Te Whatu Ora
Health New Zealand
Waikato

MATERNITY CARE OF COVID-19 **OMICRON** OR UNDIFFERENTIATED RESPIRATORY ILLNESS

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

Version 6: 22nd July 2022

Table of Contents

Document Purpose

This will be the **final version** of the Primary Care Home Monitoring document, given that key contacts and referral pathways are now well-established and clinical guidelines are updated promptly across HealthPathways, MOH, and PHO sites.

The Primary Care Response Unit (PCRU) will continue to facilitate collaboration and support across the continuum with a key focus on priority and vulnerable populations. Important changes to pathways, guidance, or contacts will be communicated via PHOs and Te Whatu Ora (Health NZ) provider bulletins.

Updates for this version -

Updates from previous version 5 dated 22.6.22 to this version 6 include: *(red text in document)*

- Document purpose – note re final version – page 2
- Logistics contacts (for pulse oximeters and sphygmomanometers) – open Mon-Fri only, contact ICC in weekends – page 5
- Testing – update re PCR availability – page 8
- Possible reinfection – update to local guidance – page 9

An accompanying updated guidance document 'Primary Care Home Monitoring of Covid-19, Omicron version 8, will also be released in conjunction with this document.

The following outlines requirements for GP practices. It may be useful for LMCs to be aware of these:

We recognise the ongoing hard work of Primary Care teams and LMCs in managing Covid-19 and increasing numbers of other winter respiratory presentations, and thank you all.

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 clinical issues and questions about the management of COVID-19 (hrs 0800-1630).
Email: pcru@waikatodhb.health.nz **phone: 027-275-2676**

INSTRUCTIONS

Maternity Care

- Clinical responsibility for Maternity care remains with LMC 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 GP is and liaise as soon as possible.**
- All pregnant wāhine with COVID-19 have an **increased risk of both pregnancy and COVID-19 complications. Updated local guidance regarding referrals to Obstetric department based on national guidance:**
    - LMCs are no longer required to refer all well Covid-positive pregnant people
    - Referrals continue to be required for those unwell and/or at high risk, and should be undertaken by LMC (or GP if no LMC). If urgent concerns, a phone call is advised
- **All high-risk patients require daily phone calls. Consider liaising with GP as to how to coordinate your services**
- If pregnant wāhine is unenrolled/unengaged with Primary Care, discuss with PCRU who will arrange clinical oversight for the during of their Covid-related isolation.
- All pregnant wāhine are at **increased risk of thromboembolism**. Clexane should be considered for all those **admitted to hospital with moderate-severe Covid-19 symptoms**, and/or **those with specific pre-existing risk factors** for which they should already have been commenced on it. If no previous VTE risk assessment has occurred (likely indicating no antenatal care in place), updated guidance in the Maternity Care of Covid-19 document provides a risk scoring system to assist with decision-making. GPs can initiate clexane themselves OR send a referral to Obstetrics through BPAC with all the information required.
(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.)

Updated guidance and referral pathways for managing whānau/households

- Current guidance for isolation and swabbing requirements, covering phase 3 and effective from 16.3.22 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, 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 (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.
- 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 – the MOH requires notification of all deaths within 28 days of a positive Covid-19 test result. A standardised notification form will be sent to you for completion if you do not already have this.

Manaaki/welfare referrals:

- 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. Current referral pathways for manaaki are as follows:
- First line: encourage **self-referral to MSD** or Here to Help U
  - 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
  - Online: go to Here to Help U website www.heretohelpu.nz
- 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 or ph 0800 220 250 (8am-6pm)
- Note: recently established community hubs are also involved in coordinating manaaki support via location-specific pathways and providers. We encourage ongoing liaison between practices and hubs to ensure awareness and collaboration in supporting the needs of those in your care.
- **Note: direct email referral to MSD** on Waikato_cpf_queue@msd.govt.nz is NO LONGER an active pathway.

Patient Management System (BCMS/CCCM)

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

BCMS /CCCM

This is a software system that has been used by Managed Isolation Facilities to allow the many different providers of COVID-19 care to be able to communicate using "one source of all truths."

The Ministry of Health have adapted this platform for Primary Care management of COVID-19 and named it CCCM. Many practices will be using CCCM, and it enables after-hours providers to see patients' COVID-19 journeys and provide safe, informed and accurate care with access to clinical history.

