TARANAKI
District Health Board

COVID Care in the Community Standard Operating Procedures

February 2022

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5	22.12.21	Information added
6	5.1.22	MIQ referral information. SIQ/MIQ Transportation Guidance
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7	31.01.22	Reviewed and updated to reflect changes related to omicron

Document Sign-off

Role	Name	Sign-off Date

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1. Key Contacts

Role	Contact Email	Phone
Patient/whānau/provider helpline number	(via Covid Hub)	0508 436 374
Covid Hub	covidhub@tdhb.org.nz	027 224 7342
GP On-call phone	From 6pm to 8am (do not give number out!)	027 210 8979
Nga Ruahine Welfare email	ngaruahine.ccscovidwelfare@xtra.co.nz	
Tui Ora Welfare email	manaaki@tuiora.co.nz	
Ngati Ruanui welfare / clinical email		
Public Health on-call number		06 753 6139
SIQ	Community.SIQ@tdhb.org.nz	
Healthline - Free call 24 hours, 7 days per week		0800 611 116
National C-ISQ Advice line		0800687647
New Zealand's national mental health & addictions helpline number. Available 24 hours a day, 7 days a week.		Free call or text 1737 any time
Language Line		0800 854 737 pin 14004

Role	Name	Contact Email	Phone
GM Covid	Gill Campbell	Gillian.campbell@tdhb.org.nz	027 452 9057
Health Protection Manager	Nicky Simmons	Nicky.Simmons@tdhb.org.nz	027 215 9730
GP Lead	Katy Smith	Katy.Smith@pinnacle.health.nz	027 233 0386
GP Lead	Sam Smith	Sam.Smith@pinnacle.health.nz	027 257 4438
Covid Operations Manager	Cathy Taylor	Cathy.taylor@tdhb.org.nz	027 228 1005
Community Manager	Louise Tester	Louise.Tester@tdhb.org.nz	027 236 2786
Covid Hub Administration	Raylene Griffin	Raylene.Griffin@tdhb.org.nz	0272490626
Te Aranga	Paul Cummings	paul@tearanga.org.nz	027 755 4000
Te Aranga	Emere Whano	emere@tearanga.org.nz	027 271 1859
MSD	Christina Scott	Christina.Scott015@msd.govt.nz	029 770 0018
MSD	Barbara Cameron	barbara.cameron002@msd.govt.nz	029 280 5391
CDEM	Kaz Lawson	kaz.lawson@cdemtaranaki.govt.nz	027 225 6942

Maori Response Lead, Pandemic	Eileen Hall	Eileen.Hall@tdhb.org.nz	027 286 4321
Health and safety	Jackie Heapy	Jackie.Heapy@tdhb.org.nz	027 58 22 477
Communications	Beth Findlay-Heath	Beth.Findlay-Heath@tdhb.org.nz	021 665 017
Laboratory	Labcare	Labcare.enquiries@tdhb.org.nz	
Procurement	Cathy Thompson	cathy.thompson@tdhb.org.nz	
Infection Control	Cath Anderson	Infection.control@tdhb.org.nz	027 255 5620
Emergency Management	Ingrid Chamberlain	Ingrid.Chamberlain@tdhb.org.nz	027 228 9975
Chief Medical Advisor	Dr Greg Simmons	greg.simmons@tdhb.org.nz	021 884 657
Director of Allied Health	Katy Sheffield	Katy.Sheffield@tdhb.org.nz	027 562 3216
Professional Lead, Nursing	Diana Fergusson	Diana.Fergusson@tdhb.org.nz	
GM Planning and Funding	Becky Jenkins	Becky.Jenkins@tdhb.org.nz	027 297 3943
TDHB General Covid enquiries		TDHBCovid.Enquiries@tdhb.org.nz	

2. Websites/Resources

Role	Website
NZ Government COVID-19	https://covid19.govt.nz/
Taranaki DHB	https://www.tdhb.org.nz/
MOH COVID-19	https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus
MOH COVID-19 - current cases	https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-cases
HealthPathways	https://midland.communityhealthpathways.org/723535.htm
COVID-19 - Information for aged care providers	https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-information-aged-care-providers
MSD COVID-19 - Where to go for services and support	https://www.msd.govt.nz/about-msd-and-our-work/newsroom/2020/covid-19/where-to-go-for-services-and-support.html
Health Navigator (patient resources)	**https://www.healthnavigator.org.nz/health-a-z/c/covid-19/**

3. Templates

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4. Introduction

This document outlines the operationalisation of **Taranaki DHB Integrated Community Care – COVID, Service Delivery Model.**

This document provides guidance to support Taranaki DHBs partner organisations with the practical implementation of COVID community care. It is intended to be used alongside Midlands HealthPathways which guides the provision of clinical care. This guide will be updated as local and national models of care develop.

Modelling suggests that in spite of vaccination uptake, there are likely to be significant numbers of people with COVID-19, which is likely to put significant strain on the health and welfare system.

It is therefore desirable that symptomatic patients who do not currently require inpatient care be cared for in the community. However, the clinical course of COVID-19 is prolonged, and deterioration / complications can occur during the illness.

It should be anticipated that some people will require hospitalisation during their illness. It is important that patients with pre-determined risk factors for further deterioration are closely monitored, so that deterioration can be detected early and hospitalisation arranged if required.

It is anticipated that the vast majority of patients in New Zealand with mild disease will be able to safely receive remote support and monitoring in 'virtual wards' by Primary Care providers.

Close liaison with other key providers of COVID-19 care will be required, particularly Public Health Services, Iwi Providers, local Primary Care COVID-19 providers, St. John Ambulance, manaaki providers and inpatient COVID-19 services.

5. Principles

Care will be provided to patients by a community team, comprising a largely virtual care service in the patient and whānau's home, "home" is wherever the individual resides and could be in an aged residential care facility, retirement village, own residence, or other residential setting.

This set of standard operating procedures is based on the following principles:

- COVID positive people and whānau are partners in care
- There is equity of access to care and services
- The services provided are person and whānau-centred
- Existing services and relationships will be maintained
- Patients will be contacted by a member of the COVID team within twelve hours of receiving a positive result
- COVID positive patients with mild to moderate symptoms in the community are able to access organised, structured services that are reliable and available when they need them
- The services are responsive and able to adapt over time
- One team based on trust, integration and cooperation, with clear responsibilities along the patient and whānau journey, and clear handover points
- Clinical care will largely be provided as virtual rather than in-person care
- Clinical care should be integrated with manaaki needs and Public Health requirements.

6. Aims

- Support safe, community-based care and monitoring for patients who can safely be managed at home.
- Ensure all health, manaaki, cultural and other support needs are met.
- Ensure integration and coordination of care from health, manaaki and other providers.
- Support safe, on-going care of patients who are recovering from COVID-19 after receiving treatment in hospital.
- Facilitate early recognition and safely facilitate re-assessment in hospital for deteriorating patients.
- Ensure appropriate follow-up of patients in primary care and / or by specialist services (e.g. respiratory clinic / post-covid clinic) for patients who require it.
- Support for advanced care plans and goals of care discussions.

7. Criteria

Covid positive people meet the Public Health criteria for management in the community, this includes any patients discharged from inpatient services.

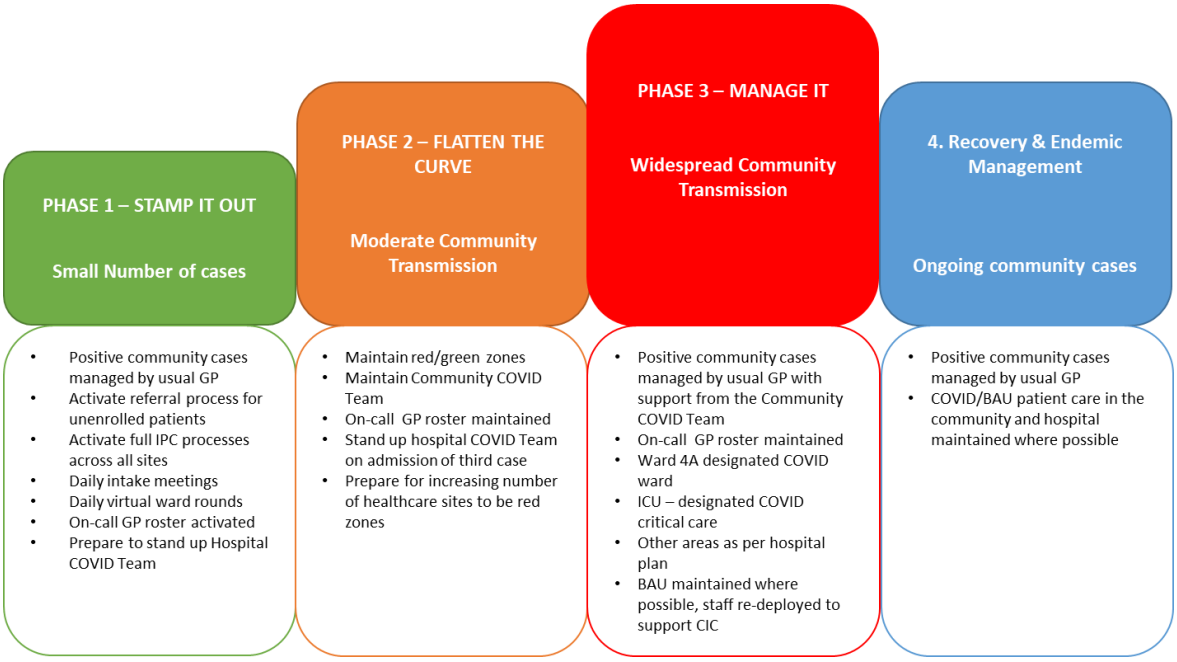
8. Escalation Plan

The following infographic outlines the alignment of the hospital and community response and how this will be escalated as the number of cases grow, during the peak and de-escalated as part of the longer-term endemic management.

The phases outline the different approaches to managing positive cases:

1. **Phase One - Stamp It Out**
    a. Begin shift to self-service and automation.
    b. Low proportion of positive cases using self-service tools.
    c. Clinical care delivered by primary care teams, supported by the local care
    d. coordination hub.
    e. All steps taken to support cases to isolate in their usual place of residence, with alternative accommodation options across the regions are identified and being utilised.
    f. Preparedness activities progressing, including scaling community connector service, bringing forward tagged provider funding where appropriate
2. **Phase Two - Flatten the Curve**
    a. Transition to cases using self-service and automation
    b. Other people with lower clinical risks, but with welfare needs may instead present directly to MSD or external providers.
    c. Clinical care delivered by primary care teams, supported by the local care coordination hub for those with a requirement for ongoing clinical care.
    d. Support for positive cases to isolate in their usual place of residence. Alternative accommodation options across the regions are identified and being utilised, with some areas becoming stressed.
    e. Close engagement with all of government providers to ensure access to services is provided from a range of entry points.
    f. Community providers designated as a critical workforce.

3. **Phase Three - Manage it (high volumes)**
    a. Majority of positive cases are self-managed.
    b. High touch clinical care is focussed on those with high needs
    c. Wraparound government support services will focus on those with high needs
    d. Support for positive cases to isolate in their usual place of residence and unlikely there will be alternative accommodation capacity available for cases that are unable to safely isolate at home.
    e. Lower risk individuals and households will likely present directly through other channels/services (such as community providers) as case numbers reach very high levels



9. Integrated COVID Care in the Community Pathway

The pathway below outlines how the team will work together to provide community care inclusive of public health, general health and manaaki needs.

This provides the framework, pathway and connections that ensures that care is coordinated and integrated, the care and support will be provided by a range of teams/organisations – these are detailed further in this document.

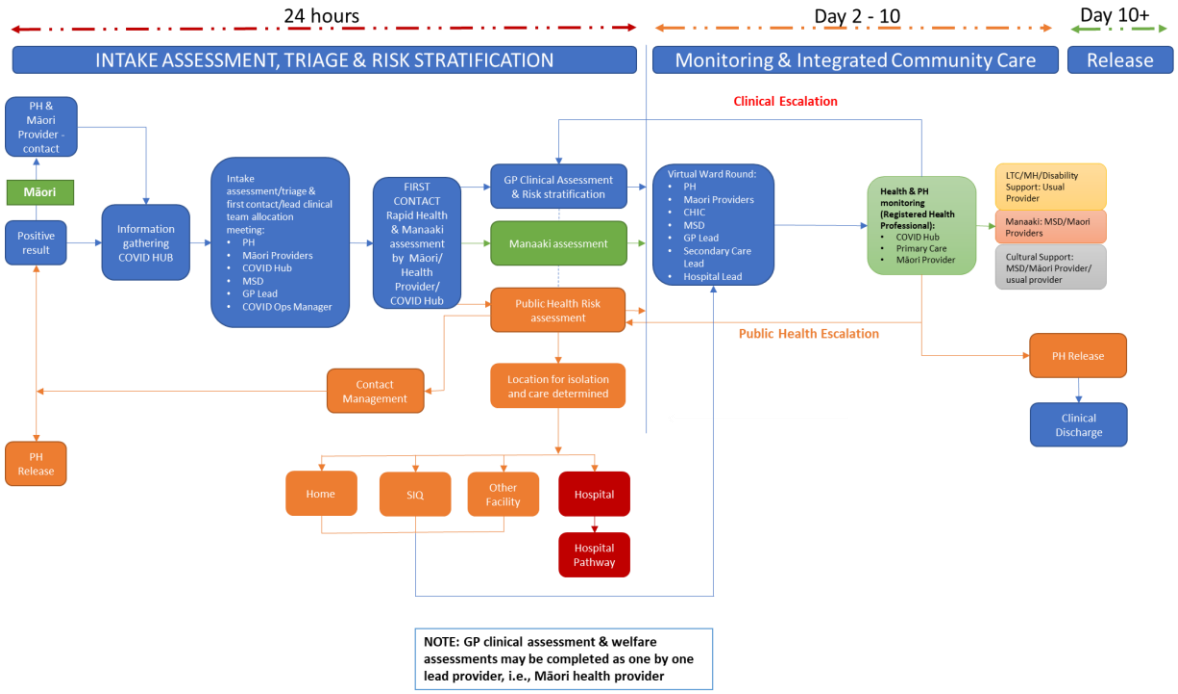
With the advent of the omicron variant approaches to care will change to respond to the increasing number of positive covid cases in the community.

