PRIMARY CARE HOME MONITORING OF COVID-19 **OMICRON** OR UNDIFFERENTIATED RESPIRATORY ILLNESS

Amohia ake te ora o te iwi, ka puta ki te wheiao

Version 3: 25 Feb 2022

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Document Purpose

This document is a guideline to help you navigate care for your COVID-19 Omicron variant patients. However, while Omicron is the dominant variant in the community, **cases of Delta are still possible,** and it is important to consider this when managing COVID-19 in the community.
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 always be well documented.

Updates for this version

Updates to this version 3 include:

- Updates to BCMS/CCCM section, and referral pathway for Amohia
- Addition of commonly asked questions section
- Update to vaccination advice post-Covid (now 12 weeks)

Now that Omicron is widely transmissible in our communities, the primary care response to the management of COVID-19 has shifted. We recognise the significant sacrifice that GP teams are making and thank you all.

There is an expectation from the Ministry that Primary Care will be managing their own patients for the period of Omicron surge. Practices have a duty of care to their enrolled populations and are expected to provide access to care 24 hours per day and 365 days per year.

In Waikato DHB, we have contracted local providers to provide after-hours and weekend telehealth support, as well as engaging with Whakarongorau Aotearoa, but these services are not infinite.

It is expected that practices will provide an initial health assessment, risk stratify and provide follow up care according to these guidelines to their enrolled population. If a practice cannot do this for themselves, they are expected to have an agreed arrangement with an alternative provider.

There is an acceptance from the Ministry of Health that primary care will not be able to actively manage everyone with Omicron, and that the majority of people will be self-caring. Indeed, many people with Omicron will be asymptomatic, requiring very little, if any, clinical input, and many others will have mild illness requiring only infrequent contact. Caring for our most vulnerable continues to be our priority.

It is vital to triage and risk stratify patients you know or suspect to have COVID-19 to enable you to concentrate your management on those that are most vulnerable.
If your practice is reaching capacity, please inform your PHO.

If a COVID-19 positive patient deteriorates out of hours, they should call:

- **0800 111 336 (Emergency consult) or**
- **0800 175 175 (Tui Medical)**
- **111** (St John's ambulance is free to patients with COVID-19)

Please ensure all patients have the appropriate number.

The rules and requirements under Omicron are changing rapidly and it is impractical to document them all here. Instead, we encourage all practices to keep updated with the Ministry of Health website.

The PCRU (Primary Care Response Unit) has grown and developed over the last few months, and will continue to do their best to support you in your critical role in the community. They are your contact for all non-clinical issues and questions about the management of COVID-19 (hrs 08-30 to 17-00). Email: pcru@waikatodhb.health.nz phone: 027-275-2676

Patient Management System (BCMS/CCCM)

BCMS/CCCM (Border Control Management System/COVID-19 Clinical Care Module)

BCMS /CCCM

BCMS is a software system initially developed for Managed Isolation Facilities, but has now been further developed to allow the many different providers of COVID-19 care to communicate using "one source of all truth". The system General Practice will be using with your enrolled populations is CCCM.

We understand adapting to a new system can be onerous, but it is both a clinical safety measure and an expectation from Ministry of Health for the ongoing management of COVID-19 in the community. Ongoing improvements in functionality are occurring, and this platform will be key in ensuring visibility of cases moving forward.

CCCM ensures that if practices/individual GPs become overwhelmed with cases and/or become unwell, CCCM allocations can be redistributed centrally to other providers to ensure safe clinical handover in uncertain times, as we have no access to your PMS systems. It already enables after-hours providers to see patients COVID-19 journeys and provide safe, informed and accurate care with access to clinical history.

Your PHO will be on-boarding your practice to use this system. You already have access to the CCCM in your PMS, under Healthlink. (The MoH training guide is in the files section, with a local Waikato-specific user guide available via PHOs)

- Direct text notification to cases is now in place, and centralised automated notification to provider inbox with CCCM case visibility is occurring as soon as a case is created in the system.
- It is not necessary to complete all fields in CCCM, you can click through to relevant areas
- An acuity assessment is important, along with confirming self- versus active-management
- Note: manaaki/welfare referrals in the Waikato are via email (as below), not via CCCM
- The system continues to be refined in response to identified concerns, please see below for answers to commonly asked questions.

INSTRUCTIONS

Primary care providers – responsibilities

- While in normal times it is the responsibility of the GP practice to give care to their enrolled population, there is a recognition that during the Omicron outbreak, this will require triage. The best use of General Practice time and expertise is to look after their most vulnerable patients.
- For those that primary care does not have the resources to care for, there will be a combination of "self-care" and use of other providers.
- **The risk stratification of an individual with COVID-19 is still based on the most at-risk member of their whare.**
- It is the responsibility of practices to ensure in-boxes are seen daily.
- Currently a case is defined by a positive test – in phase 3 the majority will be via RAT, with small numbers via PCR testing. An increasing number of COVID-19 cases will not be tested, but will be considered probable cases and still need clinical care. As case numbers rise, it will be reasonable to assume anyone with typical symptoms has COVID-19, especially if in the whare of a known case and treat them accordingly.

GP Practice role

- Isolation is still important to flatten the Omicron curve. Try to identify the location of isolation as this may differ from the case's usual residence.
- Your practice may 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 realised the benefits of having their own general practice and we 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.
- Ensure patients with COVID-19 have the phone number for after-hours escalation;
    - **0800 111 336 (Emergency Consult)**
    - **0800 175 175 (Tui Medical)**
    - **111** (St John's ambulance is free to patients with COVID-19)

- Self care of all of our front-line health workers is going to be vital at this time. Make sure everyone is having some time away from work in each week and remind staff of the five ways to wellbeing (https://mentalhealth.org.nz/five-ways-to-wellbeing)

Managing whānau / households

- In phase 3 of the Omicron Outbreak Response, the Public Health Unit will be focussing their resources on high-risk exposure events. Individual case management will be reserved for the most in need, and ensuring appropriate manaaki and clinical needs are in place takes precedence over case investigation.

