

### Purpose of this guidance

This guidance is designed to support you to assess the need for an in-person visit during Alert Level 3 and until further notice. If you have any questions around this guidance, please contact your manager in the first instance.

### Background

The delivery of normal Plunket services is disrupted during this emergency pandemic situation. Currently with Aotearoa NZ at Alert Level 3 there is no in-person care delivery except in extenuating circumstances. Our approach to care delivery has been reviewed to stay responsive to the pandemic and to focus on our priority populations.

### Plunket's WCTO service in the time of COVID-19 in Level 3 will continue to prioritise:

- Care delivery to all whānau with a new-born tamariki and in first 3 months (Core 1-3), with a focus on prioritising contact with whānau Maori, Pacific peoples, and those with high need.
- Care delivery in the Core 4-7 age band for:
  - Whānau Maori and Pacific tamariki assessed as high need-short term
  - All whānau assessed as high need-long term.

### Is immediate /emergency response required?

If your assessment indicates that there are immediate risks or the person answering the phone is in a state of distress, seek to understand the nature of the distress and how you might support them. If you are unable to resolve the issues and are worried about their safety, arrange assistance as required (e.g. mental health, GP, police or other emergency services).

Assess who else is in the house, who can be with them until help arrives or, (if it is going to take time) until an appointment is arranged. Offer to follow them up with a phone call or a visit in the near future and agree a timeframe. Notify your Clinical Leader of the situation and request a Clinical Leader consult and support if you continue to have concerns about a client.

### Decision making regarding the necessity for an in-person visit

- While we strongly endorse the practise of no 'in-person' home or clinical consultations for PVS (Well Child) during this time, we recognise that in extenuating circumstances this may be deemed necessary.
- Where a community midwife/social worker has a concern about the health or safety of a tamariki or whānau, the referral should contain such information and an easily identifiable alert. As is the current process **Plunket staff will ensure all babies who have been discharged from NICU, and referrals containing any other alerts are identified, prioritised and addressed with urgency to the Clinical Leader who will make a case assignment.**
- Maternal mental health, family violence, breastfeeding, and failure to thrive are essential components of the WCTO assessment and remain a critical part of our prioritised virtual service care delivery during the COVID-19 pandemic.
- Any concern raised on the referral will trigger contact from the WCTO nurse case manager to the community midwife and a video conference discussion will be arranged between the community midwife, the WCTO nurse case manager and if appropriate with whānau, to decide if subsequent PVS 'in person' visits are necessary.

### Concerns may be raised by:

- The LMC or other agencies' referrals, or
- Your health needs assessment, or
- Difficulty establishing contact with whānau: See below for process specific to non-contactable whānau.

#### Consider:

- What are the known risks for this pēpi or whānau – current and historic?
- What are the protective factors?
- Are there other supports that mitigate the risk?
- Is there risk if no in-person contact is completed?

The decision includes consideration of whether this is a role that could reasonably be expected of a WCTO nurse. It is likely only to be if there is a requirement/need to monitor the borderline weight of baby. If there are child health or urgent maternal mental health, child protection or family violence concerns, it would be the role of another agency or the responsible medical clinician to become involved.

The Plunket nurse role would be to discuss with their Clinical Leader and if indicated make an urgent referral, with a follow up by phone/zoom to ensure referral will be actioned and what ongoing role Plunket will have to best support the whānau and the referring agency.

### CL consultation to assist in the decision-making process and possible actions

Discuss the situation and your assessment and rationale with your Clinical Leader which necessitates an in-person visit to monitor or resolve the issue. Consider who is the best person to complete that contact or who to make an urgent referral to. Significant child protection, family violence, child health or mental health indicators (current) - may require interventions such as a phone consult with Oranga Tamariki, making a Report of Concern or requesting a Police Welfare Check.

