



COVID-19

Primary Care Quick Reference Guide (Interim)

30 December 2021

A summary of information for community healthcare providers involved in assessing and managing undifferentiated respiratory illness and queries regarding COVID-19 risk and need for testing (including general practice, community pharmacy, Hauora Maori and urgent care providers).

See also: [Case definition and clinical testing guidelines for COVID-19](#)

Latest changes:

- Changes to clinical and PPE advice to fit traffic light system
- Updated testing guidance

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Clinical criteria

The clinical criteria support health professionals to identify those with a higher risk of having COVID-19.

[Common symptoms of COVID-19](#) infection are like those found with viral illnesses such as colds, influenza or with at least one of the following symptoms:

- new or worsening cough
- sneezing or runny nose
- fever
- temporary loss of smell or altered sense of taste
- sore throat
- shortness of breath
- less common symptoms may include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain or confusion/irritability.

Symptoms tend to arise around two to five days after a person has been infected but can take up to 14 days to show. Other conditions that require urgent assessment and management should always be considered as possible diagnoses alongside COVID-19

Contact management

For detailed information and contact categories see [Contact tracing](#).

Direct anyone with concerns regarding their contact risk to **Healthline 0800 358 5453** to register and for up-to-date advice.

The National Investigation and Tracing Centre (NITC) provides the assessment and isolation advice for contacts. Reassure those with concerns that [contact tracing teams](#) will get in touch with people at risk of having significant contact. They will advise contacts about their [category and specific need for self-isolation and testing](#).

Direct people who are concerned about possible exposure to a positive case of COVID-19 to up-to-date information from Ministry of Health. Including information on locations of interest:

- [locations of interest in New Zealand](#)
- [quarantine free travel locations of interest](#)

Testing

Symptomatic people

COVID-19 vaccination status of the person and their household members does not change the need or decision to test for SARS-COV2. It is particularly important with the recent emergence of the Omicron variant of the virus, to test anyone who is symptomatic to ensure a COVID-19 outbreak does not spread undetected.

See [COVID-19 Testing Guidance for the health sector](#) for detailed guidance and the most up-to-date information.

At all [COVID19 Protection framework \(CPF\) settings](#), everyone regardless of age should be offered a PCR test free of charge if they have new onset of symptoms consistent with COVID-19 infection.

This includes (but is not limited to):

- contacts who develop symptoms at any time in the 14 days after exposure to a case or attendance at a location of interest (in addition to any required surveillance testing)
- those with no other obvious diagnosis
- when a test is warranted under clinical judgement
- those recommended to by a Medical Officer of Health
- anyone who has received any vaccine within the last 48 hours and have developed one or more of these symptoms:
 - loss of sense of smell or altered taste
 - new onset sore throat, cough, sneezing and/or runny nose, shortness of breath
 - generalised muscle aches worsening over time

Specific advice for children

All [symptomatic children](#) should be recommended to be tested for SARS-COV-2. Children can also be tested at the request of a parent/caregiver.

Always consider swabbing and empiric treatment for Group A streptococcus (GAS). Keep in mind possible alternative diagnosis (e.g., measles, meningococcal disease), specifically in communities which are disproportionately affected, such as Māori and Pacific island children and young people.

At CPF Green, children under the age of 12 years may be excused from testing, if they **do not** meet any of the following:

- they are required under a Border Order or Section 70 order*
- they are close or casual plus contacts of confirmed COVID-19 case
- their parents request this
- there is no other obvious diagnosis
- a test is warranted under clinical judgement
- have had a positive rapid antigen test (RAT)

Asymptomatic people

At all CPF settings, everyone (including children and elderly) needs to be tested for SARS COV2, if they are:

- close contacts or casual plus contacts of a confirmed case
- subject to a Border Order or Section 70 order*
- recommended to by the Medical Officer of Health.
- part of surveillance testing for essential workers and healthcare workers
- required to by updated guidance from the ministry of Health
- have had a positive or invalid RAT result

*Unless provided with an exemption by the Medical Officer of Health or qualified health practitioner.

Sampling

PCR Testing

A nasopharyngeal swab (NPS) placed into a viral transport media (VTM) is the preferred specimen. If on-site swab testing is not possible or practicable then refer patient to local testing facilities. Details can be found on [Healthpoint](#).

