

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

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

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## Document Purpose

This document is an **update** to previous guidelines designed to help you navigate care for your COVID-19 patients. It aims to provide timely updates about important referral pathways or guideline changes.

Clinical guidelines related to management of Covid-19 in the community are available via HealthPathways.

## Updates for this version

Updates to this version 4 include:

- Comprehensive clinical guidelines available via HealthPathways, this document will update any key changes only
- Change in welfare referral process – page 3
- Updated testing and isolation guidance – effective from 12.3.22 – page 4
- CCCM section updated – page 5
- Updated maternity guidance document also released today

**We recognise the significant sacrifice that GP teams are making in an increasingly challenging situation and thank you all.**

## Key points:

The national emphasis is to encourage patient self-management with a provider focus on high-risk, high-priority patients. Key to this work is identification, stratification and response to risk.

**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 PCRU (Primary Care Response Unit)** 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](mailto:pcru@waikatodhb.health.nz) phone: 027-275-2676

## Updated guidance and referral pathways for managing whānau/households

- Current guidance for isolation and swabbing requirements, covering phase 3 and effective from 12.3.22 is outlined below.
- If you have significant concerns about the ability of a case or household to **safely** isolate, OR are **unable to make contact** with a known case, please contact our Waikato Integrated Coordination Hub by emailing [CSIQService@waikatodhb.health.nz](mailto:CSIQService@waikatodhb.health.nz), or phoning 0800 220 250.
- If you are unable to contact a patient or whānau and **are concerned about their health**, please contact [PCRU@waikatodhb.health.nz](mailto: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](mailto:PCRU@waikatodhb.health.nz)

## Manaaki/welfare referrals: **CHANGE in process**

- 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.
- There are currently a number of different referral pathways for manaaki available, which we acknowledge causes confusion. There are also lengthy delays in some referrals being actioned at present. It is likely that changes will be made soon in line with MSD directives, which we will update you about as soon as possible. At present:
- First line: encourage **self-referral to MSD**
  - Phone: 0800 512 337
  - Online: go to Work and Income NZ website and select ‘Covid-19 support’  
[https://services.workandincome.govt.nz/forms/welfare\\_support\\_applications/new](https://services.workandincome.govt.nz/forms/welfare_support_applications/new)
- Second line: **welfare referral via CCCM**
  - Go through to the ‘Regular Health Check’ section, page 4 relates to welfare needs, completing this section will send a task to MSD centrally
- Third line: if there is an **URGENT** manaaki need refer to our Waikato Integrated Coordination Centre by email: [CSIQService@waikatodhb.health.nz](mailto:CSIQService@waikatodhb.health.nz) or ph 0800 220 250 (8am-8pm)
- We have been informed that **referrals by email directly to MSD** on [Waikato\\_cpf\\_queue@msd.govt.nz](mailto:Waikato_cpf_queue@msd.govt.nz) may not be actioned due to capacity issues, making this an unreliable pathway at present; if you have received a reply email from MSD indicating such and you believe the welfare need is urgent please email ICC as above.

## 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 12.3.22:

### Isolation requirements for cases and contacts:

- **Cases:** isolate for 7 days, (self-release after day 7)
  - if new or unresolved symptoms at day 7 or day 8, stay home until 24h after resolution
  - avoid high risk settings until after 10 days
- **Household contacts:** isolate for the same 7 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;
  - if initial test is negative and symptoms persist/worsen: repeat test after 48hr;
  - if no symptoms: test when case reaches day 3 and day 7 of isolation;
  - if day 7 test is negative but new symptoms are present: remain isolated and test on day 9
  - (If testing is not possible but symptoms develop, treat as a probable case and isolate for 7 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 self-release is confirmed by either direct text to those self-managing, or for those under active management via 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.
- 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.

## Patient Management System (BCMS/CCCM)

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

#### BCMS /CCCM

General Practice have been advised to use CCCM (an adapted version of the original BCMS), as it enables after-hours providers to see patients COVID-19 journeys and provides safe, informed and accurate care with access to clinical history.

