



Maternal and Child Health Service providers in Regional and Rural Local Government Areas (LGAs) – excluding Mitchell Shire

coronavirus (COVID-19) update 22 July 2020

Purpose

This document provides guidance to Maternal and Child Health (MCH) services to help support the continued delivery of essential frontline services in response to the coronavirus (COVID-19) pandemic. It has been developed to update MCH Services and its workforce on the current restrictions across regional and rural Victoria, excluding Mitchell Shire.

Due to the reintroduction of *Stage 3 Stay at Home Restrictions* in metropolitan Melbourne Local Government Areas (LGAs) and Mitchell Shire from 11.59pm 8 July, different guidance operates for MCH services there.

This guidance provides links to regularly updated information and updates the guidance provided on 9 July 2020.

Guidance is current at the date of publication. This document will be reviewed and updated regularly as the pandemic progresses and information changes.

Background

The coronavirus (COVID-19) pandemic is unprecedented and will continue to impact Maternal and Child Health (MCH) services, the workforce and families. Our response needs to be agile and flexible to meet the needs of families and the MCH workforce, whilst slowing the spread of coronavirus (COVID-19) and keeping up to date with the latest directions from the Chief Health Officer.

The Department of Health and Human Services (DHHS) in partnership with the Municipal Association of Victoria (MAV) will continue to provide direction to MCH services to support alternative service delivery and to help slow the spread of coronavirus (COVID-19). They will also assist to implement advice on restrictions as directed by the Chief Health Officer and provide advice for the resumption of full-service delivery where possible.

This advice is for service delivery in Local Government Areas (LGAs) in all regional and rural areas, except for Mitchell Shire.

This update:

- Will incorporate the Chief Health Officers directions in line with the current restrictions and extension of Victoria's State of Emergency to 19 August 2020.
- Continues to build upon the pandemic and business continuity planning already underway by local government and MCH services, including remote and working from home arrangements for staff.
- Is intended to include alternative modes of service delivery to support the delivery of services to families, without compromising the health and wellbeing of parents, children or the workforce.
- Align the staged approach to resumption of MCH full-service delivery with the Australian Governments 3 Step Approach to COVIDSAFE where possible https://www.health.gov.au/sites/default/files/documents/2020/05/3-step-framework-for-a-covidsafe-australia-3-step-framework-for-a-covidsafe-australia_1.pdf.
- Will guide the resumption of MCH full-service delivery by the end of July 2020 in regional Victoria (excluding Mitchell Shire) on the advice of the Chief Health Officer if coronavirus (COVID-19) community transmission remains low in regional and rural areas of Victoria.

General advice

The advice presented in this document is subject to further updates. All services are encouraged to:

- Keep up-to-date with current coronavirus (COVID-19) advice and information for health providers on the Department of Health and Human Services' website <https://www.dhhs.vic.gov.au/coronavirus>.
- Refer to <https://www.dhhs.vic.gov.au/health-services-and-professionals-coronavirus-covid-19> for the guidelines for health services and general practitioners, including transmission reduction and physical distancing measures.
- Follow the Victorian Chief Health Officer (CHO) on Twitter at <https://twitter.com/VictorianCHO> and subscribe to the daily CHO updates <https://www.dhhs.vic.gov.au/coronavirus-covid-19-daily-update>.
- Subscribe to the coronavirus (COVID-19) newsletter by emailing COVID-19@dhhs.vic.gov.au.

Alternative models of service delivery

DHHS recommends MCH providers continue to implement several key actions and include alternative service delivery models whilst continuing the staged approach to full-service delivery. The aim of this continuation and implementation is to:

- Resume offering face-to-face appointments for:
 - **All** infants 0-8 weeks
 - Aboriginal infants and children
 - Infants and children with additional needs or concerns including families on the Enhanced Maternal and Child Health Program.
- Resume offering face-to-face appointments for infants and children over 8 weeks of age, prioritising the youngest infants and children first.
- Use alternative service delivery methods, such as telephone and telehealth consultations, to supplement and enhance face-to-face service provision and increase engagement of families.
- Prioritise access to MCH services based on age of infants, parent and child vulnerability and need.
- Resume offering face-to-face groups with a limit of 20 people as participants (including all adults and infants and children who can crawl and/or walk) and ensure physical distancing of 1.5 metres can be adhered to and participants 12 years of age and over where a face covering. **Infants and children who cannot crawl or walk are considered part of the mother/carer unit and are considered one person.**
 - Density requirements of one person per four square metres must be complied with.
 - Where the four-square metre rule cannot be implemented due to room size, group sizes will need to be changed to meet requirements.
 - Continue to support group work through telehealth and other virtual services if people cannot attend due to restrictions of room sizes and/or staff availability.
- Parents from a metropolitan Melbourne LGA or Mitchell Shire that usually attend a regional or rural MCH service (because it's closer to their place of residence and is their regular service) **will not be able** to attend groups in the regional or rural LGAs during **Stage 3 Stay at Home** restrictions. However, they can be provided with telephone/telehealth consultations, supplemented by short face-to-face consultations for physical and developmental assessments, weight checks and breastfeeding support.