If there is concern about tissue fragility or the person is frail or unable to tolerate a nasopharyngeal swab, then offer to take both an oropharyngeal and a bilateral anterior nasal swab instead (oropharyngeal specimens be taken with a rigid swab and should not be taken on their own for COVID-19 as they are unlikely to collect an adequate amount of virus).

Take a further oropharyngeal bacterial swab and consider treating people with sore throat who are at risk of rheumatic fever empirically with antibiotics.

Saliva PCR tests are as effective at detecting SARS COV2. These need to be processed by accredited laboratories and are only available for specific surveillance testing in asymptomatic at -risk workers.

Rapid Antigen Tests (RAT)

These are being used as part of the surveillance strategy in the public health response. RAT are less specific than PCR tests and whilst a useful screen, and are not a diagnostic test. If the RAT test is positive or invalid the patient will require a PCR test to be performed for confirmation of the result. They will be advised to

- seek a PCR test
- pre-warn the testing facility of the positive RAT result
- [self-isolate](#) until they receive further advice with the PCR result.

Public Health notification of the positive test only occurs on detection of positive PCR result.

Post-test advice

- All symptomatic people (including those who have been fully vaccinated*) need to [stay at home](#) until their test result is negative and they have been symptom-free for 24 hours.
- Asymptomatic people who are close or casual plus contacts or returned overseas travellers need to [self-isolate](#) as directed by medical officer of health or health protection officer.
- Asymptomatic people with positive RAT need to self-isolate until they receive further instruction once PCR result is confirmed.
- Encourage everyone to continue using the [Contract Tracer App](#) even after their negative test result.
- Provide supportive information for people in their own language. See [Unite Against COVID 19-Translations](#). Also, Vaka Tautua is a free call service: 0800 652 353 (Samoan, Tongan, Cook Island, Māori, English) www.vakatautua.co.nz.

Staying at home when symptomatic will reduce spread of all acute infectious respiratory illnesses and significantly reduce the burden on the health system. See: [Protecting yourself and others](#).

Results

If a result is

- **Positive**, a Ministry of Health representative, or a member of a Public Health Unit will inform people directly to triage their needs and provide advice about isolation and contact management.
- **Negative**, the testing facility is responsible for informing patients and providing advice according to local protocols.

Infection prevention and control

Triage patients

Screen for contact status, exposure risk and clinical symptoms:

- Does the person or any other household member have confirmed COVID-19 infection?
- Does the person have any COVID 19 symptoms?
- Is the person a close contact of a COVID-19 case or still under an isolation order?
- Has the person been notified by Public Health and asked to self-isolate?
- Has the person travelled internationally in the last 10 days (excluding travel by air from a country/area with which NZ has quarantine free travel)?
- Does the person require an aerosol generating procedure?
- Is an adequate contact history able to be obtained from the person?

Staff precautions

Apply [Standard Precautions](#) at all times, alongside normal clinical hygiene practices and:

- maintain physical distance
- perform clinical assessment in a well-ventilated space
- see [PPE use in health care](#) for further details including donning and doffing instructions.

Personal protective equipment

Request all symptomatic patients to wear a medical mask* for source control whilst you are seeing them.

[PPE use](#) needs to be guided by risk, by considering the:

- symptomatic status
- contact status/location of interest status
- ability to maintain safe physical distancing

*A medical/procedure mask (with Level 2/Type IIR 120mmHg minimum) is enough protection for many circumstances. Protection with a P2/N95 respirator mask is recommended in situations of increased risk.

COVID-19 Protection Framework setting	Sporadic cases	Increasing cases	Widespread cases
PATIENT/CLIENT/RESIDENT Their risk of having COVID-19	HEALTH AND DISABILITY CARE WORKER (HCW) ¹ Recommended PPE		
LOWER RISK of COVID-19 infection <ul style="list-style-type: none"> • No COVID-19 related symptoms² and not a close contact of a confirmed case 	Medical mask encouraged	Medical mask in clinical or care area	Medical mask at all times
MODERATE RISK of COVID-19 infection <ul style="list-style-type: none"> • COVID-19 related symptoms^{2,3} but not a close contact of a confirmed case³ OR • No COVID-19 related symptoms but a close contact OR required to self-isolate⁴ 	Medical mask ⁵ and eye protection Wear a gown ⁷ or apron and gloves if exposure to blood or body fluids is likely		Medical mask ^{5,6} and eye protection Wear a gown ⁷ or apron and gloves if exposure to blood or body fluids is likely
HIGHER RISK of COVID-19 infection <ul style="list-style-type: none"> • COVID-19 related symptoms² and identified by the contact tracing service as a close contact until test results are available (if clear then care as moderate risk)³ • Confirmed COVID-19 case during infectious period³ 	P2/N95 particulate respirator ⁸ and eye protection. Gown ⁷ and gloves for close contact clinical or home support care		

