

## Self care

Continue providing your child's care at home. If you are still concerned about your child, call NHS 111 - dial 111



## Parents frequently asked questions

Update 9 June 2020

The Connecting Care for Children team, with our Practice Champion Hanan Ghouneim, have been pulling together useful information to help answer questions from local parents:

### What does it look and sound like if my child is having difficulty breathing?

If your child is having severe difficulty in breathing they might make a grunting sound <https://what0-18.nhs.uk/resources/clips-abnormal-signs-babies/grunt>

If your child is finding it hard to breathe they might suck their stomach in under their ribs, at their neck or between their ribs <https://what0-18.nhs.uk/resources/clips-abnormal-signs-babies/recession> or they might start head bobbing <https://what0-18.nhs.uk/resources/clips-abnormal-signs-babies/head-bobbing>

### How do I do the 'glass test' and what does the rash look like?

A quick video of what the glass test looks like <https://www.youtube.com/watch?v=hcQGlv0dUOY>  
St John's Ambulance explains the symptoms of Meningitis and how to do the glass test <https://www.youtube.com/watch?v=DfmWLBhKZck>

### What does the Coronavirus cough sound like?

Laura Foster, BBC News' Health and Science Reporter, explains the cough and fever symptoms of coronavirus in adults [children might have a fever or show other signs of illness such as a headache, tummy ache, vomiting or diarrhoea with no cough]: <https://www.bbc.co.uk/news/av/health-51934576/how-do-i-know-if-i-have-coronavirus>

### When should I worry if my child has symptoms of coronavirus?

Children can get coronavirus (COVID-19), but they seem to get it less often than adults and it's usually less serious. See the NHS advice for parents and what to do if your child has some of the coronavirus symptoms: <https://what0-18.nhs.uk/popular-topics/coronavirus>

### Can I give my child ibuprofen to help with coronavirus symptoms?

'Parents can give either paracetamol or ibuprofen, if needed, to treat symptoms of fever or pain unless your doctor has told you paracetamol or ibuprofen is not suitable for your child.'  
<https://www.rcpch.ac.uk/resources/anti-inflammatory-medicines-covid-19-advice-parents-carers>

### What are the at risk health conditions for children?

'Protecting your child from infection including shielding the most vulnerable' has advice for parents on children who are at higher risk of getting a severe infection: <https://what0-18.nhs.uk/popular-topics/coronavirus>

### How do I know if my child has severe asthma?

For advice on what counts as high risk asthma see the shielding advice for very high risk groups: <https://www.asthma.org.uk/advice/triggers/coronavirus-covid-19/shielding-advice-high-risk/>

### What should I do about routine vaccinations?

GP surgeries are making special efforts to make it safe for babies and children to still have their vaccinations e.g. using a separate entrance. **It is important that your child still has their routine vaccinations.** Contact your GP if you know your child is due a routine vaccination. <https://www.nhs.uk/conditions/vaccinations/booking-your-childs-vaccination-appointment/>

### How can I get an emergency dentist appointment for my child?

In England, some routine dental treatments are available again. Call or email your dentist. If you need urgent dental treatment, call your dentist or use **NHS 111 online**: <https://www.nhs.uk/common-health-questions/dental-health/how-can-i-access-an-nhs-dentist-in-a-emergency-or-out-of-hours/>

### What if I'm worried about my children's mental health?

Good Thinking provides mental health and wellbeing advice for parents in London. They also have specific resources for autism, eating disorders and ADHD: <https://www.good-thinking.uk/coronavirus/advice-for/> <https://mc.manuscriptcentral.com/bmjpo>



## Local information for parents in Hammersmith and Fulham, Kensington and Chelsea and Westminster

Updated 14 May 2020

### How to access local emergency services during coronavirus

Children can get coronavirus (COVID-19), but it's usually less serious than in adults. If your child has a high temperature or any other health problems that you would like advice about, call your GP or 111. If you need urgent help, call 999.

Children and babies will still get illnesses that can make them very unwell quickly. It's important to get medical help if you need it - GPs, NHS 111 and hospitals are still open.

**If you need non-urgent help please phone your GP surgery.** They will arrange a phone or video appointment. Your GP surgery is making special efforts to protect children from the risk of infection, e.g. using a separate entrance, if you are asked to go in.

**It is vital that you still get help at this time.** If you do not have a GP, or can't get through to your GP surgery, call 111.

### If you need urgent help, call 999.

The table below has information on local services **for children** (updated 14 May 2020).

