

# COVID-19 Community Child Health Services

## Guidance for service provision

*Document pertains to:* Community Nurses, Child Health Nurses, Nursing Managers, Clinical Nurse Consultants, Early Intervention Parenting Clinicians, Aboriginal and Torres Strait Islander Health Workers

*Purpose:* To support service adaptation by community child and youth health services in Queensland Hospital and Health Services (HHSs) during a declared pandemic.

It is acknowledged that these services for infants, children and young people require an improvement focus in order to provide equitable services across all contexts, including rural and remote.

## Background

Unequivocal evidence shows the significance of adverse environments and experiences during the first 1000 days of a child's life on health outcomes. Regardless of events such as pandemics, these factors continue and indeed may be exacerbated. Deferring or ceasing primary care services can have significant consequences, especially for children who are developmentally vulnerable.

Community child health services provide essential primary health care to families through promotion of health and development, early identification of needs and early intervention support. This contact with families provides a critical opportunity to identify factors that may impact on the optimal functioning of the family and which can potentially result in lifelong implications for a child's health and wellbeing.

Community child health services need to be flexible and responsive in delivering care when there is community transmission of COVID-19. There is a need to continue to provide essential services to families, maintaining safe quality care with a focus on supporting families who have higher levels of vulnerability. When adapting services, there is a need to ensure ease of access and ongoing engagement with child health services and ensure that all families have access to key preventative health services including: breast feeding support, immunisation, psychosocial support, growth and development assessment.

This position statement provides guidance to ensure some level of consistency in how community child health services adapt across Queensland in response to Public Health Directives related to community transmission of COVID-19.

Local Hospital and Health Service processes are to be followed when making clinical decisions regarding alternate modes of care delivery.

School Based Youth Health Nurse (SBYHN) services will continue to deliver care based on service capacity and need. Where service capacity is impacted and where variations to service delivery are necessary these will be communicated to schools in a timely manner.

The Primary School Nurse Health Readiness Program (PSNHRP) will continue to deliver vision screening services to prep aged children in primary schools in consultation with the key school contacts. Where variations to service delivery are required, these will be communicated to schools in a timely manner.

# Service Model Adaptations for COVID-19 Pandemic

- The usual child health elements of assessment, care planning, supportive interventions and referrals should remain an essential part of all consultations
- Services may be provided either via a virtual consultation (telephone or video) or in-person, or a combination of both.
- There is no prescriptive length of time recommended for in-person clinical consultations. A traditional appointment length may be shortened to reduce face-to-face contact time where it is clinically indicated and clinically safe to do so.
- When using virtual consultations (telephone or video), clinicians must document how the care was delivered and any parts of the care/assessments that were unable to be completed

## Recommendations:

### Home Visiting

- Initial home visiting appointments are via virtual consultation (telephone or video) with a risk assessment of the family's needs and vulnerabilities.
- A home visit will be provided in-person where clinically indicated and safe to do so. In-person home visits are time-limited (clinical judgement) and are to be provided where a physical examination is required and/or clinical risk assessment of vulnerabilities indicate a face to face service is essential.

### Clinic Appointments

- Initial clinic appointments are via a virtual consultation (telephone or video).
- A clinic appointment will be provided in-person where clinically indicated and safe to do so. In-person clinic appointments are time-limited (clinical judgement) and are to be provided where a physical examination is required and/or clinical risk assessment of vulnerabilities indicate a face to face service is essential.

### Drop-in services

- Can remain open with screening and social distancing measures in place.
- Consideration should be given to managing client flow. For example, through offering extended hours, more clinicians (if facility / rostering can support) or phone-ahead options.

### Immunisation Clinics

- Should remain open with screening and social distancing measures in place.
- Consideration should be given to managing client flow

### Self-weigh facilities

- Facilities should remain open only where clients are able to be screened and the facility monitored to ensure social distancing and infection control guidelines are met.

### Day Programs

- Appointments are provided as either a virtual (video when available) or an in-person day stay appointment where a prior clinical assessment has determined that a face to face service is necessary.
- Consultations may be time limited (clinical judgement).

## Parent Groups

- All in-person groups should be ceased.
- Parent groups are an essential service and should be offered via a virtual videoconference where available.

## School Based Youth Health Nurse services

- Individual appointments will continue to be delivered face to face where a young person is able to access the SBYHN on the school campus and adequate physical distancing practices can be followed.
- Individual appointments may be undertaken by virtual (telephone or video) consultation appointments where a young person has given consent to the alternate consultation method and the clinical issue is deemed appropriate for alternate mode of consultation.
- Health Promotion and education will be delivered using alternate modes of delivery, such as video conference.
- Consideration should be given to the appropriateness and safety of the alternate delivery method as an effective means of delivering the essential content of the health promotion or education topic.
- Individual HHS's will determine the governance process for undertaking alternate modes of service delivery.

## Primary School Nurse Health Readiness Program

- Vision screening of prep children can continue to be delivered onsite at the schools with additional support from school personnel to accommodate social distancing requirements. This may include the transfer and gathering of children in smaller groups throughout the screening process than has previously occurred.
- Additional infection control measures have been implemented to ensure the cleansing of eye patches and letter matching cards occur after each child has been screened. Hand sanitiser is available for use by the children prior to being screened.
- Additional communication with schools to reinforce screening exclusion criteria, such as unwell children and children under isolation and quarantine orders.
- Opportunistic health promotion and education provided during COVID pandemic including hand hygiene, cough etiquette and infection control to children and school personnel.

