COVID-19 - guidance for community settings

Health Policy team
This page provides operational and clinical guidance for paediatric community settings. It has been produced with the British Association for Community Child Health (BACCH).

The operational guidance includes minimising potential exposure to COVID-19 for patient and practitioner while keeping patients safe, and the role of community care in supporting the NHS response to COVID-19 (England only). The clinical guidance includes the isolation of children from household members and other health professionals, and how to manage suspected cases in the clinic, educational settings and residential settings and during home visits.

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Operational guidance

We encourage units to complete the RCPCH Impact of COVID-19 survey, which helps to highlight service pressures and impact on child health outcomes, including late presentations. More information is available from the webpage.

Minimising potential exposure to COVID-19 for patient and practitioner, while keeping patients safe
Community clinics

- As in home visits, clinicians should consider whether appointments are necessary and, if so, use telemedicine tools as much as possible. This may include telephone consultations or similar, depending on the resources available. RCPCH QI Central features [online resources for setting up and running successful video consultations](#).
- For England, more information about virtual assessments, using digital technology for patient support and essential face to face care is available in the [NHSE/I COVID-19 Standard Operating Procedure for Community Health Services](#). Section 2.5 focuses on healthcare settings.
- A relatively small number of community clinic appointments will continue throughout the COVID-19 outbreak (see ‘Priorities for community health services’ below). Service providers in a locality should consider consolidating remaining face-to-face services into one or a small number of centres. The centre(s) should have adequate space for social distancing in waiting rooms with appointments timed to facilitate this. The centre should be cleaned to a standard that minimises infection and have hand sanitisers or hand washing facilities for patients.

Home visits

- PHE [guidance on home care provision](#) includes steps for home care providers to maintain delivery of care. This includes: reviewing client lists and sharing this information with local partners as appropriate and necessary, working with local authorities to establish plans for mutual aid; and noting arrangements by local authorities, CCGs and NHS111 to refer vulnerable people that are self-isolating to volunteers that can provide support.
- Clinicians should consider whether visits are necessary and, if so, use telemedicine tools as much as possible. This may include telephone consultations or similar, depending on the resources available. RCPCH QI Central features [online resources for setting up and running successful video consultations](#).
- For England, the [NHSE/I COVID-19 Standard Operating Procedure for Community Health Services](#) notes that screening questions should be asked before each home visit. Visits must also be prioritised according to guidance, (see ‘England: Priorities for community health services’, below), and cohort considerations should be made. Section 2.4 of the Standard Operating Procedure focuses on home visits.
- When considering whether visits should be conducted as planned, clinicians should also consider their own safety and the safety of the other children that they provide care for.
- For Scotland, guidance is available from HPS [COVID-19 Information and Guidance for Social or Community Care and Residential Settings](#). Section 1.10 ‘Home visits/care at home’ notes that health and social care staff should defer visits to self-isolating people if possible. If visits are essential, staff must comply with all infection control procedures and the use of bank/agency staff must be avoided wherever possible.
- The guidance is complemented by the Scotland [National Clinical Guidance for Nursing and AHP Community Health Staff during the COVID-19 pandemic](#). This document is geared towards nurses and AHPs, but is relevant to the work of community paediatricians as part of an integrated approach that utilises the skills of all community professionals.
Educational settings

- For children and young people with education, health and care plans (EHCPs), PHE guidance on vulnerable children and young people states that these should be risk-assessed by the school/college to decide whether children and young people need to be offered a school place to meet their needs, or if they can safely have their needs met at home. If necessary, this could include carers, therapists or clinicians visiting the home to provide essential services.
- There is further information regarding special schools and colleges in the guidance.
- For children in alternative provision (AP) settings, guidance states that AP settings are staying open throughout the COVID-19 outbreak, as significant numbers of children in AP meet their definition of vulnerable (having a social worker and/or an EHCP).
- Clinicians working in AP settings should work with management to minimise infection risk to children and young people while ensuring that their needs are met.
- SEND risk assessment guidance has been published by the Department for Education (DfE). This document does not explicitly refer to health services but notes the health and wellbeing risks to the individual as a result of COVID-19 and the temporary closure of educational services.
- Guidance for Scotland concerning COVID-19 school closures similarly notes that school, early learning and childcare (ELC) settings may stay open for children of key workers and vulnerable children (defined as those in receipt of free school meals, children with additional support needs and at-risk children).
- The Northern Ireland Department for Education has advised that special schools will stay open, as these children fall within the definition of vulnerable children.