<p><b>St Mary's Children's A&amp;E and Urgent Care Centre</b></p> <p>Open 24hrs 7 days a week</p>	<p><b>Charing Cross Urgent Care Centre</b></p> <p>Open 24hrs 7 days a week</p>	<p><b>Chelsea and Westminster Children's A&amp;E and Urgent Care Centre</b></p> <p>Open 24hrs 7 days a week</p>	<p><b>Hammersmith Urgent Care Centre</b></p> <p>Temporarily closed</p>	<p><b>St Charles Urgent Care Centre</b></p> <p>Temporarily closed</p>
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### What are Children's A&E departments currently doing to keep your child safe from coronavirus?

In response to the COVID 19 outbreak, we have taken measures to ensure children and families who need to access our emergency services can do so safely:

- We are limiting visitors except in special circumstances, usually this will be just one parent or carer for each child
- Families may be asked to wear masks and use alcohol gel. There are hand washing facilities for you to use throughout the department
- Families are asked to maintain social distancing from other families in the emergency department
- Families with a high risk of having coronavirus will be isolated in separate cubicles
- Families might be redirected to see a specialist away from the emergency department
- All staff looking after children and families are following strict infection control practice, with regular hand washing and alcohol gel use and when appropriate wearing surgical masks, aprons and gloves

### Useful websites:

What parents need to know about Covid-19: <https://what0-18.nhs.uk/popular-topics/coronavirus>

### Local health services websites:

Chelsea and Westminster Hospital website: <https://www.chelwest.nhs.uk/>

Imperial College Healthcare NHS Trust website: <https://www.imperial.nhs.uk/>

Central London Community Healthcare website: <https://www.clch.nhs.uk/>



# Routine Vaccinations for Children During Coronavirus

*This document provides answers to your frequently asked questions about vaccinating your child during coronavirus.*

## What are “routine” childhood vaccinations?

Different vaccinations are given at different ages to protect you and your child. Click [here](#) to check which ones apply to your child on the NHS website. They are free on the NHS as part of the National Vaccination Programme. Worldwide vaccinations prevent 2-3 million deaths every year from life-threatening diseases such as meningitis, whooping cough and measles.

## My child or someone in the family has symptoms of coronavirus – should we still go for the vaccination?

No – if anyone in your household has symptoms of coronavirus, or if you are self-isolating because you were in contact with a suspected coronavirus case, then you should stay at home. Once you have completed your period of isolation, reschedule your child’s appointment as soon as possible.

## I am worried about bringing my child to the GP. What should I do?

Your GP surgery, or health clinic, is taking precautions to protect you and your baby from coronavirus. If you are worried about taking your child for their vaccination appointment, call your GP surgery to discuss your concerns.



## My child has a fever – should they still go for their vaccination?

No, if your child has a fever or is feeling unwell, they should not be vaccinated. Reschedule the appointment for when they are better.



## Is it safe to wait for my child to have their vaccinations?

No – a delay in a child’s routine vaccinations can put them at risk from potentially serious diseases. Vaccinations for babies and pre-school children need to be given on time. Routine vaccinations are continuing as normal despite coronavirus. This means your child will be protected from highly infectious diseases when they start to mix with other children again.



## What would happen if lots of children stopped getting vaccinations?

The more children who receive their vaccinations, the greater the protection a whole community has. If the number of children getting vaccinations falls, then diseases will spread much more easily. This means unvaccinated children and children who cannot have vaccinations due to underlying conditions are at greater risk of catching serious diseases. [Click here for more information.](#)



## What do I do if I have missed a routine vaccination?

If your child's routine vaccinations have been delayed or missed, you should arrange for them to be given as soon as possible. You can catch up on any missed or delayed vaccinations. The best thing to do is to call your GP practice to book a new appointment.

## Should children still have vaccinations if someone in the family is particularly vulnerable?

Yes, it is really important that children in a vulnerable household keep up to date with their routine vaccinations. GPs are taking every effort to protect you and your child from coronavirus. If your child, or someone you live with is particularly vulnerable, call your GP practice before your appointment.



## My older child was due to have vaccinations at school – will these still go ahead?

These will be delayed while schools are closed. They are not as time-critical as vaccinations for pre-school children so rescheduling will not put pupils at risk.



## What if my child gets a fever post-vaccination?

Fever can be expected after any vaccination and is more common with the Meningococcal B (Men B) vaccination given at 8 and 16 weeks old. If a vaccination causes a fever it will probably start roughly six hours after the vaccination and normally settles within two days.



If your child still has a fever 48 hours after the vaccination, or if you are concerned about their health at any time, call your GP or dial 111. If you need urgent medical help call 999 or go to your nearest A&E.

