

# COVID-19

## Primary care quick reference guide

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](#)

**Updated 18 August 2021**

### Clinical criteria and HIS criteria

The Clinical and Higher Index of Suspicion (HIS) criteria support health professionals to identify those with a higher risk of having COVID-19.

#### Clinical criteria

Symptoms that are consistent with COVID-19 infection are any acute respiratory infection with at least one of the following symptoms (with or without fever):

- fever (at least 38°C)
- new or worsening cough
- sore throat
- shortness of breath
- sneezing or runny nose
- temporary loss of smell or altered sense of taste
- less common symptoms may include diarrhoea, headache, muscle aches, nausea, vomiting, or confusion/irritability.

Consider COVID-19 infection if there is no more likely diagnosis.

## Higher Index of Suspicion (HIS) criteria

People who meet the HIS criteria are those who have, in the 14 days prior to symptom onset:

- travelled internationally (excluding travel by air from a country/area with which New Zealand has quarantine-free travel (QFT)\*),
- had direct contact with a person who has travelled internationally in the preceding 14 days (excluding travel by air from a QFT country/area). e.g. Customs and Immigration staff, staff at quarantine/isolation facilities,
- exited an MIQ facility (excluding recovered COVID-19 cases),
- worked on an international aircraft or shipping vessel (excluding aircraft from a QFT country/area),
- cleaned at an international airport or maritime port in areas/conveniences visited by international arrivals (excluding areas/conveniences for travellers by air from a QFT country/area),
- worked in cold storage areas of facilities that receive imported chilled and frozen goods directly from an international airport or maritime port, or
- travelled from an area with an evolving COVID-19 community outbreak (including in New Zealand and in any country/area with which New Zealand has QFT), or
- any other criteria requested by the local Medical Officer of Health.

\*a list of QFT countries/areas can be found on the [Unite Against COVID-19](#) website. QFT only refers to travel by air at this point.

See: Case Definition and Clinical testing Guidelines

## Contact risk assessment

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.

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

## Adults

All adults (regardless of COVID-19 vaccination status, quarantine-free travel arrangements or alert level) should be offered and provided testing free of charge if they:

- have new onset of symptoms consistent with COVID-19 infection
- are mandated to do so under a Required Testing Order
- have been directed to be tested as part of contract tracing and management, or as required under an Order (Section 70 in place).
- have 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 or runny nose, shortness of breath
  - generalised muscle aches worsening over time
  - fever of 38 °C or above.

## Children

At Alert level 1: children aged 11 and under with symptoms consistent with COVID-19 should be tested if:

- they meet the HIS criteria.
- are contacts of confirmed (or probable) COVID-19 cases, or as required under an Order (Section 70 in place).
- parents request this
- there is clinical concern
- the Medical Officer of Health recommends this due to a local emerging outbreak.

At Alert levels 2, 3 and 4 all symptomatic children should be recommended to be tested for SARS-COV-2.

## Asymptomatic people

Testing may be necessary as part of an outbreak or case investigation. Consideration can be given to asymptomatic testing during an emerging outbreak if they present requesting testing and are:

- health workers, including aged residential care workers
- hospitality workers, including hotel and restaurant staff
- public-facing tourism workers
- public-facing transport workers (e.g. bus, taxi, uber, commuter train)
- close contacts of border workers
- anyone (excluding recovered cases) who has exited a managed isolation quarantine facility (MIQF) within the last 14 days.
- As advised by Ministry of Health.

For detailed updated advice check latest [testing guidance](#)

## Taking swabs

If on-site swab testing is not possible or practicable then refer patient to local testing facilities. Details can be found on [Healthpoint](#).

A nasopharyngeal swab (NPS) placed into a viral transport media (VTM) is the preferred specimen

If 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 should not be taken on their own for COVID-19 as they are unlikely to collect an adequate amount of virus).

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

## Infection prevention and control

Apply infection prevention and control (IPC) principles for assessment of all people with symptoms of an acute respiratory illness considering these risks:

- the level of local community transmission of COVID-19 or outbreak
- the presence of HIS criteria
- whether they are a contact of a confirmed (or probable) COVID-19 case
- the ability to keep physically distanced and degree of ventilation during assessment.

### 1. Triage patients

Screen for HIS criteria, contact status and clinical symptoms meeting the clinical criteria for COVID-19 before the person enters the healthcare facility.

### 2. Stream the patient flow

- create separate streams according to risk.
- consider separating waiting zones and staff involved in the assessment of all symptomatic people.

### 3. Prepare waiting room and clinical spaces

- where possible use well ventilated spaces where people can maintain a physical distance for waiting, testing and clinical assessment
- provide hand sanitiser and display posters for how to clean hands
- display posters on cough and sneeze etiquette
- provide tissues and waste bin for disposal
- remove any soft materials i.e. toys or magazines, brochures
- clean the clinical room between patients with symptoms consistent with COVID-19. See Ministry of Health website for [detailed cleaning instructions](#)

### 4. Patient hygiene

Encourage patients to use:

- cough etiquette
- hand hygiene
- physical distancing
- a medical mask throughout the assessment (if they can tolerate it).

