

## Covid-19: Alert Level 2 - Guidance for Well Child Tamariki Ora (11 May 2020)

This guidance aims to support safe decision-making and planning for Well Child Tamariki Ora (WCTO) (including B4School Check and vision hearing screening) services while the New Zealand alert level 2 restrictions are in place.

The objectives are to:

- support WCTO providers to safely re-introduce in-person WCTO care;
- limit the transmission of the Covid-19 virus; and
- protect the wellbeing of tamariki and their whānau; and
- maintain the safety of the clinical workforce; and
- focus on equity of health outcomes.

### Main points

1. Health care services are expected to operate as normally as possible under alert level 2. See [NZ Government Covid-19 alert levels](#).
2. In-person WCTO (including B4School (B4SC)) contacts can resume in usual locations, including homes, clinics and marae.
3. Providers must implement a system to screen for [Covid-19 risk](#) before any in-person contact is undertaken. Any such system must align with those in place across the DHB to ensure consistency in the primary health care sector and reduce confusion for whānau.
4. In-person WCTO contacts are recommended for:
  - a. priority groups including whānau who:
    - 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
    - when a tamariki has high health needs or risks to wellbeing as identified by either the LMC or the WCTO nurse; or
  - b. where there is a need to strengthen links across the health and social systems, including mental health and community supports; or
  - c. at key points for physical growth monitoring.
5. Referral processes, to ensure a smooth transition of care between Lead Maternity Carer (LMC) and WCTO, is enabled by notification by the LMC to the WCTO provider when the pēpi is aged 2 weeks (earlier using DHB new-born notification systems if they exist in your DHB). Early notification is followed by referral by 4 weeks 6 days to WCTO and general practice. The referral must include enough information, about the health and wellbeing of the pēpi and whānau, to enable decisions for prioritising engagement with the whānau.

If a WCTO nurse is not available to accept an LMC referral, through redeployment or illness, the WCTO manager is responsible for advising LMCs/Community Midwives and providing information to enable referral from LMC to an available WCTO nurse, or another provider.

6. The LMC discharge assessment at 4-6 weeks will be undertaken prior to handover to the WCTO provider. 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).

7. 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 engagement with general practice includes cardiac assessment, Ortolani and Barlow hip screen and red eye reflex assessment.
8. All practitioners are responsible for documenting assessment information in the parent held WCTO book, as well as providers' own electronic systems.
9. Tamariki immunisations are a priority and LMCs and WCTO providers will continue to encourage families to attend general practice on time for all scheduled immunisations.

### Resuming in-person WCTO services: general precautions

10. Any staff member who reports any [Covid-19 symptoms](#) (or who lives with someone who reports any Covid-19 symptoms) must stay home from work. If the symptoms indicate a test for Covid-19 is needed, the staff member must not return to work until the result of the test is known.
11. In addition to usual health and safety considerations, providers must conduct a routine Covid-19 risk assessment (by phone call or SMS) to identify and manage any risk of Covid-19 infection, or Covid-19 infection transmission, prior to in-person engagement.
12. A routine Covid-19 risk assessment includes asking whānau whether **they or anyone in the household** has any [Covid-19 symptoms](#). Covid-19 symptoms include:
  - a cough
  - a high temperature (at least 38°C)
  - shortness of breath.
  - sore throat
  - sneezing and runny nose
  - temporary loss of smell.
13. The outcome of this screening must be recorded in the tamariki electronic health record.
14. When screening indicates the whānau are well and do not meet the Covid-19 risk criteria, the in-person contact may proceed ensuring service delivery is consistent with the [most current infection control advice](#).
15. Where there is clinical concern for the health or wellbeing of the pēpi **and** raised risk of transmitting Covid-19 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 whānau and staff safe.
16. Providers are responsible for ensuring staff working in-person with whānau are supplied with products and equipment to practice [universal precautions and infection control procedures](#).
17. This means providers must ensure staff can practice:
  - physical distancing between adults as far as possible during in-person contacts and especially in waiting areas
  - evidence based hand hygiene (hand sanitiser or running water, soap and disposable hand towels)

- recommended equipment and surface cleaning.
18. Some WCTO staff and / or whānau may expect that the nurse or whānau should wear a mask for in-person contacts. In general, when screening indicates no risk of transmission of Covid-19, and [universal precautions](#) are implemented, Personal Protective Equipment (PPE) is not required. See [MoH Guidelines for use of PPE in home and community settings](#).

