Managing COVID-19 in primary care

Dr Michelle Redford and Dr Joanne Wood

What's changed in the past week?

- Low risk patients – self management pathway
- Notification and role for primary care
- Close contact definition and requirements
- Mandatory vaccination for primary care by 31st Jan
- Vaccination education for childhood covid vaccine now live
- Boosters from 4.5 months
- Christmas booster doses – can give now if due before 3 January 2022
- AIR unvaccinated search
- New advice for managing HCW exposures

Medicare and restrictions

- Telehealth model not face to face
- Video preferred over phone
- No contract with PHN
- Voluntary and dependent on capacity
- Use Medicare item numbers, no compulsion to bulk bill
- 20 min + phone item number 92746 to 31/12 then 91894
- 30/20 rule

Hunter New England
COMMUNITY
HEALTHPATHWAYS

Health Alert

Hospitals and health facilities across NSW are now on red alert ⬀.

For current testing advice for international travelers arriving in NSW, see International Travel To and From NSW ⬀.

COVID-19 pathways:

- COVID-19 Vaccination
- COVID-19 Testing and Advice
- Care of COVID-19 Positive Adult/Paediatric Patients

See NSW Health isolation and testing requirements for close ⬀ and casual ⬀ contacts. See changes to close contacts ⬀.

Latest News

27 April

📌 **Hunter New England Community HealthPathways Fact Sheet**

Pathway Updates

Updated – 21 December
Public Hospitals

Updated – 20 December
Drug Information Services

NEW – 17 December
Deprescribing

Updated – 17 December
Giant Cell Arteritis (GCA) or Temporal Arteritis

Updated – 17 December
Cellulitis

VIEW MORE UPDATES...

Health System Focus

- E-REFERRAL
- PATIENT INFO
- PROVIDER DIRECTORIES
- DOCTORS HEALTH ADVISORY SERV
- RACGP
- THERAPEUTICS
- HOSPITAL HEALTHPATHWAYS
- PHN EDUCATION LIBRARY

Care of COVID-19 Positive Adult Patients in the Community

Last updated 20 December 2021

This pathway is about general practice involvement in the management of patients aged 18 years and over with known or pres COVID-19 in the community. See also:

- Care of COVID-19 Positive Paediatric Patients
- COVID-19 Isolation Support
- COVID-19 Telehealth
- COVID-19 MBS Items

Clinical editor's note

Monday 20th December: This pathway is being urgently updated as per new ACI guidelines ↗ and HNE processes and is expected to be live tomorrow.

From Friday 17 December 2021, NSW cases will be stratified by NSW Health according to the ACI protocol ↗, by vaccination status, age, risk of hospitalisation (ROH) score ⌄, and indigenous status.

- The lowest risk group will be patients aged 16 years to 50 years, vaccination up to date, no known chronic diseases, not indigenous, and not pregnant. These patients will self-manage following advice from NSW Health via SMS message ↗. They may contact their GP for support (which would be billable under MBS).

- Patients who should be stratified as higher risk (e.g. obese, immunocompromised, pregnant, or with psychosocial concerns) may receive a low-risk message and may need to be escalated to a higher risk protocol (this process is being finalised).

- Patients who do not receive the low risk self-care SMS will be managed via current local HNELHD processes.

- Note: These processes are subject to change.

- De-isolation will be automatically provided for fully vaccinated patients on day 10. GPs can access a NSW Health de-isolation letter ↗.

- Green tick and QR code are no longer required.

Red flags

Particular vigilance is required on day 4 to 12 of illness.

🚩 **Vital signs:**

- Persistent tachycardia > 120

- Respiratory rate > 24

- Pulse oximetry oxygen saturation < 94% on room air or 3% lower than baseline, including transient hypoxia while walking or talking

- Fever > 39°C lasting > 5 days

🚩 **Symptoms:**

- Shortness of breath/difficulty breathing

- Confused or drowsy

- Unable to stand

- Fluid intake < 50% normal

- Chest pain/pressure lasting > 10 minutes (clinical discretion necessary)

Pale, clammy, mottled skin

Assessment

1. Ensure that the practice and patient are equipped to facilitate care via telehealth and consider COVID-19 MBS items. If a home visit is required ensure appropriate infection control measures ⌄.

