



## PROCEDURE

### Community Health Nursing Appointments for COVID-19 positive clients

<b>Scope (Staff):</b>	Community Health Nursing
<b>Scope (Area):</b>	CAHS-CH

#### Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [disclaimer](#)

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### Aim

To provide consistent guidance and direction for the management of service delivery during the transition from COVID-19 pandemic for services to business as usual for COVID positive patients at:

- child health clinics
- home-based face to face appointments
- groups

### Risk

Further spread of COVID-19 will affect the safety and well-being of clients, families, staff and the community at large.

### Background

Following the end of the state of emergency and returning to business as usual, staff are directed to refer to [Infection Prevention and Control in Western Australian Healthcare Facilities guideline](#) and CAHS policies.

This document provides guidance and direction for the management of service delivery to a COVID positive client in the child health clinic and home-based face to face appointments.

### Principles

- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses need to provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Community health nurses must follow the organisation's overarching Infection Control Policies and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

### Definition

A close contact for the purpose of this procedure is defined as:

- a household or household-like contact, or intimate partner of a person with COVID-19 who has had contact with them during their infectious period (this excludes contact between colleagues in the workplace)

## Procedure

### Groups

Clients who have tested positive to COVID-19, is a close contact or a symptomatic visitor should not attend Community Health sites. This excludes these clients from all health sites where groups are held for 7 days from their positive test with or without symptoms.

### Client screening prior to appointment

The following SMS will be sent to clients 60 hours before the appointment:

#### CH Nursing

Child Health appointment reminder for [ChildFirstName] on [StartDate] at [StartTime]. Please reschedule your appointment if anyone attending is unwell or has been diagnosed with an infectious illness. If you need to check or change your appointment, please call 1300 749 869 (Mon-Fri 8am-5pm).

The previous 'Additional Message' options will continue as follows:

- *If you received ASQ questionnaires, please take the completed forms to your face to face appointments.*
- *If your contact is a home visit, the nurse may arrive about 30 mins before or after the planned time.*

CHBS will inform Nurse/CNM/clinic of rescheduled appointments.

### Preparation for appointment

- If CHBS has informed Nurse/CNM/clinic that client has called to reschedule an appointment due to positive responses to the screening question:
  - Nurse to assess client notes and consult with CNM/CNS to consider if visit is essential (refer to Appendix 1) before calling client to schedule an appointment.
  - Additional information received from the client during the phone call will also be taken into account to decide if visit is essential or not. If the visit is essential also need to decide if child needs an appointment as a home visit.
- When booking a face to face appointment with a client, advise them:
  - it is preferred that only one parent/carer should attend the appointment;
  - where possible, only bring the child who the appointment is for.

- If the client requires an interpreter service, organise for the service to be delivered through telephone or video for COVID positive or suspected clients and through telephone/video as a preference for all clients.
- The universal contact 0-14 days visit should continue to be offered as a home visit.

### Appointment

Face to face screening is to occur at time of home visit or clinic appointment to confirm if anyone is unwell **or has been diagnosed with an infectious** illness using the below screening question:

- Are you or anyone visiting today unwell?

### Client does not meet any symptomatic screening criteria

- If a client reports that they do not meet any screening criteria, follow standard precautions as per the [CAHS Standard and Transmission Based Precautions policy](#) for Infection Prevention and Control.

### Child Health Clinic visit and home visit - face to face

- Wellness screening remains for client bookings.
- Surgical masks are to be worn at a minimum by staff who have direct interaction with clients.
- Masks must be worn in areas that has a client residing in or transitioning through: Waiting areas, reception and corridors.
- Consumers and clients are not required to wear a mask, however this is still strongly encouraged at point of entry or suggested when attending home visit.
- Masks to be available if client/consumer would like
- Staff to limit close contact where possible and remain 1.5m distance from household members where possible
- To help with physical distancing at sites, parents/carers are still encouraged not to bring siblings to appointments if this is possible.

### Home Visit

- Nurse can suggest parent/caregiver and children aged 12 years and over wear masks to minimise risk of COVID-19.
- Requirement to wear masks may differ dependent on public health advice and directions. Consult with CNM for current advice.
- Staff to limit close contact where possible and remain 1.5m distance from household members where possible

## Client meets symptomatic screening criteria

Where client or visitor meets the screening criteria at the face to face visit (clinic or home):

### Child health clinic visits

- Symptomatic or close contact clients are not to be seen in clinics. Nurse must ask client to return home and call to reschedule appointment.