These phases are:

4. Phase One - Stamp It Out
5. Phase Two - Flatten the Curve
6. Phase Three - Manage it (high volumes)

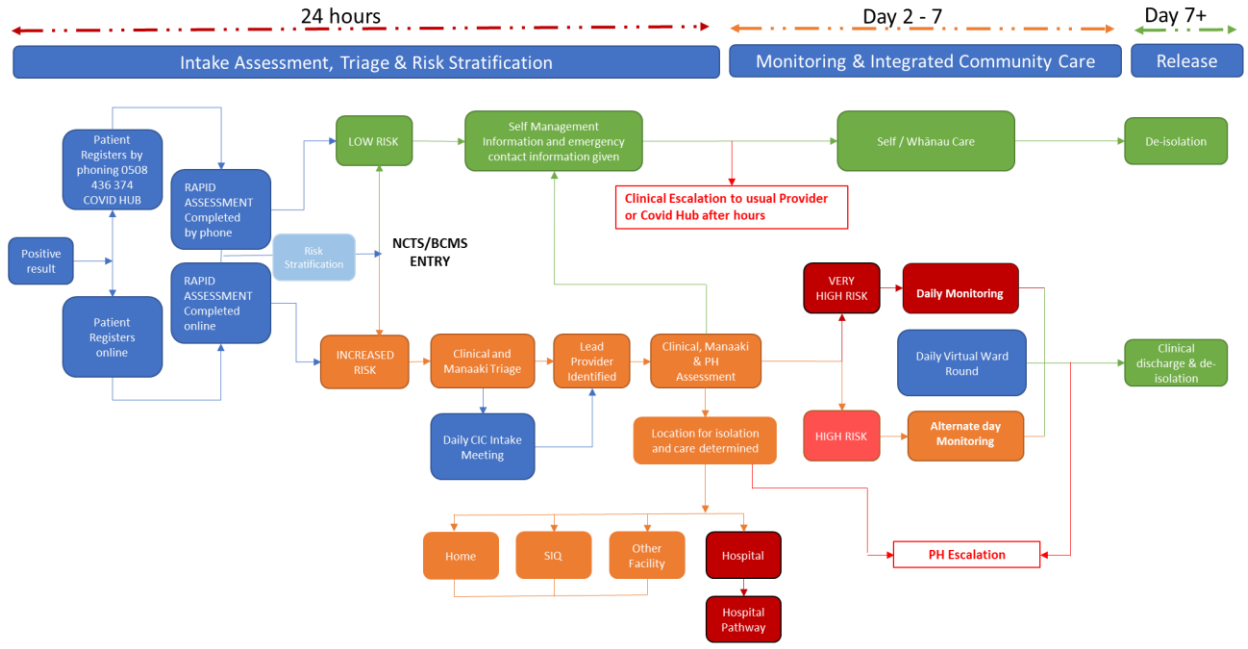
Stamp it Out

During the stamp it out phase the current pathway as outlined below:



Flatten the curve and manage it

During the flatten the curve and manage it phases the care pathway will change to accommodate an increase in self-reporting and self-management as outlined below:



10. Community COVID Care Partners

There are numerous providers and organisations that have partnered to provide a comprehensive wrap around service to patients and whānau who are isolating in the community.

11. Community COVID Team

In the event of a positive COVID case in Taranaki, the COVID Hub via Covidhub@tdhb.org.nz will be notified directly by the laboratory.

The Community COVID Hub provides:

- A Community Clinical COVID Team for unenrolled patients
- Access to out of hours support
- Support with patient/whānau monitoring
- Access to patient information held on DHB clinical information systems
- Access to secondary care advice
- Coordination and support with requests for health, manaaki and other support needs
- Liaison with COVID partner organisations

The COVID Hub will operate in a hub and spoke framework by linking all the providers involved to ensure wrap around services to patients and their whānau regardless of need or where they live.

The COVID Hub will have visibility of capacity across the region to provide support if required, escalate concerns, and ensure that any surges in demand can be resourced and services are maintained.

12. Notification of a COVID positive case

Notification of the Covid positive case will be made by the laboratory.

Notification shall take place via email. The COVID Hub will carry out a background/information gathering review of clinical records in preparation for the intake meeting.

The public health team will contact positive cases as follows:

- Māori: contact the appropriate Māori Provider (North & South) and agree on first contact/next steps
- Non-Māori: make contact with the case and notify the COVID Hub via Covidhub@tdhb.org.nz to confirm that contact has been made including any arrangements for care of other household members (manaaki, testing etc.)

As self-notification increases the role of the PHU will change to managing high risk cases and events, the notification process in this instance may be via:

- Self-notification by the case
- Notification via laboratory

In either of the above scenarios the pathway for ‘Flatten the curve and manage it’ will be followed.

13. Public Health Risk Assessment

1. On notification of a positive case Public health will conduct a risk assessment which includes working with the patient and whānau to determine the best location for isolation, this could be:
    - In the patient's own home
    - In Community Supported Managed Isolation and Quarantine (SIQ)
    - In Managed Isolation and Quarantine (MIQ) – this could be outside of the Taranaki region and ongoing care and monitoring will be carried out at the facility (see below for process)*
2. Public Health will update the NCTS with the outcome of the PH risk assessment
3. The COVID Hub will notify the patient's own GP or duty GP over weekends/public holidays.
4. For unenrolled patients the duty GP will be notified.
5. On occasions the clinical assessment may occur prior to the public health assessment, this will be determined at the Intake assessment/triage & first contact/lead clinical team allocation meeting.

14. Transfer to MIQ

In the event that the Public Health Unit advise that MIQ is the most suitable location patient and their whanau, the Public Health Unit will notify the Covid Hub. The Medical Officer of Health will issue a Section 70 Notice, the Covid Hub will complete the Clinical Referral Form (Appendix J), and email the information to:

To: MIQreferrals@nmf.nz

CC: SIQreferrals@whakarongorau.nz and ARPHSJetParkLiaison@adhb.govt.nz

Subject line: "MIQ referral [Surname of case][NHI of case]"

In parallel to making the referral to MIQreferrals a Transport Plan for the patient and their whanau should be created (refer to Appendix K for guidance). The Transport Plan should be submitted for approval to the Medical Officer of Health or their delegate in the Public Health Unit, and the Covid Manager.

15. Transfer to SIQ

In the event that a case or contact requires local accommodation due to the inability to isolate safely, the request will be made to the Covid Hub on Covidhub@tdhb.org.nz or 0508 436 374 . The Covid Hub will organise accommodation as per the SIQ SOP in liaison with the accommodation provider and the case. If transport is required this will be organised via the Hub.

16. Intake assessment, triage & allocation meeting

In order to ensure a coordinated approach and timely communication with patients and whānau an intake assessment/triage & first contact/lead clinical team allocation meeting will occur daily (this may be increased to twice daily as demands increases), attendance at this meeting will include:

- Public Health
- Māori Health Provider Representatives

- COVID Hub Representative
- Ministry of Social Development (MSD)
- GP Lead
- COVID Ops Manager

The purpose of this meeting is to:

- Share any known information about new cases
- Assign the lead clinical team
- Assign the lead manaaki team
- Confirm who will make the first contact

The COVID Hub will document all agreed actions and outcomes.

17. Requirements for Providing Clinical Care

This document is a guideline to help you navigate care for your COVID-19 positive patients. As with all guidelines, this does not replace good clinical decision-making but should help advise. The reasons for deviation from any clinical guideline should be well documented.

- It is the responsibility of the GP practice to give COVID-19 care to their enrolled population. If out of normal hours, it is important that a formal handover is given to other providers who are taking over care. This must include a phone number and/or daily-checked email to be used if and when clinical care is handed back for the next weekday.

- Please use HealthPathways to aid assessment and clinical care. Please use BCMS to document assessment findings/care. In the event that BCMS can't be used either email covid.hub@tdhb.org or send a BPAC referral with your notes each day, so the case can be discussed at the virtual ward round (VWR). You can include queries/manaaki request, questions for PHU the documentation. Any urgent queries please call 0508436374.

- It is the responsibility of practices to ensure in-boxes are seen daily, as COVID-19 positive results will increasingly be seen by GPs first and should trigger the initiation of clinical management that day.

- If you find a positive result in your inbox, and you have capacity to call the patient and potentially be the first "responder" to this result. Please inform the COVID hub you are doing this via Phone call, email or BPAC form. Please be aware the COVID hub is told at the daily intake meeting at 10.30am of all new results in the last 24 hrs, depending on the time of day, the team may be waiting for PHU notification of the case but we are happy to support you through contacting the patient about the result, whilst waiting for PHU.

- We work closely with Māori Health providers and they are able to take on the role of first contact for newly positive Māori patients. The first point of contact can be a stressful time for whanau, and we believe having the opportunity to be cared for right from the start, with culturally supportive care, is key to giving best care and getting maximal engagement from our

Māori whanau. This contact does not replace a GP initial clinical assessment, once the provider has engaged the whānau, they can hand on to the GP teams and public health to provide the ongoing assessments. Weaving Iwi lead care through our model, we hope patients, whānau and GP's are all supported with providing whānau centred care.

- If a you receive a positive result and you believe the patient would be best placed to be contacted by one of our Iwi COVID team first, then please call the COVID hub on 0508 436 374 to refer to one of our Iwi teams.

- Try to identify the location of isolation as this may differ from the case's usual residence.

- Your practice may occasionally be asked if you are prepared to take over the COVID-19 care of unenrolled patients and potentially enrol them. Whilst this is not a requirement, we suggest that this is an opportunity to engage with those who have not yet felt the benefits of having their own general practice and ask for some flexibility where possible.

- Consider holding a daily "covid huddle" with members of your team and any manaaki / support workers, to review cases.

- Isolation periods do not necessarily correlate with the clinical symptoms. We work closely with PHU to try to establish and share with the GP providers the day 0/1 date and expected discharge date. If you are unsure of the dates you have been given by the hub, or if your patient is confused about dates/testing dates for whanau, please add this query onto your daily report or email covid.hub@tdhb.org.nz with patient notes for VWR. PHU need the patient to be 72 hrs free of symptoms before their discharge.

- Please enquire if the whānau have everything they need to be able to safely isolate at their whare. If not, then refer to "manaaki/welfare" by documenting in BCMS. Urgent issues call 0508436374, with details, ensuring that the address that the case is isolating at is communicated.

- It is important to remember that if a whare has one COVID-19 positive case, the other members of that household should also be managed as if they have positive results. Funding does not require a COVID-19 positive result.

- If you are unable to contact a patient or whānau and are concerned about their health, please contact covid.hub@tdhb.org.nz (preferably before 3pm). You can also call 0508436374. The COVID hub will develop a plan in conjunction with Public Health Unit and try to make contact, which may include a door knock. However, if you believe the reason they are uncontactable is because they are extremely unwell, then ringing St John's to visit, needs to be considered,

clearly stating that the patient is COVID positive. Consider speaking to the COVID hub or on call COVID GP before doing this. Ensure you document all contact attempts and escalation.

- There may be situations where the different members of one household are registered with different GPs from different practices. There is no one solution to this, our request is that the GP in charge of the index household case cares for all members of the household, for the purpose of COVID care, registering the contacts as temporary registrations for this purpose. If a whānau member has highly complex medical needs, then it may be safer to have both usual GP's caring for the separate whānau members. Some flexibility here will be key to avoid us all calling up the same household more than once!

18. Referral to the Community COVID Team

1. The Community COVID Team sits in the COVID Hub and operates a 7-day service.
2. All requests should be recorded in BCMS as per the TDHB BCMS guidelines.
3. GPs can refer directly to the **Community COVID Team** via BPAC requesting the following services:
    a. Pulse oximeter delivery
    b. Delivery of device for monitoring
    c. Weekend monitoring
    d. Capacity issues and needs assistance with:
        i. Initial clinical assessment
        ii. Monitoring as per risk stratification
    e. Manaaki support e.g. meals, supplies, animal care
    f. Cultural support
    g. Spiritual support
    h. Other
4. BPAC will be monitored 7 days a week.
5. For partners without access to BPAC referrals can be made via the Covid Hub email. Wider partners can request all of the services listed in 2. Partners (and primary care) can also request wider information and support via the email.
6. The Community COVID Team will coordinate, communicate and facilitate any actions required via the BCMS/agreed processes and document them accordingly.

19. Intake Assessment

During the 'Flatten the curve and manage it' phases an initial assessment will be completed either online via the national portal or by phone via the Covid Hub Call centre.

The purpose of the rapid assessment is to identify if cases meet the requirement for self-management or will require an increased level of care following a high-touch pathway.

The rapid assessment can be found in Appendix C.

Process is as follows:

- Positive case is identified via PHU/self-reported/laboratory
- Rapid assessment undertaken

- Case stratified into low risk or increased risk
- Low risk cases will be given self-management information and resources and escalation process if assistance required:
    - Contact usual health and social care providers
    - Contact the Covid Hub
- Higher risk cases will be referred to Care in the Community:
    - Cases will be discussed at the intake meeting following information gathering
    - Cases will be triaged and prioritised and a lead provider identified
    - The lead provider will conduct an initial assessment and determine care level requirements, this could include:
        - Self-care pathway
        - Daily monitoring
        - Alternate day monitoring
        - Monitoring as clinically indicated

20. Clinical Assessment and Ongoing Clinical Monitoring

The General Practice where the patient is registered has the responsibility for the clinical care of their COVID positive patients, in exceptional circumstances an alternative lead clinical provider may be allocated.

Unenrolled patients will be managed by a combination of willing practices with capacity to take on additional patients for their COVID care and the Community COVID Team.

Where appropriate, required and agreed to by the COVID patient and their whanau care may be co-managed by a Māori Health Provider, or other trusted health partner.

Each patient will have a named clinician with overall responsibility for their care.

On being informed of a COVID patient, the GP or Nurse Practitioner will:

- Complete an “Initial Assessment” and risk stratification in BCMS.
- Complete the assessment as soon as possible and certainly within 24 hours of transfer of care to the GP team

Allocation into the different risk stratification levels will decide if the patient needs a pulse oximeter delivered.

COVID positive patients will receive a support pack if required, this request will be actioned by the Covid Hub via manaaki providers if required and the delivery may include:

- Patient information on managing COVID at home
- Contact telephone numbers
- Hygiene packs: masks, gloves, alcohol wipes, hand sanitiser, and rubbish bags
- Pulse oximeter if needed
- A tablet or other technology to aid virtual monitoring if required.

Daily health and public health monitoring with be conducted by a registered health professional from the lead clinical team, any manaaki or other needs identified during this assessment will be communicated to the lead manaaki agency or other provider as appropriate.

All interactions, referrals and actions will be recorded in BCMS.

