

RECOMMENDATIONS FOR CHILDREN FOR COVID-19 OUTBREAKS

I. ISOLATION FACILITIES IN HEALTH INSTITUTIONS

1. All counties to identify isolation facilities fit for children including a play area.
2. The facility should have all the Infection Prevention and Control requirements as set out in the national guidelines
3. It is desirable that this facility have in built oxygen ports but if not available, there should be designated portable oxygen

Table 1 Parent/Child management for suspected or confirmed cases

Child	Parent/caregiver	Management
*Well	Well	Home isolation
**Unwell	Well	Parent/ caregiver accompanies the child/children in a paediatric inpatient isolation facility
Well	**Unwell	Home isolation for the child with one alternative caregiver who is provided with standard Personal Protective Equipment

*Well: deemed clinically stable and suitable to be managed as an outpatient

**Unwell: meets criteria for inpatient care

Note: Parents and caregivers who are admitted with their child should remain isolated with their child until discharge.

II. TRIAGE OF RESPIRATORY TRACT INFECTION CASES IN OPD

1. All children with respiratory tract symptoms should be isolated in one area at least six feet away from the other children.
2. Screen and isolate all children with suspected COVID-19 as per the case definitions.
3. Children with indrawing pneumonia as per IMNCI guidelines should be prioritized for COVID-19 testing.

IV. MANAGEMENT OF PAEDIATRIC OUTPATIENT CLINICS

1. Routine POPCs should be suspended but ensure repeat prescriptions are provided for and where possible the caregiver can pick the required medication
2. Where the child is unwell:
 - a) One designated caregiver should bring the child to the hospital.
 - b) Contact time with the child should be minimal but adequate for quality service provision.
 - c) Adhere to IPC guidelines.

III. NEW BORN UNITS AND KANGAROO MOTHER CARE FACILITIES

1. Infants born to mothers with suspected, probable or confirmed COVID-19 infection, should be breastfed while applying necessary precautions for Infection Prevention Control.
2. Symptomatic mothers who are breastfeeding or practising KMC should observe respiratory & hand hygiene and routinely disinfect frequently used surfaces.
3. In the event that the mother is too unwell to breastfeed or express breastmilk, appropriate breastmilk substitutes can be used.
4. Mothers and infants should continue practicing KMC and rooming-in regardless of their COVID-19 status.
5. Health workers with respiratory tract illness (regardless of COVID-19 status) should be exempted from duties in NBU till recovery
6. Only one caregiver should be designated for the entire duration of admission in the NBU.
7. Reduce the number of trainees while prohibiting visitors in NBUs.

V. ROUTINE IMMUNIZATION SERVICES

A fully vaccinated child is more likely to be protected from vaccine preventable diseases and possible complications of COVID-19.

1. Routine immunization services should continue countrywide preferably in the usually less crowded levels 2 and 3 facilities.
2. High volume health facilities should also continue routine immunization in a separate area akin to an out-reach post service.
3. Where possible caregivers should be given specific scheduled appointments for routine immunization.
4. Infants and caregivers coming for immunization services should be triaged for possible exposure and appropriately directed to a point of care.
5. Community Health Workers should also be deployed to mobilize caregivers to continue seeking immunization services.
6. There should be continuous communication of these emergency immunization strategies at all levels
7. Preparation for possible catch-up immunization activities upon the end of COVID- 19 outbreak