We understand some practices are opting out of using CCCM, which may restrict access to support pathways, though with ongoing automated process improvements we will continue trying to make this as functional as possible for you, in line with MOH guidance.

Current key points for CCCM users:

- Direct text notification to cases is now in place, and centralised automated notification to provider inbox with CCCM case visibility is occurring almost 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
- A baseline risk score for call prioritisation is now available on CCCM, based on age, ethnicity and vaccination status. This is to supplement your own risk stratification based on knowledge of your patient.
- **Manaaki/welfare referrals ARE now possible in the Waikato via CCCM** – using the link in the 'Regular Health Check' (NOT the 'initial health check')

## Maternity

- An accompanying updated guidance document for Maternity Care of Covid-19 will be released today: Omicron version 2
- 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. Updated guidance in the Maternity Care of Covid-19 document provides a risk scoring system to assist with decision-making. (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.)

## Pulse Oximeters

### Pulse oximeters

These should be considered for households who have one or more cases at Acuity Level 5-6. Supplies are limited and provision to those most vulnerable needs to be prioritised.

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](mailto: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/>

## 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. There is limited availability and a triaged referral process in place to ensure it is reserved for those most in need.

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 See process outlined above  
MSD: 0800-512-337 (free to call, 7 days per week)
- Pulse oximeter supplies [Logistics@waikatodhb.health.nz](mailto: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
- COVID Test Request team [Covidtestrequest@waikatodhb.health.nz](mailto: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 (urgent cases only)
- Primary Care Response Unit (PCRU) [PCRU@waikatodhb.health.nz](mailto:PCRU@waikatodhb.health.nz)  
-Support for GPs with clinical advice managing patients 027-275-2676 (8.30-5pm, 7 days)
- Integrated Coordination Centre (ICC) [CSIQservice@waikatodhb.health.nz](mailto:CSIQservice@waikatodhb.health.nz) (8-8pm, 7 days)  
-Support for GPs with non-clinical advice managing patients 0800-220-250

## 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.

## 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<sub>2</sub>):
  - **Pre-COVID-19 SaO<sub>2</sub> was greater than 94% or was unknown, then SaO<sub>2</sub> trigger is less than 92% or a drop of 3% or more from baseline**
  - **Pre-COVID-19 SaO<sub>2</sub> was 94% or less, then SaO<sub>2</sub> trigger is less than 88% or a drop of 3% from baseline**
  - **Beware false reassurance from a stable SaO<sub>2</sub>. 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 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](#).

## 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 < 1 month 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 <b>safety net flags</b> below
<p>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. <b>These acuity levels will change throughout the course of the illness, depending upon clinical status.</b> 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.</p> <p>As Omicron numbers increase, acuity levels will likely shift down.</p> <p><i>Guides to assist in acuity scoring are attached as <b>Appendix 2. There are three guides – Māori, Pasifika and other ethnicities.</b></i></p> <p><b>Acuity level 1</b> – No risk factors - Self management, no active contact required  <b>Acuity level 2</b> – Medium risk (alternate day monitoring, text/portal communication)  <b>Acuity level 3</b> – Medium risk (alternate day monitoring phone call)  <b>Acuity level 4</b> – High risk (daily monitoring), symptoms improving  <b>Acuity level 5</b> – High risk (daily monitoring + pulse oximeter), with stable condition  <b>Acuity level 6</b> – High risk (daily monitoring + pulse oximeter) with increased risk, worsening condition</p> <p>Please remember that the acuity level needs to consider the risk of the <b>whole whare</b>, as with Omicron, household contacts are very likely to soon develop the illness, and there may be delays in 'confirming' disease.</p>