<table>
<tr><th colspan="2">Community Care</th><th>Hospital Care</th></tr>
<tr><th>Higher Risk “Care 2”</th><th>Lower Risk “Care 1”</th><th>Hospital Care</th></tr>
<tr><td>Patients with any of the safety net flags below
✓ If NOT double vaccinated against Covid-19 for at least 2 weeks (aged 15yr+)
✓ Socially isolated (Lives alone, unable to connect with others through technology, little to no social network)
✓ Lack of caregiver support if needed
✓ Inability to maintain hydration (Diarrhoea, vomiting, cognitive impairment, poor fluid intake)
✓ Food/financial insecurity
✓ Receive homecare support
✓ Challenges with health literacy or ability to understand treatment recommendations or isolation
✓ Unable to self-manage</td><td>No safety net flags</td><td rowspan="5">Symptoms
Severe/intensifying symptoms or deterioration or:
✓ Difficulty breathing at rest, talking in short sentences or single words
✓ Chest pain or pressure
✓ Coughing up blood
✓ Confusion, altered mental state or becoming difficult to rouse
✓ Cold clammy mottled or pale skin
✓ Worsening fatigue, profound exhaustion, fainting, falls
✓ Dehydration (reduced oral intake and minimal urinary output in 12 hours)
✓ Rapid deterioration of any sign or symptom
CHILDREN
✓ Difficult to wake, floppy, or convulsions
✓ Decreased oral intake, lethargy, persistent irritability

Signs
✓ Dropping oxygen saturations by 3% from baseline, or SpO2 < 92% or blue lips or face
✓ Fever > 40 degrees
✓ Respiratory Rate > 24, unexplained heart rate >100
CHILDREN
✓ Cyanosed or SpO2 < 90%, pale or mottled
✓ Severe respiratory distress: Respiratory rate
● 60 if under 2 months
● >50 if aged 2-11 months
● >40 if aged 1-5yr
✓ Fever > 38 for 5 days</td></tr>
<tr><td>BMI> 30 (or 95 percentile for children)</td><td>BMI<30</td></tr>
<tr><td>Any age with medical comorbidities</td><td>No comorbidities</td></tr>
<tr><td>Age >65 years or older or Maori >44 years or older or Pacific>39 years or older</td><td>Age <65 years or Maori <44 years or
Pacific<39 years</td></tr>
<tr><td>Infants < 1month or prematurity less than 37 weeks in children aged younger than 2 years</td><td></td></tr>
<tr><td>Pregnant or within 6 weeks of pregnancy</td><td></td><td></td></tr>
<tr><td>Provide daily remote clinical care and pulse oximeter. Review more frequently if clinically indicated</td><td>Provide alternate day remote clinical care</td><td>Continuous inpatient care</td></tr>
</table>

- Level 1 care patients must be reviewed by telehealth every other day by an appropriate practitioner, usually in their General Practice. Care to be taken around day 5-6 and Day 8-10, common times for COVID patients to deteriorate.
- Level 2 care will need daily review by a suitable clinician including on weekends. The patient will need a pulse oximeter.

Care Plan

Initial consultation documentation should include the following:

- Reassure ++ - patients and whānau will be anxious
- Risk stratification (as above)
- Clinical assessment of current symptoms
- Illness course explained
- Assess whether non COVID-19 health care is being addressed and social supports are being activated. Information about hydration and comfort medications, as well as regular medications
- Direction given to limit exertion and education provided about breathing
- **Document likely location of isolation**
- Liaise with COVID Hub as needed on 0508 436 374 or email CovidHub@tdhb.org.nz for any needs such as SIQ or public health questions.
- The on-call GP can be contacted for urgent issues
- Notify community pharmacist, if known
- link to reliable on-line advice https://www.healthnavigator.org.nz/health-a-z/c/covid-19-positive-community-care-topics/
- **Advice given on when and how to seek additional help with contact phone numbers, especially 0508 436 374 for out-of-hours concern**
- Remember to document

Follow-up consultations (these are the regular calls to check on those people isolating) **documentation must include the following:**

- Reassure++
- Any changes to initial consultation
- Clinical assessment of current symptoms
- Please document all consult notes in BCMS

6 week follow-up – this is a funded follow-up visit. We recommend putting a recall in place and using this as an opportunity to establish a relationship with the poorly engaged, to not only check on their COVID-19 recovery and any long-term sequelae, but also to encourage the potential benefits of long-term engagement with their GP.

Assessment

1. Taranaki DHB is taking a manaaki first approach. Ask the whānau if they have all that they need to be able to isolate at home. If there are concerns, contact covid.hub@tdhb.org.nz or 0508436374 or send a BPAC referral to the COVID hub.
2. Identify the location of their isolation (this might not be their home address)
    a. "Where are you today?"
3. Ask the patient to describe the problem with their breathing in their own words and assess the ease and comfort of their speech. Ask open ended questions and listen to whether the patient can complete their sentences:
    a. "How is your breathing today?"
4. Ask Three Questions:
    a. "Are you so breathless that you are unable to speak more than a few words?"
    b. "Are you breathing harder or faster than usual when doing nothing at all?"
    c. "Are you so ill that you've stopped doing all of your usual daily activities?"
5. Focus on change. A clear story of deterioration is more important than whether the patient currently feels short of breath. Ask questions such as
    a. "Is your breathing faster, slower, or the same as normal?"
    b. "What could you do yesterday that you can't do today?"
    c. "What makes you breathless now that didn't make you breathless yesterday?"
6. Interpret the breathlessness in the context of the wider history and physical signs. For example, a new, audible wheeze and a verbal report of blueness of the lips in a breathless patient are concerning.
7. There is no evidence that attempts to measure a patient's respiratory rate over the phone would give an accurate reading, and experts do not use such tests. It is possible, however, to measure the respiratory rate via a good video connection. More generally, video may allow a more detailed assessment and prevent the need for an in-person visit.

Out of hours care

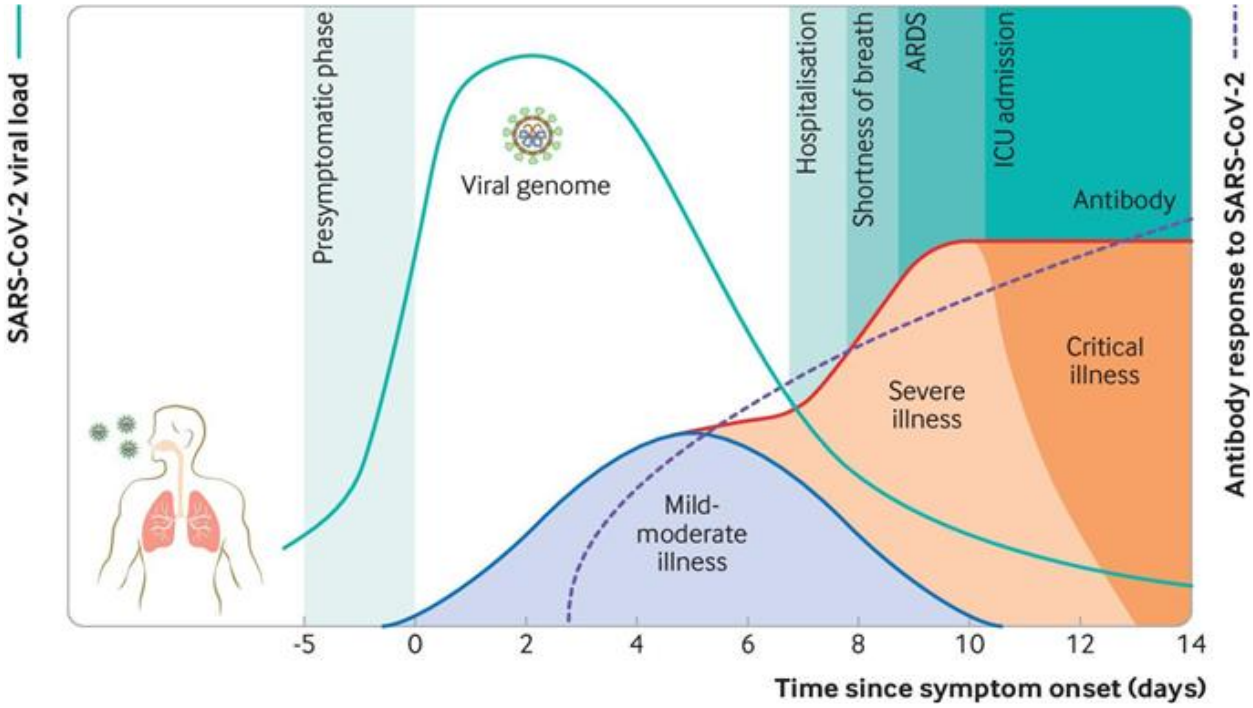
Out of hours care should continue to be provided by the practice.

If you are unable to care for your patients out of hours, please contact the Covid Hub via email, for weekend assistance please contact the Hub before 1pm on Friday, advising request for handover.

(**See Appendices for more information relating to clinical care**).

Detailed information on caring for patients in the community can be found in HealthPathways: https://midland.communityhealthpathways.org/723535.htm

Disease Trajectory



Clinical Monitoring:

Clinical monitoring will be carried out as per the outcome of the baseline assessment and documented in BCMS.

- Patients will be provided with a health and symptom diary to complete
- Patients will self-monitor and record their oxygen saturation and heart rate three (3) times a day
- Patient can record temperature if a thermometer is available
- Patients will track and record their COVID-19 symptoms. For each symptom they will record if they feel better, the same, or worse than the previous day

The purpose of the review is to:

- monitor existing symptoms
- enquire about development of new concerning symptoms
- to provide education and to reinforce how/when to call if any deterioration/concern
- identify other issues that may influence health and wellbeing during isolation and illness

Video calls, wherever possible, is the preferred modality

Medications

Medications

Please mark on the prescription **"patient self- isolating C-Plus."** This will trigger the pharmacy to know to deliver.

It is vital that the **current isolation address** of the patient is communicated to the pharmacy, as this may differ from their normal, registered address.

Budesonide

Studies have shown inhaled budesonide (Pulmicort) has a modest benefit in reducing illness duration and need for admission.

If available, offer to patients who are within 14 days of onset of COVID-19 symptoms and are not taking other inhaled (excluding steroid replacement therapy for the steroid deficient) or systemic corticosteroids, and are either:

- aged 65 years or older, or
- any age with or suspicion of any of the following:
    - diabetes
    - heart disease and/or clinically significant hypertension
    - asthma or other clinically significant lung disease
    - immunocompromised
    - clinically significant hepatic impairment
    - clinically significant renal disease
    - active haematological or solid cancer currently under treatment
    - previous stroke with residual deficit or other chronic neurological problem
    - obesity

Dose: 800 microgram twice daily.

Duration of therapy: up to 14 days.

Due to world-wide demand, supply may become a problem. Only supply one inhaler per patient. Consider clinical review if further inhalers are requested.

Provide patient instructions on how to use a turbuhaler device (includes instructional video)

https://www.healthnavigator.org.nz/medicines/b/budesonide-for-inhalation/

Do not start inhaled budesonide/formoterol (Symbicort) in place of budesonide (Pulmicort) for this indication. The unnecessary LABA is likely to induce unwanted side effects.

Patients already using an inhaled corticosteroid for a different indication (either alone or in combination with long acting beta agonist [LABA]) should continue to use their regular medication and not switch to budesonide.

Face to Face assessment

Most assessments are anticipated to be virtual assessments. However, there are some situations where one or more face to face assessments may be required. Initially, all face to face visits should be agreed amongst the Community COVID team of the day. While this list is not prescriptive, some foreseeable situations might include:

- Unable to establish reliable contact / assess over mobile device, and where there is clinical concern for potential medical deterioration
- Requirement for subcutaneous / intravenous fluid or anti-emesis, without physiological need for hospital treatment.
- Complex additional social or medical indications for review

NB: Worsening respiratory distress, especially if accompanied by saturations on home oximeter of <93% is an indication for urgent Ambulance transfer to hospital, NOT an indication for face to face assessment.

- If the patient has a COVID or non COVID related health problem that requires a face to face review in primary care, please arrange for this to take place as per usual red streaming practice. Optimise location and timing to reduce contact to staff, contact with other patients (e.g. end of day).
- The patient and clinician should be wearing N95 masks. The patient will have a supply of N95 from their welfare pack, to use for this reason.
- Consider ventilation, infection protection and control and use appropriate PPE (N95, visor, goggles, gown, gloves).
- If the patient is being seen in primary care for face to face assessment but has transport issues that mean they cannot safely transport themselves to your practice (e.g. they usually use public transport) please contact Community COVID Team to co-ordinate transport.
- If when assessing via telehealth, it is obvious that the face to face requires an investigation that is not possible in primary care (e.g. radiology due to community radiology constraints) please contact Community COVID Team to arrange for the entire assessment in secondary care, where all aspects can be arranged in one assessment.

Call Flow

- Prepare for the call by reviewing Baseline Assessment, Border Client Management System (BCMS) and salient medical/social history
- Confirm the day of illness
    - Note the Nadir of disease is usually days 8-12 since symptom onset
- Identify preferred language
    - All assessments to non-English speaking households require either a healthcare worker who is fluent in the patient's preferred language OR assistance with an online interpreter.
    - Only if neither of the above are available, it might be acceptable, on a case-by-case basis, to ask other members of the patient's bubble to interpret, however this should be avoided if possible due to risk of bias in symptom and sign assessment.
- Bring up the electronic Assessment tool
    - 1st preference is to speak to the patient directly
    - For 2nd party calls, the patient must be present
    - Zoom/call patient as agreed

    - If there is no answer/non-attendance:
        - note it on the whiteboard and try to call them again in 30 minutes
        - forward following text message to patient, "TDHB Community COVID Team is attempting to contact you. We will call you in 30 minutes, please answer our call"
        - if the household/patient still does not answer, escalate to the senior manager on duty to discuss next steps
- Attend address:
    - if it is evident that there is someone in the household, attempt contact again via the phone
    - if you believe the patient is at home but does not respond or is unable to respond contact the Covid Hub who will escalate for a door knock
    - if you have confirmed the home is empty, contact the covering GP for next steps
- Upon the patient/household answering the phone/joining the zoom call introduce yourself and your designation
- Rule out any emergent symptoms – Airway/Breathing/Circulation - if emergent symptoms are identified STOP the assessment
- Advise the patient that you are arranging an ambulance for transport to hospital
    - Staff member is to remain online with the patient until the ambulance arrives, and advise them to rest in a comfortable position until emergency services arrive
    - Confirm their physical address and contact number (St John will ask you these details at the beginning of their call handling process)
    - Call St John on 0800 262 665
    - Advise St John call handler that the patient has an immediately life-threatening emergency, symptom of concern, differential diagnosis and COVID-19 positive
    - Call ED to advise of patient being transported to hospital

Otherwise:

- Outline plan and obtain consent to continue with the call

I'm just going to take down some details, and we'll talk about your symptoms/concerns, so we can confirm a course of action for you today" Is it ok for me to proceed?"