2. Assess the patient for red flags ⌄.

3. Confirm that the patient and household close contacts understand self-isolation and testing requirements and:

    - provide NSW Health/Healthdirect fact sheets ⌄.

    - advise regarding availability of COVID-19 testing for close contacts isolating at home ⌄.

4. Complete an initial assessment ⌄.

5. Determine current severity of illness ⎋.

6. Identify any medical ⌄ or social ⌄ high risk factors. 🏴🏴

7. Assess for:

    - barriers to successful isolation ⌄.

    - alternate support and accommodation options ⌄.

8. Consider factors specific to Aboriginal and Torres Strait Islander patients ⌄. 🏴

9. Use ACI flow chart ⎋ to determine risk level and guide which care protocol should be followed. See also risk of hospitalisation (ROH) score ⌄ information.

Assessment

Caring for adults and children in the community with COVID-19

Standard clinical assessment and risk of deterioration assessment

This document is to be used with *Caring for adults in the community with COVID-19: Flow chart and care protocols*. It is for use by all clinicians or other staff involved in the care of COVID-positive patients in the community in NSW, including local health districts, specialty health networks, primary care providers, Healthdirect and third-party providers.

Clinical assessment

ASYMPTOMATIC / MILD
Adult symptoms and signs
Patient has no symptoms OR: • Mild cough or upper respiratory tract symptoms (incl. sore throat) • Nausea, loss of appetite, vomiting but tolerating fluids/food • Loss of smell/taste • Headache, body ache
Child symptoms and signs
Patient has no symptoms OR: • Mild upper respiratory tract infection or cough • Mildly reduced fluid/oral intake • Mild vomiting or diarrhoea • Mild headache, body aches, fatigue

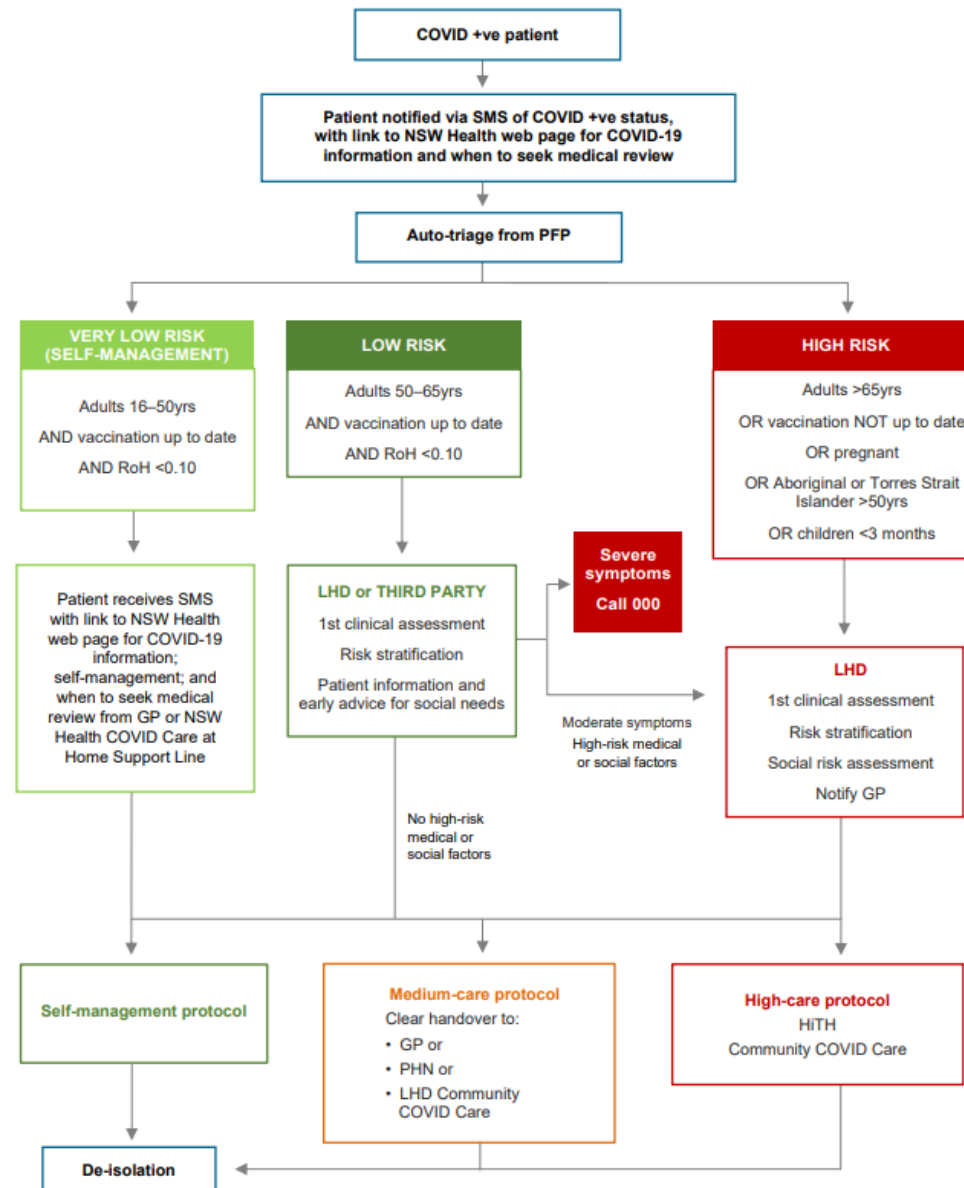| MODERATE |
| --- |
| **Adult symptoms and signs** |
| • Persistent fever >39 C
• Marked cough
• Haemoptysis
• Mild breathlessness
• Mild chest pain
• Diarrhoea
• Abdominal pain
• Vomiting
• Reduced fluid intake but >50% normal
• Dizziness on standing up |
| **Child symptoms and signs** |
| • Persistent fever >39 C and not responding to treatment
• Mild breathlessness
• Coughing up blood
• Reduced fluid intake, but >50% normal over last 24 hours
• Reduced urine output but >50% normal normal over last 24 hours
• Moderate vomiting and/or diarrhoea
• Unable to stand or walk |