- The **Primary Care Response Unit (PCRU)** will shift to a trouble-shooting unit to support primary care. The **Marangai Areare** unit works closely with PCRU to support Māori and Pasifika with COVID-19, with a particular emphasis on cases or households who may be unenrolled and unengaged.

- If you have significant concerns about the ability of a case or household to safely isolate, please contact our Waikato Integrated Coordination Hub by emailing **CSIQ@waikatodhb.health.nz**, or phoning 0800 220 250 (option 2).

- Current guidance for isolation and swabbing requirements, covering phase 3 and effective from 25.2.22 is outlined below.

- **Please enquire if the whānau have everything they need to be able to safely isolate at their whare, until released from isolation. If not, then refer to "manaaki/welfare," with their consent, by emailing MSD with details, ensuring that the address that the case is isolating at is communicated.**
  Email: **Waikato_cpf_queue@msd.govt.nz**
  For urgent welfare needs phone **MSD: 0800 512 337**

- 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 the virus. There is a single fee for caring for the rest of the whare.

- If you are unable to contact a patient or whānau and **are concerned about their health**, please contact PCRU@waikatodhb.health.nz (preferably before 3pm). The PCRU will work with you to develop a plan. However, if you have urgent concerns, consider arranging for an ambulance or personal home visit. Ensure you document.

- There may be situations where the different members of one household are registered with different GPs from different practices. As allocation to provider now occurs automatically for any new cases it is possible that multiple providers may be calling a household. There is no one solution to this, but request that practices communicate with both the patients and the other practice/s and come to a solution that works for everyone and avoids doubling up of work.

- If referring a case or household contact of a case to hospital, please make sure that this is clearly documented in the referral letter to reduce exposure risk of hospital staff.

- If a case or household member of a case you are caring for in the community dies, please inform PCRU@waikatodhb.health.nz

Isolation and Testing Guidance

Isolation guidance changes regularly. The latest guidance can be found on the MOH website under "Contact Tracing"
https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19

Summary effective from **25.2.22:**

Isolation requirements for cases and contacts:

- **Cases:** isolate for 10 days, (self-release after day 10)
- **Household contacts:** isolate for the same 10 days as the case;
- **Close contacts:** not required to isolate during phase 3 unless symptoms develop

Testing:

- **Cases:** RAT used to diagnose COVID for majority of people,
  PCR used for vulnerable or high risk populations
- **Household contacts**: test (using RAT) if symptoms develop,
  or when case reaches day 3 and day 10 of isolation.
  If testing is not possible but symptoms develop, treat as a probable case and isolate for 10 days.
- **Close contacts:** self-monitor for symptoms,
  test (using RAT) and isolate if symptoms develop

Releases:

- Formal Public Health notification of release is no longer required. Once the isolation period has been completed (10 days, with stable or improving symptoms for the final 72 hours) self-release is confirmed by Primary Care providers completing the final clinical assessment in CCCM and ticking selecting 'Yes' to 'is this person eligible for release?'. This will close the case on the system.

- Additional systems are in development for cases to self-notify their readiness for release, expected to be operational within days.

- Please note that no testing is required beyond the initial diagnostic positive – patients do not require a negative test before release. Once they have completed their isolation period they are no longer considered infectious, though subsequent tests may remain positive for a number of months.

Commonly asked questions:

- *What if a patient has tested positive on a RAT and they aren't able to add this result to their own 'MyCovid Record'? (results for children or those unable to use the online form)*
  - Phone 0800 222 478, select option 3 (or GP can notify as below)

- *How do I add a case to CCCM who has tested positive on a RAT?*
  - From the patient record in your PMS, use the Healthlink icon to indicate a positive RAT result. This will create a case record centrally, and it should appear as a case in CCCM (lag time currently approx. 4 hours)

- *How do I add a 'probable case' to CCCM?*
  - This is a current gap in functionality, but we anticipate the same process as above will become active in the very near future. In the meantime please provide clinical care and advice as for a positive case.

- *What if my patient has tested positive but doesn't appear in CCCM?*
  - They may have been allocated to the incorrect provider via central systems. Please email PCRU@waikatodhb.health.nz who will endeavour to correct this for you.

- *What if I cannot get hold of my patient despite repeated attempts?*
  - Please email PCRU@waikatodhb.health.nz who will escalate to teams providing additional Finder support

- *What is considered 'Day 0'?*
  - Day 0 is the earlier of symptom-onset or a positive test in an asymptomatic person

- *What if day 0 is incorrect in CCCM?*
  - If CCCM is not recording the correct day 0, please email the details of the case and what you believe to be the correct day 0 to PCRU@waikatodhb.health.nz who will correct this in the central system which writes to CCCM.

- *Do cases have to be symptom-free before release?*
  - No. They are considered to be safe from an infectious perspective if their symptoms are stable or improving after 10 days of isolation.
  - Release from isolation is separate to the need to provide ongoing clinical support if patients require this.

