

# Caring for adults with COVID-19 in the community

## Introduction

People who have tested positive to the delta variant of concern of COVID-19 may be managed in the community. Care can be provided by a COVID-19 specific service, community team, virtual care service or through Hospital in the Home (HITH).

The team that is responsible for the care of a person with COVID-19 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 to assist 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
- and **escalate** appropriately.

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

**Communicable Disease Network of Australia (CDNA) Coronavirus Disease 2019 (COVID-19) National Guidelines for Public Health Units**

**NSW Health Guidance for community-based and outpatient health services**

**CEC Primary and Community Care Infection Prevention and Control information**

**Detection of the deteriorating patient program**

**Adult and Paediatric Hospital in the Home Guideline**

**ACI telehealth resources**

**Virtual Care Community of Practice resources.**

## Governance

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

## Delta variant of concern

The Delta variant is a VOC (WHO) poses issues for disease control and management due to increased transmissibility, severity and vaccine resistance.<sup>1</sup>

Compared with previous variants, Delta has been more common in younger people. Risk of a hospital admission is approximately doubled in those with the Delta VOC when compared to the Alpha strain, with risk of admission particularly increased in those with five or more relevant comorbidities.

## Methodology

This guidance is based on current evidence, listed in references.

Expert advice was sought in the development of this guideline including RPA Virtual, Sydney LHD, the Ministry of Health<sup>2,3</sup> Hospital in the Home (HITH), ambulatory care, mental health services and emergency care specialists, and the Executive of the Virtual Care Community of Practice.

This guidance has been adapted from documents produced by RPA Virtual.

## Notification and referral process

COVID-19 is a notifiable disease and positive cases are notified to the local public health unit (PHU) based on the person's usual place of residence.

PHUs are responsible for arranging ongoing clinical and welfare support. This may be provided by the local health district (LHD) service, such as a COVID-19 team, a community team, virtual care service or Hospital in the Home, which will:

- assess clinical status and need for further clinical review
- assess compliance with isolation and infection control requirements
- identify welfare needs.

LHDs must develop appropriate local referral pathways into their community, virtual care or HITH team for COVID positive patients.

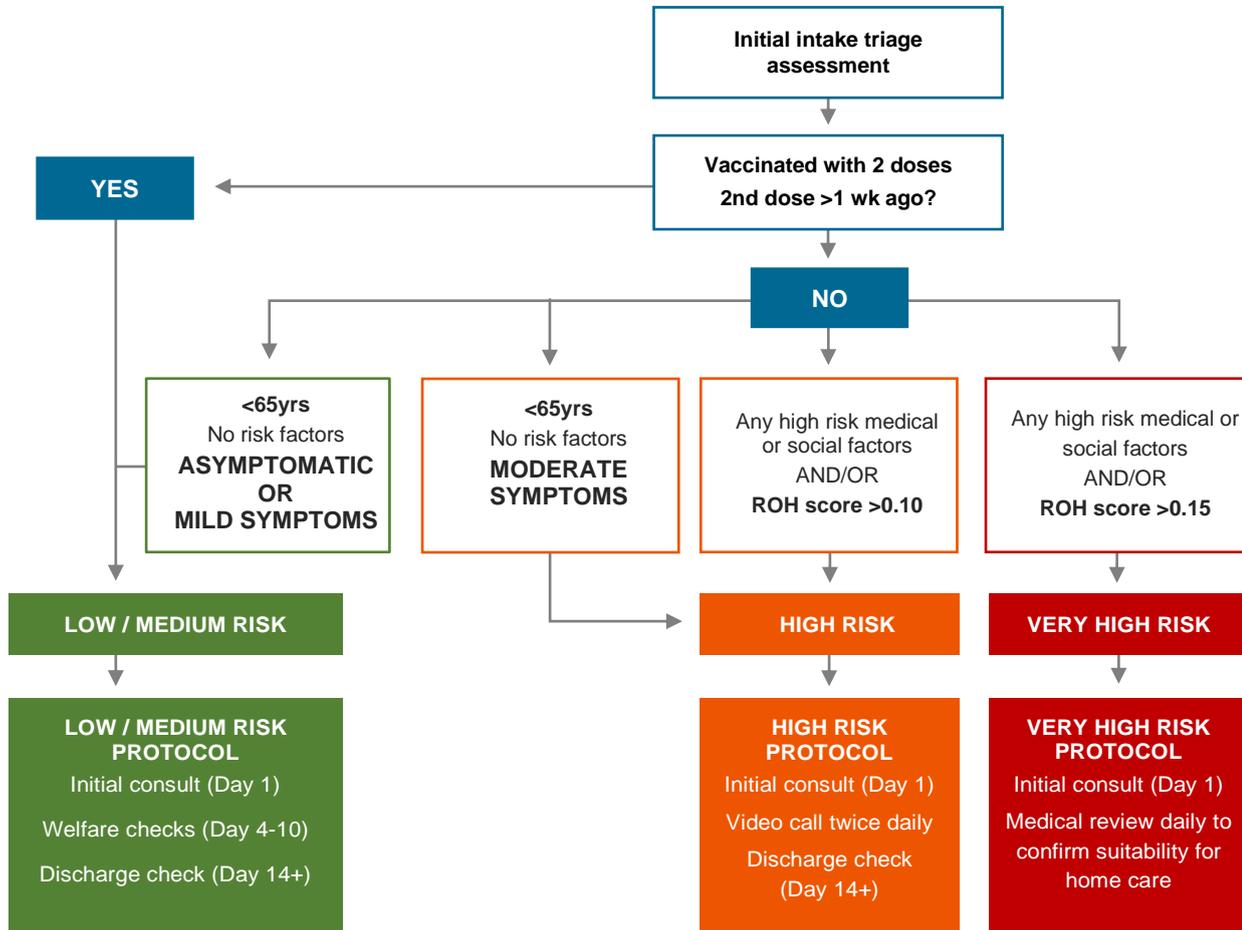
# Determining level of risk and appropriateness for care in the community for COVID-19 positive patients