SEVERE
Adult symptoms and signs
• Shortness of breath / difficulty breathing • Confused or drowsy • Unable to stand • Fluid intake <50% normal • Chest pain lasting >10 mins • Pale, clammy, mottled skin
Child symptoms and signs
• Moderate to severe breathlessness / difficulty breathing • Severely reduced fluid intake (<50% normal over last 24 hours) • Severely reduced urine output (<50% normal over last 24 hours) • Reduced level of consciousness (including drowsiness, confusion, floppiness), seizures • Age under 1 month (corrected) with temperature over 38 degrees • Any other severe symptom

COVID +ve patient

Patient notified via SMS of COVID +ve status, with link to NSW Health web page for COVID-19 information and when to seek medical review

Auto-triage from PFP

VERY LOW RISK (SELF-MANAGEMENT)

Adults 16–50yrs

AND vaccination up to date

AND RoH <0.10

LOW RISK

Adults 50–65yrs

AND vaccination up to date

AND RoH <0.10

HIGH RISK

Adults >65yrs

OR vaccination NOT up to date

OR pregnant

OR Aboriginal or Torres Strait Islander >50yrs

OR children <3 months

Patient receives SMS with link to NSW Health web page for COVID-19 information; self-management; and when to seek medical review from GP or NSW Health COVID Care at Home Support Line

LHD or THIRD PARTY

1st clinical assessment

Risk stratification

Patient information and early advice for social needs

Severe symptoms

Call 000

Moderate symptoms
High-risk medical or social factors

LHD

1st clinical assessment

Risk stratification

Social risk assessment

Notify GP

No high-risk medical or social factors

Self-management protocol

Medium-care protocol
Clear handover to:
• GP or
• PHN or
• LHD Community COVID Care

High-care protocol
HiTH
Community COVID Care

De-isolation

Management

1. If red flags ⌄ and the patient gives consent, arrange ambulance transfer to the nearest emergency department:
   - ensure notification of COVID-positive status.
   - provide a health summary and/or upload to My Health Record.
   - phone the on-call physician for COVID-19 or emergency department physician via hospital switch to advise and discuss if direct admission may be appropriate.