Key Actions

- **To continue resuming face-to-face MCH services while also reducing the risk of transmission of coronavirus (COVID-19) MCH service providers should:**
 - Resume face-to-face appointments for:
 - **All** infants 0-8 weeks
 - Aboriginal infants and children
 - Infants and children with additional needs or concerns including families on the Enhanced Maternal and Child Health Program.
 - Resume face-to-face appointments for infants and children over 8 weeks of age prioritising the youngest infants and children first.
 - Prioritise access to MCH services based on age of infants, parent and child vulnerability, and need.
 - Use alternative service delivery methods, such as telephone and telehealth consultations, to supplement and enhance face-to-face service provision and increase engagement with families.
 - Stagger appointment times to promote physical distancing and universal standard precautions.
 - Minimise physical contact during essential face-to-face appointments by practicing physical distancing of 1.5 metres unless undertaking physical assessment/interventions, weight checks and breastfeeding support.
 - Practice standard universal precautions and infection control procedures at both individual and service level. Health care workers must wear a level 1 or type 1 disposable surgical mask in public -facing areas – particularly where adequate social distancing is not possible. Clients should also wear face masks in these same environments. Refer to Coronavirus disease 2019 COVID-19 - Infection control guidelines 2020 at <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19> Use full PPE in accordance with current DHHS guidance at <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>.
 - Advise clients that from 11.59pm on Wednesday 22 July 2020, the **Chief Health Officer** recommends people 12 years and older **living in metropolitan Melbourne and Mitchell Shire** who are leaving home for one of the four reasons, must wear a face covering unless an exemption applies. Details can be found at <https://www.dhhs.vic.gov.au/updates/coronavirus-covid-19/updated-restrictions-11.59-pm-Wednesday-22-July-2020>. Wearing a face covering protects the person and community by providing an additional physical barrier to coronavirus (COVID-19).
 - Keeping 1.5 metres between people and washing hands are still the best defences against coronavirus (COVID-19).
 - There are two types of face coverings suitable for community use: cloth masks and surgical masks.
 - The recommendation to wear a face mask does not apply to children (people aged under 12 years), individuals with breathing difficulties, and those who have physical conditions that make it difficult to wear a face mask.
 - There will be enforcement on the use of face coverings.
 - Advise clients who live in regional and rural areas (excluding Mitchell Shire) they are encouraged to wear a face covering when leaving home if they are not able to keep 1.5 metres from others. If clients need to travel into metropolitan Melbourne or Mitchell Shire, they must wear a face covering.
 - If clients need to travel through metropolitan Melbourne or Mitchell Shire, they can. They should plan their trip so that they don't need to stop unless it is for shopping for food and supplies, medical care and caregiving, and study or work. If they are driving and don't leave their car, a face covering is not required.

- **To reduce the risk of transmission of coronavirus (COVID-19) in MCH services**, all clients should be screened prior to presenting, and again at presentation for their appointment, to ensure they have none of the following risk factors:
 - are a suspected or confirmed case of coronavirus (COVID-19) and have not yet been cleared to end self-isolation
 - meet the current Victorian coronavirus (COVID-19) case definition and testing criteria (for up to date definition see DHHS website <<https://www.dhhs.vic.gov.au/health-services-and-professionals-coronavirus-covid-19>>
 - symptoms of an acute respiratory tract infection characterised by cough, sore throat, shortness of breath, runny nose or anosmia
 - a fever or chills in the absence of an alternative diagnosis
 - loss of smell or taste
 - have returned from overseas within the last 14 days (should be in hotel quarantine)
 - are a close contact of a confirmed coronavirus (COVID-19) case (should be in self-quarantine)

Anyone who has answered yes to any of the above should self-quarantine at home, be tested for coronavirus (COVID-19) and is advised to contact the DHHS 24-hour hotline on 1800 675 398, or phone their General Practitioner (GP) to arrange for testing and appropriate care.

- **For MCH appointments for families with suspected or confirmed coronavirus (COVID-19) cases:**
 - Provide MCH service as a telephone/telehealth consultation in the first instance.
 - If a clinical assessment is required that necessitates a home visit, ensure appropriate PPE is used. See the latest advice at: <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>.
 - If a face-to-face consultation is deemed clinically essential (0-8 weeks and priority groups), a short home visit (ideally less than 15 minutes) can be completed by an MCH nurse equipped with full PPE.
 - Advice on the correct usage of PPE, including how to put PPE on and take it off is available at <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>.
- **For MCH appointments for families who are not suspected or confirmed coronavirus (COVID-19) cases:**
 - Universal standard precautions apply for any encounter where the risk for coronavirus (COVID-19) is determined to be low or no-risk.
 - Universal standard precautions found at <https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/standard-additional-precautions> should be practiced.
 - Due to an increased risk of transmission of coronavirus (COVID-19) the PPE Taskforce has updated their advice for all health care workers in Victoria including in regional and rural areas.
 - Health care workers **must** wear a level 1 or type 1 disposable surgical mask in public-facing areas – particularly where adequate social distancing is not possible.
 - Clients **should** also wear face masks in these same environments.