It would be useful for LMCs to also use this system, but as of yet, we are unsure when or if this will be facilitated.

There is now a direct link in Clinical Workstation to CCCM (called 'Comm COVID record' in the left drop down menu), which allows clinicians with CWS access to notify or see current case details.

Key Sector Contacts

Key Sector Contact Details

• National Community Isolation Advice line	**0800-687-647**
• Waikato Manaaki/welfare referrals	**see process outlined above** **0800-512-337 (free to call, 7 days per week)**
• Pulse oximeter supplies	Logistics@waikatodhb.health.nz **027-202-7868** **(Mon-Fri – in weekends call ICC)**
• 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
• **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)** -Support for GPs/LMC with **clinical** advice managing patients	PCRU@waikatodhb.health.nz **027-275-2676** (8am-4.30pm, 7 days)
• **Integrated Coordination Centre (ICC)** -Support for GPs/LMCs with **non-clinical** advice managing patients - For concerns about ability to safely isolate	CSIQService@waikatodhb.health.nz (8am-6pm, 7 days) **0800-220-250**

Covid Response SMO

There is a COVID Response SMO rostered on at Waikato Hospital 1700-2200 on weekdays and 0800-2200 on weekends and public holidays. They are available to GP's via the hospital switchboard for the following queries:

- Access to COVID therapeutics including outpatient remdesivir.
- Infection Control Questions.
- Clinical management questions that do not fall into a clearly defined specialty domain and outpatient management queries.
- Referrals for admission for COVID positive patients should follow normal pathways.
- (During normal working hours, contact appropriate specialties for advice as usual)

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 **16.5.22 MOH updated guidance:**

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

- Note: **day 0** is when symptoms developed, or date of test if asymptomatic – whichever comes first

- If a new case develops in the household **within 10 days** of the initial case being released from isolation then other household members DO NOT need to re-isolate
- If a new case develops in the household **more than 10 days** after the initial case was released then household members (other than those who became cases) DO need to re-isolate for 7 days.

- The period, following recovery from a COVID-19 infection during which a person is not considered a household close contact, is **90 days.** Testing is only indicated if they are newly symptomatic or high risk.

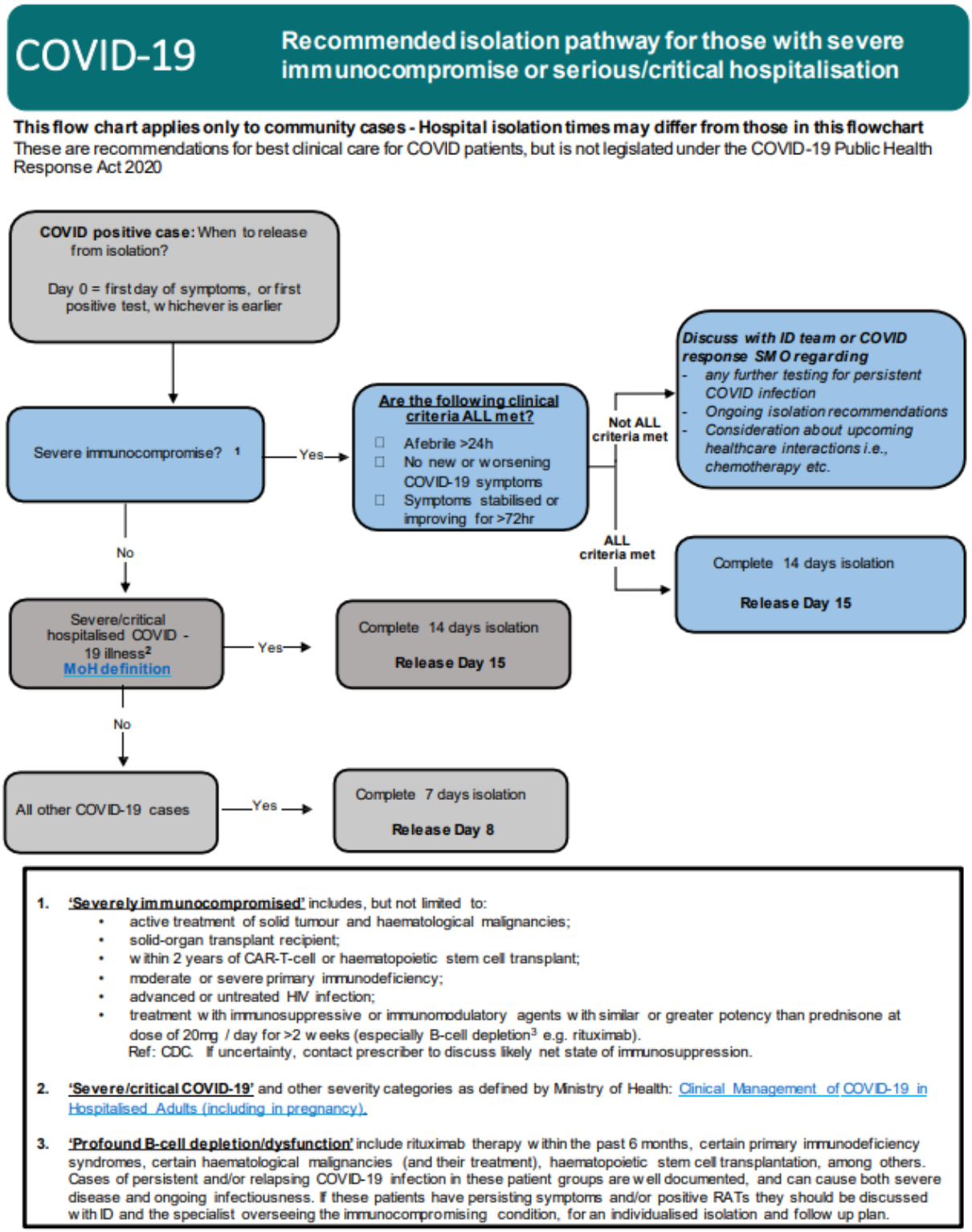
Releases:

- 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.

Extended isolation:

- For cases known to be severely immunocompromised, or following serious/critical hospitalisation, longer periods of isolation may be recommended. Local guidance is as follows:



Testing options:

- **RATs** are now the most commonly used diagnostic test in the community setting
- **PCR tests** are available at the Greenwood St Covid-19 Testing Centre in Frankton, Hamilton, though no longer routinely available at all other community testing centres (CTCs) unless specifically indicated. General practices and some providers can still offer them in special circumstances. PCR tests should be targeted to those who are at higher risk of severe illness, including members of priority populations, and provided to arriving travellers who test positive with a Rapid Antigen Test (RAT) after entering the country. For information about Waikato-based CTCs, including RAT collection or PCR availability, please see Healthpoint (available HERE), or call the Integrated Coordination Centre (ICC, 0800 220 250).

- **Situations where PCR testing may be considered include:**
  - When an individual cannot self-administer a RAT and a supervised RAT is not available
  - If a patient returns a negative RAT test but symptoms are persistent, a PCR test could be considered if confirmation of the diagnosis will inform the clinical management and care of an individual. For example, if they are immunosuppressed and confirmation of diagnosis will determine if therapeutics can be used. (For lower risk patients, a repeat RAT can be used instead.)
  - A PCR is required if a traveller entering New Zealand returns a positive RAT test. (Note: Returning travellers are asked to undertake and report the results of two RAT tests – on Day 0/1 and Day 5/6. Those testing positive must isolate for 7 days and get a PCR test.)

- **Testing on presentation to Waikato Hospital**
  Patients presenting to Waikato Hospital can expect the following:
  - If symptomatic: 4 virus PCR swab (Covid-19, influenza A + B, RSV)
    - with immediate RAT if inpatient
    - with immediate NAAT (nucleic acid amplification test, rapid result) if seen in ED/AMU overnight (outside routine lab hours)
  - If asymptomatic: supervised RAT unless a case in previous 90 days
    - severely immunocompromised patients may require PCR with CT value
  - Support persons/caregivers: supervised RAT unless a case in previous 90 days, PCR if RAT is positive

Possible reinfection: local guidance

Repeat positive results:

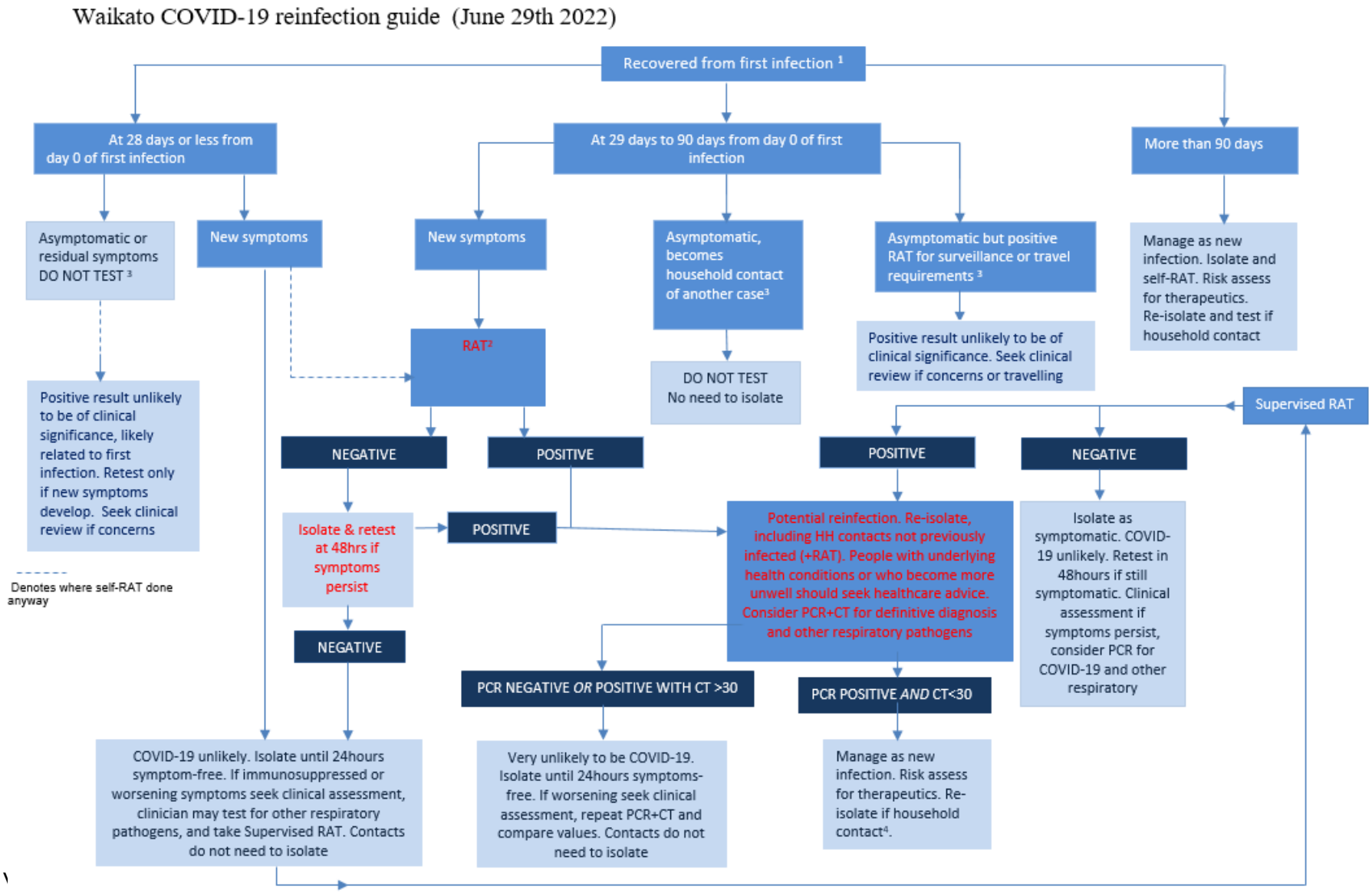
- People who have been recent cases may have a subsequent positive test result (for example, if self-testing or if presenting to hospital). This may generate a new case notification in the central system, though does not require an additional isolation period if they are within 28 days of their original positive result, remain well, and do not have a compromised immune system. For those developing new symptoms within the 28 day period, or with risk factors, clinical discretion is required to identify whether they may be experiencing re-infection.

- While reinfection with Covid-19 within 90 days is uncommon, there have been cases locally, and a suggested reinfection pathway is attached below. Clinical discretion may be applied, and discussion with Infectious Diseases, Covid SMO, or a specialist involved in the patient's care is recommended for those with severe immunocompromise.

