



Maintaining Essential Well Child Care During the COVID-19 Pandemic

Date Implemented: April 29, 2020

The COVID-19 pandemic may adversely impact essential preventative services for AI/AN children by disrupting the ability of clinics to provide routine well-child care. Failure to provide these services can place children at risk for vaccine preventable diseases and delayed recognition of disorders related to growth and development. During this time, the [American Academy of Pediatrics](#) recommends maintaining childhood immunizations and, if feasible, well-child care, especially for infants and children through 24 months of age.

Recommendation: IHS clinics should strive to safely provide well-child care for all ages and emphasize care for those up to 24 months of age (i.e., visits at 2 days, 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, and at least one between 15 and 24 months of age). Key elements of safe well-child care, designed to prevent spread of COVID-19, include:

- Designated clean areas that are strictly separated from those treating sick patients. This includes screening staff and patients/caregivers for exposure to or symptoms of COVID-19 (e.g., cough or fever), and utilization of separate sick/well waiting areas when feasible
- Adhering to all CDC recommended infection control standards, including universal masking, social distancing, cleaning of surfaces between patients, and excellent hand hygiene practices
- Spacing appointment times to prevent patients from waiting in a common area
- Encouraging only one caregiver to accompany the child. For example.
 - Saturday well day
 - Using mornings for well patients, and afternoons for sick patients.
 - Using Tuesdays and Thursdays for well patients, and MWF for sick patients
- If possible, utilizing telemedicine for applicable aspects of well-child care (e.g., when no immunizations are due)

If standard well-child visits with a qualified medical provider are not possible during the COVID-19 pandemic, then every effort should be made to continue immunizations based on the CDC immunization schedule. IHS clinics are encouraged to incorporate other key screenings into immunization visits.

Recommended screenings include:

- Assessment of length, weight, and head circumference (plotted on growth curve)
- Use of a validated developmental screening tool (e.g., Ages and Stages Questionnaire) at least twice before 24 months of age. These can be mailed to parents in advance

- Autism screening using the Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R) at least once between 16 and 30 months of age
- Lead screening at 9-12 months and 24 months of age
- Consider anemia screening between 9-12 months of age
- Domestic violence screening for caregiver and child