

## COVID19: Alert Level 3 - Guidance for Well Child Tamariki Ora providers (22 April 2020)

This guidance aims to support safe decision-making and care delivery planning for Well Child Tamariki Ora (WCTO) services while the New Zealand 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; and
- maintain the safety of the clinical workforce.

### Main points

1. Lead Maternity Carers (LMC) continue to provide antenatal and post-natal care through a mix of managed face-to-face contacts, telephone and video calls.
2. Well Child Tamariki Ora (WCTO) care is an essential service. However, during alert level 3 WCTO contacts will usually be provided by alternative virtual methods (phone or video call).
3. Face-to-face WCTO provider contacts may be arranged on a case by case basis in some circumstances (see [Essential face-to-face WCTO provider contacts](#) below).
4. Referral processes to ensure a smooth transition of care between LMC and WCTO are more important than ever. 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.
5. 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).
6. 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 naked weight, length and head circumference measured and assessed by plotting on WHO standard growth charts.
7. All practitioners are responsible for documenting assessment information in the parent held WCTO book, as well as providers' own electronic systems.
8. Childhood immunisations are an essential service and LMCs and WCTO providers should continue to encourage families to attend general practice for all scheduled immunisations.
9. B4 School Checks (B4SC) will continue to be deferred while Level 3 conditions are restricting face-to-face contact. B4SC vision and hearing checks, development assessment and growth measurements require face-to-face contact. Providers are asked to develop plans to catch-up on deferred checks once the current alert level 3 restrictions are lifted.
10. Support for whānau receiving B4SC Active Families services should continue through virtual contacts.

11. 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

12. Virtual WCTO contact (by video or phone) will be prioritised initially for all whānau with new babies.
13. Prioritise ongoing virtual WCTO contacts for whānau with pēpi aged between birth and 3 months who are:

- Māori and/or Pacific
- first time parents
- living in areas of high deprivation
- 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 face-to-face WCTO provider contacts

14. An essential face-to-face WCTO provider contact may be arranged in cases where:
  - LMC or WCTO assessment (face-to-face or virtual) identifies concern about the wellbeing, health or growth of the pēpi or the health of the mother; and
  - it is judged that a face-to-face visit from a WCTO nurse is either necessary to monitor the situation or to resolve the issue.
15. The following health needs may indicate the need for an essential face-to-face 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
  - very complex social needs causing risk to the pēpi's health outcomes.
16. In any case where there is unresolved clinical concern about the growth or health of the pēpi at a virtual or face-to-face LMC or WCTO contact, then the usual referral to primary care or paediatric specialist must be made.

## Managing essential face-to-face WCTO provider contacts

17. 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; or
- e. is immune-compromised or has heightened vulnerability.

18. Practice universal precautions and infection control procedures at both individual and service level, including for example hand hygiene, cough and sneeze etiquette, cleaning examination surfaces, phones and keyboards.
19. Use Personal Protective Equipment (PPE) in accordance with current Ministry of Health guidelines.
20. Initial contact by phone for history taking, COVID19 risk assessment and immediate relationship development, plan face-to-face contact timing, location and set out expected protocol.
21. Ideally limit duration of direct contact to less than 15 minutes and, as far as possible, maintain physical distancing of 2 metres between adults. This includes physical distancing arrangements in waiting area.
22. Assign face-to-face contacts to times and spaces where there is not likely mixing with people presenting with infections (e.g. separate clinic times, separate clinic spaces).
23. Primary care-giver and pēpi only attend face-to-face (with one support person permitted only when a primary caregiver requires physical help to carry or handle the pēpi).

### Reporting

The Ministry does not expect services to achieve usual contact volumes when providing a prioritised virtual, and limited face-to-face, WCTO service.

The Ministry will analyse care delivery data more frequently during the pandemic management phases.

The Ministry recommends contacts are documented in the provider reporting system, by pēpi NHI, as an additional contact by telephone or video call.

The care delivery components provided in the contact will be recorded in the usual way.

Services are asked to develop a plan to ensure all babies receive scheduled core screening and surveillance activities, usually undertaken face to face, once pandemic management restrictions are lifted. The focus is to ensure all pēpi receive an assessment of growth, development, vision, hearing, heart and hips.

**Key contacts and related website 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)

COVID19 questions and answers for primary health care workers:

<https://www.health.govt.nz/our-work/diseases-and-conditions/COVID19-novel-coronavirus/COVID19-resources-health-professionals/COVID19-primary-care/COVID19-questions-and-answers-primary-health-care-workers>

Personal Protection Equipment (PPE) for community health workers:

<https://www.health.govt.nz/system/files/documents/pages/hp7353-ppe-ipc-poster-community-care-providers-28mar20-v3.pdf>

Telehealth, virtual technology consulting:

<https://www.health.govt.nz/our-work/diseases-and-conditions/COVID19-novel-coronavirus/COVID19-resources-health-professionals/managing-patients-and-reporting-using-telehealth-and-online-tools>