## Does my child need to self-isolate if they have diarrhoea and no other coronavirus symptoms after their Rotavirus vaccination?

Like all vaccinations, the Rotavirus vaccination can cause side effects such as mild diarrhoea. This is usually mild and does not last long. If your child has no other symptoms of coronavirus then they do not need to isolate. If you are concerned about their health at any time, call your GP or dial 111. If you need urgent medical help call 999 or go to your nearest A&E.



## Will my child's vaccinations “overwhelm” their immune system and make them more susceptible to catching coronavirus?

No – as soon as babies are born, they come into contact with a huge number of different bacteria and viruses. Your baby’s immune system copes well with all these new bacteria and viruses. Vaccinations will not overload their immune system and do not make them more likely to get other infections. Your child can respond to the vaccination using only a tiny bit of the whole capacity of their immune system.

If your child gets an infection immediately after they have been vaccinated, or if they had an infection already but were not showing symptoms when they had their vaccination, their immune system will still be able to fight the infection.

## Does my child need to self-isolate if they have a fever and no other coronavirus symptoms after their vaccination?

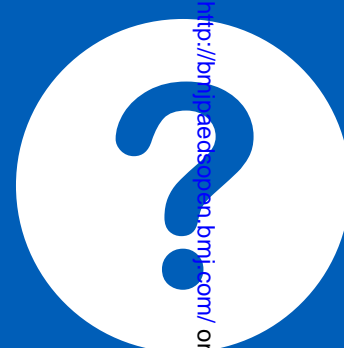
No, vaccinations might cause a fever, but this is a common reaction and is normally gone within 48 hours. Isolation is not required, unless your child has other coronavirus symptoms.

## I am worried that I can't get hold of liquid paracetamol to give my child after their vaccination.

Parents are often advised to give children paracetamol, particularly after the MenB vaccinations at the first and third vaccination appointments (at 8 and 16 weeks old) but this is not essential. Paracetamol is not routinely needed after the MenB booster vaccination given at 12 months old. Even if you are unable to get hold of paracetamol, your child can and should still be vaccinated. Please click [here](#) for more information on the use of paracetamol to prevent and treat fever after MenB vaccination.

## I still have questions or worries about getting my child vaccinated – what should I do?

Contact your practice nurse, GP or health visitor. They will be happy to talk to you about vaccinations and answer any of your questions.



*With thanks to the team at Connecting Care for Children for the production of this document.*

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# EXISTING TRANSLATED HEALTHCARE RESOURCES

## COVID

RESOURCE	COMMENT
<a href="#">Doctors of the World</a>	Latest coronavirus NHS advice in 60 languages in conjunction with trustworthy sources and partners
<a href="#">H&amp;F Borough</a>	Health information and current advice, whole website is translatable to a number of languages
Baby and Maternity Topics	
<a href="#">My Health London NHS</a>	Links to two leaflets produced by charities on safer pregnancy and normal baby movements. Generally good tips
<a href="#">NHS UK</a>	Links to baby centre website which has a collection of leaflets in various languages on maternity and baby topics
<a href="#">Lullaby Trust</a>	Trustworthy charity producing leaflets on safer baby sleep in multiple languages
<a href="#">Government's Antenatal screening Program</a>	Essential information on antenatal screening, what is involved and why its important
<a href="#">UNICEF</a>	Trustworthy info on baby feeding, bonding with baby, main leaflets free some are for a small fee for a large pack
Others: <a href="#">Action on preeclampsia</a> <a href="#">miscarriage association</a> <a href="#">Best Start</a> <a href="#">Labour Pains</a>	Various free/ charity resources on a number of topics including pre-eclampsia, labour and pain management and miscarriage. Best Start provides a number of varied leaflets on baby topics
Child Health	
<a href="#">Medline</a>	A-Z health topics and advice
<a href="#">Canadian Health site</a>	Variety of child health and baby topics
<a href="#">Australia/ NZ health site</a>	RCH.org; Australia and NZ site by paediatric college on a variety of child health topics
Mental health	
<a href="#">Royal College of Psychiatrists</a>	Translated resources on a variety of mental health topics
<a href="#">Australia</a>	Australian site with translated resources
<a href="#">University of East London</a>	Advice for refugees on mental health topics

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# How to help your unwell child

## For parents and carers of children under five years old



pharmacy



**Is it serious?**  
Go to page **1**

**It's not serious, what should I do?**

- Coughs and colds Page **2**
- Diarrhoea and vomiting Page **4**
- Fever (high temperature) Page **6**
- Ear problems Page **8**
- Rashes and dry skin Page **10**
- First aid kit **Back cover**



## Young children often get sick - it is part of growing up.

It can be stressful for parents and carers when a child is not well. Often, the illness is not serious and the child can be treated safely at home, or with support from a GP, pharmacist, or health visitor.