- *What if someone who has been a case previously becomes symptomatic or a household contact?*
  - Current guidance says they are not considered at risk of repeat infection within one month of a previous infection.
  - If they become symptomatic >1 month later, test with RAT to confirm if an active Covid infection (not with PCR, which may test positive for many months after the initial infection)
  - If symptomatic they should isolate in line with standard medical advice for any infectious illness

Maternity

- Clinical responsibility for maternity care remains with LMCs, but it is acknowledged that there will be significant challenges in delivering maternity care to wāhine in isolation.
- **The safe management of COVID-19 in pregnancy is going to need close collaboration between LMC and GP. Try to ascertain who the LMC is and liaise as soon as possible. LMCs will be very grateful of your support.**
- All pregnant wāhine with COVID-19 are deemed High Risk as they have an **increased risk of both pregnancy and COVID-19 complications. All require an e-referral to obstetric department**. This should be done by LMC (or GP if no LMC). If urgent and/or >39 weeks gestation, a phone call is advised.
- If pregnant wāhine is unenrolled/unengaged, consider discussing with PCRU.
- All pregnant wāhine are at **increased risk of thromboembolism**. Clexane should be considered for all with risk factors. (See Pregnancy and Postnatal Care in a COVID-19 Patient on HealthPathways for further advice, or consider discussing with obstetrics team if >20 weeks gestation, or gynaecology team if <20 weeks gestation.)

Section 70

Direction under Section 70 of the Health Act states that all **contacts** of COVID-19 should isolate. **Health workers are exempted** from this requirement (only for working), though should still take appropriate precautions. This does not apply for COVID-19 **cases**.
Ministry of Health advice for healthcare workers: Guidance for critical health services during an omicron outbreak

Infection Control

Ministry of Health advice on the use of PPE can change rapidly. Up to date ministry guidance can be checked at Infection Prevention and Control (IPC) guidance for PPE selection

Risk Stratification Assessment for Omicron variant

Risk factors
Māori ethnicity
Pacific ethnicity
Age >65 years
Pregnant or within 6 weeks of pregnancy (Acuity level 4-6)
Any age with medical comorbidities
BMI > 30 (or 95 percentile for children)
Infants < 1month or prematurity less than 37 weeks in children aged younger than 2 years
Unvaccinated (vaccination is a step-wise risk factor from unvaccinated to fully vaccinated + boosted)
English as a second language
Residing in social housing or no fixed abode / Complex whānau or housing situation
Patients with any of the ***safety net flags*** below

Provide virtual clinical care based on risk acuity. The levels below should be based on the above risk factors, as well as your knowledge of clinical and social determinants of your patients. **These acuity levels will change throughout the course of the illness, depending upon clinical status.** Their main use will be when handing care over to other providers, as well as supporting your clinical care and documentation. These align with national guidance.
As Omicron numbers increase, acuity levels will likely shift down.

Guides to assist in acuity scoring are attached as ***Appendix 2. There are three guides – Māori, Pasifika and other ethnicities.***

Acuity level 1 – No risk factors - Self management, no active contact required
Acuity level 2 – Medium risk (alternate day monitoring, text/portal communication)
Acuity level 3 – Medium risk (alternate day monitoring phone call)
Acuity level 4 – High risk (daily monitoring), symptoms improving
Acuity level 5 – High risk (daily monitoring + pulse oximeter), with stable condition
Acuity level 6 – High risk (daily monitoring + pulse oximeter) with increased risk, worsening condition

Please remember that the acuity level needs to consider the risk of the **whole whare,** as with Omicron, household contacts are very likely to soon develop the illness, and there may be delays in 'confirming' disease.

Safety Net Flags

Safety Net Flags

- If NOT double vaccinated against Covid-19 for at least 7 days (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

Pulse Oximeters

Pulse oximeters

These should be considered for households who have one or more cases at Acuity Level 5-6.
Supplies are located at:

- Some Whanau Ora providers
- Other rural locations
- Waikato hospital

Please see appendix 1 at end of document for details

They are available from Logistics@waikatodhb.health.nz or 027-202-7868

If you want one delivered directly to the patient's address, please ensure that the patient's current isolating address and NHI is attached.

If you wish to order for your practice, you may order up to 5 at a time (but they are a limited resource)

It is expected that the pulse oximeter is not returned or collected from the household until after the last positive case in the household has been released from isolation and the GP's active Covid-19 care.
For consumer video on how and when to use a pulse oximeter, go to https://collabdigitalhealth.org.nz/

Hydration

HYDRATION
Experience overseas initially suggested dehydration was a significant cause of hospital admissions with Omicron, compared to Delta. This is not apparent in all settings, but it is important to give hydration advice at every opportunity.
If dehydration is likely, try to encourage oral rehydration if possible, even if this means doing this in your clinic. However, the administration of intravenous fluids may need to be considered, especially if it will avoid hospital admission and is funded
Making homemade oral rehydration is no longer recommended due to the inaccuracies of measurements. Please use Electral, Pedialyte or similar.
If intravenous fluids are required, please use **Normal Saline 500ml iv stat** and reassess.
Repeat if necessary, depending upon clinical status

Care Plan

Care Plan

Initial consultation documentation should include the following (funded)**:**

- Reassure ++ - patients and whānau will be anxious
- **Risk stratification (as above) is vital**
- Clinical assessment of current symptoms
- Illness course explained
- If acuity 1, advise self-care and give safety-netting instructions.

If Acuity 2-6

- 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** and review any manaaki/welfare needs to be able to safely isolate and if not, alert welfare.
- Patients can access free patient information on Health Navigator without using phone data 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 for out-of-hours concern**
- Remember to document

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

- Reassure++
- Hydration advice
- Any changes to initial consultation
- Clinical assessment of current symptoms
- Ensure that the household has enough manaakiwelfare to see out their isolation period and if not, alert welfare
-

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 those who have previously had reduced engagement, 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.

