

BSPGHAN Updated shielding guidance and advice on returning to school for children with gastrointestinal, liver and nutritional problems

28th May 2020

Why has the guidance changed?

Since guidance was published in March 2020, children's doctors in the UK and across the world have been collecting data on those who have been affected by COVID-19. Reassuringly, despite a large number of adults falling seriously ill with COVID-19, very few children in the UK have been admitted to hospital unwell with COVID-19, and those who have been admitted have been only mildly affected. The evidence is less clear about the extent to which children may transmit COVID-19 back into households and communities. The RCPCH have issued a [statement about schools reopening](#):

Increasingly there is concern of increased stress and possible mental health issues for children and their families who have been shielded and advised not to leave their houses. The UK government is re-opening schools in England from the 1st June. We recognise that there is likely to be considerable concern and anxiety for many children, young people and families on this return. Additionally, guidance on who should be returning has been confusing.

This advice is intended to summarise the guidelines for shielding and returning to school including both patients and their siblings.

- **Many families can discontinue shielding and transition to the current social distancing protocols.**
- **For the patients in the shielded category, the advice is that they should continue shielding until 30th June 2020**
- **It is recommended that the clinical specialist team should arrange a discussion with each family ahead of June 12th to discuss the updated guidance.**

Absolute indications for shielding Children and Young People who are at highest risk (Group A)

These patients are categorized as '**Highest Risk**' and should continue '**Shielding**' as before. They should not return to school currently.

Continue to recommend to parents/ carers that they follow all [government shielding advice](#).

- 1) Children with severe respiratory and/ or neurological conditions.
 - a. Children with very reduced clearance of airway secretions who for instance need a cough assist to clear secretions.
This would include children with severe neurological disease, those with severe neuromuscular disabilities or severe metabolic disease
 - b. Children life dependent on long term ventilation both invasive (via tracheostomy) or non-invasive (BiPAP)
- 2) Children with risk of severe infection due to either their primary immunodeficiency or immunodeficiency induced by drugs as part of their therapy (i.e. post-transplant immunosuppression or inflammatory/ autoimmune conditions (see PGHAN details in Group B below).
 - a. high dose steroids
- 3) Children with very specific immunosuppression as part of their therapy (see PGHAN details in Group B below)
- 4) Children who are peri solid organ or BM transplant (see PGHAN details in Group B below)

Paediatric Gastroenterology, Hepatology & Nutrition (PGHAN) indications for shielding Children and Young people who are at highest risk (Group B)

Indication for shielding will depend on the severity of the condition and knowledge that the specialist clinical teams has of the particular circumstances of the child, in discussion with parents and carers. Examples of conditions for which a discussion is needed are listed below.

A) Paediatric inflammatory bowel disease (IBD) patients

- 1) i) with other significant conditions (as in Group A)
ii) with moderate to severely active disease, who are not well enough to attend school, or meet one or more of the following criteria:
 - a. Intravenous or oral steroids ≥ 20 mg prednisolone (or >0.5 mg/kg) or equivalent per day (only while on this dose)
 - b. Commencement of biologic therapy plus immunomodulatory or systemic steroids with previous six weeks
 - c. Moderate to severely active disease not controlled by 'moderate risk' treatments who may require increase in treatment
 - d. Short gut syndrome requiring nutritional support
 - e. Requirement for parenteral nutrition

See **Bspghan IBD working group Position Statement :Guidance on returning to school (link)**

B) Intestinal failure patients requiring Home parenteral nutrition (HPN) if meet one or more of the following criteria

- a. primary immunodeficiency or immunodeficiency induced by drugs as part of their therapy (as in group A)
- b. with other significant conditions (as in group A) or other organ involvement (renal, haematology, cardiac, GI, respiratory, diabetes mellitus etc)
- c. social cofactors (eg heavily reliant on support from healthcare professionals/ carers)

C) Liver disease

- a. Decompensated liver disease
- b. Receiving post-transplant immunosuppression or on Liver/small bowel/multivisceral transplant waiting list
- c. Liver disease and other significant conditions (Group A) or other organ involvement (renal, haematology, cardiac, GI, respiratory, diabetes mellitus etc)
- d. Active or frequently relapsing autoimmune liver disease where they are likely to need increase in treatment

The specialist team determines with parents/carers if the child is at increased risk because they have additional problems.

Patients who no longer need shielding should carefully follow advice given to the **general population on social distancing**:

Guidance on Staying at Home and Away from Others

Specific patient groups who are not considered at increased risk

This group of children includes patients with :

- IBD in remission on maintenance treatment such as Azathioprine, Methotrexate, Biological therapy and so on.
- Intestinal failure on Home PN
- Stable liver disease
- Coeliac disease
- Eosinophilic esophagitis
(the list is not exhaustive)

This group will benefit from returning to school when their year group does so.

The recommendation is to allow these children to go back to school. This will be the majority of patients with IBD and on HPN.

For PGHAN patients, we recommend the following:

- The specialist multidisciplinary team discuss whether there are risk factors which means it would be prudent to shield the child
- Advise all PGHAN patients in Group B to leave the house for exercise but only with the immediate family group and practice strict social distancing
- For those not returning to school in June, more data will be available to help decide on school return in September.

Frequently asked questions (F.A.Q.s)

What advice is there about returning to school?

Return to school will depend on a number of factors such as: patient and parental choice, how common COVID-19 is in the community, and the ability to maintain social distancing at school. This should be reviewed regularly.

There is advice about protecting children at school and what to say to families:

Department of Education Coronavirus (COVID-19): implementing protective measures in education and childcare settings

RCPCH COVID-19 - talking to children and families about returning to school: guiding principles

What advice is there about children with underlying health conditions?

Government advice is [here](#).

Can siblings go to school?

Government advice is [here](#).

Siblings of shielding patients

It is advised that siblings only attend school or childcare if stringent social distancing can be maintained and, in the case of young children, they are able to understand and follow those instructions. This may not be possible for very young children or some older children without the capacity to follow instructions on social distancing. If stringent social distancing cannot be adhered to, we do not expect those siblings to attend. They should be supported to learn or work at home.

Siblings of other patients

They can attend their school, education system or childcare setting.

Can parents go to work?

Government advice is [here](#).

Parents of shielding patients

It is advised that a parent can return to work but to discuss with their employer the requirement to adhere to stringent social distancing and to discuss appropriate measures to ensure safety in the work place.

ADDITIONAL POINTS

- We recognise that returning to school is likely to be difficult and concerning for many, the UK government has said that parents choosing to keep children off school are able to make that decision
- This guidance is subject to change, even at short notice. We will endeavour to keep this updated if additional guidance is issued.
- To date, international and national research looking at the impact of COVID-19 on children and young people has been reassuring, however we continue to be cautious and the safety of patients is a priority.

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