#### Your consideration may include:

- CP or FV indicators – Is there Oranga Tamariki involvement, if the case is open, contact the Social Worker, provide an update on Plunket service delivery and concerns. Continue attempts to contact and keep other agencies updated on progress
- Is the new baby case on the Maternal Wellbeing and Child protection team list? Advise the coordinator that contact has been unsuccessful (a Report of Concern may be necessary at that point)?
- Concerns from the Lead Maternity Carer if the transfer of care to WCTO has not been successful
- Contact to NICU if a whānau have been discharged from the unit with no homecare follow up
- Are there support people, contact people, extended whānau or alternative contacts for the whānau that could be called?

**The PN after consultation with the CL may gather more information to complete the case review. If after further consideration and assessment, and consultation with Clinical Leader the decision is made to proceed with an in-person visit the following guidance must be applied.**

**NB: No staff who are over 70, immunocompromised, unwell in any way or are displaying COVID-like symptoms will be undertaking in-person visits.**

### Process for managing repeated attempts to contact PVS clients

The following guidance is enacted when there have been several unsuccessful attempts to contact by phone, text and/or video call have been made during a two-week timeframe; consistent with the response time observed for contacting high needs clients as part of Plunket's transfer process.

### Consultation regarding attempts to contact

Consult with Clinical Leader to discuss case and actions planned – some contextual information to consider may include:

- Has the client moved? Check National Immunisation Register (NIR) website for updated address.
- Attempt to contact alternative contact/s.
- Check documented phone number is correct- try any other alternative contact/agencies and/or GP for current contact details.
- Are they engaging with other services – contact that service/s to see when they last connected with whānau, do they have any concerns? Eg: GP, family start, MMH.

### How to safely undertake an in-person visit:

- COVID-19 screening prior to visits MUST occur: as per the COVID-19 decision tree.
- Practice universal precautions and infection control procedures including hand hygiene, cough and sneeze etiquette, cleaning examination surfaces and equipment
- Previous virtual contact by phone (if possible) will have included as much of the needs assessment as possible. This will include all history taking, COVID19 risk assessment and immediate relationship development, plan face-to-face contact timing, location and set out expected protocol.
- Ideally limit duration of visit to **less than 15 minutes** and, as far as possible, maintain physical distancing of 2 metres between adults. This includes physical distancing arrangements of no less than 1 metre wherever possible while in the home.
- Plan in-person visit to times and spaces, in negotiation with the whānau, to limit potential contact with anyone other than the primary care-giver and pēpi, wherever possible (with one support person permitted only when a primary caregiver requires physical help to carry or handle the pēpi).
- Staff will need to organise the resources they will require for the contact including equipment and vehicles.

### Staff safety

- The COVID-19 website sets out the guidelines for safe hygiene practices during Alert Level 3. In addition, Worksafe <https://worksafe.govt.nz/managing-health-and-safety/novel-coronavirus-covid/alert-level-3-whats-worksafes-approach/> also provides information to business and managers about their obligations and considerations for staff including contact tracing. All managers are expected to have read these guidelines and enacted their requirements.

### Personal Protective Equipment (PPE)

- The Ministry of Health website sets out the PPE requirements <https://www.health.govt.nz/system/files/documents/pages/hp7366-guidelines-for-ppe-use-in-healthcare-poster-25-april2020.pdf>
- For non-contact visits, normal hygiene practices (hand washing etc) are considered sufficient but staff should consult with their clinical leader where they have concerns.

### Documentation:

Complete documentation in ePHR;

- **Contact type: Core** - Contact method: Face to Face, then in appointment notes COVID-19 face to face. It is important the note is made with reference to COVID-19, then it will avoid errors in data collection.

- **Contact type: Additional** - Contact method: Face to Face, then in appointment notes COVID 19 face to face. It is important the note is made with reference to COVID 19, then it will avoid errors in data collection.

#### Resources to support Whānau:

PlunketLine: 0800 933 922

Plunket website: [www.plunket.org.nz](http://www.plunket.org.nz)

COVID-19 health line: 0800 358 5453

COVID-19 website for updates and information: <https://covid19.govt.nz/>

HealthLine for illness: 0800 611 116

Mental Health Support line: 1737 call/text

Depression support: <http://depression.org/>

Ministry of Social Development: 0800 559 009 (any work or income issues)

SHINE: <https://www.2shine.org.nz/>