1. HCW include: Home and Community Support Service workers, Aged Care, General Practice, Urgent Care, Community Services.
2. COVID-19 related symptoms refer to [Ministry of Health case definition](#), test for COVID-19.
3. Defer face to face interaction whenever possible until COVID-19 test results are available, or patient/client/resident is no longer infectious.
4. Required to self-isolate under the Health Order (Section 70) or requested by the Medical Officer of Health.
5. If intervention requires an aerosol generating procedure, then the HCW should wear a P2/N95 particulate respirator⁸.
6. If the care environment is not able to be ventilated i.e., no windows, doors, fresh air or HVAC system and close interaction for longer than 15 minutes is anticipated, the HCW should have access to a P2/N95 particulate respirator (see below).
7. Long sleeve fluid resistant gown.
8. Any worker who is required to wear a P2/N95 particulate respirator should have undertaken the requisite fit testing and be trained in fit checking.

Use of P2/N95 particulate respirators:

A healthcare worker who needs to wear a P2/N95 particulate respirator needs to undergo the fit testing process to ensure the respirator a good and effective fit. Discuss with PHO or DHB to organise, otherwise independent fit testers are available via: <https://nzohs.org.nz/commit2fit/> .

A fit check (seal check) needs to be performed each and every time a P2/N95 particulate respirator is put on.

How to perform a fit check (also called user-seal check)

The Ministry of Health has published the following videos and posters on donning and fit checking P2/N95 particulate respirators. Always refer to the manufacturer's guidelines.

- [3M1860s Cup Style - wear it right poster \(PDF\)](#)
- [3M1860s Cup Style - tips for use \(MP4\)](#)

- [3M1870+ Flat Fold - wear it right poster \(PDF\)](#)
- [3M1870+ Flat Fold - tips for use \(MP4\)](#)

- [3M 9320A+ Flat Fold - wear it right \(PDF\)](#)

- [3M 9210 Flat Fold - wear it right \(PDF\)](#)
- [3M 9210 Flat Fold - tips for use \(MP4\)](#)

- [M 8210 Cup Style - wear it right \(PDF\)](#)
- [M 8210 Cup Style - tips for use \(MP4\)](#)

- [Drager Xplore 1720 Foldable Style - donning the mask poster \(PDF\)](#)

- [Filtering Facepiece Respirators - tips for use \(PDF\)](#)

This is not an endorsement of any brand or make or model of P2/N95 particulate respirator.

See: [the role of face masks and particulate respirators in health and disability settings](#).

Clinical care in the community

For detailed information of the Community Framework explaining the integration of care of cases in the community see [Caring for People with COVID in the Community](#).

If providing care of positive cases in the community, use your local HealthPathway COVID-19 Case Management pathways for up-to-date guidance nz.portalhealthpathwayscommunity.org

Any patients in the community with red flags need urgent clinical review and referral for secondary care assessment.

Red flags

Intensifying symptoms or any of:

- Rapid deterioration
- Worsening fatigue, profound exhaustion, fainting, falls
- Confusion, altered mental state or becoming difficult to rouse

- Persistent coughing, significant haemoptysis
- Difficulty breathing at rest, talking in short sentences or single words
- Worsening chest pain with tightness or pressure
- Dehydration (reduced oral intake and minimal urinary output in 12 hours)
- Fever > 40
- Dropping oxygen saturations by 3% from baseline, or SpO₂ < 92% or blue lips or face
- Respiratory Rate > 24, unexplained heart rate > 100bpm
- Cold clammy mottled or pale skin

Discuss patients with the on-call medical team and arrange urgent transfer to hospital. Liaise with ambulance service and admitting team to ensure infection prevention measures are in place for a safe transit and admission to hospital.