### 5. 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

Alert Levels 1 and 2:

Personal protective equipment (PPE) requirements for close interactions, such as undertaking a nasopharyngeal swab

- mask\*
- eye protection (prescriptive glasses are not classed as eye protection)

Alert Levels 3 and 4:

Personal protective equipment (PPE) requirements for close interactions, such as undertaking a nasopharyngeal swab

- mask\*
- eye protection (prescriptive glasses are not classed as eye protection)
- gloves
- long sleeve fluid resistant gown or apron

### \*masks

A medical/procedure mask (with Level 2/Type IIR 120mmHg minimum) is enough protection for most circumstances. Protection with a P2/N95 respirator mask is recommended in situations of increased risk. Full PPE (including gown, gloves and eye protections) is recommended in these circumstances:

Recommended situations for P2/N95 respirator use				
WHO	Health professionals who have been fit-tested and trained in seal/fit-checking**			
INTERACTION	Clinical assessment or swabbing when clinical symptoms consistent with COVID19 (including less common) and in a close confined (poorly ventilated) space			
RISK LEVEL INDICATORS	Evolving community outbreak as defined by Medical Officer of Health (MOoH)	Contact of confirmed or probable case of COVID-19	Alert level 3 or 4	Patient meets HIS criteria

### \*\*Fit-testing and seal/fit-checking

Fit testing and training in seal/fit checking is necessary to ensure wearing a P2/N95 respirator is maximally effective. Seal/fit checking must be undertaken each time a person dons a P2/N95 particulate respirator.

Fit testing is required in order to access P2/N95 respirators from the Ministry of Health central supply.

Employers have responsibilities under Health and Safety legislation to support and ensure appropriate use of protective equipment; in the case of P2/N95 respirators that includes fit testing.

In the event of Alert level 3 or 4 or an emerging local outbreak, practices with staff that have not been fit tested should not assess patients with undifferentiated infectious respiratory illnesses face-to-face in poorly ventilated spaces.

The Ministry is working with PHOs to equip them with portacounts to help facilitate the fit testing requirements. Independent fit testers are available via: <https://nzohs.org.nz/commit2fit/>

Further information on the [role of masks and respirators in health and disability care settings](#).

# Notification and isolation advice

## Notification

Notification\* to local Medical Officer of Health (MOoH) is essential for all people who meet the HIS criteria and have symptoms meeting the clinical criteria of COVID-19.

People who are close contacts of a confirmed (or probable) case will usually be contacted by the contract tracing team. If this has yet to happen and there are any concerns, they should phone Healthline and follow their advice.

\* For local notification process see your local HealthPathways COVID-19 Requests and Local Processes page.

## Isolation

Isolation advice for those who have been tested:

- Those who meet the HIS criteria or are categorised as a close contact need to [self-isolate](#) (at home, in a managed isolation facility or other suitable accommodation as determined by MOoH until they are cleared by a Public Health Unit.
- For everyone else:
  - advise all symptomatic people (including those who have been fully vaccinated\*) to [stay at home](#) until their test result is negative and until 24 hours after their symptoms have abated.
  - if a result is **positive**, the local Public Health Unit will inform people directly and provide advice about isolation and contact management.
  - if the result is **negative**, primary care is responsible for informing patients and providing advice according to local protocols.
  - 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](#)

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](#).

## Clinical care

The responsibility for the clinical care of people undergoing investigation for COVID-19 and those with confirmed COVID-19 who are not in a Managed Isolation Facility, rests with their general practice team. Closely monitor the severity of their illness, their comorbid conditions and clinical state.

See your local HealthPathway COVID-19 section for more information about clinical care.

Most people can be managed at their home or residential facility (or in managed isolation).

## Red flags for urgent clinical review and potential hospital admission

- Respiratory distress
- Shortness of breath (including new onset of shortness of breath on exertion)
- Haemoptysis

- Altered mental state
- Clinical signs of shock, eg, low blood pressure, fainting
- Unable to mobilise without assistance by carers
- Unable to safely provide self-care
- No alternate carers available
- Any other reason that may require hospital admission as assessed by the treating healthcare professional.

Discuss patients that have red flags 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.

## Travel advice

All international travellers within the quarantine-free zone are required to complete a [Nau mai rā travel declaration form](#).

Advise people planning quarantine-free international travel of their [obligations](#).

Advise all people preparing for international travel of the [latest ministry of health advice](#) for travellers:

- they must have no symptoms consistent with COVID-19, and no positive test within the 14 days prior to departure
- they may require evidence of a recent negative COVID-19 test
- pre-travel tests for asymptomatic people are not subsidised. There will be charges for the taking of the swab, the processing of the test and issuing of the result.