- Commence the assessment utilising the appropriate assessment tool
- Explore other wellbeing / health issues that need additional assistance in context of COVID-19 diagnosis, e.g. financial support, food security, mental health needs including drug and alcohol, additional carer supports etc and service co-ordinate referrals to community providers.
- Provide self-care advice as appropriate
- Review shared goals of care, particularly around return to hospital if condition were to deteriorate.

Note:

- Severe respiratory distress, advise to call 111
- Community COVID Team contact number 0508 436 374
- Reinforce public health messages, including self-isolation requirements
- Review COVID-19 resources with patient/household and answer any questions
- Confirm time of next telehealth assessment
- End the call/zoom

Document your call

- Document in BCMS the contact
- Schedule the next phone/zoom call

Escalation Criteria

The presence of any of the following should prompt referral to the hospital COVID Team

- Severe shortness of breath at rest
- Talking with single words or short sentences
- Respiratory compromise:
    - Pausing between sentences to catch their breath
    - Noisy breathing
    - Blue face or lips
    - Respiratory rate greater than 20 breaths per minute
- Deteriorating oxygen saturations:
    - Pre-COVID-19 SaO2 was greater than 94% or was unknown, then SaO2 trigger is less than 92%, or a drop of 3% or more from baseline
    - Pre-COVID-19 SaO2 was 94% or less, then SaO2 trigger is less than 88%, or a drop of 3% from baseline
    - Beware false reassurance from a stable SaO2. Clinical judgement is always most important
- OR below individualised saturation threshold if baseline hypoxia
- Significantly worsening breathlessness that is impairing ability to function, or new breathlessness at rest
- New significant chest pain or tightness in the chest
- New confusion or drowsiness
- Significant new or worsening tachycardia (especially above 120 bpm)
- Severe persistent cough, such that patient struggles to talk between coughing
- Feeling too tired to mobilise safely to / from bathroom
- Unable to eat or drink due to nausea, fatigue or breathlessness
- Other clinical concerns
- Welfare concern that is unable to be safely addressed through community Manaaki services

Release/Discharge from isolation

The public health team will formally release people from isolation once they have completed the required isolation period (which is variable) and have been symptom free for 72 hours.

Once released by PH the lead clinical team should discharge the patient and encourage them to book in for a face to face review at 6 weeks to assess for any symptoms suggestive of long COVID.

Upon the point of discharge the patient will be provided with a Discharge Letter issued by the Public Health Unit and copied to the GP / Pinnacle PHO and the Covid Hub for linking to the patients clinical record.

Advice on release / discharge will be sought from the Public Health Unit for ALL cases, prior to a communication with the patient.

1. After at least 14 days have passed since symptom onset/positive test date and risk of deterioration is very low (resolution of acute symptoms), discharge the patient from regular clinical follow-up. Continue following up other household members based on the time course of their illness.
    a. Explain recovery is gradual.
    b. Recommend that unvaccinated or partially vaccinated patients have COVID-19 vaccination 4 weeks after recovery or, asymptomatic patients have vaccination 4 weeks after the first confirmed positive COVID-19 test, unless contraindicated.
        i. The duration of protection from COVID-19 infection is unknown.
        ii. It is uncommon to become re-infected with COVID-19 within 6 months of infection, and the risk is further reduced by vaccination.
        iii. Temporary medical exemptions can be applied for here for the recovered cases: COVID-19: Exemptions from mandatory vaccination | Ministry of Health NZ. Our experience so far is that MOH will grant 3 months exemption, so they have plenty of time to then get vaccinated.
    c. Ask the patient to have an in-person or virtual clinical review at 6 weeks after COVID-19 illness, irrespective of whether-or-not they have any residual symptoms (funded). Use this as an opportunity to engage the poorly engaged with the benefits of quality primary healthcare.
2. If the patient has ongoing symptoms, follow the Post-COVID-19 Conditions (Long COVID) HealthPathway.
3. Public Health or their authorised delegate will advise the patient regarding release from isolation, from a POV. On days 12-14 of care, if you can send an email or BPAC referral detailing when the patient is 72 hours free of symptoms, this will speed up the process for public health discharge. On your last review of the patient, please document on the email or BPAC referral that you are now discharging them from a clinical perspective.

21. Referral for Manaaki Support

In the initial hours following a positive COVID-19 result, patients with high pre-existing needs require rapid wrap around support.

Included in the initial assessment and subsequent assessment, staff will assess and respond to the social, welfare, well-being and cultural needs of the person and whānau quarantining at home.

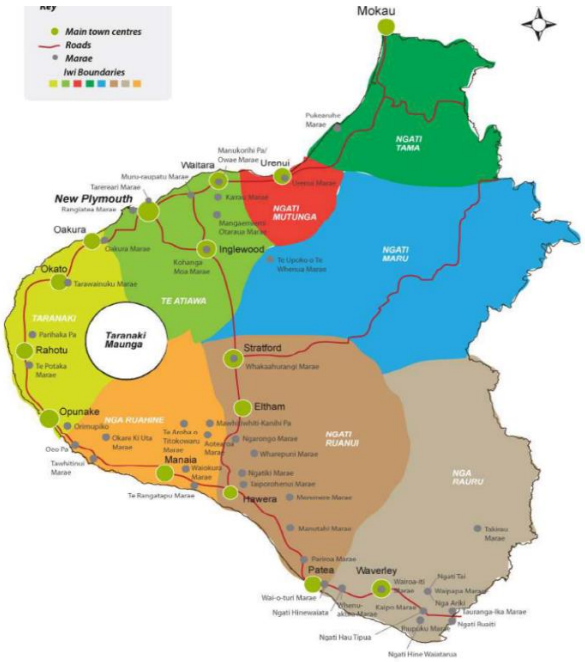
The manaaki team can support immediate manaaki needs and engage the appropriate agencies, NGOs to become involved. They can support with items such as:

- Provide assistance with food
- Animal Care
- Medication Delivery
- Clothing
- Cultural Support
- Wellbeing Support

Should any manaaki requirements be identified at the initial clinical assessment or during monitoring assessments communicate to the COVID HUB who can liaise with the appropriate provider. The manaaki provider will update the Covid Hub at the daily virtual ward round who will maintain the complete manaaki record for the patient.

22. Referral for Iwi Support

Identified need will be referred to the COVID Hub who will contact the appropriate provider, who can then coordinate. The provider can advise the Hub/lead clinician / GP at the daily virtual ward round or as required.



Provider & Address	Phone	Free-call Phone	Facebook Name	Website	Coverage Area
Ngāruahine Iwi Health Services Warren Nicholls, Manager 027 525 9356	06 274 8047	0508 367 642 0508 FOR NIA	Ngāruahine Iwi Health Services	Te Korowai O Ngaruahine is a partner entity which hosts Ngaruahine Iwi Health information www.ngaruahine.iwi.nz	Ngaruahine Iwi Rohe, services available to Ngaruahine uri /individuals and other Māori living within the rohe. Covers the wider South Taranaki region as well, Hawera around to Parihaka Ngaruahine uri mainly. A largely non-clinical team with extensive reach across the whole of Taranaki. Very agile. Member of Te Kawau Mārō Māori provider alliance.
Ngāti Ruanui Healthcare 41 Hunter St Hawera, 4610 Graham Young, General Manager – 027 508 7264	06 278 1310	0800 766 537 COVID line	Ngāti Ruanui Healthcare		Ngati Ruanui rohe and enrolled patients in the Ngati Ruanui Healthcare GP Clinics in Hawera and Patea. Also non-enrolled Māori within the Ngati Ruanui rohe
Tui Ora 36 Maratau St Westown New Plymouth Hayden Wano, CEO Tamara Ruakere, GM, Whanau Ora – 027 437 1674	06 759 4064	0800 884 672 0800 TUI ORA	Tui Ora Taranaki	www.TuiOraTaranaki.co.nz www.instagram.co/Tui.Ora	The largest provider that is not iwi based but is supported as the provider for the five northern iwi – Ngati Tama, Ngati Mutunga, Te Atiawa, Taranaki and Ngati Maru. Operates primarily in and around New Plymouth, Waitara and coastal Taranaki around to Oakura. Works collaboratively with Ngaruahine to cover Opunake / Parihaka and provides clinical support to Ngaruahine services Provider of health services Whānau Ora provider

23. Referral for Pasifika Support

Should referral for Pasifika support be identified at the initial clinical assessment or during monitoring assessments communicate to MSD who will action the request. MSD to either update BCMS or advise COVID Hub who will maintain the complete manaaki record for the patient.

24. Referral for Support for people of other Cultures

Should referral for cultural support be identified at the initial clinical assessment or during monitoring assessments communicate to MSD who will action the request. MSD to either update BCMS or advice COVID Hub who will maintain the complete manaaki record for the patient.

25. Specialist Advice

Whilst the Hospital does not have any Covid positive inpatients the Secondary COVID team will NOT be triggered- Lesley Maher, Karalyn Hicks, or Orooj Khan will be the COVID SMO on call for advice for GP/CBAC during business hours.

Once the hospital COVID team is activated (as per the hospital escalation framework) the COVID Reg/SMO will take these calls.

26. Referral to Secondary Care

The referral process is as follows:

- Where there are less than 2 hospital cases phone the on-call medical registrar via the Hospital Switchboard

- Where there are more than 2 hospital cases phone the COVID registrar via the Hospital Switchboard
- For other speciality advice e.g. obstetrics, paediatrics, surgery, mental health etc. the relevant registrar should be contacted via the Hospital Switchboard – it is likely that in some instances depending on the presenting problem(s) a shared care arrangement will be put in place involving more than one specialty team.

27. Mental Health Care and Support

Primary/Community Support

- 1737 – need to talk mental health line. This is a free service specifically targeted for people feeling down, overwhelmed, anxious and just need to chat. Its an underutilised resource in Taranaki so would be good to promote its existence or is there a dedicated COVID support line to call and talk things over with, normalise feelings given the situation. Adolescents in particular come to mind - not able to socialise other than through electronic means, additional saturation of social media exposure, negative online commentary.
- At the primary end GPs and the HIP/HC/Kaitautoko are support people and they have access to Pinnacle Social Workers that can provide support for mild to moderate distress.

Secondary Support

- If individuals do need secondary support the GP should refer through to our intake service, the person is contacted, and triage occurs. If assessment is required then this usually occurs via telehealth (laptop, PC) bearing in mind the person is in isolation.
- If there is urgent risk the GP or the person themselves can contact our 0508 292 467 Covid Hub and the call will be triaged as per usual and that contact is emailed to ABC for follow up as required.
- Where secondary support is required out of hours (after 5pm) the GP, Manaaki Provider or person themselves can telephone Whakarongorau health line who we have partnered with for out of hours care support.

28. Discharge from Hospital

The Hospital COVID Team will notify the COVID Hub of any planned discharges at the daily virtual ward round.

When the medical team have cleared a COVID positive patient for discharge:

1. The ward administrator will email the COVID Hub: covidhub@tdhb.org.nz with “COVID POSITIVE PATIENT FOR DISCHARGE” in the header of the email and noting the expected time and date of discharge in the body of the email
2. The discharging clinician will complete a discharge summary and ensure the patient has a copy
3. If there are any specific instructions the discharging clinician will notify the Hub by phone on extension 8614
4. The discharging clinician will ensure the discharge summary is immediately linked to the patients clinical record

5. The ward staff will issue the patient with a pulse oximeter and information pack which is available from the duty nurse managers
6. Transport can be organised via the Hub for patients that do not have access to transport (advance notice is required)
7. The Hub will notify the relevant GP, this will be the duty GP on weekends or public holidays
8. The GP will conduct a clinical assessment and determine ongoing monitoring requirements
9. Any manaaki or other needs will be notified to relevant members of the Community COVID Team and actioned accordingly via the appropriate provider
10. All documentation pertaining to the discharge, assessment and actions will be recorded against the patient record in the BCMS and Concerto/IBA

29. Access to Radiology Services

If possible, any routine radiology services should be delayed until the patient has recovered. Where a Radiology appointment is required refer to the Standard Operating Procedures or seek advice from the Covid Hub.

SOP - Imaging of Patients with Suspected, Probable or Confirmed COVID-19 at Taranaki Base Hospital :
http://chirp.hiq.net.nz/site/TDHBintranet/Policies/SOP%20-%20Imaging%20of%20patients%20with%20COVID-19%20at%20Taranaki%20Base%20Hospital.pdf

SOP - Imaging of Patients with Covid-19 at Hawera Hospital:
http://chirp.hiq.net.nz/site/TDHBintranet/Policies/SOP%20-%20Imaging%20of%20patients%20with%20COVID-19%20at%20Hawera%20Hospital.pdf

30. Access to Phlebotomy

If possible, any routine blood testing should be delayed until the patient has recovered.

If, however blood samples do need to be taken, District Nursing are able to provide phlebotomy 7 days a week between 8:30 and 4:30.

Referral for this service can be made via BPAC to the Community COVID Team.

Results from any blood tests should be escalated to the GP caring for the patient for review.

NOTE: Iron infusions cannot be carried out in the patients home or SIQ – if this service is required this will need to be discussed with a hospital physician.

31. Hospice Support

If a case requires hospice support or assistance is required in relation to prescribing or other end of life support contact 06 753 7830 or 0272095312.

If urgent palliative care advice is needed out of hours, it is available 24/7 to GPs via the hospice medical officer on-call - by the GP calling the hospice directly on the number above.

Extensive guidelines for palliative management of COVID patients are available at:
https://www.hospice.org.nz/covid-19/covid-19-for-health-professionals/

32. Medication Management

Prescriptions and medications

This process applies where COVID positive patients, with chronic conditions are isolating at home and require access to regular medicines or newly prescribed medicines.

Their medications may be collected by a member of their wider whānau, a volunteer, a health worker or any number of providers, or delivered via contactless delivery by their pharmacy.