Patient care is tailored to individual risk. During the initial phone call, follow the flow chart using the patient’s information.

NOTE: days are calculated based on the days that symptoms commenced (day 0).

Once the level of risk is determined, see associated box for care package.

If the patient is asymptomatic, count from positive swab day (Day 0).



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 GI symptoms

- MODERATE SYMPTOMS**
- Fever >38
  - Marked cough/sputum
  - Mild breathlessness
  - Diarrhoea > 4x/day
  - Dizziness on standing up
  - Has required ED or hospital admission during illness

- HIGH RISK SOCIAL FACTORS**
- Low health literacy
  - Socially isolated
  - Large household/other members at risk including children
  - Low digital literacy
  - Risk of violence, abuse or neglect

- 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
  - Major mental illness
  - Pregnant
  - Obesity

Wearable devices **INCLUDING A PULSE OXIMETER** are delivered to all patients at home as soon as possible with follow-up education provided virtually.

## Risk of Hospitalisation score

The Risk of Hospitalisation (ROH) is a validated algorithm that presents a meaningful prediction of a patient's clinical deterioration. It is based on demographic and socioeconomic factors as well as hospitalisation and medical history.

The ROH algorithm has been built into the Patient Flow Portal (PFP) and is automatically calculated daily and displayed in the PFP. It can be used at baseline assessment for appropriateness for care in the community, as per the flow chart above.

## High risk social factors

- Low health literacy
- Lives alone/ socially isolated
- Low digital literacy
- Large household / other household members at risk including children
- Risk of violence, abuse and neglect

## Mental health screening

The coronavirus outbreak and self-isolation can be stressful and impact on the individual's mental health and wellbeing. People having to self-isolate may struggle with the unpredictable nature of the illness and long isolation periods. They may experience a range of emotions, such as stress, worry, anxiety, boredom, or low mood. People who have not previously experienced a mental health problem may also be at risk.

