



# Child Care Management During COVID-19

A Reference Guide for Health Practitioners



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## Key messages

*Healthcare will need to be prioritized to maintain continuity of service delivery in geographic areas severely hit by the pandemic.*

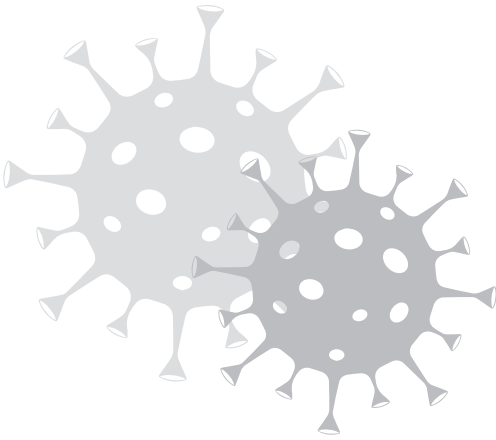
*High-priority categories for children including prevention of communicable diseases, particularly vaccination; services related to reproductive health , including care during pregnancy and childbirth; care of young infants and children;*

*Ongoing management of chronic diseases, inpatient therapy for admitted children, emergency management for acute care and auxiliary services such as basic diagnostic imaging, laboratory services, and blood bank services should be continually available even during the pandemic.*

*Although adults form the largest group of patients with COVID 19, healthcare facilities should ensure that resources are not completely diverted towards adult care without consideration for children.*

*Financial and logistic resources must be specifically allocated for children by all healthcare facilities*

*Child needs overall growth and development. Prolonged lock down and closure of school have impacted negatively to the children so all aspects including psychological counselling should be considered during rearing and caring the children in home.*



# 1. Introduction to Novel Coronavirus Disease 2019 (COVID-19)

Coronaviruses are a group of RNA viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Corona viruses cause disease in mammals and birds. In humans, these viruses cause respiratory tract infection. The name "coronavirus" is derived from Latin corona, meaning "crown". Coronaviruses were first discovered in the 1930s. The name was coined by June Almeida and David Tyrrell who first observed and studied human coronaviruses in 1968.

Novel Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It seems to be very contagious and has quickly spread globally which is reporting human-to-human transmission .

## Transmission

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected from and touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, mouth). This virus is not transmitted via breast milk. The COVID-19 virus may survive on surfaces for several hours, but simple disinfectants can kill it.

## 2. COVID 19 and Children

### I. Risk of COVID 19 Among Children

Children face the risk of being amongst the biggest victims of this pandemic in many ways. The crisis is expected to have a profound lasting effect on their wellbeing. Children of all ages, and in all countries are being affected, in particular by the socio-economic impacts and, in some cases, by the disease containment measures introduced by authorities. The impact of this universal crisis for some children will be lifelong. Moreover, the harmful effects of this pandemic will not be distributed equally. It is expected to be most damaging for children in the poorest countries like ours , in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations.



COVID-19 has disrupted our daily lives on a scale never seen before. Children are also one of the biggest victims in this pandemic. Number of children infected by COVID 19 is increasing day by day. Numerous studies have found that the virus is a mild disease for children. In one of the largest, by doctors in Shanghai, 94 percent of children with the virus had an asymptomatic, mild or moderate illness (Yuanyuan Dong et al., 16th March, 2020). Both male and females of different age groups (new born to late adolescents) are affected.

### II. Symptoms of COVID 19 among Children

The following symptoms can be commonly observed in children:

- Cough and fever, chills
- Shortness of breath
- Pharyngeal erythema/ sore throat
- Diarrhea/ Vomiting
- Myalgia, fatigue
- Running nose
- Nasal congestion
- Abdomen pain, rashes, conjunctivitis



Other symptoms are:

- Loss of taste/ smell
- Red and cracked lips, pale, swelling hands and feet
- Dizziness, vision problem, joint pain
- Headache etc

While the available evidence indicates the direct impact of COVID-19 on child and adolescent mortality to be very limited, the indirect effects stemming from strained health systems, household income loss, and disruptions to care-seeking and preventative interventions like vaccination may be substantial and widespread (UNICEF, 2020). According to a study covering 118 low- and middle-income countries by the Johns Hopkins Bloomberg School of Public Health, an additional 1.2 million under-five deaths could occur in just six months due to reductions in routine health service coverage levels and an increase in child wasting.

Similarly, disruptions to families, friendships, daily routines and the wider community can have negative consequences for children's well-being, development and protection. In addition, measures used to prevent and control the spread of COVID-19 can expose children to protection risks. Home-based, facility-based and zonal-based quarantine and isolation measures can all negatively impact children and their families

### III. Care of Children during COVID19 in Health Facilities

COVID 19 is the disease transmitted by direct contact to the respiratory droplets. As adults generally travel more and have a high chance to get disease and they transmit it to their children. In irony, most children do not have no severe sign symptoms of COVID 19 and they can transmit more to adults. We have to keep in mind following things while caring the children during COVID 19:

- a) preventing them from COVID 19 infection
- b) management of the COVID 19
- c) providing essential health services (immunization, nutrition) during this period.