In order to assist and enable a seamless service to these patients MidCPG (via Taranaki DHB) will be facilitating the following payments:

- $5.00 Co-pay (incl GST)
- Delivery Service a fixed rate of $10.00 (incl GST)
- The costs of any other prescription items pertaining to COVID that the Dr has to have prescribed it or requested it. (I.e.: items not on the schedule such as nasal sprays or cough suppressants)

There are to be no other charges made to the patient.

If the pharmacy where the prescription has been sent cannot undertake the delivery of medicines to patients and they have no one able to collect and deliver contactless on their behalf – they will make arrangements to refer to another Pharmacy that can do this.

Claiming for COVID related services is via midlandcpg.

NOTE: Prescriptions must be marked by GP as "patient self-isolating".

NOTE: Sunday and PH process for South Taranaki will be available via the Covid Hub.

Opioid Substitution Therapy (OST

If a patient is in isolation and requires OST a whanau member or a trustworthy nominated person would be organised to pick up medication on their behalf. In circumstances where no one is available the service will deliver to the patient in full PPE. All of this is managed in partnership with the patient's pharmacy and consultant Psychiatrist.

See Appendix E for a list of Taranaki DHB Pharmacies and their opening hours.

The Covid Community Team and Pinnacle Health will have details about the On-Call out of hours pharmacist services.

33. Virtual Ward Round

The virtual ward round (VWR) will take place seven days a week. The lead clinical provider or their nominee, or other identified clinical provider is expected to be present at the VWR or provide and a written update on BCMS by 1pm each day.

1. The purpose of the (VWR) is to:
    - Follow up on outstanding actions arising from the previous day

- Discuss all new cases (where not discussed at the morning Intake and Assessment Meeting)
- Discuss any issues/concerns with current cases
- Confirm discharges
- Identify any actions required in the next 24 hours

2. The VWR agenda template can be found in Appendix F.

3. Membership for the VWR is as follows:
   - COVID Hub
   - Te Aranga representative
   - Māori Health Providers
   - PHU representative
   - Hospital COVID Clinical Team representative (as required)
   - Hospital Duty Manager (as required)
   - Primary care clinical lead
   - Covid Operations Manager

4. Additional people may be co-opted on to the VWR when required and shall include Māori Health, TEMO and MSD.

5. Any actions required as a result of the VWR will be coordinated by the Covid Hub and documented BCMS.

34. Patient & Whānau Information

- All patients and whānau should be given a full set of information
- All patients should be given the 24-hour helpline number **0508 436 374** so that they can contact the Community COVID Team if they get into difficulty or need support.
- The Health Navigator website should be recommended for on-line resources: https://www.healthnavigator.org.nz/health-a-z/c/covid-19-positive-managing-your-symptoms/

35. Transport

- If urgent/emergency transport is required, the patient/whānau/provider should be asked to dial 111 and tell the operator that the patient is COVID positive
- Non-urgent transport will be worked through on a case by case basis via a request to the Covid Hub
- MSD/Manaaki Providers can facilitate delivery of all household goods, pulse oximeters etc. on request
- Identified pharmacies can deliver medications
- In the event that a patient and their whanau requires transportation to an MIQ / SIQ facility a Transport Plan must be developed

Refer to Appendix M for guidance about safe transportation of Covid positive patients and their whanau / household contacts.

Note: where a patient is to be transported to an MIQ / SIQ a Transport Plan must be developed and approved by the Medical Officer of Health.

36. Access to Interpreters

The Hub can contact Ezispeak on 0800 453 771 as required.

Language Line 0800 854 737 pin 14004

Appendix A Clinical Risk Stratification

Risk Stratification, (reference HealthPathways):
https://midland.communityhealthpathways.org/723535.htm

COVID-19 Care 1 if they answer no to all of the stratification questions and there are no high-risk household members (whether COVID-19 positive or negative).

COVID-19 Care 2 if they answer yes to any of the stratification questions or there are any high-risk household members (whether COVID-19 positive or negative).

Stratification questions to determine level of care:

Adults (aged 15 years and older)

- Vaccination status:
  - Unvaccinated
  - Vaccinated with one dose
  - Within 2 weeks of COVID-19 vaccination course completion
- Aged 65 years and older, or 44 years and older for Māori and 39 years and older for Pasifika patients
- Co-morbidities and concurrent medical conditions:

High risk

- Chronic lung disease
- Cardiovascular disease including hypertension
- Active cancer
- Immunosuppression
- Chronic kidney disease
- Diabetes
- Liver disease
- Significant frailty or disability
- Major mental illness
- Pregnant < 20 week
- Body mass index (BMI) > 30

Very high risk

- Dialysis patient
- Home oxygen requirement or known severe lung disease
- Severe heart failure
- Transplant patient
- Active haematological malignancy
- Currently receiving chemotherapy or severely immunocompromised
- Pregnancy ≥ 20 weeks
- Body mass index (BMI) greater than or equal to 30
- Smoking, including marijuana
- Pregnant or within 6 weeks of pregnancy
- Challenges with health literacy or ability to understand:
  - monitoring requirements
  - self-care advice

        - isolation requirements
    - Complex social circumstances (e.g. language barriers, large households, absence of a suitable caregiver, socially isolated, geographical location and transport factors that impact speed of access to higher levels of care)

Children (aged younger than 15 years)

- Infants aged younger than 1 month
- Co-morbidities:
    - Prematurity less than 37 weeks in children aged younger than 2 years
    - Immunocompromised
    - Severe or complex medical condition
    - Diabetes
    - Significant disability
    - Severe obesity with BMI 95 percentile or greater
- Pregnant or within 6 weeks of pregnancy
- Challenges with health literacy or ability to understand:
    - monitoring requirements
    - self-care advice
    - isolation requirements
- Complex social circumstances (e.g. language barriers, large households, absence of a suitable caregiver, socially isolated, geographical location and transport factors that impact speed of access to higher levels of care)

Appendix B Daily Clinical Assessment

See HealthPathways: https://midland.communityhealthpathways.org/723535.htm

Clinical review cycle:

At COVID-19 Care 1: patients self-monitor symptoms daily and receive alternate day (or as clinically indicated) remote clinical assessment from an appropriate practitioner (as determined locally).

At COVID-19 Care 2: higher risk patients are reviewed by a suitable clinician daily (including weekends), with additional checks as clinically indicated. Patients will generally have access to a pulse oximeter if they have personal risk factors for COVID-19 Care 2.

Suitable clinician:

Consider a clinician working with general practitioner or nurse practitioner supervision. When symptoms or signs worsen, general practitioner or nurse practitioner review is recommended to determine the appropriate level of care.

Review symptoms and perform remote examination:

Monitor trends over time and take account of the full clinical picture. The symptom complex and changes in features over time may be more significant than isolated responses.

Assess breathing and general symptoms:

Ask:

- General questions:
  - How are you feeling?
  - What could you do yesterday that you can't do today?
  - How is your breathing?
  - How well are you eating and drinking compared to normal?
- Specific respiratory questions:
  - Is it harder to breathe?
  - Are you breathing faster than normal?
  - Are you short of breath at rest?
  - Are you so breathless that you are unable to speak more than a few words?
  - Does anything make you breathless today that didn't yesterday? (If yes, document.)
- Check for signs of respiratory compromise:
  - Talking with single words or short sentences
  - Pausing between sentences to catch breath
  - Noisy breathing
  - Blue face or lips
  - Rapid respiratory rate (if obtainable)
- Consider other symptoms:
  - New confusion, drowsiness
  - Fever
  - Chest pain
  - Fainting or falls
  - Severe fatigue, lethargy – may indicate hypoxia without respiratory symptoms
  - Coldness, clamminess, or shaking – possible sepsis
  - Diarrhoea, vomiting

    - Reduced urine output
    - Any other symptoms or concerns
- Interpret patient-collected observations:
    - Oxygen saturation (SaO2) if available
    - Darker skin colour is recognised to impair oxygen saturation (SaO2) assessment particularly at levels of SaO2 below 90%
    - Monitor trends over time and SaO2 after some physical activity to detect any significant fall in SaO2
    - Temperature if available
    - Heart rate
    - Respiratory rate

Provide guidance on how to undertake this assessment with multiple affected persons in the house

Do what you can with the equipment the patient or carer has available. Interpret with caution and consider in the context of the wider assessment.

- Include video observations, if available.
- To minimise exposure, only perform an in-person examination if it will change clinical management or when you are not confident that remote assessment is adequate.
- Consider important acute complications of COVID-19
- Ask about mood and mental wellbeing
- Consider whether symptoms are due to a different new diagnosis or a pre-existing condition.

When speaking with the patient:

- Try to connect with the persons knowledge and their level of health literacy and understanding about their condition and situation, reflect patient language
- Where possible use open ended questions
- Encourage patients to ask questions
- Check the outcome of the communicate – does the patient understand? Do you need to repeat any information?
- Help the patient to understand the next steps (for them and their care)
- Try and provide information in a sequence to enable to people to understand and remember

Appendix C Guidelines for Conducting Initial Contact Rapid Needs Assessment

Standard

All patients registering as Covid positive via the covid hub will have an initial screening assessment completed by phone.

Introduction

Initial Contact Rapid Needs Assessment is an initial screening to stream positive patients into two groups:

- Lower risk – to be given self-management tools with advice on how to escalate concerns if their condition deteriorates:
    - Contact their normal health or social care provider
    - Contact Healthline on 0800 611 116
    - Contact MSD for welfare needs on 0800 512 337
    - Contact the Covid Hub if the above cannot be reached on 0508 436 374
- Higher risk – to be referred to the Care in the Community Team for more detailed clinical assessment

Criteria

Inclusion criteria

- All Covid patients that register via the covid hub
- All positive cases that are notified via the laboratory or PHU

Exclusion criteria

- Contacts that are not household members of positive cases

Procedure

- Phone the patient
- Explain the purpose of the call
- Seek permission to ask some questions
- Ensure the patient knows to ask if they do not understand something
- Go through each question starting with those on the left of the form
- If an interpreter is required – notify the patient that a call-back will occur with an interpreter
- When asking the questions on the right – seek more information if the response is “yes” e.g.:
    - Do you have any respiratory conditions? – if YES – what type of condition do you have? Are you on medications for this? How does it affect you?
    - Do you live alone? – if YES – do you have family/neighbours/friends who are able to help you/provide support? Who are they? Etc.
- If any of the questions in the red section are YES – refer to Care in the Community
- If all of the questions in the red section are NO – advise on self-management as above.

Referral to Care in the Community

NCTS/BCMS – TBC – need to understand NCTS/BCMS workflow in the manage it phase

Appendix D **Covid -19 - Initial Contact Rapid Needs Assessment**

TARANAKI District Health Board

COVID CARE IN THE COMMUNITY **INITIAL CONTACT RAPID NEEDS ASESSMENT**	
COMPLETED BY:	
NAME	
TEAM / ROLE	
PHONE	
DATE	
CASE INFORMATION	
Vaccination Status: (Circle as applies)	**1 dose 2 doses 3 doses** **Not Vaccinated**
Date of Last vaccine	
CASE / DC #	
NHI	
LAST NAME	
FIRST NAMES	
DATE OF BIRTH	
GENDER	
ETHNICITY	
IWI AND HAPŪ	
INTERPRETER	Yes ☐ No☐
LANGUAGE REQUIREMENTS	
ISOLATION ADDRESS	
PHONE NUMBER	
EMAIL	
INFORMED CONSENT	Yes ☐ No☐
ALTERNATE CONTACT NAME	
ALTERNATE CONTACT PHONE	

	RAPID NEEDS ASSESSMENT			
	NEED	**ASSESSMENT**	**Risk Level**	**Action**
Health and wellbeing	Breathlessness, severe cough, pale/grey/blue skin tone, new confusion		Higher Risk	Care in the Community
	Pregnant			
	Respiratory Disease			
	Heart disease			
	Diabetes			
	Renal/liver disease			
	Cancer			
	Mental Health Support			
	Living alone			
	Home Care / Disability / Accessibility Support			
	ACCOMMODATION (Kainga Ora or Transitional Housing currently)			
Home and living	MOBILE PHONE /WIFI			
	FOOD		Lower Risk	Self-Care
	FINANCIAL			
	MEDICATION NEED / DELIVERY			
	ANIMALS			
	LIVE/WORK ON A PRODUCTION FARM Who is the processor? Have they been advised			
	CARER RESPONSIBILITIES			
OTHER IMMEDIATE NEEDS (please describe):				
ANYONE ISOLATING AT HOME?				
Names of other people in bubble				

Appendix E COVID-19 Community Care Checklist

- ☐ Liaise with GP
- ☐ Liaise with Community COVID Team Lead
- ☐ Liaise with COVID SMO if applicable
- ☐ Confirm written consent to home isolation
- ☐ Confirm appropriateness for home monitoring
- ☐ Complete Baseline Assessment – upload to WebPAS/BCMS
- ☐ Manaaki/Welfare Needs addressed
- ☐ Equipment / functional review addressed
- ☐ Confirmed GP / Medical Practice
- ☐ Confirmed Patient's contact details incl. Mobile phone (call placed to test mobile number)
- ☐ Pulse Oximeter provided
- ☐ Pulse Oximeter training completed
- ☐ Confirmed escalation criteria and plan with patient
- ☐ C-SIQ information pack provided
- ☐ Confirm instruction provided on use of "COVID-19: Your health diary"
- ☐ Medication supply sufficient
- ☐ Transport arrangements completed
- ☐ Provide COVID-19 Helpline 0508 436 374

Appendix F **Admission Criteria**

See HealthPathways: https://midland.communityhealthpathways.org/723535.htm

Triggers for moving patient to hospital or palliative care:

Escalate care if the patient develops:

- rapid deterioration.
- worsening fatigue, profound exhaustion.
- fainting, falls.
- coughing up blood.
- fever greater than 40°C.
- severe shortness of breath at rest · clues to respiratory compromise
- chest pain on breathing in or tightness/pressure in the chest
- new onset of confusion or becoming drowsy
- change in oxygen saturation (SaO2):
    - Pre-COVID-19 SaO2 was greater than 94% or was unknown, then SaO2 trigger is less than 92%, or a drop of 3% or more from baseline, or a drop of 3% from resting to after exercise.
    - Pre-COVID-19 SaO2 was 94% or less, then SaO2 trigger is less than 88%, or a drop of 3% from baseline, or a drop of 3% from resting to after exercise.
- unexplained heart rate greater than 100 beats per minute
- dehydration – reduced oral intake and minimal urinary output in 12 hours.
- cold, clammy, mottled, or pale skin.