Refer to <https://www.dhhs.vic.gov.au/personal-protective-equipment-ppe-covid-19>.

- **DHHS recommends** that any infant, aged 0-8 weeks at the time, who did not receive a face-to-face consultation and physical examination due to coronavirus (COVID-19) restrictions in place from March 21, 2020, are to be prioritised for a face-to-face consultation to undertake a full physical assessment. All services are to have a process in place to ensure all those infants have been physically assessed and appropriate referrals attended as required.

- **Subject to workforce capacity** DHHS recommends continuing Key Ages and Stages (KAS) visits or consultations to children in older age groups from 4 months onwards, including the use of alternative models of service delivery. Short face to face consultations need to be attended for physical and developmental assessment and weight checks.
- **DHHS recommends the continued re-introduction of group sessions** based on the advice of the Chief Health Officer.
 - Group sizes from 31 May are limited to 20 participants, including all adults and infants/children who can crawl and/or walk in the count.
 - Group facilitators are not included in the count.
 - **Infants and children who cannot crawl or walk are considered part of the mother/carer unit and are considered one person.**
 - Each adult participant is counted as one person.
 - Density requirements of one person per four square metres must be complied with.
 - Physical distancing rules and the practice of good hand hygiene including regular hand washing and hand sanitising should be followed and the wearing of face coverings for people 12 years of age and over.
 - If the area for the group cannot provide physical distancing of 1.5 metres for 20 people or 4 square metres per person, the group size will need to be decreased to adhere to this requirement.

As services re-introduce group activities, they are encouraged to continue to engage clients through telephone and telehealth means if face-to-face groups are not possible.

- The **24 hour/7 day per week Maternal Child Health Line (13 22 29)** will continue to operate and provide telephone advice to parents and families across Victoria.

Modes of service delivery

Home Visits	<ul style="list-style-type: none"> • All face-to-face home visits screened for coronavirus (COVID-19) prior to visit. • Universal precautions Tier 1 PPE precautions should be followed; with full PPE used only for suspected and confirmed cases.
Centre Visits	<ul style="list-style-type: none"> • All face to face appointments screened for coronavirus (COVID-19) prior to attending appointment. • Face-to-face centre appointments should be staggered to promote physical distancing and universal standard precautions + Tier 1 PPE precautions. • Strict infection control measures to be implemented in centres and communicated to families.
Telephone/ Telehealth	<ul style="list-style-type: none"> • Use telephone/electronic consultations to enhance engagement, strengthen and guide face to face consultations or provide consultation when face to face is not possible. • MCH practice guidelines, found here, will guide service provision.
Groups	<ul style="list-style-type: none"> • Group sizes are to be limited to 20 people (this includes all adults and infants/children who can crawl and/or walk) plus the minimum number of people reasonably required to operate the group.

Groups	<ul style="list-style-type: none"> Physical distancing rules and the practice of good hand hygiene including regular hand washing and hand sanitising should be followed and the wearing of face coverings for people 12 years of age and over. If the area for the group cannot provide physical distancing of 1.5 metres for 20 people, the group size will need to be decreased to accommodate the room size and physical distancing rules. Parents from a metropolitan Melbourne LGA or Mitchell Shire that usually attend a regional or rural MCH service (because it's closer to their place of residence and is their regular service), will not be able to attend groups in the regional or rural LGA during Stage 3 Stay at Home restrictions. They can be provided with telephone/telehealth consultations, supplemented by short face-to-face consultations for physical and developmental assessments, weight checks and breastfeeding support. As services re-introduce group activities, they are encouraged to continue to engage clients through telephone and telehealth means, if face-to-face groups are not possible.
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Telehealth

Services should also be aware that for vulnerable patients or vulnerable health practitioners, new bulk-billed non-admitted items have been introduced for telehealth. Further information can be found at:

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-01-latest-news-March>.

MCH workforce health and availability

If MCH service providers or staff are concerned that an employee or employee's family member may have or have been exposed to coronavirus (COVID-19), they should:

- Follow DHHS advice for healthcare workers at <https://www.dhhs.vic.gov.au/coronavirus>.
- Contact the 24 hour/7 day per week dedicated coronavirus (COVID-19) hotline on **1800 675 398**.

The 24 hour/7 day per week **Maternal Child Health Line (13 22 29)** will continue to provide telephone advice to parents and families across Victoria.

Service agreements, funding and reporting

DHHS recognises the critical role of MCH services in the health and wellbeing of parents, infants and children. Services should be reassured DHHS:

- Will not recoup funds for suspended services (group sessions, sleep and settling initiatives) during the coronavirus (COVID-19) pandemic.
- Understands funding may need to be redirected by services to implement alternative service delivery responses.
- Understands that the MCH participation rates could be impacted by coronavirus (COVID-19).
- Expects 2019-20 unspent funding will be rolled over to the 2020-21 year to support MCH programs.
- Expects services will utilise existing data systems (CDIS) to record electronic consultations. Visit this link for updated CDIS instructions: [MCH CDIS KAS & Additional Consultations Via Phone](#)