The role of community care in supporting the NHS response to COVID-19

England: Priorities for community health services

- NHSE/I has published COVID-19 Prioritisation within community health services guidance, last updated on 1 April 2020. Current general priorities for providers of community services during this pandemic are to:
  - Support home discharge of patients from acute and community beds, as mandated in the COVID-19 hospital discharge service requirements
  - Use digital technology wherever possible
  - Prioritise support for high-risk individuals who will be advised to self-isolate for 12 weeks
  - Apply the principle of mutual aid within health and social care partners, as decided through your local resilience forum
- These general priorities are for all community services providers and are therefore not specific to children and young people (CYP) community services. Providers of CYP services should be mindful of this when implementing them.
- The Prioritisation document recommends that certain services should continue: emotional health and wellbeing/mental health support, with urgent care prioritised; safeguarding; continuing care packages; children and end of life care; rapid response service; sexual assault services; antenatal newborn and children screening and
immunisation services.

- Mental health, learning disabilities and autism are the focus of a COVID-19 response cell that is not specific to CYP (see sub-section: ‘Mental health, learning disabilities and autism’).

- NHS guidance on redeploying the secondary care medical workforce is available. While the entire document is not specific to care for children and young people, it does have a section on paediatrics which notes that ‘where possible, community? paediatric?doctors should be deployed to support acute?paediatric?services and? paediatric?EDs, although essential community services that keep children safe and? would should?continue’ (p12).

- Additionally, Appendix 2 of the NHSE/I COVID-19 Standard Operating Procedure for Community Health Services states that ‘children, young people and families may experience additional pressures and stresses during the coronavirus pandemic, particularly the most vulnerable or those who require additional support. It is important to continue to deliver support through a universal and targeted offer during this time’.

### Scotland: Priorities for community health services

- National Clinical Guidance for Nursing and AHP Community Health Staff during the COVID-19 pandemic is geared towards nurses and AHPs, but is relevant to the work of community paediatricians as part of an integrated approach that utilises the skills of all community professionals.

- Section 5 contains guidance specific to the care of children and young people, and Annex 4 outlines priorities of care in the community for health visitors, family nurse partnerships, school nurses, children’s community AHP services, district nursing services, general practice nursing, specialist nurses, learning disability and mental health nursing, adults community AHP services.

### Mental health, learning disabilities and autism

- NHSE/I has guidance for clinicians who have had limited contact with people with a learning disability or autism, which outlines an approach to supporting people with a learning disability and people with autism throughout the COVID-19 outbreak, and links to further resources.

- The national mental health and learning disability and autism teams and NHSE/I have set up a COVID-19 response cell. The cell has limited relevance to CYP but may be useful to be aware of. More information is available in their update from 15 March 2020 (PDF).

- The cell has guidance: Managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages (PDF), published on 25 March 2020.

- The guidance outlines general principles. These are that people with mental health needs, a learning disability or autism should receive the same degree of protection and support as other members of the population; providers may need to make difficult decisions in the context of reduces capacity and increasing demand; providers should consider both physical and mental vulnerability; partnership working is crucial; digital technology is an essential tool to maximise delivery; and providers should bear the longer-term impact of the COVID-19 outbreak in mind, and seek to minimise changes that impact on the capacity of the system in the long term.

- The guidance then discusses a range of considerations, such as funding, cohorting and
I ideas for community paediatricians to support the COVID-19 response

Some of the services provided to children and young people by community paediatricians, especially those delivered in schools, will pause during the COVID-19 outbreak. This section offers ideas on how community paediatricians could work to support the COVID-19 response in light of service suspension. The work of community paediatricians varies greatly, and services are encouraged to use these ideas to develop their own guidance that is suitable for their context.

Community paediatricians have different skills that they use in a variety of contexts.

As part of the COVID-19 response they could continue their usual activities. These may include:

- Working with colleagues from other teams to cover more safeguarding work, including for children admitted to hospital
- Discharge planning for CYP with complex health needs
- Reviewing personal care plans for those who have them, in line with PHE COVID-19 guidance on vulnerable children and young people
- Supporting vulnerable children to remain at home by home visits/telephone support in lieu of hospital attendance
- General paediatric outpatient support: prioritisation of referrals and triage of who can be safely postponed completely; offering advice to referrers on management without referral; deciding who needs to be seen face to face or by video/telephone. This may require rapid refresher training for the community paediatrician and, if so, training must be supplied before the clinician commences this activity
- Looked after children (LAC) health assessments
- Palliative and end of life care

As stated in the NHS clinical guide for the management of paediatric patients during the coronavirus pandemic (PDF), clinicians may need to work outside of their specified areas of training and expertise during the outbreak. Clinicians should only work outside their usual activities where they have the appropriate competencies and feel confident in doing so.

Community paediatricians could undertake many activities if appropriate training is supplied and cross-organisational discussions allow. For example, these activities could include:

- Working in the emergency department/assessment unit
- Acting as a mid-grade trainee alongside acute consultant colleagues to backfill for trainees that have been redeployed to other acute areas or adults
- Seeing/speaking to urgent general paediatric outpatients
- Carrying out neonatal examinations (NIPE)
- Assessment and follow-up of neonatal jaundice
- Supporting GPs with their triage of children.