This booklet has been designed by a team of paediatricians to help you care for your sick child. It will help you identify when an illness is minor, and when it is serious. We recommend treating minor illnesses at home, where your child will be most comfortable.

If you are worried about your child's health, or think there might be a serious problem, trust your instincts and call the non-emergency NHS phone number 111 for advice.

My child's GP is

.....

Our local pharmacy is

.....

Address.....

.....

.....

.....

Address.....

.....

.....

.....

Phone

.....

Phone

.....

To find out the location of your local GP or pharmacy, go to the NHS Choices website - [www.nhs.uk](http://www.nhs.uk)

This booklet is being distributed by the Connecting Care for Children (CC4C) team - [www.cc4c.imperial.nhs.uk](http://www.cc4c.imperial.nhs.uk)

If you have any questions or feedback about this booklet, please contact:

[imperial.cc4c@nhs.net](mailto:imperial.cc4c@nhs.net)

# Is it serious?

Imperial College Healthcare **NHS**

NHS Trust

**Go straight to the emergency department (A&E) or call 999 if your child:**

- ▶ looks mottled, bluish or pale
- ▶ is breathing much faster than normal
- ▶ is very lethargic or difficult to wake
- ▶ has a rash that does not fade when pressed
- ▶ feels abnormally cold to touch
- ▶ has a fit or convulsion

**Call NHS 111 to get urgent medical advice if your child:**

- is finding it hard to get their breath and is sucking their stomach in under their ribs
- has bright green, bloody or black vomit
- has not drunk anything for more than 8 hours (when awake)
- has eyes that look 'sunken'
- is quiet and lacking energy, even when their temperature is normal

- makes a throaty noise while breathing
- is making 'grunting' noises with every breath
- can't say more than a few words at once (for older children who normally talk)
- has obvious 'pauses' in their breathing
- is crying constantly and you can't comfort or distract them, or the cry doesn't sound like their normal cry

- is under eight weeks old and doesn't want to feed
- has not had a wet nappy or had a wee for 12 hours
- is under two years old and has a bulging soft spot (fontanelle) on their head
- is floppy
- is hard to wake up, or appears confused

- is under three months old and has a high temperature of 38°C or above
- is over three months old and has a high temperature of 38°C or above that doesn't come down 15 - 30 minutes after paracetamol or ibuprofen (not aspirin)
- is between three and nine months old and has a high temperature of 39°C or above
- is any age and has a low temperature below 36 °C when checked 3 times in a 10-minute period

**If you don't see any of these signs, use this booklet for advice on the most common childhood illnesses:**

Coughs and colds: **Page 2**    Diarrhoea and vomiting: **Page 4**  
 Fever (high temperature): **Page 6**    Ear problems: **Page 8**    Rashes: **Page 10**

# Coughs and colds

1

## What do I see?

My child keeps coughing and sneezing, sometimes has a high temperature (above 38°C) and seems generally unwell.



2

## What is it likely to be?

Catching a cough or cold is very common, especially if they are in close contact with other children (e.g. starting nursery or playgroup).

3

## What should I do now?

Give your child lots to drink. Speak to your pharmacist about children's paracetamol and other medicines that might help.

4

## What else do I need to know?

Most colds get better within 5 - 7 days. If symptoms last for more than 10 days or your child is coughing up yellow stuff, they may have an infection. If this happens, contact your GP.

# Coughs and colds

## Things you can do at home to help:

- ✓ Give your child lots to drink - water is best.
- ✓ Try children's paracetamol or ibuprofen (not aspirin).
- ✓ Talk to your pharmacist about medications that might help, but remember that coughing is normal and is the body's way of keeping the lungs clear.
- ✓ Saline nose drops can help loosen dried snot (mucus) and relieve a stuffy nose. Ask your pharmacist, GP or health visitor about these.

## See your GP or call NHS 111 if:

- ☎ Your baby is under three months and has a temperature of 38°C or more.
- ☎ Your child has a fever with a rash.
- ☎ Your child is finding it hard to breathe.
- ☎ Your child's fever goes away for a day or more, but then returns.

## Call 999 or go to the emergency department if:

- ⚠ Your child is not waking up or interacting.
- ⚠ Your child is breathing much faster than normal.
- ⚠ Your child's condition suddenly gets much worse very quickly.

# Diarrhoea and vomiting

1

## What do I see?

My child keeps being sick (vomiting) and having more frequent, loose, watery poo (diarrhoea).