### 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

## 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



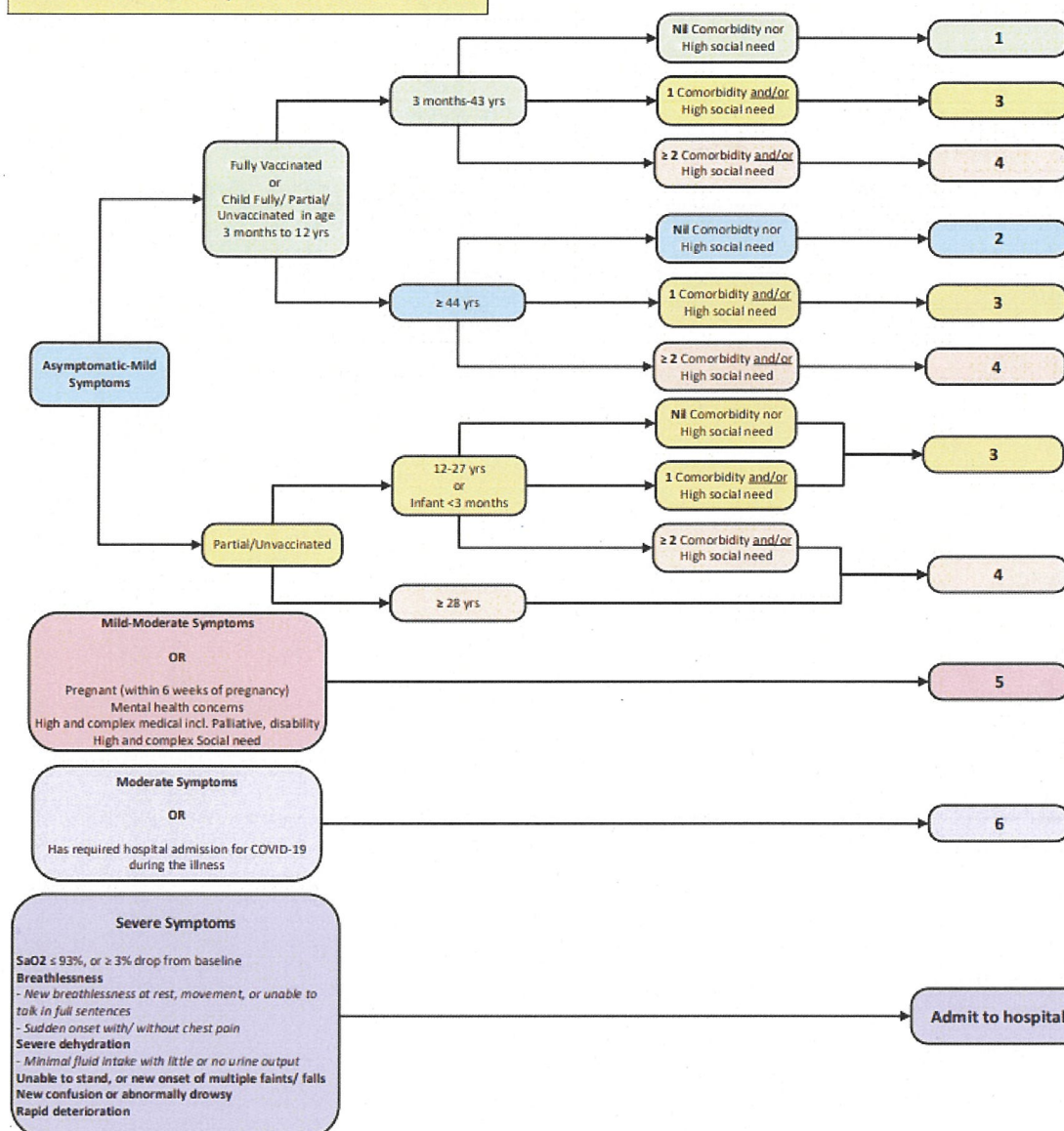
WhanauHQAcuityScoreCCCM\_Pacific.pdf



WhanauHQAcuityScoreCCCM\_Other.pdf

(Reproduced below if unable to open PDF)