Omicron symptoms

FORTUNE

SYMPTOMS	DELTA	OMICRON	FLU	COLD
Cough	Common (dry)	Less Common	Common (dry)	Common (mild)
Runny Nose	Common	Common	Sometimes	Common
Sneezing	No	Common	No	Common
Sore Throat	Common	Common	Sometimes	Common
Shortness of Breath	Common	No	No	No
Fever	Common	Less Common	Common	Short Fever Only
Night sweats	No	Sometimes	No	No
Chills	Common	Less Common	Common	No
Headache	Common	Common	Common	Rare
Loss of Smell	Very Common	Less Common	No	No
Fatigue	Common	Common	Common	Sometimes
How Long Symptoms Take to Show Up	4-5 days	2-3 days	2 days typical, 1-4 possible	2-3 days

(https://content.fortune.com/wp-content/uploads/2022/01/Symptoms-Revise.jpg?w=810)

What we know about the latest variants is updated on the MOH Science Update regularly (https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news)

In summary, compared to Delta, Omicron has a shorter incubation period of 2-3 days, is more frequently asymptomatic (up to 25%of cases), has lower hospitalisation rate if vaccinated (0.2%vs 1.6% for delta), and lower risk of death. However, gastro-intestinal symptoms are more common and dehydration also needs to be considered.

Palliative Care

Hospice Waikato/Waikato Palliative Care Service have excellent resources for palliative care of COVID-19 patients.

These are all available on **HealthPathways** under "COVID-19" and "Palliative Care of COVID-19"

Waikato's Managed Isolation Facility – Amohia

Amohia

This is the name for Waikato's Managed Isolation facility. It is the local Integrated Coordination Centre alongside the facility team who decide which cases go into Amohia and when they are released. Contact the ICC team to discuss potential admissions (details below).

Clinical care for Amohia is currently provided by Tui, but some GPs may choose to continue clinical care if they want (and should inform Tui of this)

Transport in to Amohia is organised by Amohia.

Key Sector Contacts

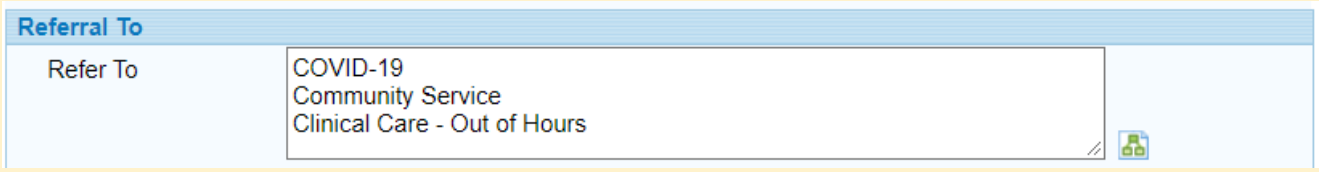
Key Sector Contact Details

• National Community Isolation Advice line	**0800-687-647**
• Waikato Manaaki/welfare referrals	Waikato_cpf_queue@msd.govt.nz **0800-512-337 (free to call, 7 days per week)**
• Pulse oximeter supplies	Logistics@waikatodhb.health.nz **027-202-7868**
• Pulse oximeter consumer video	https://collabdigitalhealth.org.nz/
• Public Health Unit	**07 838 2569**
• Medical Officer of Health on call	**021 359 650**
• Health Protection Officer on call	**021 999 521**
• For concerns about isolation breeches Contact Health Protection at	Health.Protection@waikatodhb.health.nz
• COVID Test Request team	Covidtestrequest@waikatodhb.health.nz
• **Urgent out of hours for patients**	**0800 111 336 (Emergency consult)** **0800 175 175 (Tui Medical)**
• **Hand-over of care for weekends and holidays**	**e-referral COVID-19 Community Service – Clinical Care Out of hours**
• **Primary Care Response Unit (PCRU)** -Support for GPs with **clinical** advice managing patients	PCRU@waikatodhb.health.nz **027-275-2676** (8.30-5pm, 7 days)
• **Integrated Coordination Centre (ICC)** -Support for GPs with **non-clinical** advice managing patients	CSIQservice@waikatodhb.health.nz (8-8pm, 7 days) **0800-220-250**
• Amohia (managed isolation) duty nurse	**027 228 3237**

Weekends and holidays

Weekends and holidays

It is important that GP teams do their best to manage their COVID-19 patients for the majority of the time, including weekends and holidays, especially during the peak of the Omicron wave. However, we also recognize that offering seven day a week care will not always be sustainable.
We have contracted both Emergency Consult and Tui Medical to take handovers from practices to manage their Omicron patients as per risk stratification, out of hours. The provider is dependent upon both your PHO and your locality and capacity.
There is a specific e-referral form for handover of care. This form will automatically go to the assigned after-hours provider for your practice. Please include a phone number and/or daily-checked email for clinical care to be handed back.
This service is optional – you are under no obligation to hand-over your cases to these services and can make your own arrangements if preferred (however, you will need to organize your own referral processes).



If you are handing over work to another provider, please include:
• Name, NHI, DOB, Address.
• Contact numbers. (inc preferred method)
• Date of symptoms started/positive swab
• Significant PMH/DH
• Current symptoms (mild/mod/severe)
• Level of concerns (ie low risk/low concerns)
Please inform your patients that they are being handed over, so it is not a surprise when they receive a call from a new provider.

Medications Management (including Budesonide)

Discuss with your local pharmacy to see if they are doing deliveries. Please mark on the prescription **"patient 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.

Other than paracetamol for symptomatic relief, there are currently no medications available to primary care for the treatment of COVID-19.

Budesonide

Limited studies have shown inhaled budesonide (Pulmicort) has a modest benefit in reducing illness duration and need for admission (NNT 50). It is likely that supplies of this medication will become rapidly exhausted and so careful clinical consideration should be used for its use. Only supply one inhaler per patient. Consider clinical review if further inhalers are requested.

If available, consider offering 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, until acute symptoms have resolved.

This is an "unapproved" indication and subject to section 29 regulations (https://www.medsafe.govt.nz/profs/riss/unapp.asp)

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 may 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 budesonide.