Immunization is the most cost effective strategy to care and to prevent death of the children and hospital and health care providers should keep this in top of the priorities. This should not be disrupted .

Currently, people perceive as it is hard to enjoy the health facility while a lot of concentration is attracted by COVID patients. Hospitals and health care providers should have a policy to make it easy for the children who is taking services for other diseases as well as chronic diseases like nephrotic syndrome, congenital heart disease, childhood cancers and neurological diseases .So, there should be provision for the management of the non COVID patient with out quality compromise as well.

### a. Prevention of COVID 19

Prevention of the spread of infection is the most important strategy for a low resources countries like Nepal to limit the burden of disease. World Health Organization (WHO) has stressed on preventive measures to reduce transmission by:

- meticulous droplet and contact precautions,
- effective hand hygiene,
- reduction of contacts among the general population (physical or social distancing) and
- isolation of patients with signs of the disease.



The health care practitioners and institutions are advised to communicate with families, community, children and visitors following messages:

- All agencies working in child health should advise families in areas with active infections to ensure their children avoid contact other than with immediate family members; as children with asymptomatic infection may also transmit the infection to other individuals;
- All family members, including children, should be reminded to wash their hands frequently with locally available soap and water for at least 20 seconds;
- All people including children should be advised to cover coughing with an elbow rather than hands; and to avoid touching the face, eyes, and nose.



Make sure the message should not create fear among communities and children, rather enhance self confidence, resilience among children and trust with healthy and safe practices. For this reason, the communication must be considered with following elements:

- Communicate the number of people recovered and returned home rather than highlighting deaths
- Communicate the facts, not the rumors that are available in social media.
- Communicate that Corona Virus can be prevented and healed with safe, healthy practices and consumption of nutritious food and building self confidence.
- Communicate not to stigmatize suspected and infected individuals and their families particularly children, rather make sure they remained safe and as per the suggested health guidelines.
- Encourage people to visit health service centers when any suspicions symptoms are observed, to remain in quarantine and self isolation through appreciating visitors and such individuals.

*Remember, the health personnel oneself must apply best available protection measures for their own safety. It is moral and legal duty of health service providers to provide service for visitors in their service centers and it is also right and duty of keeping oneself safe with applying protection measures.*

## **b. Child Care Management in Health Institution**

The Child Care Management in Health Institution is focused on two aspects: Ensuring safe and effective health service; and Ensuring children have safe, trusting and friendly environment in the institutions.

### ***Ensuring safe and effective health service***

Droplet and contact precautions should be followed meticulously including risk screening prior to and at entry to clinical sites

Separation of children at low and high risk

Healthcare worker use of protective mouth and nose coverings and clothing, meticulous hand washing with soap water or hand sanitizer, and frequent disinfection of all potentially infectious.

Patients should be advised to postpone non-emergent elective procedures and visit healthcare facilities unless urgently required.

Anyone with fever and/or cough including children should be advised to stay home, with as much separation from other family members as possible unless emergency healthcare needs to be sought.

Healthcare workers should therefore encourage family members of most vulnerable children to be extra vigilant. Children in most vulnerable groups are those with known immunodeficiency or on immunosuppression therapy, transplant recipients, malignancies, chronic respiratory conditions including asthma and suspected or diagnosed inborn errors of metabolism; these children are likely to suffer greatest morbidity and mortality during this COVID 19.

It is advisable to be accompanied by only one parent and sit with the child all the time if he/she needs to get admitted. Make sure the parents are properly distanced, in safe places with proper protection equipment (such as mask, gloves) and are applying disinfection and hand sanitization.

Healthcare facilities should adhere strictly to hygiene and precautionary measures to avoid close contact between patients and healthcare workers of all cadres and avoidance of droplet exposure through use of personal protective equipment (PPE) relevant to the level of risk as per the guideline is published by Health Emergency Operation Center (HEOC) Nepal.

Doctors are involved to use the protocol either recommended by HEOC Nepal and WHO, though there are many different treatment protocols. Healthcare providers should use evidence based information from reliable sources for diagnosis and management of any suspected or proven patient with COVID 19 and discourage rumors and sham treatment shared via the social media.

Telemedicine should also be considered as an alternative to face-to-face encounters in education of patients and parents, counselling and guidance for the need of healthcare facility visits wherever feasible.

### ***Ensuring children have safe, trusting and friendly environment***

All health care facilities providing treatment service on COVID-19 must have separate facilities for children, male adult, female adult, senior citizen and person with disabilities.