## Anticipatory Guidance / Health Promotion:

- Priority should be given to the following areas when discussing health promotion.
  - Breastfeeding
  - Immunisation
  - Safe Infant Sleeping
  - Mental health and wellbeing
  - Domestic and Family Violence
  - Accessing medical care (GP, 13HEALTH)
  - Accessing community and family support services (e.g.- [DFV services](#), Family support agencies ([FACC/IFS](#) and [child protection safety](#)))
- Note: clinicians can access their local [Child Protection Unit](#) within Qld Health facilities for clinical advice if concerned about a family and their access to support.

### Child Health Sub Network Recommendations:

Recognition that understanding and responding to the needs of children and their families during this pandemic remains vital, and not doing so can have profound consequences throughout life.

Community child health services are essential services that need to adapt and evolve their modes of delivering services to children and their families, whilst maintaining safe quality care that is accessible and encourages ongoing engagement with the services.

Community Child Health Services should offer services which include:

- Key preventative health services, including breastfeeding support, immunisations, growth and developmental surveillance and psycho-social support.
- Health promotion / Anticipatory Guidance, prioritising the areas of breastfeeding, safe infant sleep, mental health and wellbeing
- Continuity of care, ongoing engagement and working in partnership with other services (e.g. GP, maternity services) to ensure families are well connected and supported during times of high stress.
- A clinical risk assessment of child and family vulnerabilities ensuring early identification and appropriate response to need.

Community Child Health Serviced, where possible, continue service provision in line with the frameworks and contemporary evidence that underpins child, youth and family health practice:

- Child & Youth Health Practice Manual
- Queensland Universal Child Health Framework – Implementation Guide
- National Framework for Universal Child and Family Health Services

Looking after your own physical and emotional wellbeing during this uncertain time is extremely important. Check in with your colleagues, friends and family, or reach out to your line manager if you have any concerns. [FACE COVID](#) is a set of practical steps for responding effectively to the pandemic.

### Definitions:

**Primary Health Care** is essential health care made universally accessible to individuals and families in the community. It is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care and is people-centered rather than disease-centered.

**Vulnerability** is a potential susceptibility to adverse impacts from multiple stressors to which the child and family are exposed and often indicate a family will have additional needs.

### Acknowledgements:

Thank you to the members of the Child Health Subnetwork and School Based Youth Health Nurse Sub Network for the revision of this document.

## Resources:

1. Queensland Child and Youth Clinical Network (QCYCN) – Child Health Sub Network  
<https://www.childrens.health.qld.gov.au/chq/health-professionals/qcyc-network/>
2. QCYCN Statement – Child Health Nursing  
[https://qheps.health.qld.gov.au/\\_data/assets/pdf\\_file/0022/722533/chn-statement.pdf](https://qheps.health.qld.gov.au/_data/assets/pdf_file/0022/722533/chn-statement.pdf)
3. Child and Youth Health Practice Manual  
[https://qheps.health.qld.gov.au/\\_data/assets/pdf\\_file/0020/406415/cy-prac-manual.pdf](https://qheps.health.qld.gov.au/_data/assets/pdf_file/0020/406415/cy-prac-manual.pdf)
4. Personal Health Record (Red Book) and the Child Health Information Booklet: Your guide to First 12 months  
<https://www.childrens.health.qld.gov.au/chq/information-for-families/personal-health-record/>
5. Queensland Universal Child Health Framework – Implementation Guide  
<https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/qcycn/imp-guide.pdf>
6. National Framework for Universal Child and Family Health Services  
[https://www1.health.gov.au/internet/main/publishing.nsf/content/AFF3C1C460BA5300CA257BF0001A8D86/\\$File/NFUCFHS.PDF](https://www1.health.gov.au/internet/main/publishing.nsf/content/AFF3C1C460BA5300CA257BF0001A8D86/$File/NFUCFHS.PDF)
7. The First Thousand Days – An Evidence Paper  
<https://www.rch.org.au/uploadedFiles/Main/Content/ccchdev/CCCH-The-First-Thousand-Days-An-Evidence-Paper-September-2017.pdf>
8. Queensland Health Intranet (QHEPS) Coronavirus page <https://qheps.health.qld.gov.au/hr/coronavirus>
9. Children’s Health Queensland (CHQ) COVID19 - Staff Portal  
<https://www.childrens.health.qld.gov.au/extranet-covid-19/>
10. Queensland Clinical Guidelines – COVID-19: Operational framework for maternity and neonatal services  
[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0039/949539/g-covid-op-frame.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0039/949539/g-covid-op-frame.pdf)
11. eHealth – Telehealth documents
  - Staff Quick Reference Guides (QRG) <https://qheps.health.qld.gov.au/car/telehealth/portal>
  - Consumer QRG <https://www.health.qld.gov.au/telehealth/html/portal>
12. CHQ - Telehealth Resources QRG
  - Staff QRGs – Microsoft Teams <https://healthqld.sharepoint.com/teams/CHQOfficeOnline>
  - Staff Training Videos – Microsoft Teams <https://web.microsoftstream.com/channel/>
  - Consumer QRG – Microsoft Teams [PC](#) ; [Apple](#) ; [Android](#)
13. COVID-19 Screening Assessment <https://www.childrens.health.qld.gov.au/wp-content/uploads/PDF/covid-19-extranet/coronavirus-screening-flowchart.pdf>
14. COVID-19 advice for Queensland vaccine service providers: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/immunisation/service-providers/covid-19-advice-for-vaccine-service-providers>

Version	Author	Date	Changes	Proposed review date
1.0	Statewide Child and Youth Clinical Network	22 September 2020	Approved by CSLF	
2.0	Statewide Child and Youth Clinical Network	22 October 2021	Updated	