2. Contact COVID-19 Care in the Community (CCitC) ⌄:
   - to ensure high risk patients ⧉ are receiving regular monitoring.
   - for advice or to escalate care for very low to low risk patients ⧉ if:
     - there are risk factors that have been overlooked and the patient should be on the high care follow-up protocol or mediu care protocol and the GP is not able to offer follow-up.
     - there is concern that the patient's symptoms require more intensive monitoring than can be provided by the patient's general practitioner.
   - to initiate referral for patients with clinical indications for sotrovimab ⌄ after shared decision discussion with patient ⌄.
   - to request a pulse oximeter for medium or high care protocol patients who have not yet received one (email HNELHD-GreaterNewcastleHITH@health.nsw.gov.au).

3. Contact:
   - the Public Health Unit ⧉ to request alternate patient accommodation due to social risk factors, barriers to successful isolation or other factors that may affect suitability for home care. Availability may be limited and/or out-of-region.
   - COVID Kids@Home ⌄ if care is required for any dependent children.
   - emergency respite care if care is required for older dependants.

4. Manage according to care protocol:
   - High care ⌄
   - Medium care ⌄
   - Self-management ⌄

5. Provide the patient with contact details for health advice and to support isolation ⌄. See also:
   - COVID-19 Isolation Support
   - COVID-19 Mental Health Support

6. Contact NSW Police on **131-444** if unable to contact the patient for a welfare check.

7. Consider care required for COVID-19 positive palliative care patients and after-death care ⌄.

- COVID-19 information package sent via SMS (information on COVID-19, when to seek medical review or social support, or call an ambulance).

- Automatic de-isolation at 10 days from swab.

Medium-care protocol

- COVID-19 information package sent via SMS (information on COVID-19, when to seek medical review or social support, or call an ambulance).

Option A: GP care / primary health network (PHN) care

On receipt and acceptance of referral:

- Initial assessment - patient receives a video call (or phone call if video unavailable) by GP or practise nurse for clinical and risk assessment and pulse oximeter education.

- If on assessment patient considered high risk, patient can be referred to LHD.

- Pulse oximeter dispatched to patient by PHN.

- GP or practice nurse contacts patient for clinical and wellbeing review as clinically indicated.

- See local HealthPathways.

- Automatic de-isolation.

Option B: LHD care

- Initial assessment - patient receives a video call (or phone call if video is unavailable) from COVID clinical team for clinical and risk assessment and pulse oximeter education.

- Pulse oximeter dispatched to patient by LHD.

- Clinical and wellbeing reviews conducted as clinically indicated.

- Automatic de-isolation.

High-care protocol

- COVID-19 information package sent via SMS.

- Pulse oximeter delivered to patient by LHD or PHN.

- Initial assessment DAY 1** patient receives video call (or phone call if video unavailable) from LHD clinician for clinical and risk assessment; when to seek medical review and assistance or call an ambulance; and pulse oximeter education.

- Consider available evidence-based therapeutics (e.g. *ACI Model of Care for the use of sotrovimab in adults in NSW*).

- Day 2–13, video call from LHD clinician, including patient-reported vital signs and clinical assessment.

- Day 14+ patient receives phone call from LHD clinician for discharge symptom review.

Referral

- If red flags ∨ and the patient gives consent, arrange ambulance transfer to the nearest emergency department, and:
    - ensure notification of COVID-positive status.
    - phone the on-call physician for COVID-19 or emergency department physician via hospital switch to advise and discuss if direct admission may be appropriate.

- Contact COVID-19 Care in the Community (CCitC) ∨:
    - to ensure high care protocol ☑ patients are receiving regular monitoring.
    - for advice or to escalate care for closer community monitoring for low to medium care protocol ☑ patients.
    - to initiate referral for sotrovimab.
    - to facilitate access to a pulse oximeter for medium and high care protocol patients.

- If unable to identify alternate arrangements, contact:
    - the Public Health Unit ☑ if the patient is unable to successfully isolate at home.
    - COVID Kids@Home ∨ if care is required for any dependent children.
    - emergency respite care if care is required for older dependants.