## Whānau HQ Acuity Score CCCM - Māori



### 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

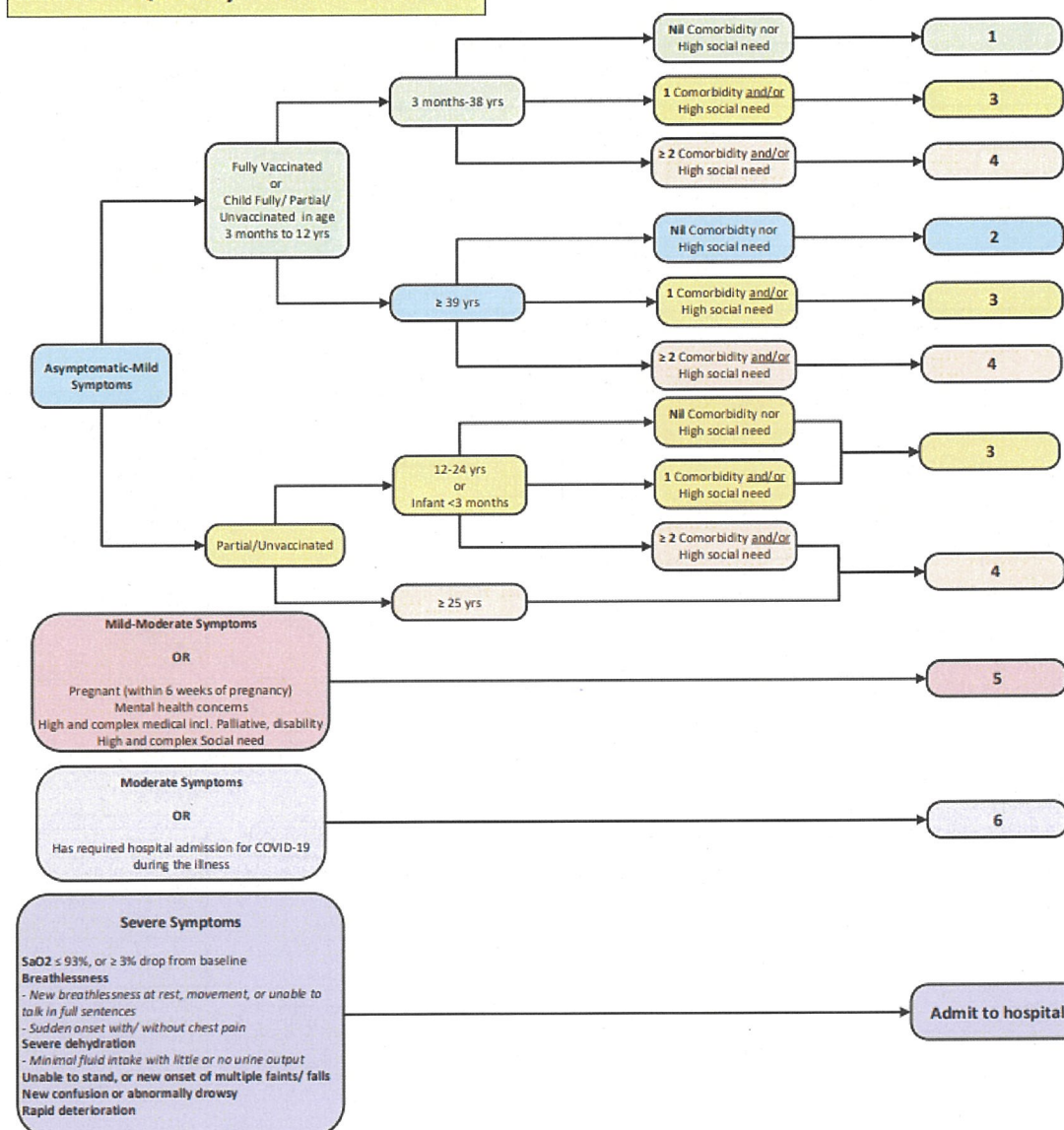
### Comorbidities

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



### 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