Assessment[1] :

Waikato 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 Ministry of Social Development (MSD) on **Waikato_cpf_queue@msd.govt.nz**

1. Identify the location of their isolation (this might not be their home address)
    - "Where are you today?"
2. "Is there anyone in the household that you are particularly worried about?"
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:
    - "How is your breathing today?"
4. Ask Three Questions:
    - "Are you so breathless that you are unable to speak more than a few words?"
    - "Are you breathing harder or faster than usual when doing nothing at all?"
    - "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
    - "Is your breathing faster, slower, or the same as normal?"
    - "What could you do yesterday that you can't do today?"
    - "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.
    - 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.
7. Severe COVID remains likely to be respiratory/multi-inflammatory. Emphasis on dizziness, light-headedness, chest pain, fainting, dyspnoea remain important screening questions for severe illness.
8. Remember to ask about oral intake, diarrhoea and vomiting and identify dehydration risk

COVID-19 admissions

Clinical syndromes consistent with pneumonia are admitted under the respiratory team.

Call Respiratory team on call if the patient develops:

- severe shortness of breath at rest
- respiratory compromise
  - Talking with single words or short sentences
  - Pausing between sentences to catch their breath
  - Noisy breathing
  - Blue face or lips
  - Respiratory rate greater than 20 breaths per minute
- chest pain on breathing in or tightness in the chest
- new onset of confusion or becoming drowsy
- change in oxygen saturation (SaO_2):
  - **Pre-COVID-19 SaO_2 was greater than 94% or was unknown, then SaO_2 trigger is less than 92%, or a drop of 3% or more from baseline**
  - **Pre-COVID-19 SaO_2 was 94% or less, then SaO_2 trigger is less than 88%, or a drop of 3% from baseline**
  - **Beware false reassurance from a stable SaO_2. Clinical judgement is always most important.**
- unexplained heart rate greater than 100 beats per minute
- other factors indicating need for management in hospital
- **St John's ambulance is free to patients with Covid-19**

Discharging patients

Discharging a Covid-19 patient from regular clinical follow-up

1. After resolution of acute symptoms, discharge the patient from regular clinical follow-up. Continue following up other household members as required. Household spread of Omicron is very high.
   - Explain recovery may be gradual and in some cases may take months.
   - Recommend that unvaccinated or partially vaccinated patients have COVID-19 vaccination 12 weeks after recovery or, asymptomatic patients have vaccination 12 weeks after the first confirmed positive COVID-19 test, unless contraindicated.
     - The duration of protection from COVID-19 infection is unknown.
     - It is uncommon to become re-infected with COVID-19 within 6 months of infection, and the risk is further reduced by vaccination.
   - If resources allow, suggest to the patient to have an in-person clinical review at 6 weeks (funded Positive COVID-19 community care – follow up: $71.88) after COVID-19 illness, irrespective of whether-or-not they have any residual symptoms. Use this as an opportunity to re-engage those who have had reduced access to your services before now.
2. If the patient has ongoing symptoms, follow the Post-COVID-19 Conditions (Long COVID) HealthPathway.

Appendix 1
Distribution of Oximeters – key contacts

SUMMARY OF BULK DISTRIBUTION OF OXIMETERS	**Contact phone number**
Tokoroa Hospital - Att Tracey Kaponga	027 300 8173
Tokoroa Family Health - Att Anita Goodman	021 247 7177
Thames Te Korowai - Att Tania Herewini	027 201 8203
Te Kuiti Hospital - Att Tania Te Wano	021 607 196
Taumarunui Hospital - Att Lynnette Jones	021 852 582
PCRU Hamilton	027-275-2676
Te Kuiti Medical Centre	07 878 7878
Whitianga Te Korowai - Att Tania Herewini	027 201 8203
Maniapoto Whanau Ora Center Te Kuiti - Att Sharon Church	027 296 9465
Rahui Pokeka CVC (Huntly) - Justeena Leaf	027 267 3723
Taumarunui Whanau Ora Community Trust Taumarunui - Lynda Bowles	02102374386
Colville Community Centre	0272911847
Otorohanga Medical - Dr Jo Ann Francisco	0273680524
Thames Hospital - Sandra King	0212793296

