

# COVID19: Alert Level 3 - Guidance for Well Child Tamariki Ora providers

19 August 2020

This guidance aims to support safe decision-making and care delivery planning for Well Child Tamariki Ora (WCTO) services while the New Zealand COVID-19 alert level 3 restrictions are in place.

The objectives are to:

- protect the wellbeing of tamariki and their whānau
- focus on equity of health outcomes
- limit the transmission of the COVID19 virus
- maintain the safety of the clinical workforce.

WCTO staff may be interested to download the **Awhina app** to easily access the most up to date information for health care workers.

## Main points

1. Well Child Tamariki Ora (WCTO) care is an essential service.
2. Any WCTO staff member who has **symptoms of COVID-19** must not be at work. They should access health care and, if necessary, a COVID-19 test.
3. During alert level 3 WCTO contacts will usually be provided by alternative virtual methods (phone or video call).
4. In-person WCTO provider contacts may be arranged on a case by case basis in some circumstances and based on the clinical judgement of the WCTO nurse and / or the LMC (see Essential in-person WCTO provider contacts below).
5. WCTO providers are expected to ensure WCTO staff have the equipment to enable them to connect with whānau virtually or using phone or text.
6. Lead Maternity Carers (LMC) continue to provide antenatal and post-natal care through a mix of managed in-person contacts, telephone and video calls.
7. Referral processes to ensure a smooth transition of care between LMC and WCTO / Primary Care are more important than ever. Handover of new baby cases from the LMC to WCTO provider will be enabled by:
  - arrangements to support an in-person WCTO assessment in any case where the LMC is concerned (see health needs for Essential in-person WCTO provider contacts)

- arrangements for virtual handover and information sharing between the general practice and/or the LMC and/or the WCTO provider in any case where the LMC is concerned (see health needs for Essential in-person WCTO provider contacts).
8. The LMC discharge assessment at 4-6 weeks will be undertaken prior to handover to WCTO. The assessment includes physical assessment of the pēpi (including weight, length and head circumference measured and assessed by plotting on WHO standard growth charts).
  9. The six-week pēpi check including components from the WCTO Schedule is undertaken by the general practitioner or nurse practitioner to coincide with the six-week immunisations. This contact includes weight, length and head circumference measured and assessed by plotting on WHO standard growth charts.
  10. All practitioners are responsible for documenting assessment information in the parent held WCTO book, as well as providers' own electronic systems.
  11. Childhood immunisations are an essential service and LMCs and WCTO providers should continue to encourage families to attend general practice for all scheduled immunisations on time.
  12. Social support services including Family Start are available for referral, however in most cases services will be delivered virtually in the first instance.

## Virtual WCTO contacts and priority populations

13. Virtual WCTO contact (by video or phone) will be prioritised initially for all whānau with new babies.
14. Prioritise ongoing virtual WCTO contacts for whānau:
  - with pēpi aged between birth and 3 months
  - Māori and/or Pacific
  - first time parents
  - identified by the LMC as having greater needs at referral into the WCTO service.

AND for all whānau where:

- the WCTO nurse or LMC has identified high need
- whānau have an older tamariki where the WCTO nurse has assessed high long-term health need or risk to tamariki health and wellbeing outcomes.

**NB:** In any case where high need or health risk has been identified AND attempts to contact the whānau have been unsuccessful, providers are expected to have a system in place for liaising with Oranga Tamariki, the Police or Civil Defence to ascertain the safety of the tamariki / whānau.

## Essential in-person WCTO provider contacts

15. An essential in-person WCTO provider contact may be arranged in cases where:
  - LMC or WCTO assessment (in-person or virtual) identifies concern about the wellbeing, health or growth of the pēpi or the health of the mother; and
  - it is judged that an in-person visit from a WCTO nurse is either necessary to monitor the situation or to resolve the issue.
16. Health needs indicating need for an essential in-person contact with a WCTO nurse:
  - poor infant growth

- poor feeding / breast feeding and lactation support
  - maternal mental health, infant/whānau distress
  - recent discharge from neonatal unit or secondary care where ongoing monitoring is needed
  - complex social needs causing risk to the pēpi's health outcomes.
17. The WCTO provider is responsible for advising the LMC when contact has been made with any whānau the LMC has identified as requiring in-person care.
18. Where a WCTO nurse does not have ready access to clinical support for decision making, they can contact PlunketLine (0800 933 922) for advice and access to a clinical leader if needed.
19. In any case where there is unresolved clinical concern about the growth or health of the pēpi at a virtual or LMC or WCTO contact, then the usual referral to primary care or paediatric specialist must be made.