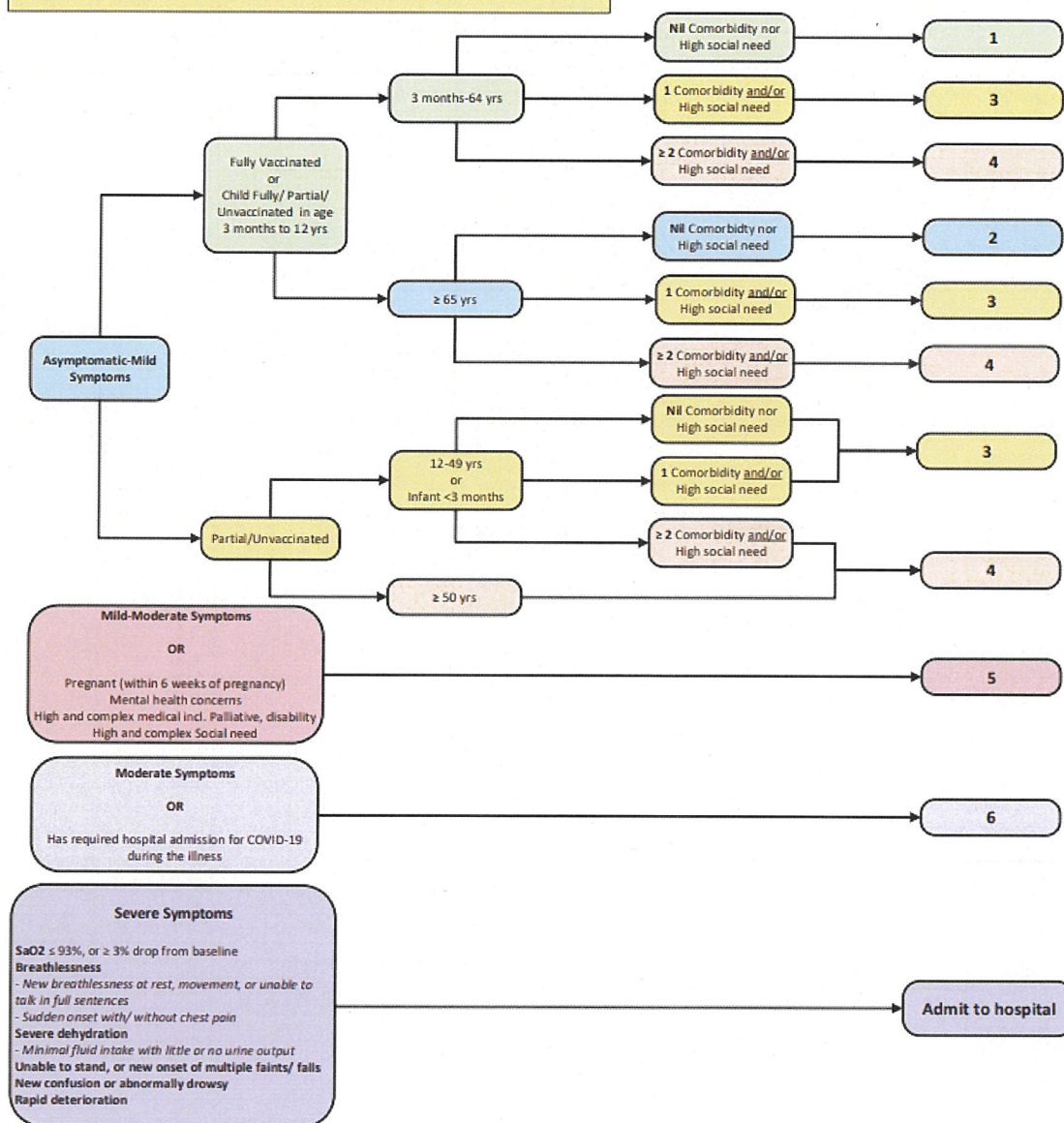
### High social needs

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

# Primary Care Home Monitoring Covid-19



## Whānau HQ Acuity Score CCCM - Other Ethnicities



### 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