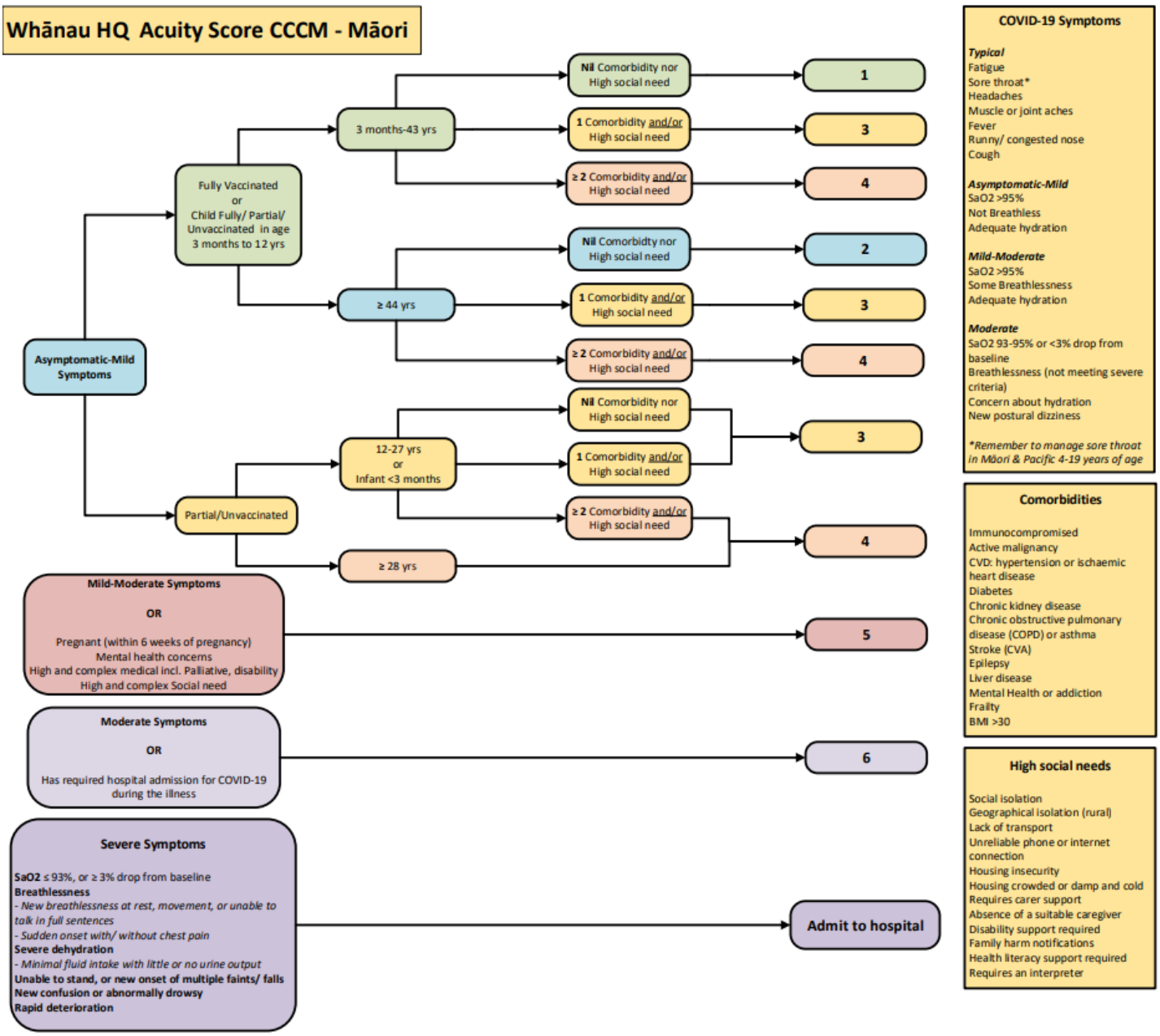
Appendix 2
Acuity Score guidance

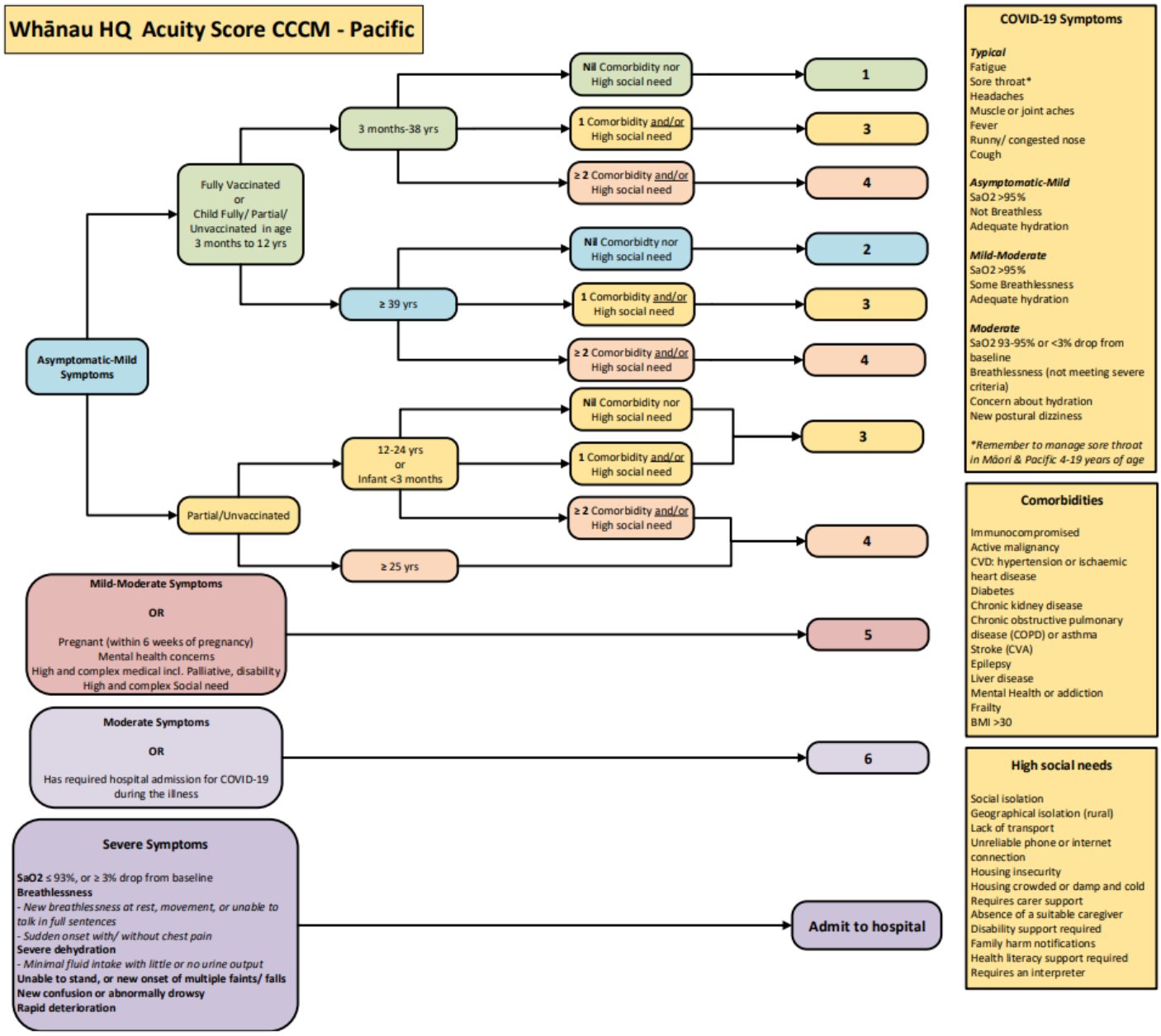
WhanauHQAcuityScoreCCCM_Maori.pdf

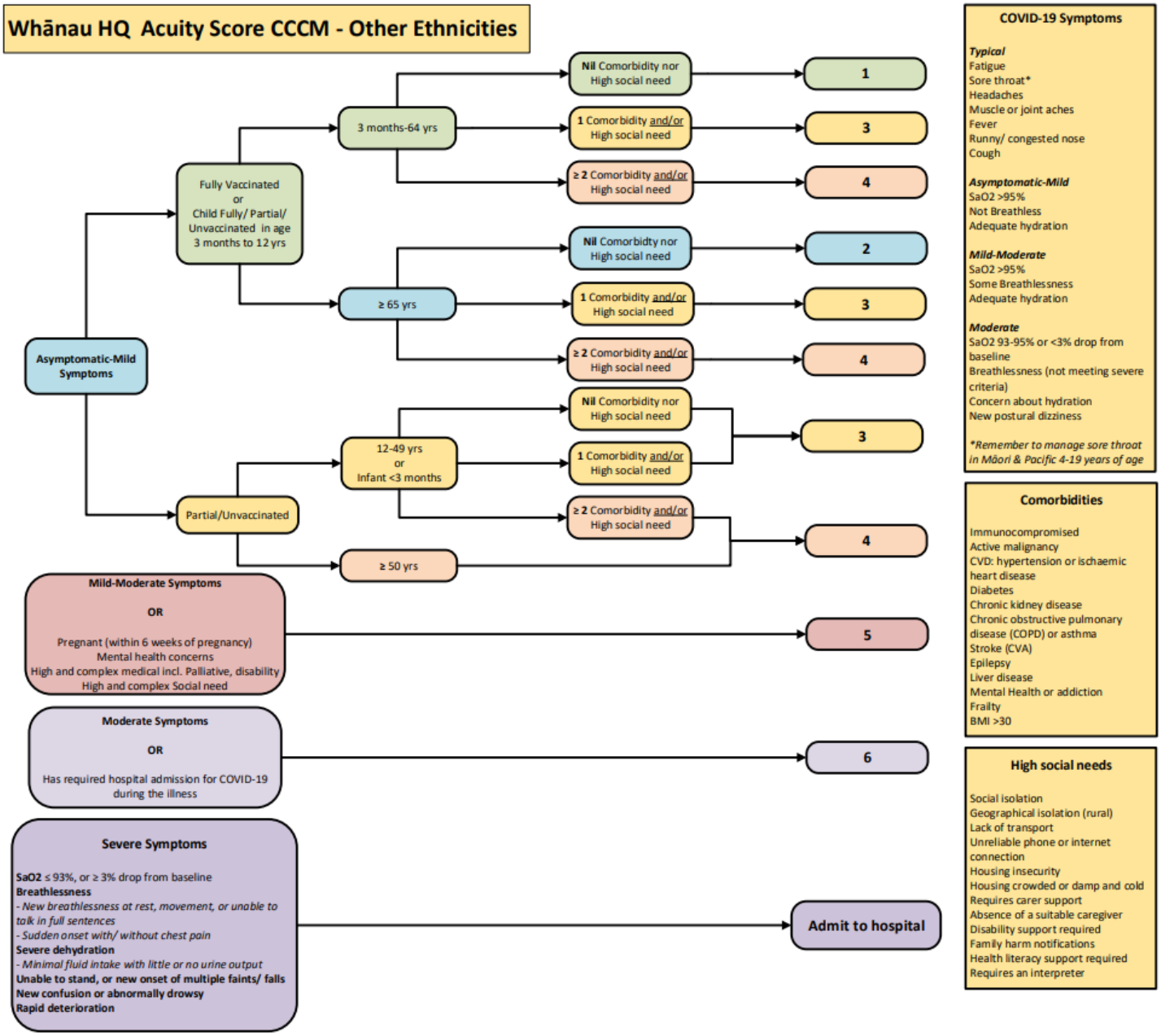
WhanauHQAcuityScoreCCCM_Pacific.pdf

WhanauHQAcuityScoreCCCM_Other.pdf

(Reproduced below if unable to open PDF)


Whānau HQ Acuity Score CCCM - Māori
Asymptomatic-Mild Symptoms
Fully Vaccinated or Child Fully/ Partial/ Unvaccinated in age 3 months to 12 yrs
3 months-43 yrs
Nil Comorbidity nor High social need
1
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
≥ 44 yrs
Nil Comorbidty nor High social need
2
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
Partial/Unvaccinated
12-27 yrs or Infant <3 months
Nil Comorbidity nor High social need
3
1 Comorbidity and/or High social need
≥ 2 Comorbidity and/or High social need
4
≥ 28 yrs
Mild-Moderate Symptoms
OR
Pregnant (within 6 weeks of pregnancy)
Mental health concerns
High and complex medical incl. Palliative, disability
High and complex Social need
5
Moderate Symptoms
OR
Has required hospital admission for COVID-19 during the illness
6
Severe Symptoms
SaO2 ≤ 93%, or ≥ 3% drop from baseline
Breathlessness
- New breathlessness at rest, movement, or unable to talk in full sentences
- Sudden onset with/ without chest pain
