

COVID-19: Alert Level 1 – Guidance for Well Child Tamariki Ora providers

24 June 2020

This guidance aims to support safe decision-making and planning for Well Child Tamariki Ora (WCTO) services in COVID-19 Alert Level 1.

The objectives are to:

- support WCTO providers to re-introduce full WCTO services
- ensure pēpi and their whānau are safely re-engaged in Well Child Tamariki Ora services
- ensure an increased focus on equity of access to care for pounamu whānau (vulnerable families)
- maintain vigilance for the COVID19 virus
- maintain the safety of the clinical workforce.

COVID-19 Symptoms

The following symptoms are consistent with COVID-19:

Any acute respiratory infection with at least one of the following symptoms: new or worsening cough, sore throat, shortness of breath, coryza (head cold), anosmia (loss of sense of smell) with or without fever.

For the most current guidance for COVID-19 testing see the **Higher Index of Suspicion (HIS) criteria**.

Main points

1. Health care services are expected to return to normal operation under Alert Level 1.
2. In-person WCTO contacts, including B4SC, may now be undertaken without restriction, with the following precautions:
 - hygiene measures of handwashing / sanitiser between contacts;
 - surface cleaning between contacts (scales, measuring tables, measuring tapes etc);
 - limited easily cleaned toys, books and magazines in waiting areas;
 - screening check with whānau to check if anyone is a confirmed (or probable) case of COVID-19 or meets the higher index of suspicious **(HIS) criteria** before contact.
3. Services are expected to ensure whānau are engaged for pēpi and tamariki to receive scheduled core screening and surveillance activities appropriate for their age and developmental stage.
4. Practitioners are responsible for prioritising the caseload to ensure in-person contacts are prioritised for all whānau who were referred to WCTO during COVID-19 and who have NOT had a face to face visit; **and** pēpi and whānau identified as whānau pounamu.

5. Whānau pounamu:
 - have a pēpi aged 3 months or younger; or
 - have their first pēpi; or
 - are Māori or Pacific; or
 - are living in areas of high deprivation; or
 - have high health needs or risks to tamariki wellbeing identified by the LMC, WCTO nurse, primary care or social service provider.
6. In general, whānau pounamu will be prioritised for in-person contacts. Practitioners are responsible for deciding if extra support or screening via a virtual contact is suitable for some whānau.
7. Referral processes to ensure a smooth transition of care between LMC and WCTO continue to be important. Transition of care is enabled by notification by the LMC to the WCTO provider when the pēpi is aged 2 weeks, followed by referral by 4 weeks 6 days.
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 naked weight, length and head circumference measured and assessed by plotting on WHO standard growth charts).
9. The six-week pēpi check is undertaken by a general practitioner or nurse practitioner to coincide with the six-week immunisation. This contact includes components from the WCTO Schedule - naked weight, length and head circumference (measured and assessed by plotting on WHO standard growth charts); and screening for congenital hip dysplasia, cardiac anomalies and red eye reflex.
10. All practitioners are responsible for documenting assessment information in the parent held WCTO book, as well as providers' own electronic systems.
11. Catch up and timely completion of tamariki immunisations is a priority. LMCs and WCTO providers are responsible for encouraging whānau to attend general practice for all scheduled immunisations. Early indications are that immunisation rates, particularly for pēpi Māori, have been negatively affected during the COVID-19 period. Whānau pounamu may require support through navigation (navigator, kaiawhina or WCTO nurse as facilitator) to enable them to attend for immunisation.

In-person WCTO services: general precautions

12. In addition to usual health and safety considerations providers should conduct routine COVID-19 risk assessment (by phone call or SMS) prior to in-person engagement.
13. A routine COVID-19 risk assessment includes asking whānau whether anyone in the household meets the COVID-19 clinical and HIS criteria.
14. The outcome of this screening should be documented in the tamariki health record.
15. When screening indicates the whānau are well and do not meet the clinical and **HIS criteria**, the contact may proceed ensuring service delivery is consistent with the most current infection control advice.

16. Staff must be encouraged to take sick leave if they are unwell with a respiratory or flu-like illness. Any staff member who meets the COVID-19 clinical and **HIS criteria** or who lives with anyone who meets this must not be at work. Any staff member who meets the clinical **AND HIS criteria** who is tested for COVID-19 must not be at work until the result of the test is known to be negative. If a staff member **without HIS criteria** is tested as part of routine surveillance, they do not need to self-isolate while awaiting the test result, and can return to work when feeling well. They do not need to await the test result.
17. When screening indicates no risk of transmission of COVID-19, and universal precautions are implemented, Personal Protective Equipment (PPE) is not required. Ministry of Health guidelines provide information about the use of PPE: www.health.govt.nz/ppe.
18. It is expected that some whānau may be anxious about resuming in-person contact with services. They may need reassurance and information to enable them to make the decision to participate in an in-person contact.
19. Whānau may need additional time in contacts to access the information and support they have missed out on while level 2, 3 and 4 restrictions limited contact with services.
20. WCTO nurses may also need additional time to undertake a comprehensive health needs assessment with the whānau and plan ongoing care. Contract and Service Managers must enable staff to prioritise what is 'on top' for whānau. This may mean:
 - daily contact numbers are reduced for an initial period; and/or
 - a contact planned as a core may have to be completed as an additional because whānau priorities and health need mean the assessment, screening and surveillance requirements for a core contact cannot be completed.

Catching up deferred contacts

21. Services are asked to implement a plan to ensure all pēpi and tamariki receive scheduled core screening and surveillance activities.
22. The focus is to ensure all pēpi receive a timely assessment of growth, development, vision, hearing, heart and hips.
23. B4School Check (B4SC) contacts should be re-booked to prioritise those children closest to their 5th birthday to ensure the B4SC can be completed before the child is due to start school.
24. The B4SC provider is expected to develop a system so that any components of the B4SC that cannot be completed before the child starts school are completed as soon as possible or the school is advised that the B4SC is not complete.

Key contacts and related website advice

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