2

## What is it likely to be?

Diarrhoea and vomiting are very common. They are normally caused by a virus and last several days.

3

## What should I do now?

It is important to make sure your child does not get dehydrated (lose more fluid than they take in).

You can give them rehydration powder (sometimes called 'oral rehydration salt') mixed with water to help keep them hydrated. Get your child to drink slowly (drinking too fast may make them vomit).

4

## What else do I need to know?

If your child is weeing at least twice a day, this is a good sign they are not dehydrated.

Diarrhoea and vomiting can last several days, but the symptoms should gradually improve by themselves. Vomiting often stops first, diarrhoea might carry on for longer. For further information, turn to page 12.

# Diarrhoea and vomiting

## Things you can do at home to help:

- ✓ Give your child regular small drinks of fluid.
- ✓ Try to give your child 5 or 10 ml of rehydration powder mixed with water (see instructions on the back of the packet) every 5 minutes.
- ✓ Don't make your child eat if they don't want to. The important thing is that they keep drinking.
- ✓ If your child has a temperature or tummy ache, give them children's paracetamol or ibuprofen.

## See your GP or call NHS 111 if:

- ☎ Your child is vomiting so much they can't keep anything down.
- ☎ Your child has cold hands or feet.
- ☎ Your child has not had a wet nappy or a wee in the last 12 hours.
- ☎ Your child has bright green or black vomit, or blood in their vomit or poo.

## Call 999 or go to the emergency department if:

- ⚠ Your child is not waking up or interacting.
- ⚠ Your child has a temperature of 38°C or more and diarrhoea or vomiting.
- ⚠ Your child has severe abdominal (tummy) pain or is breathing rapidly.

# Fever (high temperature)

## Temperature over 38°C means a fever

1

### What do I see?

My toddler is hot and grumpy. Their temperature is more than 38°C.



2

### What is it likely to be?

Fevers are common in young children, and are the body's natural response to infection. A fever can usually be left to get better on its own as long as your child is drinking enough and is otherwise well.

3

### What should I do now?

Give them children's paracetamol or ibuprofen to bring down the fever. Make sure they are drinking regularly so that they do not get too dry (dehydrated). Look out for the more serious signs of fever (see page 7).

4

### What else do I need to know?

Your child's urine should be pale yellow - if it is darker, your child may need to drink more fluids. For further information on fever and to see a urine colour chart, turn to page 13.

# Fever (high temperature)

## Things you can do at home to help:

- ✓ Give your child lots to drink - water is best.
- ✓ Try children's paracetamol or ibuprofen (not aspirin).
- ✓ Remove extra clothes. One layer of clothing should be left on. Do **not** use cold water or cold towels on the face or body.

## See your GP or call NHS 111 if:

- ☎ Your baby is under three months and has a temperature of 38°C or above.
- ☎ Your baby is three to nine months old and has a temperature of 39°C or above.
- ☎ Your child has a fever with a rash or other symptoms in addition to fever.
- ☎ Your child has a temperature of 38°C or more, but cold feet and hands.
- ☎ Your child has a high temperature that doesn't come down 15 - 30 minutes after paracetamol or ibuprofen.
- ☎ Your child is over three months old and has a temperature of 38°C or above for more than 5 days.
- ☎ Your child has recently travelled overseas, especially if outside of Europe.

## Call 999 or go to the emergency department if:

- ⚠ Your child is not waking up or interacting, or your child has become floppy.
- ⚠ Your child has a convulsion or fit with the fever, or has rapid breathing.
- ⚠ Your child has a rash that does not fade when you press it.
- ⚠ Your child looks bluish or pale, or feels abnormally cold to touch.



# Ear problems

1

## What do I see?

My toddler is tearful and keeps holding their ear.



2

## What is it likely to be?

Ear aches are often caused by ear infections. These are common in babies and toddlers. They often follow a cold and can sometimes cause a high temperature.

3

## What should I do now?

Most ear infections get better by themselves over several days. Try giving children's paracetamol or ibuprofen for the pain.

If there is no improvement with painkillers, or they still have a high temperature after 2 days, or you notice fluid coming from the ear, then speak to your child's GP.

4

## What else do I need to know?

Although most ear infections settle down without any serious effects, there can be mild hearing loss for a short time (2 - 3 weeks). If this lasts longer than 3 weeks arrange to see your child's GP.

# Ear problems

## Things you can do at home to help:

- ✓ Give your child lots to drink - fluid is important when they have an infection.
- ✓ Try children's paracetamol or ibuprofen (not aspirin).
- ✓ Comfort your child regularly.
- ✓ Do **not** put oil or cotton buds into your child's ears as this can damage the ear and make infections worse.