Resources for consumers and carers:

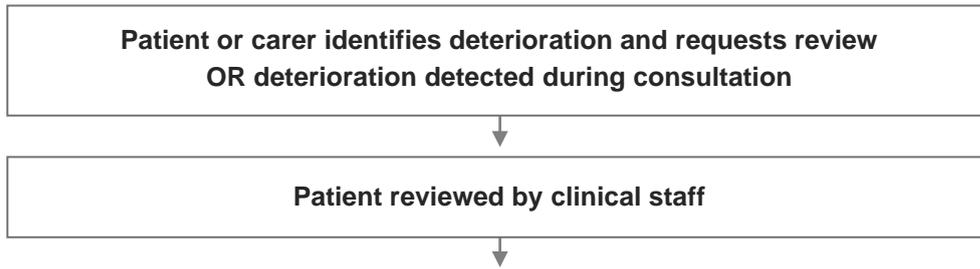
- [COVID-19 symptoms, spread and home isolation guidance](#)
- [COVID-19 Frequently Asked Questions](#)
- [Hygiene at home](#)
- [Information for carers](#)

### • On-boarding

- All patients must be provided with a pulse oximeter. Education and support regarding its use must be provided.
- Resources can be found [here](#)

# COVID-19 positive patient clinical escalation pathway

The Delta variant may be associated with rapid deterioration. This may be detected by healthcare staff or by the patient, family or carers.



## RED FLAGS for CLINICAL DETERIORATION in COVID-19 POSITIVE PATIENTS

### SIGNS

- **Vital signs in the Yellow or Red Zones \*\***  
\*\* Isolated fever without other red flags consider medical review
- **Hypotension including symptomatic postural hypotension**
- **Persistent tachycardia**
- **Tachypnoea RR > 24 or yellow or red zone RR for children**
- **Hypoxia SpO2 < 95% RA (including transient hypoxia, hypoxia when talking or after walking)**

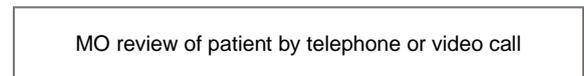
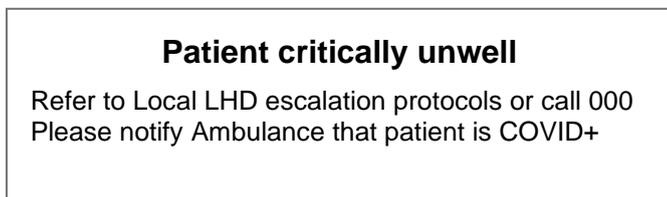
### SYMPTOMS

- **Syncope**
- **Chest pain**
- **Vomiting, abdominal pain or diarrhoea > 4 x/day \***  
\* All patients with these symptoms should have MO review and be discussed with the designated senior medical officer

Vomiting and diarrhoea or GI symptoms and looks unwell or Vital signs Yellow or Red Zone requires urgent escalation

If diarrhoea alone, patient doesn't look too unwell, and Vital Signs Between the Flags, consider medical review

- **HITH, Community or Virtual Care nurses or MO staff concerned patient is very unwell**



- Refer to local LHD escalation protocols or call 000
- Provide verbal and written handover to accepting team
- Ensure DC summary written if transferring patient out of LHD

- Document assessment and management plan
- Update HITH, community or Virtual Care NUM
- Ensure patient is handed over if repeat review required

ALL COVID-19 positive patients with clinical deterioration and or RED FLAGS should be discussed with the designated senior medical officer.

## Transfer of care from acute care

Formal arrangements for transfer of clinical care back to the GP should be made by the COVID-19 medical team. A formal transfer of care should be given to the GP, including a written summary of the person's episode of care and follow up advice.

Decisions regarding release from isolation need to be made in consultation with the local PHU.

## Documentation

It is a clinical requirement that all clinical activity, including telehealth consultations, is documented in the person's health record.

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## References

Williams H, Hutchinson D, Stone H. Watching Brief: The evolution and impact of COVID-19 variants B.1.1.7, B.1.351, P.1 and B.1.617. *Global Biosecurity*. 2021;3(1).

rpavirtual. Determining level of risk of COVID-19 patients of rpavirtual. Sydney: rpavirtual; 2021.

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For use by	<p>Clinicians delivering virtual and clinical care to people with COVID-19 in the community, including:</p> <ul style="list-style-type: none"> <li>Virtual care services</li> <li>COVID response teams</li> <li>Community nursing</li> <li>Hospital in the Home</li> <li>Integrated care teams</li> <li>Primary care</li> </ul>



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