Severe dehydration
- Minimal fluid intake with little or no urine output
Unable to stand, or new onset of multiple faints/ falls
New confusion or abnormally drowsy
Rapid deterioration
Admit to hospital
COVID-19 Symptoms
Typical
Fatigue
Sore throat*
Headaches
Muscle or joint aches
Fever
Runny/ congested nose
Cough
Asymptomatic-Mild
SaO2 >95%
Not Breathless
Adequate hydration
Mild-Moderate
SaO2 >95%
Some Breathlessness
Adequate hydration
Moderate
SaO2 93-95% or <3% drop from baseline
Breathlessness (not meeting severe criteria)
Concern about hydration
New postural dizziness
*Remember to manage sore throat in Māori & Pacific 4-19 years of age
Comorbidities
Immunocompromised
Active malignancy
CVD: hypertension or ischaemic heart disease
Diabetes
Chronic kidney disease
Chronic obstructive pulmonary disease (COPD) or asthma
Stroke (CVA)
Epilepsy
Liver disease
Mental Health or addiction
Frailty
BMI >30
High social needs
Social isolation
Geographical isolation (rural)
Lack of transport
Unreliable phone or internet connection
Housing insecurity
Housing crowded or damp and cold
Requires carer support
Absence of a suitable caregiver
Disability support required
Family harm notifications
Health literacy support required
Requires an interpreter