19. Providers are responsible for ensuring any staff who could be exposed to any risk of transmitting or contracting Covid-19 uses PPE in accordance [MoH Guidelines for use of PPE in home and community settings](#).

### Resuming in-person WCTO care: specific guidance

20. While gradually resuming WCTO services in alert level 2, providers may implement a system of combined virtual and in-person contacts with whānau.
21. WCTO assessment activities, including history taking and some screening and surveillance questioning may be undertaken by telephone or video call prior to a decision to undertake an in-person contact.

The main purposes of a virtual assessment prior to an in-person contact are to:

- screen for risk of Covid-19 (see [Resuming in-person WCTO services: general precautions](#));
- establish the whānau preference for in-person engagement;
- limit the time required in the in-person engagement; and
- prioritise time in an in-person contact for those areas of the assessment that cannot be completed virtually.

22. 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 when offered an in-person contact.
23. Whānau must be provided with options for WCTO contacts:
- in-person in home, clinic or marae
  - virtual contact with in-person contact planned at a time to suit the whānau needs
  - virtual contact only (does not apply for B4SC which must be undertaken in-person following [Covid-19 risk](#) assessment).
24. Whānau may need additional time in contacts to access the information and support they have missed out on while alert level 3 and 4 restrictions limited contact with services.
25. WCTO nurses may also need additional time to undertake a comprehensive health needs assessment with the family and plan ongoing care. Contract and Service Managers must ensure staff are enabled to respond to whānau priorities. This may mean daily contact numbers are reduced for an initial period.
26. WCTO staff are responsible for promoting compliance with physical distancing practices whilst undertaking a contact.

27. Wherever possible limit the adults present at WCTO contacts to one caregiver. One support person may attend only in circumstances where the caregiver requires help to manage the pēpi and ensuring standard infection prevention and control precautions are carefully followed.

## Recording contacts

28. Contacts will be recorded as **core contacts** when:

- an in-person contact is undertaken in a core age band; and
- the assessment, screening and surveillance activities required in a core contact are undertaken through a mix of virtual and in-person engagement; or
- the assessment, screening and surveillance activities required in a core contact are undertaken through an in-person engagement.

29. Contacts will be recorded as **additional contacts** when:

- a virtual contact (telephone or video call) is undertaken to provide assessment, family whānau care and support or health education and no follow-up in-person engagement occurs; or
- an in-person contact is undertaken as part of a care plan to respond to identified whānau health need for additional assessment, family whānau care and support or health education; or
- an in-person contact is undertaken but whānau priorities and health need means the assessment, screening and surveillance requirements for a core contact are not undertaken (including when the contact is undertaken in a core contact age band and/or the child is due to receive a core contact).

## Catching up deferred contacts

30. Services are asked to implement a plan to ensure all pēpi and tamariki receive the required minimum scheduled core screening and surveillance activities, once in-person contacts can resume.
31. The prioritisation criteria set out in **Main Points** offer a guide for decisions about the timing of contacts for those pēpi who have missed key assessment points due to alert level 3 and 4 restrictions.
32. The focus is to ensure all pēpi in priority groups receive at least one physical assessment and the core screening, surveillance and whānau support activities set out in the [WCTO Schedule](#).
33. Local collaboration between providers may be needed to ensure all whānau are contacted and required care is provided.
34. B4SC contacts must be re-booked to prioritise those children closest to their 5<sup>th</sup> birthday to ensure the B4SC can be completed before the child is due to start school.
35. 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 thereafter. If the B4SC cannot be completed before the child starts school, the school must be advised that the child's B4SC is not complete and the plan for completing the check.

## Key contacts and related weblinks for advice:

Justine Mecchia, Manager WCTO Team, [justine.mecchia@health.govt.nz](mailto:justine.mecchia@health.govt.nz)

Dr Timothy Jelleyman, Chief Advisor Child and Youth, [timothy.jelleyman@health.govt.nz](mailto:timothy.jelleyman@health.govt.nz)

[Covid-19 symptoms](#)

[COVID19 questions and answers for primary health care workers](#)

[Personal Protection Equipment \(PPE\) for community health workers](#)

[WHO Advice on PPE](#)

[Universal infection prevention and control](#)

[Information about NZ Pandemic Alert Levels](#)