- Antiviral medications may be repeated for those with a second (or subsequent) Covid-19 infection, providing the case still meets access criteria.

Primary Care Home Monitoring Covid-19

Te Whatu Ora
Health New Zealand
Waikato



KEY:

1. *For people who have not fully recovered from their initial infection clinical review is advised if new symptoms develop or residual symptoms worsen*
2. *(as per MoH guidelines) People who are low-risk should not self-RAT. Test with supervised RAT particularly if their first COVID-19 infection was diagnosed by RAT, and confidence in the initial diagnosis is low, e.g., if the first infection: was not epidemiologically linked, or was not symptomatic, or occurred at a time of low prevalence OR if a diagnosis is important for: access to COVID-19 therapeutics, access to isolation support, protecting vulnerable household members, workplace, or clients, employment purposes*
3. *See specific guidance for Critical Healthcare Workers on MOH website*

Therapeutics update

There are recent additions and changes to the access criteria regarding the key medications used in the community management of Covid-19.

Please see the accompanying document "Primary Care Home Monitoring of Covid-19 Omicron or undifferentiated respiratory illness" version 8, dated July 22nd 2022, for detail regarding inhaled budesonide, oral antivirals Paxlovid (nirmatrelvir with ritonavir) and Lagevrio (molnupiravir), and intravenous antiviral Veklury (remdesivir)

Pulse oximeters and Sphygmomanometers

Pulse oximeters

These should be supplied to all pregnant wāhine with Covid-19 **who have required admission** for moderate or severe illness, **or for households who have one or more cases at Acuity Level 5-6** as determined by their GP or other health practitioner.

Supplies are located at: (Please see appendix 1 at end of document for details)

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

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/

Sphygmomanometers

Blood pressure monitoring is advised for pregnant wāhine with Covid-19 who already have hypertension, or those at high risk of developing PET in the next 10 days

These will be dispatched via courier or dropped off by a member of the supply chain team. Once a wāhine/ whare is no longer required to isolate, the sphygmomanometer can be returned to the general practice or collected by Logistics.
The equipment can be cleaned by wiping the unit thoroughly with hospital grade wipes such as Clinell or Mediwipes. This process is in accordance with those adopted in the Managed Isolation and Quarantine facilities for pulse oximeters, and in line with the standard operating procedure for Infection Prevention and Control at MIQFs.

These are available from: Logistics@waikatodhb.health.nz or ph 027 202 7868 (Mon-Fri)
In **weekends** please call ICC (Integrated Coordination Centre) 0800 220 250

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

VTE prophylaxis / clexane:

Clexane (Enoxaparin sodium)

- **All pregnant patients with COVID-19 have a significantly increased clotting risk.**
- Clexane should be considered for:
  - all those **admitted to hospital with moderate or severe Covid-related illness**,
  - and/or for those with **identified VTE risk factors** as outlined on the following page (RCOG guidance):

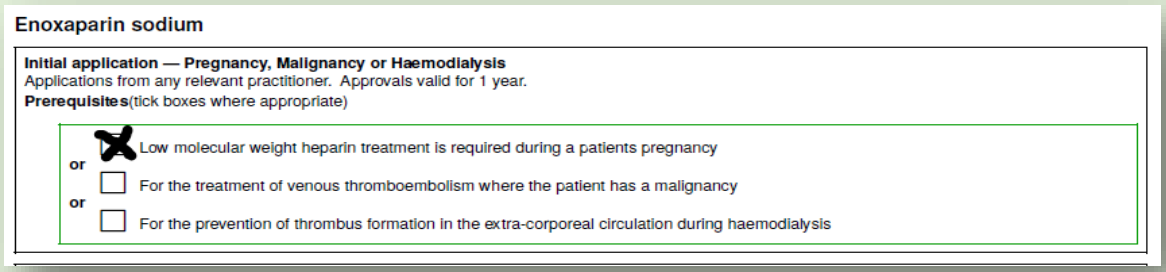
  - *Full RCOG (Royal College of Obstetricians and Gynaecologists) guidance regarding 'Reducing the Risk of Venous Thromboembolism during Pregnancy and the Puerperium' 2015 can be found here:*

RCOG guidelines to reduce VTE risk gtg-37a.pdf

Page 36-37 appendix III is reproduced on the following page

(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.)