- If the patient is from a culturally and linguistically diverse background, consider:
    - seeking cultural support and advice ∨ from the Multicultural Health Liaison Service. Email referral form to HNELHD-COVIDMulticulturalSupport@health.nsw.gov.au. 🏴
    - booking a health care interpreter service – phone (02) 4924-6285 (free service for general practitioners if COVID-related). 🏴

- If there are discrepancies or concern about end of isolation, consult with local Public Health Unit ☑ or CCitC ∨.

- Contact the Hunter Drug Information Service for medication advice if required.

- Request COVID-19 isolation support and/or mental health support as required.

- Contact NSW Police on 131-444 if unable to contact the patient for a welfare check.

- If the patient is living with a disability, consider seeking advice from the COVID-19 Health Professionals National Disability Advisory Service ☑ on 1800-131-330 between 8 am and 9 pm, Monday to Friday.

Risk of deterioration

High-risk medical history
- Chronic lung disease   - Cardiovascular disease, including hypertension   - Active cancer   - Immunosuppression   - Chronic kidney disease   - Transplant   - Diabetes   - Liver disease   - Frailty   - Disability (physical or intellectual)   - Significant mental illness   - Significant drug and alcohol dependence   - Pregnancy   - Obesity   - BMI >30 in adults   >95th centile for age and sex in children   - Aboriginal and/or Torres Strait Islander   - Pasifika background   - Age under 3 months (corrected)   Note: stable intermittent/episodic asthma or mild developmental delay are considered low risk

High-risk social factors
- Geographical remoteness from higher level care   - Concerns about access to housing, food, medication or other care at home   - Concerns about personal safety at home, including violence, abuse and neglect   - Caring for other household members   - Financial concerns

Additional social risk factors for children
- Parent/carer at high social risk (domestic abuse and family violence, neglect, abuse, drug or alcohol use)   - No identified carer   - Parent/carer has a major medical or mental illness

Contacting CCitC

- phone the GP VMO on 0447-823-076 or (02) 4041-7714 from 8.00 am to 4.30 pm 7 days a week, or by email after hours HNELHD-COVIDCommunityDoctors@health.nsw.gov.au:
  - for clinical advice
  - to escalate care for closer community monitoring
  - to initiate referral for sotrovimab
- phone the CCitC nurse on 0402-990-266 to discuss management of patients currently being cared for at home (7 days, 8.00 am to 4:30 pm)
- email HNELHD-GreaterNewcastleHITH@health.nsw.gov.au if you identify a medium or high care protocol patient that needs a pulse oximeter that has not received one, or needs one rapidly
- Advise medium or high care protocol patients they can phone 0477-991-808 to contact the CCitC team

Budesonide

- Do not require oxygen and have one or more risk factors for disease progression regardless of vaccination status. Risk factors for disease progression include age ≥ 65 years or ≥ 50 years with one or more of the following co-morbidities:

- Diabetes (not treated with insulin)

- Heart disease and/or hypertension

- Asthma or lung disease

- Weakened immune system due to a serious illness or medication (e.g., chemotherapy)

- Mild hepatic impairment

- Stroke or other neurological

Sotrovimab

- It is appropriate for use in non-pregnant adults and pregnant women in their second or third trimester:

- within 5 days of symptom onset (symptoms may be very mild), **and**

- who do not require oxygen for COVID-19, **and**

- who have not been fully vaccinated (fully vaccinated = second dose > 2 weeks ago), **and**

- who have 1 or more of the following risk factors for disease progression

- Diabetes (requiring medication)

- Obesity (BMI > 30 kg/m^2)

- CKD

- Congestive heart failure (NYHA class II or greater)

- COPD

- Moderate-to-severe asthma (requiring an inhaled steroid to control symptoms or prescribed a course of oral steroids in the previous 12 months)

- Age ≥ 55 years

- Patients who are immunosuppressed, even if they are partially or fully vaccinated

- Aboriginal and Torres Strait Islander patients aged > 35 years

Deisolation

- Counting the days correctly (Day 0)
- Patients who have remained asymptomatic throughout can deisolate at midnight on day 10 if fully vaccinated, day 14 if not fully vaccinated
- Patients with symptoms can deisolate at midnight on day 10 if fully vaccinated, day 14 if not fully vaccinated BUT ONLY if there has been resolution of fever and substantial improvement of respiratory symptoms of the acute illness for the previous 72 hours
- Issues for households
- Close contacts
- Medical clearance notice

https://www.health.nsw.gov.au/Infectious/covid-19/Documents/medical-clearance-notice-form.pdf