The Child Care facilities need to be child friendly; this includes installation of following facilities:

- A Television or Radio in the ward that plays child friendly, moral educating cartoons, songs, music, drams, storytelling etc.
- A box of playing materials for children that includes dolls, ludo, chess and other non hazardous materials. Such materials needs to be remained safe and free from contamination once a child plays and keep back in the dock.
- A box of child friendly reading materials - Story Books, Child Poem Collections, cartoon books etc. Such materials needs to be cleaned and sanitaised after a child plays and keep back in the dock.
- A box of A4 papers, pencils, crayons, erasers, sharpers that can be used by children wants to drawing, coloring or writing anything. Such things once given to the child shall not be returned.
- The Health Care providers, other non health personnel of health facilities must be educated on child sensitive and friendly communication and behaviors.
- The visitors and care givers of admitted child must follow a list of code of conducts that define child protection, hospital care, safety and child friendly practices.

### **c. Management in Quarantine**

The quarantine of persons is the restriction of activities of or the separation of persons who are not ill but who may be exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases. Quarantine is different from isolation, which is the separation of ill or infected persons from others to prevent the spread of infection or contamination.

The recommended duration of quarantine for Covid-19 based on available information is upto 14 days from the time of exposure. The purpose of quarantine during the current outbreak is to reduce transmission by:

- Separating contacts of COVID-19 patients from community
- Monitoring contacts for development of sign and symptoms of COVID-19

- Segregation of COVID-19 suspects, as early as possible from among other quarantined persons

WHO and Center for Disease Control(CDC) have recommended to ensure following points by local authorities before taking decision of the quarantine

- The quarantine setting is appropriate and that adequate food, water, and hygiene provisions can be made for the quarantine period.
- Minimum infection prevention and control (IPC) measures can be implemented;
- Minimum requirements for monitoring the health of quarantined persons can be met during the quarantine period.
- Provision of personal dignity , human right and fundamental right of the person should be maintained .

#### **Following facilities must be in quarantine**

- Persons who are quarantined need to be provided with health care; financial, social and psychosocial support; and basic needs, including food, water, and other essentials. The needs of vulnerable populations should be prioritized.
- Establish safe, child-friendly complaints and feedback mechanisms
- Ensure that information, education and communication (IEC) materials, including information on available services, are produced and displayed with limited text in child-friendly versions.

As the Government of Nepal has established many quarantines and the management of quarantine is the responsibility of the local government. All people involved in the management of quarantine should consider the above facts.

Cultural, geographic and economic factors affect the effectiveness of quarantine. Rapid assessment of the local context should evaluate both the drivers of success and the potential barriers to quarantine, and they should be used to inform plans for the most appropriate and culturally accepted measures.

The quarantine facilities also need to ensure child friendly arrangements as mentioned in above sections.

In addition to this the local Child Rights Committee shall install complaint mechanism and monitoring of child protection and safe guarding situation in quarantine facilities.

Any individuals that have knowledge or witnessed any incidence of child abuse including neglect, exploitation, physical or psychological violence should report to the local child rights committee or local police.

### **Children in Home Quarantine**

*Children in Home Quarantine must be ensured have safe and friendly environment. The home quarantine standard can be developed by the local government and ask it's citizens to apply it. The home quarantine must ensure the safe, friendly and sensitive communications by guardians and care givers, adequate food, safe drinking water, access to sanitation facilities, proper distancing from contact with others and availability of educational and recreational materials in home quarantine is useful for children.*

Parents and other family members should consider following measures to maintain the child's development:

- Child's routine should not be changed. Daily routine for lunch, dinner, dinner, play and bedtime should be maintained for positive growth, development and positive mental health.
- Involve children in housekeeping activities, in line with their age and abilities
- Children should be reinforced for everyday preventive actions such as hand washing. Parents and caretakers play an important role in teaching children to wash their hands.
- Children should keep physically active and make them socially connected during quarantine period. They should be engaged in recreational activities.
- Care providers' behaviour and attitude should be as usual because children can be emotionally healthy in a stable environment.
- Collaborate on mental health and psychosocial support (MHPSS) care and messaging for children and caregivers affected by COVID-19.

- Ensure children have access to adequate nutritional support
- Breastfeeding should be continued.
- Reduce stigma and social exclusion that may result from the disease.

#### **d. Consideration during referral**

Frontline care areas including primary health centers, clinics, and hospital emergency units should appropriately assess, manage and refer children seeking care and services. Attempts should be made to separate timings for sick child visits from well child visits in healthcare facilities. There are issues of referring children without or with limited assessment which makes guardians unnecessary burdens and delay the management of children. The Government of Nepal has issued the directive that every health institute should fully evaluate the child and do necessary action. Children should be referred with prior coordination with the concerned health institution or the health personnel as per the guideline.

Children at outpatient or emergency settings, with any illness requiring hospitalization should be directed to COVID management area in case of any suspicion of COVID-19.

- During such referral following actions must be considered and applied:
- The suspected child and his/her caretaker must be provided detailed information on the suspicion, process, cost and time as well as location of refer.
- A consent from caretaker and child must be obtained for referral. In case of non consent, despite of necessity to refer, a health practitioner may take letter of recommendations from local government to take action.
- Identity of child and family must be kept confidential from media and public exposure to avoid stigmatization and other protection risk.
- Referred cases must be documented and reported to superior line authority or Ministry of health and population in federal government.

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