Other factors indicating need for management in hospital:

- If unsure about management, seek COVID-19 advice
- If escalation to hospital care is required, request acute COVID-19 assessment
- Manage as COVID-19 palliative care if appropriate.

Appendix G Timeline of COVID-19 Symptoms:

Early symptoms of COVID-19 vary widely. It can start with a sore throat, a cough, fever, headache and feeling a bit 'chesty'.

Day 5-10 of COVID-19 are often the most worrisome time for respiratory (lung) complications, particularly for older patients and those with underlying conditions like high blood pressure, obesity or diabetes.

Days 1 – 3

- Sometimes it begins with a bout of diarrhoea
- Some people just feel tired and lose their sense of taste and smell
- Many people have several symptoms but no fever
- Some patients with gastrointestinal symptoms go on to develop respiratory symptoms,

Days 4 – 6

- Some patients never develop more than mild symptoms, or none at all
- Others begin to feel terrible, with an ever-present fever, aches, chills, cough and an inability to get comfortable
- Some younger patients with mild disease may develop rashes, including itchy red patches, swelling or blistering on the toes or fingers, similar to frostbite

Days 7 – 8

- For patients with mild illness, the worst is over after a week.
- Patients who have felt terrible may get worse. And some patients might start to feel better briefly then take a turn for the worse
- Patients with home oxygen monitors should monitor their oxygen levels at least 3 times per day and **check in with a doctor if they start to feel more unwell.**
- Monitoring should continue for the second week of illness. Patients may feel better sleeping on their stomachs or sides

Day 8 – 12

- Monitor for worsening symptoms including increasing shortness of breath, worsening cough
- If you have a home oxygen monitor continue to use it at least 3 times per day.

Days 13 – 14

- Patients who had mild illness should be well recovered
- Patients who had worse symptoms, but maintained normal oxygen levels, should feel mostly recovered after two weeks, although many patients report lingering fatigue
- Doctors advise a slow return to activity, even if you had mild or moderate illness
- Patients with severe symptoms and those who needed additional treatment because of low oxygen levels, may still feel unwell and fatigued and take far longer to recover

* Information sourced from: https://www.nytimes.com/2020/04/30/well/live/coronavirus-days-5-through-10.html

Appendix H **Primary Provider Contact List**

Maori Health Providers	Name	BAU Role	Notes	Mobile	Office	Contact Email	Other
Ngāruahine Iwi Health Services			www.ngaruahine.iwi.nz		06 274 8047		0800 367 642
	Warren Nicholls	Manager		027 525 9356			
Ngāti Ruanui Healthcare	Ngati Ruanui Healthcare, 41 Hunter Street, Hawera, 4610				06 278 1310		0800 766 537 (COVID line)
	Graham Young	General Manager		027 508 7264			
Tui Ora Family health	Tui Ora Family Health, 36 Maratahu Street, new Plymouth, 4310		www.tuiorataranaki.co.nz		06 759 4064	reception@tuiora.co.nz	0800 884 672
	Hayden Wano	CEO					
	Tamara Ruakere	General Manager		027 437 1674			

PHO	Name	BAU	Notes	Mobile	Office	Contact Email	Other
Pinnacle Primary Health Organisation (PHO)	Tama Tamatea		www.pinnacle.co.nz	027 212 6704		tama.tamatea@pinnacle.co.nz	

Medical Practices	Name	Notes	Mobile	Office	Contact Email	Other
NEW PLYMOUTH	Bellomo Family Health, Suite 16, 17 Nobs Line, Strandon, New Plymouth,	n/a		06 757 2222	reception@bellomohealth.co.nz	
	CareFirst, 99 Tukapa Street, Westown, New Plymouth, 4310	www.carefirst.co.nz		06 753 9505	email@carefirst.co.nz	
	Central Medical Centre - Primary Health Care Ltd, 72 Vivian Street, New	n/a		06 758 6666	reception@centralmed.net.nz	
	City West Medical Centre, 125 Vivian Street, New Plymouth, 4310	n/a		06 758 0863	n/a	
	Devon Medical Centre, 283 Devon Street West, New Plymouth, 4310	n/a		06 759 1888	admin@devonmedical.co.nz	
	Eastside Medical Centre, 488 Devon Street East, New Plymouth, 4312	n/a		06 757 3111	manager@eastsidemedical.co.nz	
	Family Health Centre, 70 Vivian Street, New Plymouth, 4310	www.familyhealth.co.nz		06 758 7508	n/a	
	Healthspace, 56 Gover Street, New Plymouth, 4310	www.healthspace.co.nz		06 757 4077	admin@healthspace.co.nz	
	Medicross Urgent Care & GP Clinic, 8 Egmont Street, New Plymouth, 4310	www.medicross.co.nz		06 759 8915	n/a	
	Merrilands Medical Centre, 200 Mangorei Road, New Plymouth, 4312	n/a		06 758 8773	email@merrilandsmedical.co.nz	
	Moturoa Medical Centre, 490 St Aubyn Street, new Plymouth, 4310	n/a		06 751 0390	n/a	
	Parklands Medical Centre, 188 Parklands Avenue, Bell Block, New	n/a		06 755 0422	reception@parklandsmedical.co.nz	
	Phoenix Urgent Doctors - Primary health Care Ltd, 95 Vivian Street, New	n/a		06 759 4295	reception@phoenixdoctors.co.nz	
	Powderham Medical Centre, 177 Powderham Street, New Plymouth, 4310	n/a		06 758 2454	n/a	
	Strandon Health Centre, Unit 13/17 Nobs Line, Strandon, New Plymouth,	www.strandonhealth.co.n		06 769 9567	admin@strandonhealth.co.nz	
	Tui Ora Family Health, 36 Maratahu Street, new Plymouth, 4310	www.tuiora.co.nz		06 759 7310	tuiorafamilyhealt@tuiora.co.nz	
	Tukapa Medical Centre, 52 Tukapa Street, New Plymouth, 4310	n/a		06 753 3070	office@tukapamedical.co.nz	
	Vivian Medical Centre, 56 Vivian Street, New Plymouth, 4310	www.vmc.co.nz		06 758 5015	reception@vmc.co.nz	
WAITARA	Waitara Health Centre, Cn McLean & Grey Streets, Waitara, 4320	waitaradoctors.co.nz		06 754 8119	practice@waitarahealth.co.nz	
INGLEWOOD	Dr Finnigan, 12 Brown Street Ingleood	n/a		06 756 7667	n/a	
	Full Circle Medical, 12 Brown Street, Inglewood, 4330	n/a		06 758 7508	n/a	
	Moa Medical - Primary Health Care Ltd, 12 Brown Street, Inglewood, 4330	n/a		06 756 7777	n/a	
STRATFORD	Avon Medical Centre - Primary health Care Ltd, 8 Romeo Street, Stratford,	www.avonmedical.co.nz		06 765 5454	n/a	
	Regan Street Health Centre, 89 Regan Street, Stratford, 4332	n/a		06 765 6676	n/a	
	Stratford Medical Centre - primary Care Ltd, Cnr Miranda & Page Streets,	n/a		06 765 6681	n/a	
ELTHAM	Eltham Health Centre, 132 High Street Eltham, 4322	n/a		06 764 8702	n/a	
HAWERA	Mountainview Medical, 65 Victoria Street, Hawera, 4610	n/a		06 278 0104	n/a	
	Ngati Ruanui Healthcare, 41 Hunter Street, Hawera, 4610	n/a		06 278 1310	n/a	
PATEA	Ngati Ruanui Patea Medical Centre, 1 Lincoln Street,Patea, 4520	n/a		06 273 8456	christine.steiner@pateadoctors.co.nz	
OPUNAKE	Opunake Medical Centre, 26 napier Street, Opunake, 4616	n/a		06 761 7324	admin@opunakemc.co.nz	

Appendix I Pharmacy Contacts and Delivery Options

PHARMACY NAME (FULL)	Medicine Deliveries	Medication deliveries to patients isolating at Home	Mode of Delivery	Opening hours	Phone	Days of the week you do deliveries
HAWERA						
Mountainview Pharmacy, Hawera	No	Yes	Staff do drop offs;	Mon to Fri: 08.00 to 17.00 and Sat: 9am-12pm	06-2781002	will deliver for isolating people only possibly Tuesday and Thursday, about 3pm), contactless delivery only
Robertsons Hunter Street Pharmacy, Hawera	Other	Yes	Courier;	Monday - Friday 8.30am - 5pm	06-278 0058	available Monday - Friday We can offer service but very rarely asked
Robertsons High Street Pharmacy, Hawera	Yes	Yes	Courier;	Monday - Friday 8.30am - 5pm Saturday 9am - midday	06-2785382	Monday to Friday
New Plymouth						
City Care pharmacy, New Plymouth	Yes	Yes	Staff do drop offs;	Mon-Sun 8am to 8pm	06-7574614	Medication for isolating patients Mon- Fri – between 2pm and 3 pm
Chemist Warehouse the Valley, New Plymouth	YES	YES	Courier;	Monday to Sunday 8am till 9pm (including public holidays	06-927 4360	Delivery company only delivers on weekdays. If the parcel is booked before 12pm then it usually gets delivered that day or the day after, if destination is within New Plymouth (overnight delivery). If the location is out of town (rural) then it might take 2 business days (depending on how far away it is). Delivery fees within New Plymouth is about $5 for something small. Out of town delivery fee is about $8 for something small.

PHARMACY NAME (FULL)	Medicine Deliveries	Medication deliveries to patients isolating at Home	Mode of Delivery	Opening hours	Phone	Days of the week you do deliveries
Devon West Pharmacy, New Plymouth	YES	Maybe	Designated delivery person; Staff do drop offs;	Monday - Friday 8.30-5.30 Saturday -.12	06-7592380	Tuesdays and Thursdays 1-3.30pm
Merrilands Pharmacy, New Plymouth	Yes	Yes	Designated delivery person; Staff do drop offs;	Mon-Fri - 8:30-5:30 Sat - 9:00-1:00	06 758 5561	Mon-Fri (cut off for deliveries is 4pm)
Moturoa Pharmacy, New Plymouth	Yes	Yes	Designated delivery person; Staff do drop offs;	Monday - Friday 8.30 to 5.30 Saturday 9.00 to 1.00 Sunday - closed	06-7510074	Dedicated delivery driver : Thursday & Friday afternoon Staff drop off: ad hoc Mon - Wed Urgent delivery only Saturday
Pharmacy @ Carefirst , New Plymouth	Yes	Yes	Staff do drop offs;	Monday to Friday 8am to 6pm Saturday 8am to 12pm	06-753 6665	Yes we will do contactless deliveries to patients isolating at home Monday, Wednesday and Fridays between 10am-12pm
Robertsons Strandon Pharmacy, New Plymouth	Yes	Yes	Courier;	Monday - Friday 8.30am - 5pm	06-2785382	Monday to Friday
Robertsons Valley Pharmacy, New Plymouth	Yes	Yes	Courier;	Monday - Friday 8.30m - 5pm Saturday 9am - 4pm Sunday 10am - 4pm	06-7696030	Monday - Friday
Vivan Pharmacy, New Plymouth	YES	Yes	Designated delivery person; Courier;	Monday to Friday 8.30am to 7pm (deliveries from 2.30pm to 7pm) and Saturdays Sundays and Public Holidays 9am to 5pm but no deliveries on these days at present. Closed Christmas and New Years Day	06-7588263	2.30pm to 7pm Mondays to Fridays only at this stage

PHARMACY NAME (FULL)	Medicine Deliveries	Medication deliveries to patients isolating at Home	Mode of Delivery	Opening hours	Phone	Days of the week you do deliveries
Vogeltown Pharmacy, New Plymouth	Yes	Yes - definitely	Designated delivery person;	Monday to Friday 8.30am to 5.30pm Saturday 9am-12.30	06-7535706	Generally Mon- Friday afternoons but flexible with this
Oakura						
Oakura Pharmacy	No	Yes - But depending on how large the areas is and how much it is funded for.	Designated delivery person; Staff do drop offs; Courier;	Monday to Saturday	06-7527557	NO known public delivery system. But case by case scenario Weekdays - preferably on Mondays or Thursdays
Opunake						
Opunake Pharmacy	yes	yes	Staff do drop offs;	Monday - Friday 8.30am - 5pm and Saturday 9am - 12pm	06-7618599	Monday, Wednesday and Friday
Patea						
Patea Pharmacy, 71 Egmont Street	Yes	Yes	Staff do drop offs;	Mon-Fri 8.30-5pm	06-2738338	Tuesday Thursday if urgent can work something out
Stratford						
Mackays Unichem Pharmacy Stratford	YES	YES	Staff do drop offs;	Monday to Thursday 8;30 to 5pm, Friday 8:30 to 5;30, Saturday 9;00 to 12;30	06-7656470	Monday to Saturday
Stratford Pharmacy	Yes	Yes within the town boundary	Staff do drop offs;	Monday to Wednesday 8.30 - 5.00pm Thursday to Friday 8.30 - 5.30pm Saturday 9.00 - 12.30pm		Weekdays

PHARMACY NAME (FULL)	Medicine Deliveries	Medication deliveries to patients isolating at Home	Mode of Delivery	Opening hours	Phone	Days of the week you do deliveries
Waitara						
Waitara Pharmacy	Yes	Yes	Staff do drop offs; Courier;	Opening hours – Monday to Friday 8.30am to 5.30pm, Saturday 9am to noon	06-7547662	Yes only will do deliveries if funded we may get a staff member to do it during the day rather than the delivery kids. Resthome deliveries are sent via courier company daily at 4pmCurrent deliveries week days only, not weekends currently local deliveries (on a bike!) by a delivery school person between 4pm and 6pm Monday to Friday (they are Covid vax'd)
Waverley						
Godderidges Pharmacy Ltd, Waverley	No	Yes	Staff do drop offs;	mon -fri	06-3465008	Mon- Fri

Appendix J **Patient Health & Symptom Diary**

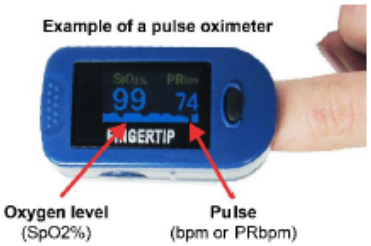
COVID-19: Your health diary (week 1)

Health Navigator NEW ZEALAND

Name: _____ **D.O.B:** ___/___/___ **NHI:** _____

Healthcare team: _____ **Phone:** _____

This diary will help you create **an easy record of your health** when you have COVID. This will become important if your symptoms change. Even if you feel ok, please fill it in. If your condition changes, when and how it changes may help your healthcare team decide the best response.



