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.
  - On Saturday well day
  - On 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