## See your GP or call NHS 111 if:

- ☎ Your child has ear problems and a temperature of 38°C or above for more than two days.
- ☎ You notice fluid coming out of your child's ear.
- ☎ Your child has a temperature of 38°C or more that doesn't come down 15 - 30 minutes after paracetamol or ibuprofen.
- ☎ Your child seems in a lot of pain despite painkillers (paracetamol and ibuprofen).

# Rashes and dry skin

1

## What do I see?

Your baby's skin may be flaky and dry, or they have a rash.



2

## What is it likely to be?

Dry skin and rashes are normal and usually nothing to worry about. They are very common in newborn babies.

3

## What should I do now?

Avoid using soap or any other products on your baby's skin. Wash your baby in clean water. If your baby is well but has a rash you are worried about, contact your GP or health visitor.

## Think about meningitis or sepsis

**The glass test** is a really useful way of spotting suspected meningitis. If your child has a lot of red or purple spots, press the side of a clear drinking glass firmly against the rash (spots).



### Call 999 or go to the emergency department

if you can still see the spots through the glass see a doctor immediately. If you cannot get help straight away, go to an emergency department (A&E).

If the spots under the glass have almost disappeared then it is unlikely to be meningitis. If you are still worried contact NHS 111 or your GP. Please note, you can have meningitis without a rash.

# Nappy rash

1

## What do I see?

My baby has a red, sore rash around the nappy area and is uncomfortable and crying a lot.



2

## What is it likely to be?

Nappy rash, which is very common and can affect lots of babies. It is usually caused when your baby's skin comes into contact with wee and poo that collect in their nappy.

3

## What should I do now?

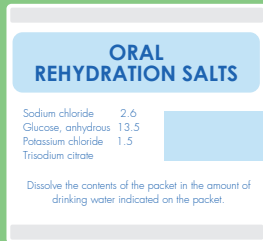
Most nappy rashes can be treated with a simple skincare routine and by using a barrier cream that you can get from a pharmacist.

4

## What else do I need to know?

Nappy rash causes your baby's skin to become sore. The skin in this area may be covered in red spots or blotches. You might need to change their nappy more often.

## Further information: Diarrhoea and vomiting



You can buy rehydration powder (sometimes called 'oral rehydration salt') at the supermarket or pharmacy.

**Keep it in your first aid kit at home.**

When your child wants to eat again, start with plain foods e.g. dry crackers, toast or plain rice. **Avoid** fatty foods and dairy products. Remember to keep drinking slowly.

Vomiting usually lasts for **1 - 2 days**, while diarrhoea can last for about **5 - 7 days**. If your child's symptoms last longer than this, or if they are showing signs of dehydration, speak to your GP.

### Your child may be dehydrated if they have:

- ▶ sunken eyes
- ▶ in young babies, a sunken soft spot (fontanelle) on their head
- ▶ few or no tears when they cry, a dry mouth or fewer wet nappies
- ▶ dark yellow urine

If your child is dehydrated, give them fluid.  
Water mixed with rehydration powder is a great way to rehydrate children.

## Further information: Fever (high temperature)



A good type of thermometer to use at home is a **digital underarm thermometer**. For children under five years old, the armpit is the best place to measure their temperature.

A high temperature on its own is not worrying, but be sure to look out for other signs of illness.

**Paracetamol** – can be given to children for pain or fever. Check you have the right product, dose and strength for your child's age by reading the packaging carefully.

**Ibuprofen** – can be given to babies and children aged three months and over who weigh more than 5 kilograms (kg). Read the packaging carefully. Do not use ibuprofen if your child has asthma, unless advised by your GP.

**Aspirin - not suitable for children under 16**

## What colour is your child's wee (urine)?



They are drinking enough fluid (adequately hydrated).



They might need to drink more fluid.



They need to drink more fluid (probably dehydrated).

# + First aid kit

**Top tip:** Keep a small supply of useful medicines in a first aid kit at home. You can buy these at your local pharmacy.



Make sure you have an **age-appropriate painkiller**, such as **paracetamol** or **ibuprofen**. For younger children you will also need a special dosing syringe from the pharmacy. Always follow the dosage instructions on the label.



**Digital thermometers** – these are quick to use, accurate and can be used under the armpit (always use the thermometer under the armpit with children under five). Hold your child's arm against his or her body and leave the thermometer in place for the time stated in the manufacturer's instructions.



**Oral rehydration powder** (rehydration salts). If a child is vomiting or has diarrhoea they can become dehydrated. Rehydration powder (mixed with water) replaces the salts and water that are lost, and reduces the effect of dehydration.



