

Updated –13th May 2020

COVID-19 NHS GGC Summary Guidance for Health Visiting, School Nursing and Family Nurse Partnership Service in Response to Scottish Government National Clinical Guidance for Nursing and ANP Community Health Staff during COVID -19 Pandemic (v1.3 17 April 2020)

Immunisation Programme

- Essential that all immunisation activity continues and remains a key priority for the organisation.
- Encourage parents/carers to attend immunisation clinics – updated guidance to follow.

Health Visiting and Family Nurse Partnership

Antenatal Contacts

Health Visiting: Antenatal home visit contacts had not been introduced across NHS GGC with early adopter activity having only commenced in recent months. To note that maternity colleagues, in keeping with current practice, will continue to highlight any issues of vulnerability to the Health Visiting Team as appropriate

Family Nurses: Family Nurses will continue to endeavour to enrol clients on the programme in pregnancy and deliver the programme using a blend of face to face and telehealth solutions. To note that maternity colleagues, in keeping with current practice, will continue to highlight any issues of vulnerability to the Family Nurses as appropriate.

There is an expectation that all contacts in the Universal Pathway continue to be delivered albeit in a different way, for example using Near Me. In all cases, **professional judgement** must be the driver for determining level of support required, to keep individual children and their families safe and well during this time

Near me /Attend Anywhere recommended by SG except for essential home visits as agreed with multiagency partners and professional judgement/ child protection and child with additional needs

New Babies

- **All new babies to be visited between 11 / 14 days.** Taking cognisance of COVID - 19 precautions, contacts should be **face to face** in line with pathway guidance (including weighing and measuring babies) with focus on specific issues such as Routine Sensitive Inquiry in relation to Gender Based Violence, family mental health, substance misuse, noting impact of social distancing and shielding on family support networks – see National Guidance Document as per current EMIS guidance. Communication of any risk identified should be undertaken where appropriate with relevant partners for example GP / Social Work.
- **All other visits in the first year of life should be face to face**, but based on professional judgement may be adapted for virtual visit (e.g Phone or Near Me) **i.e. 2-5 week: 3 month; 4 month; 8 month.** Unless professional judgement indicates for example, mental health, domestic abuse, substance misuse child protection, and or where additional risks/ needs identified/ infant feeding assessment / weaning advice required. Infant feeding assessment should be included where contact is made at 3/5 weeks. Telephone contact / near me has been agreed for roll out across NHS GGC and work is underway to introduce this.
- **6 Month:** Pause and Reflect on care plan / what's been done/ what needs to be done/ immunisations up to date etc., unless professional judgement indicates need for contact for example, child protection or where additional risks/ needs identified/ infant feeding assessment / weaning advice required. .

Child Health Reviews

- **6 – 8 week assessment** – Taking cognisance COVID -19 precautions contacts should be **face to face** in line with pathway guidance (including weighing and measuring babies).
- The Edinburgh Post Natal Depression Score should be carried out in line with the Universal Pathway Protocol with specific focus on Routine Sensitive Inquiry. Communication of any risk identified should be undertaken where appropriate with relevant partners for example GP / Social Work
- All other routine Child health Reviews **i.e. 13-15 month; 27-30 month; 4- 5 year** To be undertaken albeit in a different way e.g. telephone or Near Me. For those children with an **additional HPI** or where the Health Visitor has concerns these assessments should be undertaken **face to face** wherever possible in line with

pathway guidance. CHS forms should be completed only for those children seen.

Children Allocated an Additional Health Plan Indicator (HPI) and/or Concerns Regarding Child Protection or where a Health Visitor or Family Nurse had concerns irrespective of HPI

- These should be discussed on a case by case basis with Social Work colleagues where social work services are involved with family.
- “Transfers In” irrespective of HPI.
- Decisions regarding any other **visits** should be based on assessment of risk and clinical need. All families, where there are concerns, should have assessments revisited in light of national guidance around lockdown posing an additional risk factor – families who may have been core and or managing prior may now require additional support. In all cases where additional needs have been identified the care plan should reflect this. For example referral to an Education Hub
- Contacts may be undertaken using telephone consultation if this is assessed as safe to do so where it is not possible to visit.
- In moving to escalation regarding child protection it is essential that case records are up to date including assessment / HPI allocation and care plan to enable Child Protection Unit (CPU) to access records and link to relevant / IRD process.
- CPU colleagues to assist in gathering information as / where required for children moving into the area from other parts of the country where there are child protection concerns.