- Clexane requires a Special Authority application (SA1646) from any relevant practitioner. Choose first option (below)



Enoxaparin sodium

Initial application — Pregnancy, Malignancy or Haemodialysis
Applications from any relevant practitioner. Approvals valid for 1 year.
Prerequisites(tick boxes where appropriate)

- [x] Low molecular weight heparin treatment is required during a patients pregnancy

or

- [ ] For the treatment of venous thromboembolism where the patient has a malignancy

or

- [ ] For the prevention of thrombus formation in the extra-corporeal circulation during haemodialysis

- Discuss with your local pharmacy about both delivery and instruction.
- If you have questions, send an "advice only" referral to obstetrics team
- Enoxaparin prophylaxis dosing regimen – to be given s/c, once daily, depending upon current weight, for the duration of isolation and at least 14/7

- <50kg: 20mg
- 51-90Kg: 40mg
- 91-130Kg: 60mg
- 131-170Kg: 80mg >170kg: 0.8mg/k

- "How to inject Clexane" video https://www.youtube.com/watch?v=ey_aewVfoIM

RCOG risk assessment for VTE:

Appendix III: Risk assessment for venous thromboembolism (VTE)

- If total score ≥ 4 antenatally, consider thromboprophylaxis from the first trimester.
- If total score 3 antenatally, consider thromboprophylaxis from 28 weeks.
- If total score ≥ 2 postnatally, consider thromboprophylaxis for at least 10 days.
- If admitted to hospital antenatally consider thromboprophylaxis.
- If prolonged admission (≥ 3 days) or readmission to hospital within the puerperium consider thromboprophylaxis.

For patients with an identified bleeding risk, the balance of risks of bleeding and thrombosis should be discussed in consultation with a haematologist with expertise in thrombosis and bleeding in pregnancy.

Risk factors for VTE

Pre-existing risk factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1[a]
Age (> 35 years)		1
Obesity		1 or 2[b]
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric risk factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (> 24 hours)		1
PPH (> 1 litre or transfusion)		1
Preterm birth < 37+0 weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient risk factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendicectomy, postpartum sterilisation		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
TOTAL		

Abbreviations: ART assisted reproductive technology; IVF in vitro fertilisation; OHSS ovarian hyperstimulation syndrome; VTE venous thromboembolism.

[a] If the known low-risk thrombophilia is in a woman with a family history of VTE in a first-degree relative postpartum thromboprophylaxis should be continued for 6 weeks.

[b] BMI ≥ 30 = 1; BMI ≥ 40 = 2

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 discuss with obstetrics team

Alternative accommodation during isolation period

Amohia, Waikato's Managed Isolation facility, has closed as of 30 April 2022.

There are limited alternative accommodation options available across Waikato for those without a safe option for isolation due to Covid-19, which can be accessed via referral to the Integrated Coordination Centre.

Contact the ICC team to discuss potential referral (details in Key Sector Contacts, page 5).

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.

Admission to hospital

Call Respiratory team on call (and inform Obstetrics team) 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):
  - **O2sat >95% is recommended during pregnancy to ensure placental perfusion.**
  - **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 Wāhine with COVID-19

Discharging wāhine with COVID-19 from Delivery Suite or Ante-natal/post-natal wards

- Avoid discharging out of hours
- COVID-19 positive women will need to isolate at home. Ensure they are able to travel safely and also have their manaaki/welfare needs met before discharge. Sending a woman to a home without food/nappies etc. will force people to break their isolation.
- Liaise with **COVID-19 Discharge Coordinators** if considering discharge
- For Manaaki/welfare concerns:
  Please following the manaaki referral pathway outlined above – page 4
  MSD: 0800-512-337 (free to call, 7 days per week)
- Ensure a HARD handover goes to GP (direct phone conversation + send discharge summary)
- Email notification of discharge to PCRU: PCRU@waikatodhb.health.nz
- If GP not known, please do a handover to PCRU who will arrange appropriate ongoing clinical oversight: PCRU@waikatodhb.health.nz, **ph 027 275 2676** (0800-1630h, 7 days)

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