**Antiseptic cream or spray** can be applied to cuts, grazes or minor burns after cleaning to help prevent infection.

**Barrier cream** for dry skin.

**Calamine lotion** - this can help to soothe itching, irritated skin, rashes (including chickenpox) and sunburn.



**Antiseptic wipes** are a handy way to clean cuts and grazes and help prevent infection. To use them, take a fresh wipe and clean the wound, gently working away from the centre of the wound to remove dirt and germs.



**Sticking plasters**, adhesive tape and small bandages. These protect minor cuts and grazes from further harm and help them heal quicker.

## Is it serious? Look, Listen, Touch, Check

Go straight to the emergency department (A&E) or call 999 if your child:

- ▶ looks mottled, bluish or pale
- ▶ is breathing much faster than normal
- ▶ is very lethargic or difficult to wake
- ▶ has a rash that does not fade when you press it
- ▶ feels abnormally cold to touch
- ▶ has a fit or convulsion

Call NHS 111 to get urgent medical advice if your child:

- is finding it hard to get their breath and is sucking their stomach in under their ribs
- has bright green, bloody or black vomit
- has not drunk anything for more than eight hours (when awake)
- has eyes that look 'sunken'
- is quiet and lacking energy, even when their temperature is normal



**LOOK**

- makes a throaty noise while breathing
- is making 'grunting' noises with every breath
- can't say more than a few words at once (for older children who normally talk)
- has obvious 'pauses' in their breathing
- is crying constantly and you can't comfort or distract them, or the cry doesn't sound like their normal cry



**LISTEN**

- is under 8 weeks old and doesn't want to feed
- has not had a wet nappy or had a wee for 12 hours
- is under 2 years old and has a bulging soft spot (fontanelle) on their head
- is floppy
- is hard to wake up, or appears confused



**TOUCH**

- is under 3 months old and has a high temperature of 38°C or above
- is over 3 months old and has a high temperature of 38°C or above that doesn't come down 15 - 30 minutes after paracetamol or ibuprofen
- is between 3 and 9 months old and has a high temperature of 39°C or above
- is any age and has a low temperature below 36 °C when checked three times in a 10-minute period



**CHECK**

If you don't see any of these, look at the 'How to help your unwell child' booklet

Coughs and colds: [Page 2](#) Diarrhoea and vomiting: [Page 4](#)  
 Fever (high temperature): [Page 6](#) Ear problems: [Page 8](#) Rashes: [Page 10](#)

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# BMJ Paediatrics Open

## Working with communities to mitigate the collateral impact of COVID-19 on children and young people

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## Working with communities to mitigate the collateral impact of COVID-19 on children and young people

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## Introduction

Less than nine months after it was first described, coronavirus disease 2019 (COVID-19) has had a profound impact upon children and young people (CYP) and their families. While CYP have been relatively spared from severe clinical manifestations of COVID-19,<sup>1</sup> there are growing concerns about the collateral impact of the pandemic upon their health, wellbeing and development.<sup>2</sup> Health services have adapted to meet these challenges, but patient and public involvement (PPI) in research, policy-making and service reconfiguration has been overlooked.<sup>3</sup> The complex fallout from the pandemic cannot be tackled sustainably without community engagement, which takes on renewed importance in our era of 'fake news' and scepticism towards authority figures. How can we know what support patients and carers want, or what they need their future health systems to look like, without asking them directly? Meaningful engagement benefits all; by developing equitable relationships with citizens, health professionals can improve mutual understanding and citizens can provide peer-to-peer support and better navigate complex local health systems.<sup>4</sup>

As a group of citizens, clinicians and researchers, we have worked together to mitigate the collateral damage of COVID-19 upon CYP living in North West London (NWL). We have built upon existing relationships with members of our communities to understand concerns and inform service co-design. Here, we explore the concerns of CYP and their carers, and highlight examples of good practice to inspire others to strengthen PPI as the COVID-19 pandemic evolves.

### What are the concerns of parents, children and young people?

While several studies have highlighted the low incidence and transmission of SARS-CoV-2 amongst children,<sup>1,5</sup> many CYP and carers have struggled to gauge levels of personal risk. In a recent survey of 1500 Americans, young people aged 18-34 believed they were more likely to contract COVID-19, require hospitalization and die than adults over 70.<sup>6</sup> In the UK, following widespread reports of poor disease outcomes, fears of the virus are particularly prominent amongst parents of CYP belonging to ethnic minority groups.<sup>7</sup> Further confusion has resulted from the chaotic process of identifying children who need to shield from COVID-19.<sup>8</sup> In our experience, many parents have felt compelled to keep their children at home as a means of regaining control during a time of uncertainty.