- Use your pulse oximeter to measure your oxygen level and pulse (bpm or PRbpm).
- Use your thermometer to measure your temperature.
- Please record both of these **THREE times a day, every day,** at around the same time.
- Your pulse and oxygen level numbers can be easy to mix up. Be careful to record these correctly.

	Day 1 / /			Day 2 / /			Day 3 / /			Day 4 / /			Day 5 / /			Day 6 / /			Day 7 / /		
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM
Oxygen SpO2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Pulse bpm/PRbpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm
Temperature °C																					

If at any time you experience shortness of breath when at rest, or difficulty breathing or your symptoms become suddenly worse, call 111 for an ambulance immediately. Don't wait.

COVID-19: Your symptom diary (week 1)

Health Navigator NEW ZEALAND

Name: _____ **D.O.B:** ___/___/___ **NHI:** _____

Healthcare team: _____ **Phone:** _____

For more info, hn.org.nz/covid-positive

This section will help you **track your COVID-19 symptoms**. This will become important if your symptoms get worse. Even if you feel ok, please fill it in. If your condition changes, when and how it changes may help your healthcare team decide the best response.

- For each symptom, write down if you feel better (**B**), the same (**S**), or worse (**W**) than the previous day.
- In the last row, give yourself a number out of 10 as to how you feel overall, where 1 is well and 10 is very unwell.
- Please record these **THREE times a day, every day,** around the same time.

	Day 1 / /			Day 2 / /			Day 3 / /			Day 4 / /			Day 5 / /			Day 6 / /			Day 7 / /		
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM
Short of breath																					
Tight chest																					
Headache																					
Sore throat																					
Fever																					
Tiredness																					
Vomiting (being sick)																					
Diarrhoea (runny poo)																					
Overall																					

If at any time you experience shortness of breath when at rest, or difficulty breathing or your symptoms become suddenly worse, call 111 for an ambulance immediately. Don't wait.

COVID-19: Your health diary (week 2)

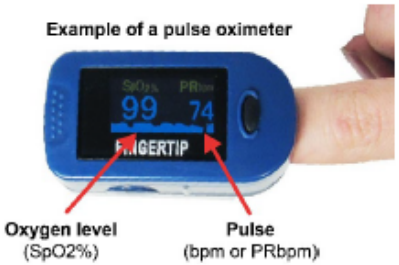
Health Navigator NEW ZEALAND

Name: _____ **D.O.B:** ___/___/___ **NHI:** _____

Healthcare team: _____ **Phone:** _____

This diary will help you create **an easy record of your health when you have COVID**. This will become important if your symptoms change. Even if you feel ok, please fill it in. If your condition changes, when and how it changes may help your healthcare team decide the best response.

- Use your pulse oximeter to measure your oxygen level and pulse (bpm or PRbpm).
- Use your thermometer to measure your temperature.
- Please record both of these **THREE times a day, every day,** at around the same time.
- Your pulse and oxygen level numbers can be easy to mix up. Be careful to record these correctly.



	Day 8 / /			Day 9 / /			Day 10 / /			Day 11 / /			Day 12 / /			Day 13 / /			Day 14 / /		
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM
Oxygen SpO2%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Pulse bpm/PRbpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm	bpm
Temperature °C																					

If at any time you experience shortness of breath when at rest, or difficulty breathing or your symptoms become suddenly worse, call 111 for an ambulance immediately. Don't wait.

COVID-19: Your symptom diary (week 2)

Health Navigator NEW ZEALAND

Name: _____ **D.O.B:** ___/___/___ **NHI:** _____

Healthcare team: _____ **Phone:** _____

For more info, hn.org.nz/covid-positive

This section will help you **track your COVID-19 symptoms**. This will become important if your symptoms get worse. Even if you feel ok, please fill it in. If your condition changes, when and how it changes may help your healthcare team decide the best response.

- For each symptom, write down if you feel better (**B**), the same (**S**), or worse (**W**) than the previous day.
- In the last row, give yourself a number out of 10 as to how you feel overall, where 1 is well and 10 is very unwell.
- Please record these **THREE times a day, every day,** around the same time.

	Day 8 / /			Day 9 / /			Day 10 / /			Day 11 / /			Day 12 / /			Day 13 / /			Day 14 / /		
Time of day	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM	AM	Noon	PM
Short of breath																					
Tight chest																					
Headache																					
Sore throat																					
Fever																					
Tiredness																					
Vomiting (being sick)																					
Diarrhoea (runny poo)																					
Overall																					

If at any time you experience shortness of breath when at rest, or difficulty breathing or your symptoms become suddenly worse, call 111 for an ambulance immediately. Don't wait.

Appendix K **Clinical Referral to MIQ**

Clinical referral form: **Managed Isolation and Quarantine (MIQ)**

Referring cases and/or disease contacts to MIQ

Please complete this referral form for cases and/or disease contacts that are being referred to MIQ.

Note: On NCTS ensure that the case has been *advanced to follow up.* Select *Community Care* and add *Community Outreach AKL* as the provider

Email referral form to:
MIQreferrals@nmf.nz

CC:
SIQreferrals@whakarongorau.nz
and
ARPHSJetParkLiaison@adhb.govt.nz

Subject line: "MIQ referral [Surname of case][NHI of case]"

Please ensure you include the surname and the NHI of the case in the subject line

---

Please confirm reasons for MIQ transfer *(e.g. unsuitable housing, unable to isolate)*

Click here to enter text.

Is the transfer urgent?

Urgent Criteria only includes: Transitional housing, homeless, corrections, hospitals, or as determined by Medical Officer of Health

Choose an item.

Medical Officer of Health requires case or contact to remain in Managed Isolation for the required isolation period under the Section 70 Order (16/10/21)	Choose an item.
Is transport required?	Choose an item.

ADDRESS of household: _____

Details of cases being referred to MIQ

Name	**D.O.B**	**Ethnicity**	**NHI**	**Phone numbers** (incl. alternate phone numbers)	**Relationship to index case**	**Symptom onset date** (if no symptoms, date of positive swab)	**Day 0** (for calculating release date)	**COVID-19 vaccination status** (as per NCTS record)	**Current COVID-19 symptoms**	**Red flags or other significant health conditions**
						Click here to enter a date.	Click here to enter a date.	Choose an item.	☐ Fever (feeling hot and cold) ☐ Shortness of breath ☐ Cough ☐ Sore throat ☐ Runny nose ☐ Loss of sense of smell ☐Asymptomatic	
						Click here to enter a date.	Click here to enter a date.	Choose an item.	☐ Fever (feeling hot and cold) ☐ Shortness of breath ☐ Cough ☐ Sore throat ☐ Runny nose ☐ Loss of sense of smell ☐Asymptomatic	

						Click here to enter a date.	Click here to enter a date.	Choose an item.	☐ Fever (feeling hot and cold) ☐ Shortness of breath ☐ Cough ☐ Sore throat ☐ Runny nose ☐ Loss of sense of smell ☐Asymptomatic	
						Click here to enter a date.	Click here to enter a date.	Choose an item.	☐ Fever (feeling hot and cold) ☐ Shortness of breath ☐ Cough ☐ Sore throat ☐ Runny nose ☐ Loss of sense of smell ☐Asymptomatic	
						Click here to enter a date.	Click here to enter a date.	Choose an item.	☐ Fever (feeling hot and cold) ☐ Shortness of breath ☐ Cough ☐ Sore throat ☐ Runny nose ☐ Loss of sense of smell ☐Asymptomatic	

Details of household contacts being referred to MIQ

Name	**D.O.B**	**Ethnicity**	**NHI**	**Phone numbers** (incl. alternate phone numbers)	**Relationship to index case**	**Red flags or other significant health conditions**	**Swabbing schedule as determined at time of referral** (this may change with continuous exposure or if contact becomes symptomatic. Once case is cleared close contacts will need repeat swabs – Day 5 and 8) For children less than 5 years of age, only a day 5 test is required. Day 0 and 8 swabs are optional.
							Immediate: Click here to enter a date. **Day 5:** Click here to enter a date. **Day 8:** Click here to enter a date.
							Immediate: Click here to enter a date. **Day 5:** Click here to enter a date. **Day 8:** Click here to enter a date.

Appendix L Guidance for transport of medically stable cases/contacts

Community SIQ – Guidance for transport of medically stable cases/contacts

Last updated: 5/1/2022

The government recognises that some New Zealanders require additional support to have their needs met when isolating/quarantining within the community. To address this, the Ministry of Health has developed an end-to-end community supported isolation and quarantine service model (CommunitySIQ) designed to manage public health risk and rapidly mobilise services to support cases and eligible contacts to successfully complete isolation/quarantine. Should people who are being managed within the CommunitySIQ service require transport, it is the role of the service coordinator to ensure that all steps are taken to manage the transport safely and effectively.

Principles for transport

COVID-19 has been designated a highly infectious disease (defined as being transmissible from person to person, capable of causing life-threatening illnesses and presenting a serious public health hazard). Where isolation/quarantine cannot be maintained and transport is required, The Health and Safety at Work Act (2015) and related regulations require that "workers and others are given the highest level of protection from workplace health and safety risks, so far as is reasonably practicable"[1].

Taking *all practicable steps* means doing everything that is reasonably practicable in the circumstances, taking into account[2]:

- the harm that could occur;
- the available knowledge about the harm, the likelihood of it occurring, and what can be done to eliminate or reduce the harm;
- whether the means of doing something about the harm are available and how much this would cost.

In the context of this guidance, this means implementing the highest order hazard management strategy available in relation to the safety of cases/contacts, the driver, any other personnel directly involved in the transport, and members of the public.

The order of hazard management is first to eliminate a hazard or if that can't be achieved, to isolate the worker (and anyone else in the environment) from the hazard (or the hazard from the worker), or if that is not possible then to take all practicable steps to minimise the risk of harm to the worker.

This guidance does not prescribe a particular solution. The level of hazard mitigation that is achievable needs to be determined through local assessment and the application of standard occupational hazard management principles.

[1] https://www.employment.govt.nz/workplace-policies/health-and-safety-at-work/

[2] https://www.legislation.govt.nz/act/public/1992/0096/latest/DLM279184.html

When to use this guidance

Exclusions

There are a number of valid reasons why a community case or close contact may need to breach their 'bubble' and be transported during the period of isolation/quarantine. Transport protocols have been developed for the following scenarios:

1. Inter-regional transport to a MIQF is coordinated through the Ministry of Health Incident Management Team.
2. Inter-regional transport to a tertiary hospital is coordinated by the DHB retrieval team under existing protocols.
3. Intra-regional transport that requires clinical oversight during the journey is managed by the local ambulance service. Ambulance service providers have their own procedures, and these take precedence over the measures outlined in this guidance.

The above scenarios fall outside the responsibility of CommunitySIQ managers/ coordinators (C-SIQ coordinators) although they may be asked to support the primary team.

Inclusions

This document provides guidance to DHBs and C-SIQ coordinators to develop safe transport plans for additional situations when medically stable cases/contacts may need to be transported within your DHB region or cross regionally.

The most likely scenarios likely to be encountered are:

1. Transport from home to local alternative accommodation (or vice versa)
2. Transport from home to a health service (or vice versa)
3. Transport from home to a testing venue when this cannot be provided in place (or vice versa).
4. Transport to a neighbouring DHB region with whom you share accommodation options
5. Any other intra-regional transport requested by a Medical Officer of Health that does not require clinical oversight during the journey

The transport plans you develop should be designed to manage public health risk to the cases/contacts, those involved in the transport, and others in the community.

The plans should be developed in consultation with Infection Prevention and Control (IPC) specialists, the Public Health Unit (PHU) and with reference to the most up to date version of the document *MIQ Transport Procedures, Standard operating procedures.*

Key accountabilities

Developing a local transport standard operating procedure (SOP)

- CommunitySIQ Coordinator
  - Preparation of plan
- Medical Officer of Health
  - Approval of the SOP
- Infection Prevention & Control (IPC) consultant
  - Guidance and approval of SOP
- Transport operator (DHB or contractor)
  - Consulted on SOP

Pre-planning

- CommunitySIQ Coordinator / Covid Manager
  - Coordinate with transport provider
  - Facilitate a trial run
  - Source and provide PPE
- Transport operator (DHB or contractor)
  - Staff training
  - Confirm that all staff are fully vaccinated
  - Provision a suitable vehicle
  - Fit test all drivers with N95 masks

Prior to a transport

- Coordinator
  - Coordinate and oversee transport plan until completion of the transport
  - Ensure that the needs of the person/whanau being transported are met
- Medical Officer of Health (or designate)
  - Review and approve transport plan
- Transport provider
  - Review and approve transport plan
  - Provide vehicle and driver
  - Review transport plan with the driver

During the transport

- Driver
  - Adherence to plan and SOP

Following the transport

- C-SIQ Coordinator
  - Review the transport and complete a reporting template
- Driver
  - Clean the vehicle according to SOP

- Undertake testing requirements

Summary of approach to hazard management

Eliminate need to transport if possible

The first consideration is whether there is any alternative to transport that would meet the identified need. For example, could services be brought to the person rather than taking the person to the service. Examples of where transport could be justified including a medical need, a legal directive to transfer to a MIF, or where well-being or safety cannot be secured in place.

Principle: We should not be transporting without reasonable justification.

Isolate attending personnel from the risk

The minimum number of people possible should be directly involved in the transport. Unlike health professionals delivering care, there is no need for the driver to share airspace with COVID positive or HIS people. The means of transport should provide an effective physical barrier for the driver and other attending personnel.

Principle: we should not be transporting in vehicles that cannot isolate the driver from passenger airspace unless we can justify why this cannot be achieved

Minimise the risks

If it can be demonstrated that isolation strategies cannot be achieved (and this is a pretty high bar given that there is generally time to prepare for this type of transport), then ALL of the hazard minimisation mitigation options available should be instituted. These would include:

- The use of fit tested N95 masks for the driver and any other attending personnel
- The use of masks for the passenger(s) for the duration of the transport
- Measures to avoiding recirculated air
- Maximising the distance between driver and passenger
- Minimising the time spent sharing space
- Vaccination of the driver
- Avoiding interrupted travel (e.g. point to point without stopping)

Transport Plan Considerations

Transporting a case/contact requires their 'bubble' to be broken and carries a risk to public health. Solutions that do not require transportation should therefore be considered before using transportation. For example, bringing services to people not people to services.

When developing a Transport Plan for cases/contact(s), the safety of the case/contact(s), their whānau, the driver, and members of the public should all be considered. All trips, regardless of duration, require pre-evaluation and the use of stringent IPC protocols.