NSW Health

Medical Clearance Notice under the Public Health (COVID-19 Self-Isolation) Order (No 4) 2021 [NSW]

NSW GOVERNMENT

To whom it may concern,

I am a registered **medical practitioner**. I certify that,

Given name: _____   Family name: _____

DOB: ▢▢ / ▢▢ / ▢▢▢▢ (dd/mm/yyyy)   Gender: ☐ Male ☐ Female ☐ Prefer not to say

Residential address: _____

was required to self-isolate from ▢▢ / ▢▢ / ▢▢▢▢ (insert isolation onset date) to

▢▢ / ▢▢ / ▢▢▢▢ (insert De-isolation date) under the *Public Health (COVID-19 Self-Isolation) Order (No 4) 2021* [NSW], or an order that remakes that order, (the Order) to prevent transmission of COVID-19.

This notice confirms that I have assessed them as no longer infectious for COVID-19 and they are medically cleared under the Order.[1]

Registered medical practitioner details

Name: _____

Address: _____

Telephone: _____

Email: _____

Registration Number: **M E D 0 0 0** ▢▢▢▢▢▢

Signature: *Print and Sign*

Date: ▢▢ / ▢▢ / ▢▢▢▢

Instructions for the patient

Please keep this notice safe, as you may need to show it to NSW Health, your employer, or NSW Police to demonstrate that you have had COVID-19 and have been released from isolation.

Please note that for **six weeks from the end of your isolation period** you do not need to be vaccinated for COVID-19 under any NSW public health order. This letter may be used as evidence to show that you are exempt for this period of time.

Vaccination is strongly recommended to protect you from getting COVID-19 again. There is no need to delay vaccination once you have fully recovered from COVID-19.

This document is valid in NSW only. If you are travelling interstate or internationally, please check if this meets any mandatory vaccination or release from isolation requirements before travelling.

For further information about release from isolation, as well as testing and vaccination after COVID-19, please see https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/recovery.pdf

1   Release from isolation must be consistent with the latest version of the NSW Appendix to the Communicable Diseases Network Australia (CDNA) Series of National Guidelines (NSW SoNG Appendix) – available at https://www.health.nsw.gov.au/Infectious/covid-19/Documents/SoNG-appendix.pdf

Info for patients

Confirmed cases

https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/confirmed-cases.pdf

Managing safely at home

https://www.health.nsw.gov.au/Infectious/factsheets/Pages/managing-covid-at-home.aspx

Close contacts

https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/close-contacts.pdf

Casual contacts

https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/casual-contacts.pdf

Parents and carers

https://www.health.nsw.gov.au/Infectious/covid-19/Documents/parents-carers.pdf

Release and recovery

https://www.health.nsw.gov.au/Infectious/factsheets/Factsheets/recovery.pdf

Pandemic leave disaster payment up to $750 for each 7 day period

https://www.servicesaustralia.gov.au/pandemic-leave-disaster-payment-new-south-wales

NSW Test and isolate support payment $320

https://www.service.nsw.gov.au/transaction/apply-test-and-isolate-support-payment

Some phonelines for patients

- Patients on self-management
  NSW Health COVID-19 Care at Home Support Line on 1800-960-933
- For support with isolation needs
  NSW Health Isolation Support Line 1800-943-553
- To speak with a nurse for non-critical COVID-19 specific health advice 24/7
  National Coronavirus Helpline 1800-020-080
- To speak with a nurse for non-critical health advice 24/7
  Health Direct 1800-022-222
- Mental Health
  Beyond Blue Coronavirus Mental Wellbeing Support Service 1800-512-348
- Mental health – seniors
  COVID-19 support line for senior Australians – Phone 1800-171-866, 8.30 am to 6.00 pm, Monday to Friday (except public holidays

After the acute episode

- Covid vaccination
  - No need to delay primary course
  - Booster doses
- Clinical follow up
- Returning to work
- Becoming a close contact
- Re-testing