

COVID-19 - guidance for community settings

[Health Policy team](#)

This page provides guidance for paediatric community settings. Service resumption in the context of COVID-19 is first covered, followed by operational guidance that signposts to other useful documents.

This guidance has been produced with the British Association for Community Child Health (BACCH).

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[Partnership](#)

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Community paediatric services' response to COVID-19

Community paediatric services have developed some excellent innovations in the face of the enormous challenge posed by the COVID-19 outbreak, including: utilising telemedicine tools to continue seeing patients; introducing new infection control procedures to reduce risk to clinician and patient; and working in new ways with colleagues from other professions.

As in other services, community paediatrics has not been able to function at full capacity which has increased waiting lists. There is concern about clinician workloads as attention turns towards service resumption.

It is also likely that infection control measures will have to remain in place for the foreseeable future, especially for the most clinically vulnerable patients and families, contributing to the

complexity of assessment and care.

COVID-19 remains a great risk to population health. As attention turns to how we can best provide community paediatric services in the next months and years, the RCPCH and BACCH are working to support teams to develop services with the approach of Reset, Restore and Recover.

Reset, Restore, Recover

The RCPCH has developed [three principles](#) to underpin its approach to the planning and delivery of healthcare for children and young people, in the context of the COVID-19 pandemic.

These are outlined below with extra information related to community paediatrics.

- 1. Reset:** Planning children's health services should be underpinned by data and evidence so that innovation and new models of care that meet the needs of children and young people are maintained. The following have been developed by the RCPCH:
 - The RCPCH [QI Central hub](#) features a collection of COVID-19 resources.
 - Our CYP Engagement team are [working to gather the views of children and young people on their experiences of services during COVID-19](#), and what new innovations they'd like to see kept moving forward.
 - The team have also compiled a [directory of research studies](#) on children and young people's views and experiences of COVID-19.
- 2. Restore:** Delivery of children's health services should be restored so that all children and young people receive high-quality, safe and effective care in every setting, ensuring timely diagnosis with a particular focus on supporting community services. There should be no diminution in facilities and adherence to current standards must be maintained.
 - We know that COVID-19 has not affected everyone equally, as the most vulnerable families, children and young people have been hit hardest by the pandemic. The work of community paediatricians will be crucial in addressing this.
 - Working with colleagues at a system level will be more important than ever, to ensure that community paediatric services receive appropriate resources and support. The RCPCH and BACCH will continue to advocate for community services in the wake of the COVID-19 pandemic.
 - RCPCH Ambassadors is the College's local advocacy network of members who work with their Integrated Care System/Sustainability and Transformation Partnership to raise the profile of paediatrics and child health services in their system. Find out more on the [webpage](#) and submit an application to become an Ambassador. Please be aware that responses from the team are subject to delay due to focus on COVID-19.
- 3. Recover:** The paediatric workforce should be recovered, bringing paediatricians back to children's services and their training pathway, including sharing new ways of working with a focus on wellbeing.
 - The [RCPCH Impact of COVID-19 tool](#) collects information from services regarding service capacity and staffing, among other questions. If you're registered you can see weekly responses and overall national level results. This data may be helpful when planning your service recovery, and will help us as a College to demonstrate how COVID-19 has affected the community paediatric

workforce.

- Many services have a renewed or greater emphasis on workforce wellbeing as a result of the COVID-19 outbreak. It is important that this continues into the future; for example, maintain regular online service briefings and team meetings, and if you're a leader try to keep an emphasis on wellbeing in your communication with staff. The [RCPCH COVID-19 Wellbeing Hub](#) is a useful source of resources and inspiration.
- Further resources for resuming community child health services are available on the [BACCH website](#).

Operational guidance: Minimising potential exposure to COVID-19 for patient and practitioner, while keeping children safe

Community clinics

- In addition to those face to face appointments that have continued throughout the pandemic for some children (child protection, LAC etc), face to face appointments may be clinically required for other referrals, particularly for new patients.
- The clinic environment must allow adherence to social distancing in clinic rooms and in waiting areas 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. The centre should only have play equipment that can be cleaned comprehensively and easily or is disposable, such as pencils and crayons. Appropriate PPE must be available for staff.
- If your service requires patients to wear PPE beyond what they can be reasonably assumed to possess, such as coverings in addition to non-medical grade face masks, then the service should provide this.
- Continue to use telemedicine tools as much as possible where clinically appropriate. 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.

Home visits

- 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. The PHE guidance published 14 May on [safe working in education, childcare and children's social care settings](#) covers childcare settings and schools including special schools.
- [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 on supporting children and young people with SEND as schools and colleges prepare for wider reopening](#) is available from PHE.
- [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.

England: Priorities for community health services

- NHS England has published [guidance on the restoration of CYP services](#). This states that the majority of services should undergo partial or full restoration.

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 additional considerations for community-based teams.

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.
- 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.

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British Association for
Community Child Health

Latest updates on this page

Updates in this version (published 23 June):

- Link to RCPCH Ambassadors added.

Updates in version published 22 June:

- Reset, Restore, Recover section added.
- Operational guidance: edited and updated with new links.

Updates in version published 26 May:

- Home visits: link to new home care provision guidance; link to safeguarding in education, childcare and children's social care settings.
- Educational settings: link to guidance for safeguarding in education, childcare and children's social care settings.
- Link to guidance on supporting CYP with SEND as schools and colleges prepare for wider reopening.
- Residential settings: link to guidance for safeguarding in education, childcare and children's social care settings.

Updates in version published 14 May:

- Home visits: included note that PHE home care provision guidance was withdrawn on 13 May and further guidance for the sector is currently under development.