Contrary to media tropes about self-obsessed young people, many CYP are worried about vulnerable friends and relatives, the strain on health services and the economic consequences of the pandemic.<sup>7</sup> Other concerns include the impact of the pandemic on education and work.<sup>9</sup> Two-thirds of young people are worried about their mental health, compared to just 20% of the general population.<sup>10</sup> Parents have reported increased anxiety and depression, sleep disturbances and mood swings in their children.<sup>11</sup> We provide a first-hand account of one young person's experience of lockdown in Box 1.

### Box 1 – Patient Perspective

I was diagnosed with juvenile idiopathic arthritis in Egypt in October 2019. In November 2019 I was referred to a specialist hospital to confirm the diagnosis. I had my first appointment but after this we went into lockdown and so everything was put on hold except my pain. It was really difficult as all my support was gone and my condition started to worsen as I developed new symptoms.

1  
2  
3 My mental health was affected as I started to feel there was no purpose to life anymore. I  
4 used to socialise and volunteer a lot before lockdown, so not being able to see my friends  
5 was quite hard. I was very scared of what would happen if I caught COVID-19 as my immune  
6 system is compromised. I used to have a lot of down days and I was on an emotional roller-  
7 coaster. The easing of lockdown meant I could go to the hospital for various tests. At my  
8 first visit, I was convinced I would catch COVID-19 but I have now been five times and I  
9 haven't. More importantly I've been able to meet my close friends. I want to go back to  
10 school, I want life to go back to normal. But other people have been going to parties and will  
11 be getting public transport to school, so is it even safe to go back?  
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### 15 **How have we worked with our communities to address their concerns?**

16 *Community Voices: Conversations for Change* is a collective of individuals from community,  
17 NHS, innovation, and research organisations. It hears what matters to people and gathers  
18 stories from communities in NWL in their own words. The collective has heard that concerns  
19 have spiralled due to confusing guidance, slow and culturally unaware communication and  
20 the spread of misinformation. This connects to frustrations among our communities about  
21 the ongoing impact of structural racism, widening health inequalities and the quality of the  
22 care they receive. As child health professionals and researchers, we have a responsibility to  
23 reflect on these issues as parents' and children's lived experiences sit at the intersection of  
24 race, gender and poverty. With permission, we have shared these stories with local NHS  
25 organisations to inform service improvements.  
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30 Connecting Care for Children (CC4C), a paediatric integrated care model in NWL, has worked  
31 with parent volunteers to identify and address local child health concerns during the  
32 pandemic. We asked one volunteer (HG) to collate questions from within her social  
33 network. We then worked together to design information bundles for parents, covering  
34 childhood illness with COVID-19, access to emergency services and immunizations. These  
35 spread rapidly through local social media networks because they were highly relevant to  
36 parents, by design. HG has said that her involvement in co-producing materials for her  
37 community has "given [her] something to focus on other than the nightmare we're living  
38 in." CC4C has also led a series of Webinars at the request of local parents and young people  
39 who were able to put questions to local paediatricians and obtain information from a  
40 trusted source.  
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### 45 **How can we promote sustainable engagement with parents and CYP during COVID-19?**

46 In the UK, CYP have been excluded from asking questions in government briefings.<sup>12</sup> This  
47 may stem from a misplaced, paternalistic desire to protect children from the realities of the  
48 pandemic. However, we must be open and honest with CYP to help them to understand the  
49 risks posed by the virus.<sup>13</sup> Our recent experience suggests that citizens value direct  
50 involvement in Webinars and co-designing resources as it provides them with a sense of  
51 control during a crisis. Young people can participate directly in research as peer researchers,  
52 giving them new skills and simultaneously enhancing access to seldom-heard groups.<sup>14</sup>  
53 More equitable relationships are key; communities will engage if benefits are mutual.  
54 Careful attention must be paid to the human and financial resources needed for  
55 engagement and providing neutral physical and virtual spaces where communities, health  
56 professionals and researchers can work together. Initiatives such as Community Voices, and  
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3 a citizen-led approach to health and care in Wigan,<sup>15</sup> confirm the value of participatory  
4 research and community engagement in driving sustainable, patient-centred change.  
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### 7 **Conclusions**

8 CYP have experienced substantial collateral damage from the COVID-19 pandemic.  
9 Tragically, they have been sidelined during this crisis. We must take this important  
10 opportunity to enhance their voices and those of their families to reshape health and  
11 research priorities around patient and carer perspectives.  
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