### Home visit

- If appointment is essential, can proceed as for Symptomatic case

In preparation for the client's phone call consider:

- the factors relating to risk or high need as per Appendix 1 to determine if appointment is deemed essential
- Consult with the CNS/CNM to decide if client should be seen in the home

## COVID-19 Positive Clients

Where CDIS has been notified of a client's positive COVID-19 status, a red flag (labelled 'COVID Notification Received') will be added to the CDIS record. Where a nurse through the screening process has identified a client as COVID-19 positive, the nurse is to add a red flag with the label 'COVID Notification Received' to the client's CDIS record with an end date of 14 days. The CDIS team will then manually remove the red flag after 14 days (if not required for another reason).

## Appointment is essential- home visits

- All home visit attendances should only occur when there is a significant risk to clients if the visit does not proceed, with no other option. Decision is to be made in consultation with line manager.
- The CNM is to allocate nursing resource for home visits.
- Document care rationale and objectives for face to face appointment
- Undertake risk assessment as per the [Community Health Home and Community Visits procedure](#)
- Staff must wear appropriate PPE and refer to [Statewide COVID-19 Infection Prevention and Control in WA Healthcare facilities](#) for guidance in safely caring for Symptomatic suspect/confirmed patients.
- Health Care Workers (HCWs) providing care to those patients who are COVID-19 positive, symptomatic or close contacts must wear the following PPE:
  - a fit tested particulate filter respirator (PFR)
  - protective eyewear (face shield or goggles)
  - long sleeved disposable gown

- disposable gloves.
- Staff attending a home visit can do so on their own if they are comfortable with the process donning and doffing of PPE.
- Refer to [How do I don and doff PPE safely?](#) noting that the ‘patient room’ referred to here is the client’s home
- Place all waste in rubbish bag and dispose in clients’ council rubbish bin
- Only take in essential equipment that will be removed from the house after the visit and can be wiped down using detergent/disinfectant wipes
- Only one parent/caregiver/member of the household should be in the room with nurse for the appointment.

### Appointment NOT essential

- Consider changing appointment to phone or telehealth consultation.
- Phone to reschedule face to face appointment

### Escalation process in the case of acute deterioration for infants with positive COVID-19 status

#### Infant under 28 days

- For acute deterioration use current escalation process as per [CAHS CH Recognising and Responding to Acute Deterioration policy](#)

#### Infant/child over 28 days

- Use current escalation process as per [CAHS CH Recognising and Responding to Acute Deterioration policy](#)
- This may include advice around seeing the family GP or attending the local emergency department.
- If organising transport to ED, include COVID-19 status in the communication

### Documentation

Steps	Additional Information
Documentation	<ul style="list-style-type: none"> <li>• Ensure CDIS calendar is up to date and book visit.</li> <li>• Document assessment as soon as practical and escalate any concerns as appropriate</li> </ul>

## Compliance monitoring

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 the [Health Services Act 2016](#) (WA) and is binding on all CAHS and WACHS staff as per section 27 of the same act.

Compliance monitoring methods may include observation of clinical practice, clinical incident review, client health record documentation audit and/or attendance at identified training sessions.

### Related internal policies, procedures and guidelines

[CAHS Home and Community Visits](#)

[CAHS Standard and Transmission Based Precautions](#)

### Related external legislation, policies, and guidelines

[Guidance on the use of personal protective equipment \(PPE\) for health care workers in the context of COVID-19](#)

### Related resources (including related forms)

[COVID-19 and breastfeeding \(state-wide advice\)](#)

Government of Western Australia Department of Health: [HealthyWA Coronavirus](#)

## Community Health Nursing Appointments for COVID positive clients

This document can be made available in alternative formats on request.

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### Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital



## Appendix 1: At Risk or high needs parents/carers or children

1. Known risks mental health issues:
  - Mother and baby unit discharge (visit is to support child) and/or
  - domestic violence (visit is to support child with location of visit to be discussed with line manager)
2. Child safeguarding and/or family known to Department of Communities including baby in out of home care.
3. At risk communities including:
  - Aboriginal
  - culturally and linguistically diverse (CALD)- visit is to support child
  - unsupported parents
4. Low levels of health literacy which have the potential to impact on child wellbeing
5. Growth:
  - babies with a birth weight under 3kgs,
  - Loss of weight by the baby of greater than 10% post birth
  - growth faltering
6. Significant breastfeeding difficulties
7. NICU and special care discharge
8. Maternal birth complications
9. Recent infant discharge from PCH and secondary sites with specific community nursing input requested (e.g. cleft palate, laryngomalacia, feeding plans)