

COVID 19 Community Support Central Coast Local Health District

November 2021



COVID 19 Community Support

- Community Support Team
- Special Health Accommodation
- Sotrovimab Infusion Clinic



COVID Community Support Team (CCST)

Who is the service for

The COVID Community Support Team (CCST) follows a standardised, protocol-driven approach for the provision and escalation of short-term care. Where clinically appropriate, the CCST cares for COVID – 19 positive patients, in their own home using remote monitoring and virtual care modalities to monitor for signs of clinical deterioration.

This model of care builds on existing health and social care pathways and resources and includes multidisciplinary support from specialty areas including Infectious Disease, Critical/Emergency Care, Mental Health, Drug and Alcohol, Paediatrics, Maternity, Allied Health and General Practitioners.

Hours: 8am to 8:30pm 7 days/week

Referral information:

Referrals are received via the NSW Health Patient Flow Portal.

Referrals can also be emailed to

CCLHD-COVIDCommunitySupportTeam@health.nsw.gov.au

Contact: 4320 5092 Level 1 HSB Gosford Hospital (old library)



Elements of the standardised model of care include:

- Multiple channels for referral
- Risk stratification of symptoms and risk factors aligned with Guidelines
- Defined regular observations and wellbeing checks
- Defined clinical criteria for escalation of deterioration
- Criteria led and protocol informed discharge

- Centralised intake point
- Nurses with the key skills to monitor and refer to relevant service providers
- Navigate patients through the system
- Provide integrated better value care





Care flow chart

aci.health.nsw.gov.au

Caring for adults with COVID-19 in the community

People who have tested positive to COVID-19, including the delta variant of concern, may be managed in the community. The team responsible will vary according to local resourcing, geographic location and service models; but should be multidisciplinary in nature.

Purpose of this guideline

This document outlines guidance for staff to:

- triage patients who can safely be cared for in the community at the time of referral
- predict those who may be at risk of requiring hospitalisation
- detect clinical deterioration
- escalate appropriately.

This guideline outlines the minimum standards for monitoring people with COVID-19 in the community. It does not address all elements of standard practice and is not a substitute for clinical judgement. In the absence of published evidence, these standards have been developed based on consensus through a consultation process with clinicians, communities of practice, NSW Health and pillar agencies.

This guideline outlines the community-based care for people with COVID-19, including the use of virtual care.

It should be read in conjunction with the following state and national documents addressing clinical care of people with COVID-19, virtual care and infection control:

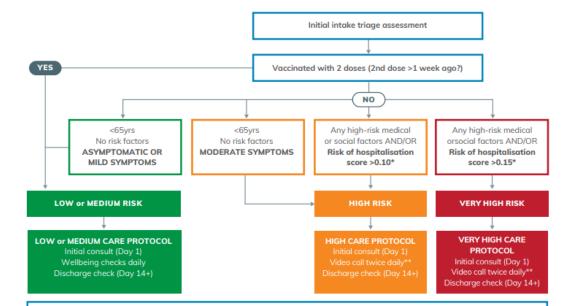
 Australian Department of Health. <u>Coronavirus</u> <u>Disease 2019 (COVID-19) CDNA National</u>

- NSW Health. <u>COVID-19 screening and guidance</u> for NSW Health outpatient and home visiting health services
- Clinical Excellence Commission. <u>COVID-19</u> <u>Infection Prevention and Control</u>
- Clinical Excellence Commission. <u>Deteriorating</u> <u>Patient Program</u>
- NSW Health. <u>Adult and Paediatric Hospital in the</u> <u>Home Guideline</u>
- NSW Health. <u>Caring for children with COVID-19 in</u> the community
- Agency for Clinical Innovation. <u>Virtual care</u>
- NSW Health. <u>Community of Practice: Virtual Care</u>
- Agency for Clinical Innovation. <u>Model of care for</u> the use of strovimab in adults in NSW ¹⁻⁹

Governance

Use of this guideline and other policy documents will be underpinned by local factors. These include location and demographics, as well as service factors, such as leadership, governance, resources, policies and procedures.