The minimum number of staff to safely effect the transport should be included. In most cases this will mean that there is only the driver.

Many factors can impact the safety of a trip:

1. Duration of trip: Trips that are longer than one hour should receive especially careful evaluation.

2. Number of passengers and bubbles: Increased number of passengers can increase the volume of potentially contaminated air. The ideal is one bubble per vehicle. Evaluation of the risk to the driver from the number of people in the vehicle is needed.
3. Size and layout of vehicle: Where practical, select or modify a vehicle that separates the driver from the passengers (for example a double-cab or Perspex/PVC screen). Ensure that all loose/optional internal items such as floor mats, seat covers, and decorations are removed before operating vehicle. Where isolation of the driver cannot be achieved, section off **a minimum** of two clear rows (no case/contact(s) behind the driver).
4. Ventilation plan: Driver must ventilate the vehicle to the outside while operating (open windows if practical, do NOT use mechanical ventilation on the recycle setting).
5. Driver vaccination status and PPE: Drivers and other accompanying staff should be vaccinated for COVID-19 and have been fit tested for P2/N95 mask particulate respirator.
6. Requirements for cases/contacts

- Cases/contacts must be medically fit for transport. If in doubt an ambulance should be used. Masks must be worn at all times during the transport unless medically contraindicated or exempted by a Medical Officer of Health. N95s are preferred if available. Food or drink must not be consumed while in the vehicle (with the exception of children < 6 years in age).

7. Emergency plan: Develop an emergency plan for the vehicle, e.g. in the event of an accident or emergency that interrupts transport, call 111 and identify the vehicle as carrying suspected COVID-19 cases. If any on-board behaviour problems or emergencies arise while operating the vehicle, stop the vehicle and call 111 and identify the vehicle as carrying suspected COVID-19 cases.
8. Flag vehicle to police as carrying suspected COVID-19 cases but will only require minimal information to put a temporary alert on the vehicle (rego, timeframe for alert, pick up and drop off location – passenger details not required). PHU can send email to central Police email address to notify (they are developing a template by end of week).
9. Emergency/supplies kit - Arrange for vehicles to carry:
    - Additional medical masks for case/contact(s) and fit tested P2/N95 particulate respirator for driver (if used);
    - Appropriate additional PPE (as determined by Medical Officer of Health on a case by case basis)
    - Hand sanitiser containing at least 60 percent alcohol;
    - Hospital grade disinfectant surface wipes;
    - First aid kit box; and
    - The ability for case/contact(s), drivers and accompanying staff (if any) to safely dispose of medical masks, e.g. small, sealable plastic bags that can be disposed of in rubbish bins after exiting the vehicle.
10. If creating a Transport Plan to enable a case/contact to undergo required testing, consider whether testing can be accomplished at the location of isolation/quarantine to reduce any risks involved in transportation.

11. Self-driving option: Having a case/contact drive themselves to their isolation/quarantine location may present as the safest option to transport them, but should only be used in exceptional circumstances[3]. In these cases, provide case/contact(s) with instructions on what to do in case of emergency and request permission to temporarily flag vehicle with police (details TBD – will provide info with final version of guidance). The person driving must be confirmed as physically able by a health care practitioner.
12. If the transportation cannot proceed in accordance with the approved Transport Plan, the PHU must be notified by phone) as soon as practicable so that alternative arrangements can be assessed and approved. If there is insufficient time to submit a further Transport Plan, this approval may be given verbally.
13. If there is an unforeseen departure from the approved Transport Plan, this must also be notified by phone (to the Covid Hub) as soon as practicable. This includes if there is an emergency or if the vehicle transporting the case/contact(s) or whānau had an unplanned stop for any reason.
14. The driver should undergo a COVID-19 test within 7 days of transporting the case/contact(s) and their whānau.
15. The driver should be advised to 'stand down' from work if symptoms develop or they become a contact of a confirmed case. Healthline should be contacted on **0800 611 116.**

Transport time in excess of three hours

1. Transport times in excess of three hours carry additional risks and may not be feasible.
2. Carefully evaluate any Transport Plan that exceeds 3 hours to determine if there are any closer options.
3. If long-distance transport cannot be avoided there are additional mitigation measures that should be put in place.
4. The need to request an escort car from the NZ Police could be considered
5. The inclusion of a second staff member should be considered
6. Rest stop plan: A break is to be scheduled when the duration of the transfer is more than 3 hours.
    a. Members of the public must not have access to bathrooms and rest-stop areas while they are in use by case/contact(s), or before they have been cleaned and disinfected.
    b. Accompanying staff are responsible for cleaning the bathroom prior to departing the rest-stop.
    c. Staff are to ensure that all case/contact(s) are wearing medical masks at all times.
    d. Case/contact(s) are NOT to leave the area under any circumstances except for in an emergency
    e. Smoking is not permitted at any stage of the journey including during rest stops. If a case/contact is a smoker they should be offered a supply of nicotine replacement therapy for the journey (lozenges are recommended)

[3] The risk of self-drive is attached to the risk of accident or breakdown and the potential that the route will be varied or unauthorised stops will be made.

Appendix One – Example of a Transport Plan

To be submitted for approval for moving a medically stable case/contact within the DHB region or to approved inter-regional accommodation

Transport Plan

This form must be completed, approved and comply with the local standard operating procedure. Please email the completed form to covidhub@tdhb.org.nz

Form to be completed for a ***single transport event.*** A separate form should also be completed for each trip if the case/contact(s) and their whānau are isolating/quarantining separately to reduce transmission risk.

Plan to be approved by Taranaki District Health Board Public Health Unit.

Action/Step	Information required	Information/Comments	Completed
Day of planned transport	Date: Time:		
Pre-requisites for transport – all must be completed for the transport to take place			
Justification for transport	Reason: No alternatives identified: Medically stable:	*Confirm that the need for transport is justified* *Confirm that the service cannot be brought to the bubble* *Confirm that medical escort is not required*	
Consent	Relevant information provided: Verbal consent given:	*Ensure all passengers have been given comprehensive information and have had the opportunity to have questions answered. Document verbal consent to the conditions of transport including mask wearing and not eating or drinking during transport (except children <6 years)*	
Feasibility	Vehicle: Hazard management: Arrival arrangements:	*Confirm that an approved method of transport is available that meets SOPs* *Ensure all accompanying staff are double vaccinated* *Ensure all staff have appropriate PPE and have had fit testing and training* *Ensure person/whanau being transported have appropriate masks* *Ensure arrival arrangements are in place*	

Medical Officer of Health approves the Transport Plan	Name: Signed: Date:		
Managing the transport			
Collection point for case/contact(s):	Address: Name of contact person: Contact Number:		
Whānau to be transported:	Names and ages:		
Drop off address:	Local Facility Name: Local Facility Location: Date: Time of arrival: Drop off point contact person: Contact number:		
Vehicle and driver details	Vehicle Type: Rego: Driver Name: Driver Mobile Number: Driver Address: Driver Email: Driver vaccination status:	*Ensure accompanying staff have a copy of the emergency plan*	
Route to be taken	Route:	*The most direct route is preferred taking into account any known roading issues*	
Vehicle flagged		*Ensure that the vehicle is flagged for the period of transport*	
Stop Precautions *(no stopping on route*	How will you keep members of the public		

unless it is pre-approved or an emergency)	and case/contact(s) separate? How will you clean any facilities used by case/contact(s)?		
PPE provisions	PPE worn e.g. masks, gloves. Practicing good hand hygiene. Hand sanitizer used. Cases/contact (s): Driver:		
*Emergency provisions in vehicle		*Additional medical masks for case/contact(s) and fit tested P2/N95 particulate respirator for driver (if used);* *Hand sanitiser containing at least 60 percent alcohol;* *Hospital grade disinfectant surface wipes;* *First aid kit box; and* *The ability for case/contact(s), drivers and any accompanying staff to safely dispose of medical masks, e.g. small, sealable plastic bags that can be disposed of in rubbish bins after exiting the vehicle.*	
Breakdown/Emergency Plan	Emergency: call 111 and identify the vehicle as carrying suspected COVID19 cases		
Outline vehicle cleaning process		*Refer to guidance provided in Appendix 1*	
Driver confirms they have read and understood the Transport Plan and conditions	Name: Signed: Date:		

Following completion of transport			
Vehicle Cleaning	Transport Operator	*The vehicle is cleaned in accordance with the IPC specifications under section 9.1 Vehicle Cleaning Protocol in the IPC SOP.*	
Health & Safety		*Notify any breaches of IPC to the PHU & act on advice given* *Ensure any post-transport testing requirements for staff involved in the transport are in place* *Ensure staff have received instructions about monitoring their health & what to do if symptomatic*	
Reporting		*Complete report, enter summary into NCTS and send copy to the PHU*	

Appendix Two – Additional information

Requirements for transporting case/contact(s) to a local CommunitySIQ

Process Stage	List of Requirements
Vehicle requirements	• The vehicle provided for transport must, as far as practicable, allow for maintaining physical distancing (2 metres) between the driver and case/contact(s) being transported. • All loose internal items such as floor mats, seat covers, and decorations must be removed before operating the vehicle for the transport of case/contact(s) • The vehicle should carry: ○ an approved copy of the Transport Plan signed by the driver ○ additional face masks for case/contact(s) and driver ○ hand sanitiser containing at least 60 percent alcohol ○ information pamphlets for the case/contact(s) for how to safely put on, take off and dispose of face masks, including pictorial representation of the process ○ hospital grade disinfectant surface wipes ○ bottled water ○ a first aid box ○ a place for case/contact(s), drivers and any accompanying staff to safely dispose of face masks (e.g., small, re-sealable plastic bags that any accompanying staff members, drivers and any accompanying staff can dispose of in rubbish bins after exiting the vehicle).
Driver & accompanying staff requirements	• All drivers & accompanying staff transporting case/contact(s) should: ○ adhere to the relevant requirements of the IPC SOP ○ wear a fit tested P2/N95 particle respirator for all interactions and the entire journey – refer to the IPC SOP for how to wear a mask correctly. ○ Wear eye protection when assisting with case/contact(s) loading or having face-to-face contact with case/contact(s) ○ maintain two metres physical distancing from case/contact(s), wherever practical ○ follow basic hygiene measures throughout the journey including hand hygiene, cough and sneeze etiquette, and avoid touching the face, nose and eyes. ○ sanitise hands with alcohol-based hand rub ○ before entering and upon exiting the vehicle ○ before, and after, taking off a fit tested P2/N95 particle respirator ○ after handling Case/contact(s) luggage
Case/contact(s) requirements	• All cases/contact(s)s are provided with a new medical face mask (or higher-grade mask if available and appropriately fitted) prior to getting into the vehicle that they will wear throughout the journey unless they are exempt. Refer to the IPC: SOP for how to wear a medical mask safely. ○ **Note:** Children under 6 years of age are exempt from wearing masks and anyone with an approved medical exemption confirmed by a Medical Officer of Health. • Cases/contact(s) being transported must:

	○ perform hand hygiene (using an alcohol-based hand sanitiser) prior to entering and on exiting the vehicle ○ maintain two metres physical distancing before entering and on exiting the vehicle, as well as in the vehicle as far as practicable ○ maintain other basic hygiene measures throughout the journey including hand hygiene, cough and sneeze etiquette, and avoid touching the face, nose and eyes ○ continue to use medical masks after they exit the transport. ○ Not eat or drink at any stage of the journey (with the exception of children <6 years of age)
Ventilation requirements	• Ventilate the vehicle to the outside while operating (open windows, if practical; do not use mechanical ventilation on the recycle setting).
Arrival requirements	• Upon arrival at destination: ○ where practical, a secure drop-off location must be arranged to exclude the general public from exposure & the case/contact from intrusive observation ○ the driver and any accompanying staff must exit the vehicle first on arrival (last in, first off) ○ the case/contact(s) must be advised to not take off their mask on arrival at the facility until instructed ○ the case/contact(s) must remain in the vehicle with their mask on until they are given instructions on next steps when exiting the vehicle ○ Once the driver has unloaded the luggage, cases/contact(s) can retrieve their luggage (if able). The driver will provide assistance if required. •
Luggage management	• the driver is responsible for luggage management - Driver to open doors and luggage compartments before Case/contact(s)s approach the vehicle - Driver to ensure that Case/contact(s)s are wearing a medical mask. - Driver to verbally reinforce 2 metre physical distancing between all Case/contact(s)s and staff. - Luggage is to carried outside by case/contact(s) if possible and left by the vehicle. This does not include hand luggage, which is kept with the Case/contact(s) on the vehicle. - Once Case/contact(s)s have boarded, the driver can load the luggage.
Checking and exiting	• Once all Case/contact(s)s have disembarked, the driver should check the vehicle for any items left behind and leave outside the door of the facility for the case or contact to retrieve. • Once vehicle is empty and the case/contact(s) are in the facility with their belongings, the vehicle driver and any accompanying staff will secure the vehicle and depart.
Vehicle cleaning requirements	• The vehicle should be empty of people before cleaning starts. • The vehicle should be cleaned as soon as possible after use. • Those responsible for cleaning of vehicles to wear P2/N95 particulate respirator and gloves and, be fully vaccinated.

	• The vehicle should be ventilated to the outside while cleaning if possible (open windows/door to create through draft).
	• Wipe flat surfaces with hospital grade detergent/disinfectant product in accordance with manufacturer's instructions.
	• Wipe all touched surfaces including (but not limited to):
	  ○ door handles (inside and outside), window handles, glove box and compartment handles (inside and outside) and any other item that is frequently touched
	  ○ driver controls
	  ○ seatbelts and seatbelt fasteners
	  ○ safety handles and bars (entry and exit handles, compartment bars)
	  ○ seats if practical (including back of seat)
	• The IPC SOP section 10 should be followed. Dispose of cleaning wipes, face masks and gloves in appropriate manner. Perform hand hygiene after removing gloves and face mask.

Appendix M Local Transport Provider Contacts

Driving Miss Daisy

Mel Henshilwood – newplymoutheast@drivingmissdaisy.co.nz, 027 773 3268, 06 751 0209

www.drivingmissdaisy.co.nz

Freedom Drivers

Diana de Jong and Elaine Demaine – newplymouth@freedomdrivers.co.nz, 027 585 2019, 06 758 0734

www.freedomdrivers.co.nz

Ironside Transport – 06 873 6469

TDHB Transport – Rosemary Goodin, ext.8853 (Monday to Friday)