Whānau HQ Acuity Score CCCM - Pacific
Asymptomatic-Mild Symptoms
Fully Vaccinated or Child Fully/ Partial/ Unvaccinated in age 3 months to 12 yrs
3 months-38 yrs
Nil Comorbidity nor High social need
1
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
≥ 39 yrs
Nil Comorbidty nor High social need
2
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
Partial/Unvaccinated
12-24 yrs or Infant <3 months
Nil Comorbidity nor High social need
3
1 Comorbidity and/or High social need
≥ 2 Comorbidity and/or High social need
4
≥ 25 yrs
Mild-Moderate Symptoms
OR
Pregnant (within 6 weeks of pregnancy)
Mental health concerns
High and complex medical incl. Palliative, disability
High and complex Social need
5
Moderate Symptoms
OR
Has required hospital admission for COVID-19 during the illness
6
Severe Symptoms
SaO2 ≤ 93%, or ≥ 3% drop from baseline
Breathlessness
- New breathlessness at rest, movement, or unable to talk in full sentences
- Sudden onset with/ without chest pain
Severe dehydration
- Minimal fluid intake with little or no urine output
Unable to stand, or new onset of multiple faints/ falls
New confusion or abnormally drowsy
Rapid deterioration
Admit to hospital
COVID-19 Symptoms
Typical
Fatigue
Sore throat*
Headaches
Muscle or joint aches
Fever
Runny/ congested nose
Cough
Asymptomatic-Mild
SaO2 >95%
Not Breathless
Adequate hydration
Mild-Moderate
SaO2 >95%
Some Breathlessness
Adequate hydration
Moderate
SaO2 93-95% or <3% drop from baseline
Breathlessness (not meeting severe criteria)
Concern about hydration
New postural dizziness
*Remember to manage sore throat in Māori & Pacific 4-19 years of age
Comorbidities
Immunocompromised
Active malignancy
CVD: hypertension or ischaemic heart disease
Diabetes
Chronic kidney disease
Chronic obstructive pulmonary disease (COPD) or asthma
Stroke (CVA)
Epilepsy
Liver disease
Mental Health or addiction
Frailty
BMI >30
High social needs
Social isolation
Geographical isolation (rural)
Lack of transport
Unreliable phone or internet connection
Housing insecurity
Housing crowded or damp and cold
Requires carer support
Absence of a suitable caregiver
Disability support required
Family harm notifications
Health literacy support required
Requires an interpreter


Whānau HQ Acuity Score CCCM - Other Ethnicities
Asymptomatic-Mild Symptoms
Fully Vaccinated or Child Fully/ Partial/ Unvaccinated in age 3 months to 12 yrs
3 months-64 yrs
Nil Comorbidity nor High social need
1
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
≥ 65 yrs
Nil Comorbidty nor High social need
2
1 Comorbidity and/or High social need
3
≥ 2 Comorbidity and/or High social need
4
Partial/Unvaccinated
12-49 yrs or Infant <3 months
Nil Comorbidity nor High social need
3
1 Comorbidity and/or High social need
≥ 2 Comorbidity and/or High social need
4
≥ 50 yrs
Mild-Moderate Symptoms
OR
Pregnant (within 6 weeks of pregnancy)
Mental health concerns
High and complex medical incl. Palliative, disability
High and complex Social need
5
Moderate Symptoms
OR
Has required hospital admission for COVID-19 during the illness
6
Severe Symptoms
SaO2 ≤ 93%, or ≥ 3% drop from baseline
Breathlessness
- New breathlessness at rest, movement, or unable to talk in full sentences
- Sudden onset with/ without chest pain
Severe dehydration
- Minimal fluid intake with little or no urine output
Unable to stand, or new onset of multiple faints/ falls
New confusion or abnormally drowsy
Rapid deterioration
Admit to hospital
COVID-19 Symptoms
Typical
Fatigue
Sore throat*
Headaches
Muscle or joint aches
Fever
Runny/ congested nose
Cough
Asymptomatic-Mild
SaO2 >95%
Not Breathless
Adequate hydration
Mild-Moderate
SaO2 >95%
Some Breathlessness
Adequate hydration
Moderate
SaO2 93-95% or <3% drop from baseline
Breathlessness (not meeting severe criteria)
Concern about hydration
New postural dizziness
*Remember to manage sore throat in Māori & Pacific 4-19 years of age
Comorbidities
Immunocompromised
Active malignancy
CVD: hypertension or ischaemic heart disease
Diabetes
Chronic kidney disease
Chronic obstructive pulmonary disease (COPD) or asthma
Stroke (CVA)
Epilepsy
Liver disease
Mental Health or addiction
Frailty
BMI >30
High social needs
Social isolation
Geographical isolation (rural)
Lack of transport
Unreliable phone or internet connection
Housing insecurity
Housing crowded or damp and cold
Requires carer support
Absence of a suitable caregiver
Disability support required
Family harm notifications
Health literacy support required
Requires an interpreter