Clinical management of suspected cases

Isolation of children from household members and other child health
Community paediatricians should consider the entire care package when thinking about isolation, in partnership with those involved; parents and other carers that work with the child, for example. RCPCH guidance on children with increased risk of COVID-19 should be taken into account to ensure that risk to the child or young person does not outweigh the benefit of maximising isolation against COVID-19 (see ‘children with increased risk of COVID-19, below).

Complex care packages may pose a risk to the child, as they necessitate many individuals entering and leaving the home. Risk to the child must be considered against the need for all of their care, or aspects of it, to continue during the COVID-19 outbreak.

A coordinated approach should be taken to minimise risk. This necessitates a case by case approach to manage risk/benefit for the child and carers/clinicians.

PHE advice should be taken regarding self-isolation with children; PHE acknowledges that some advice may be difficult to apply if the person isolated is a young child or a child requiring lots of support due to complex medical needs or disability. Clinicians should use their professional judgement in deciding whether the recommendations are appropriate on a case by case basis.

Individuals with an intellectual disability/learning disability may have difficulty comprehending public health precautions, such as social distancing or hand washing. Those involved in their care should consider how best to communicate these important messages.

Community clinics

If a clinician working in a community clinic suspects that a patient has COVID-19, they should follow the NHS guidance for primary care clinicians as much as practicable and possible. This includes avoiding physical examination of a suspected case.

In Scotland, they should follow HPS information and guidance for social or community care and residential settings section 1.4. This states that the individual should be returned home, via a private vehicle if possible, unless they require emergency medical attention. In this case, 999 should be called. Environmental decontamination should then take place.

Home visits

If a clinician is in a patient’s home and suspects COVID-19 infection among the patient or a member of the household, they should follow PHE guidance concerning PPE and safe working procedures to minimise the risk of transmission.

If a clinician believes they may have become infected with COVID-19, they should self-isolate and follow NHS advice.

Educational settings

Schools are now closed in the UK for all children and young people, except those of key workers and for vulnerable children and young people (see Department for Education guidance for further information).

Where schools are still open for these children, if a clinician suspects that a patient has COVID-19, they should follow the PHE guidance for educational settings as much as
practicable and possible.

- DHSC guidance on care for residents of care homes (see below) may also be relevant to some educational settings.
- The clinician should discuss the case with relevant staff members, such as the headteacher, and call NHS 111, NHS 24 in Scotland, NHS Direct in Wales and GP out of hours in Northern Ireland.
- The clinician should direct staff members to the guidance for educational settings for further information about decontamination, school closure and other measures.

**Residential settings**

- The Department of Health and Social Care, Care Quality Commission, Public Health England and NHS England have guidance on care for residents of care homes. This supersedes the previous PHE guidance on residential care provision.
- The guidance recommends that infection control measures are taken within settings (Annex E), which would apply to clinicians providing healthcare, and asks that all non-essential appointments are postponed (including medical appointments).
- HPS has guidance for caring for someone with possible COVID-19 in residential settings (section 1.6), as part of their COVID-19 information and guidance for social or community care and residential settings.

**Medical transport for suspected or confirmed COVID-19 cases**

- If a clinician advises a parent or child/young person to seek medical attention, they must signpost to local medical transport services. The clinician must caution against the parent or child/young person using other transport options, because this risks contamination and infection of others.
- For Scotland, there is further information about transfer from community settings and transfer from hospital as part of HPS COVID-19 information and guidance for social or community care and residential settings (section 1.6).

**Notes on this guidance**

- According to PHE, the UK is currently in sustained transmission. The provision of direct clinical care requires the appropriate use of PPE irrespective of the symptom or test status of the child. PPE guidance for different contexts is available from the PHE website and relevant to the UK. Table 2 and table 4 are of most relevance to community settings.
- Work is ongoing to ensure national guidance is applicable to children and young people. We encourage members to take a pragmatic approach to interpreting guidance so that it meets the needs of children in local areas.
- Where available, existing guidance is signposted from Scotland, Wales and/or Northern Ireland.
- While hospice settings are outside the scope of this section, we recognise that some community paediatricians may lead on this work. Clinicians are advised to make appropriate policies in conjunction with others in their locality, such as hospice staff and the local authority.
- Where possible, community ?paediatric? doctors should be deployed to support acute paediatric services and? paediatric Emergency Departments, although essential
community services that keep children safe and well at home should continue (NHSE/I guidance on redeploying the medical workforce, p12). This guidance has been produced with the British Association for Community Child Health (BACCH).

Latest updates on this page

Updates in this version (published 23 April):


Updates in version published 20 April:

- Links added to NHSE/I SOP for Community Health Services and to PPE guidance.

Updates in version published 8 April:

- Scotland National Clinical Guidance for Nursing and AHP Community Health Staff during the COVID-19 Pandemic added.