Medical review should take place when there is clinical concern, symptoms change or there is any deterioration to ensure appropriate clinical escalation and assessment of ongoing suitability for home-based care

If a vaccinated patient is deemed at higher risk at the initial consult, they should be re-triaged into a higher risk category

MILD SYMPTOMS • Low grade fever <38 • Mild cough or upper respiratory tract symptoms • No breathlessness • Mild gastrointestinal symptoms	MODERATE SYMPTOMS • Fever >38 • Marked cough and/or sputum • Mild breathlessness • Diarrhoea >4x/day • Dizziness on standing up • Has required emergency department or hospital admission during illness	HIGH-RISK SOCIAL FACTORS Low health literacy Socially isolated Large household and/or other members at risk, induding children Low digital literacy Risk of violence, abuse or neglect Specific communities and groups: Aboriginal and Torres Strait Islander people People living in aged care	HIGH-RISK MEDICAL FACTORS • Age ≥65 years • Organ transplant or immunosuppression • Chronic lung disease • Cardiovascular disease • Active cancer • Chronic kidney disease • Diabetes (type 1 and 2) • Liver disease • Significant frailty or disability • Severe mental health conditions
		 People living in agea care facilities People with disability 	Pregnancy Obesity

A PULSE OXIMETER is delivered to patients at home as soon as possible with follow-up education provided virtually.

For patients under 50 years, who are fully vaccinated, have no medical or social risk factors and who are asymptomatic or have only mild symptoms, it is not necessary to provide a pulse oximeter.

Key Partners

- Aboriginal Health
- Chronic Disease
- Community COVID Medical Support Officer
- Drug and Alcohol
- Emergency Department
- General Practitioner
- Mental Health
- Paediatrics
- Social Worker
- Vulnerable Population (DCJ)
- Youth Health



Special Health Accommodation (SHA)

Who is the service for

The Special Health Accommodation (SHA) is accommodation for COVID-19 positive clients in the community who cannot safety isolate in their home. The current SHA is 35 beds at the Ashwood Motel at West Gosford.

The Community Support Accommodation (CSA) is accommodation for clients who are close contacts of COVID-19 positive clients in the community who cannot safety isolate in their home. The current CSA is 11 units at the Avoca Hotel for low risk clients.



Hours of operation

The SHA / CHA are 24 hour accommodation.

SHA Ashwood: Referrals are received until 7pm and clients must arrive and be settled in their accommodation by 10pm, otherwise next day acceptance will occur.

CHA Avoca: Referrals are taken until 5pm. Clients must arrive and be settled in their accommodation before 5pm, otherwise next day acceptance will occur.

Due to demand of service client referrals may be waitlisted until accommodation is available. If accommodation is urgent and CCLHD cannot accommodate, please contact Public health Unit 4320 9755 and accommodation may be sourced from another LHD.

Referral information

SHA / CSA referral form to be fully completed by the referring service and emailed to the <u>CCLHD-</u> COVIDHotels@health.nsw.gov.au generic mail box.

The emailed referral MUST be followed with a phone call to the COVID Health Manager on 0487 201 638 to handover and discuss client detail.

SHA /CSA team will review suitability of referral, availability of accommodation and will advise ability to accept.

Contact

Health Accommodation Manager: 0487 201 638

Director Covid health Accommodation: 0414 192 871

Sotrovimab Infusion Clinic

The COVID – 19 Sotrovimab Infusion Clinic provides a service to COVID – 19 positive patients who fit the following criteria:

- ✓ Within 5 days of symptom onset AND
- ✓ Don't require oxygen AND
- ✓ Not fully vaccinated (2 doses + 14 days)
- ✓ Fully vaccinated but Immunocompromised

AND one or more of:

•	Diabetes	
	Obesity	
	CKD	
	CHF	

- COPD
- Asthma
- Age over 55 (or 35 for ATSI)
- Immunocompromised

Location:

- 73 Holden St Gosford Hospital
- Contact and Referrals: CCLHD-GOS-COVIDinfusionclinic@health.nsw.gov.au







