

Interim guidance for health staff implementing home care of people not requiring hospitalisation for COVID-19 (novel coronavirus)

23 March 2020

The health team (DHB, PHU and primary care provider) should determine roles and responsibilities for community management of patients with COVID-19. Roles and responsibilities may vary from region to region. Clinical, public health and social factors all need to be considered on a case-by-case basis when determining whether a patient should be cared for in hospital or managed in the community.

The aims of community management of patients with COVID-19 are to:

- ensure that the patient and identified carer/s have adequate support (health, PPE and social/personal support)
- establish a clear pathway should the patient's clinical state worsen or require reassessment
- minimise the number of close contacts
- ensure that close contacts are monitored
- limit risk to the community.

This interim guidance is for GPs, staff at local public health units, infection prevention and control professionals and health care personnel who are coordinating the home care and isolation of people with confirmed, probable or suspected COVID-19 infection. This includes patients investigated in an outpatient setting who do not require hospitalisation (ie, patients who have a mild disease and can receive care at home) or patients who are discharged home following hospitalisation with confirmed COVID-19.

Staff providing care should adhere to appropriate transmission-based infection prevention and control precautions until the risk of secondary transmission is thought to be low. However, the decision about hospitalisation should be determined on a case-by-case basis. People with mild symptoms may not want to be hospitalised and those that recover quickly may wish to continue their recovery at home. Current information on COVID-19 is limited, so home precautions should be conservative and based on general recommendations for other coronaviruses, like those which cause MERS or SARS.

Assess the suitability of the residential setting for home care

A rapid assessment should be carried out to determine whether the residential setting is appropriate for home care. Potential issues should be addressed with the patient and the caregivers. The assessment should address the following points.

- Is the patient well enough to be cared for at home?
- Are there appropriate caregivers available to them if needed?
- Can the patient stay at home without sharing immediate space or facilities with others? In general, patients at home should have:
 - a separate bedroom

- separate toilet facilities (provide instructions to clean facilities after the patient's use where this is not possible)
- access to food, medicines and other necessities.
- There should be a limited number of people in the household to facilitate isolation of the patient. They should be aware of their own restrictions and recommendations:
 - have access to personal protective equipment (gloves and face mask) and know when and how to use them
 - follow recommended precautions on respiratory hygiene, cough etiquette, hand hygiene and cleaning shared facilities
 - self-isolating for 14 days after the patient is no longer considered infectious.
- Determine whether any household members who may be at increased risk of complications from COVID-19 (eg, pregnant women, people who are immunocompromised or who have an underlying health condition) are able to stay somewhere else.

Provide guidance for home care

The local public health unit should provide the published guidance on *Caring for yourself and others who have, or may have, COVID-19 (novel coronavirus) at home* to the patient, caregiver and household members as well as clear instructions about discontinuing any such measures (eg if testing for SARS-CoV-2 is negative).

Consider informing local emergency services

Consider providing local emergency services with the address and name of community-based confirmed cases, if appropriate, so they are prepared should they need to attend the case or their household contacts.

All household members should be considered close contacts

Regardless of whether they develop symptoms or not, household members of confirmed cases will need to self-isolate for 14 days after last contact with the patient.

They should be monitored by the local public health unit. If a household member develops symptoms of acute respiratory infection, they should contact their public health unit, Healthline, their health care provider or ambulance service and say that they are a close contact of a confirmed case.