## Managing essential in-person WCTO provider contacts

20. Make an initial contact by phone for history taking, COVID19 risk assessment and immediate relationship development, plan in-person contact timing, location and infection control measures.
21. Where there is clinical concern for the health or wellbeing of the pēpi **and** raised risk of transmitting COVID19 then prior discussion is required with a clinical leader or manager to balance risks and plan a way of assessing the pēpi in a way that keeps staff safe (e.g. planned primary care or hospital assessment, delayed assessment or other way of monitoring).

**NB:** Raised risk of transmitting COVID19 includes where there is any person in the whānau or WCTO nurse's household 'bubble':

- a. who reports any sign of COVID19 or flu-like illness; or
- b. who is showing any signs of COVID19 or flu like illness; or
- c. who is in self isolation and/or reports being in close contact with a confirmed or probable case of COVID19; or
- d. is an essential worker who comes in and out of the household bubble;
- e. works at the border or in any managed isolation or quarantine facility; or
- f. is immune-compromised or has heightened vulnerability.

22. Standard precautions and Infection prevention and control practices should be followed at both individual and service level, including hand hygiene, cough and sneeze etiquette, maintaining physical distance of 2 metres, cleaning of high touch areas, equipment and surfaces, stay home if you are sick and contact your health provider or Healthline for advice. Toys, books and magazines should be removed from waiting rooms and seating arranged to facilitate physical distancing.
23. Use Personal Protective Equipment (PPE) in accordance with **current Ministry of Health guidelines and Ministry of Health information about masks.**
24. DHBs are responsible for ensuring WCTO providers can access face masks. Services can contact the DHB Portfolio Manager for advice on accessing supplies of masks and other PPE.
25. The primary care-giver and pēpi only may attend in-person (with one support person permitted only when a primary caregiver requires physical help to carry or handle the pēpi).
26. Limit duration of in-person contact to less than 15 minutes and, as far as possible, maintain physical distancing of 2 metres between adults.
27. Any contact and care delivered must be documented in the usual way.

## Before School Check (B4SC)

28. B4 School Checks (B4SC) may be initiated through a virtual contact (preferably Zoom, FaceTime or another video calling method) or telephone call.
29. Where providers plan to conduct virtual B4SC contacts, those providers are responsible for ensuring nurses have the technology and clinical support to undertake virtual contacts. Virtual B4SC contacts must not be conducted using any nurse's personal cell phone, tablet or computer.
30. B4SC wellbeing assessment and health education, developmental screening and the child health questionnaire may be undertaken through a virtual contact.
31. In-person contact must be arranged to follow the virtual contact assessment when in-person contact is permitted at alert level 1 or 2. Every effort must be made to ensure the nurse undertaking the virtual contact also completes the in-person contact. Oral health assessment (Lift the Lip), growth assessment will be completed at this in-person contact along with review of any concerns raised through the virtual contact.
32. The child must be engaged in the virtual B4SC as much as possible.
33. Priority for a virtual B4SC contact is given to tamariki who are:
  - close to their 5th birthday;
  - Māori
  - Pacific
  - living in quintile 5 areas.
34. The virtual B4SC contact is expected to provide the opportunity for the nurse to respond to whānau priorities and to facilitate referral to social or financial support if needed.
35. The virtual B4SC contact is expected to provide an opportunity to share COVID-19 information and health messaging.
36. While alert level 3 restrictions are in place and a B4SC nurse does not have ready access to clinical support for decision making, they can contact PlunketLine (0800 933 922) for advice and access to a clinical leader if needed.
37. B4SC vision and hearing testing cannot be undertaken through a virtual contact and must be arranged when in-person contact is permitted at alert level 1 or 2.
38. In any case where the B4SC nursing workforce is re-deployed for COVID-19 response, there must be a plan in place to catch up any deferred B4SC contacts to ensure all eligible children receive the contact.
39. Support for whānau receiving B4SC Active Families services should continue through virtual contacts.

## Key contacts

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