School Nursing

- To reflect agreed pathways within NHS Greater Glasgow and Clyde (GGC)
- Weight management service within NHSGGC – not offered by School Nursing Service
- School Nurse resource is limited within GGC and should focus on children and young people with greatest identified need in relation to emotional health and wellbeing and those children and young people who are young carers or looked after at home where risks to wellbeing may be exacerbated by pandemic restrictions. This includes:
 1. Risk Assessment for A and E discharge and appropriate follow up
 2. Young people who are additional high with school nurse essential intervention under

pathway of Child Protection, Emotional Health and Wellbeing

3. Essential contacts with regards to Emotional Health and Wellbeing
4. Social background reports/IRD's
5. Phone into Child Protection meetings as appropriate
6. Health Support to education hubs
7. Liaison with colleagues across health and in education will help endure a coordinated response to need.

Vulnerability – Looked After Children and Young People (LAC) Team

- Referral management and triage to ensure that Red priority patients are highlighted and actioned.
- New referrals for Initial Health Assessments to be undertaken including those for unaccompanied minors. Triage and allocation of cases to available medical and nursing staff. Communication with Social Work in relation to accepting of referrals and ensuring referral criteria is met.
- Review Health Assessments- continue and are able to be undertaken as telephone consultation or via Attend Anywhere.
- Dental Health Support – can cease but can be undertaken by telephone or via Attend Anywhere where we still have capacity with staff to do so.
- CMA –referrals will be triaged and allocated to available nursing staff and will proceed based on Paediatrician availability

Family Nurse Partnership

The essential criteria recommended by Scottish Government guidance remain in place. In light of deployment of staff we may, going forward, require to explore the undernoted proposals with Scottish Government. This should be done with the Chair of the Advisory Board in the first instance and not in individual HSCP's. Consideration may require to be given to the following measures as capacity to deliver services becomes increasingly compromised

- Graduations could be reviewed and Family Nurses could retain 2 year olds on their caseload for the duration of the pandemic. This would have to be balanced with spaces for newly pregnant vulnerable clients being offered a space on the programme.

Priority Home Visits

When home visits are required all staff must adhere to the following:

Before you make a home visit you must ask the parent/carer the following questions:
Have you or a household member:

- Been in contact with a person diagnosed with COVID-19?
- Have a fever/high temperature?
- Do you have a cough?
- Shortness of breath or breathing difficulties?
- Anyone in the household is in the extremely vulnerable to COVID 19 group and/or shielding as per GOV.UK medical criteria or CMO letter.

If the answer to any of the above questions is '**yes**' you must advise your line manager if available and/or senior colleague. If home visit required staff to ensure that they have the appropriate personal protective equipment (PPE) before entering the home.

All Staff to ensure that they read the information available on Staff Net and Health Protection Scotland website (see attached link) for most current advice regarding use of PPE .

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/>

Partnership with General Practice and Third sector

It is really important to maintain communication and visibility between HV and GP to ensure communication and maintain partnership working whenever possible during this period.

Consideration also should be given, as would be in routine practice, as to where voluntary organisations can provide additional support and care to families.

Arrangements regarding staff deployment and the establishment of local systems, which may include the establishment of local hubs, is currently being progressed within the respective Partnerships. However, it should be noted these arrangements may change subject to direction from the NHS GGC COVID -19 Health and Social Care Partnerships / Primary Care Tactical Group.

Supervision and support for staff is crucial during these times and this is maintained via Team Leads/ Senior Nurses/ Service manager (Supervisors/Nurse Consultants in FNP). Staff can also get support and advice from the Child Protection Service.