

Caring for adults with COVID-19 in the community

Quick reference guide

Introduction

People who have tested positive to COVID-19, including the Delta variant of concern may be managed in the community. The team responsible will vary according to local resourcing, geographic location and service models, but should be multidisciplinary in nature.

Purpose of this guideline

This quick reference guide summarises key content from [Caring for adults with COVID-19 in the community](#). Refer to the full version for detailed information on initial assessment, considerations for virtual care, appropriateness for management in the home, onboarding, recommended management, and transfer of care.

This document outlines guidance for 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
- escalate appropriately.

This quick reference guide does not address all elements of standard practice and is not a substitute for clinical judgement. In the absence of published evidence, these standards have been developed based on consensus through a consultation process with clinicians, communities of practice, NSW Health and pillar agencies.

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

- NSW Health. [Caring for adults with COVID-19 in the community](#)
- Australian Department of Health. [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for Public Health Units](#)
- NSW Health. [COVID-19 screening and guidance for NSW Health outpatient and home visiting health services](#)

- Clinical Excellence Commission. [COVID-19 Infection Prevention and Control](#)
- Clinical Excellence Commission. [Deteriorating Patient Program](#)
- NSW Health. [Adult and Paediatric Hospital in the Home Guideline](#)
- NSW Health. [Caring for children with COVID-19 in the community](#)
- Agency for Clinical Innovation. [Virtual care](#)
- NSW Health. [Community of Practice: Virtual Care](#)
- Agency for Clinical Innovation. [Model of care for the use of stromvib in adults in NSW](#).¹⁻¹⁰

Governance

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

Delta variant of concern

The Delta variant is defined by the World Health Organization as a variant of concern. It poses issues for disease control and management due to increased transmissibility (all household likely to be infected), severity and vaccine resistance.¹¹

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 variant when compared to the alpha strain. The risk of admission is particularly increased in those with five or more relevant comorbidities.

Importantly, COVID-19 and its variants have been found to have a variable disease trajectory and can impact younger people without underlying risk factors. Frequent and thorough clinical monitoring is required to detect clinical deterioration.

Methodology

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

Expert advice was sought in the development of this guideline including RPA Virtual, Sydney Local Health District, the Ministry of Health Hospital in the Home (HITH), ambulatory care, mental health 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.¹²

Notification and referral process

COVID-19 is a notifiable disease. Positive cases are reported via the Notifiable Conditions Management System, based on the person's usual place of residence and provided on the NSW Health Patient Flow Portal. People who test positive are notified by a text message from the public health unit.

All patients who have tested positive in the last 28 days are visible in the Patient Flow Portal. New cases appear as unregistered. Community COVID-19 Services are responsible for onboarding all unregistered patients for monitoring for the duration of their illness. Patients should be contacted within 24 hours of appearing on the Patient Flow Portal and receive monitoring for 14 days, or as appropriate for the course of their illness.

The patient should be advised to self-isolate until they have recovered and have been cleared by NSW Health. This advice should be provided in their first interaction with a healthcare provider following their diagnosis (e.g. when the patient contacts their own general practitioner (GP) or when the Community COVID-19 Service makes initial contact).

Determining level of risk and appropriateness for care in the community

For people diagnosed with COVID-19, patient care is tailored to individual risk. During the initial phone call, follow the flow chart (figure 1 on p.3) using the patient's information.

Once the level of risk is determined, see associated box for care package appropriate to the patient's current level of risk.

NOTE: DAYS ARE CALCULATED BASED ON THE DAYS THAT SYMPTOMS COMMENCED (DAY 0).

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

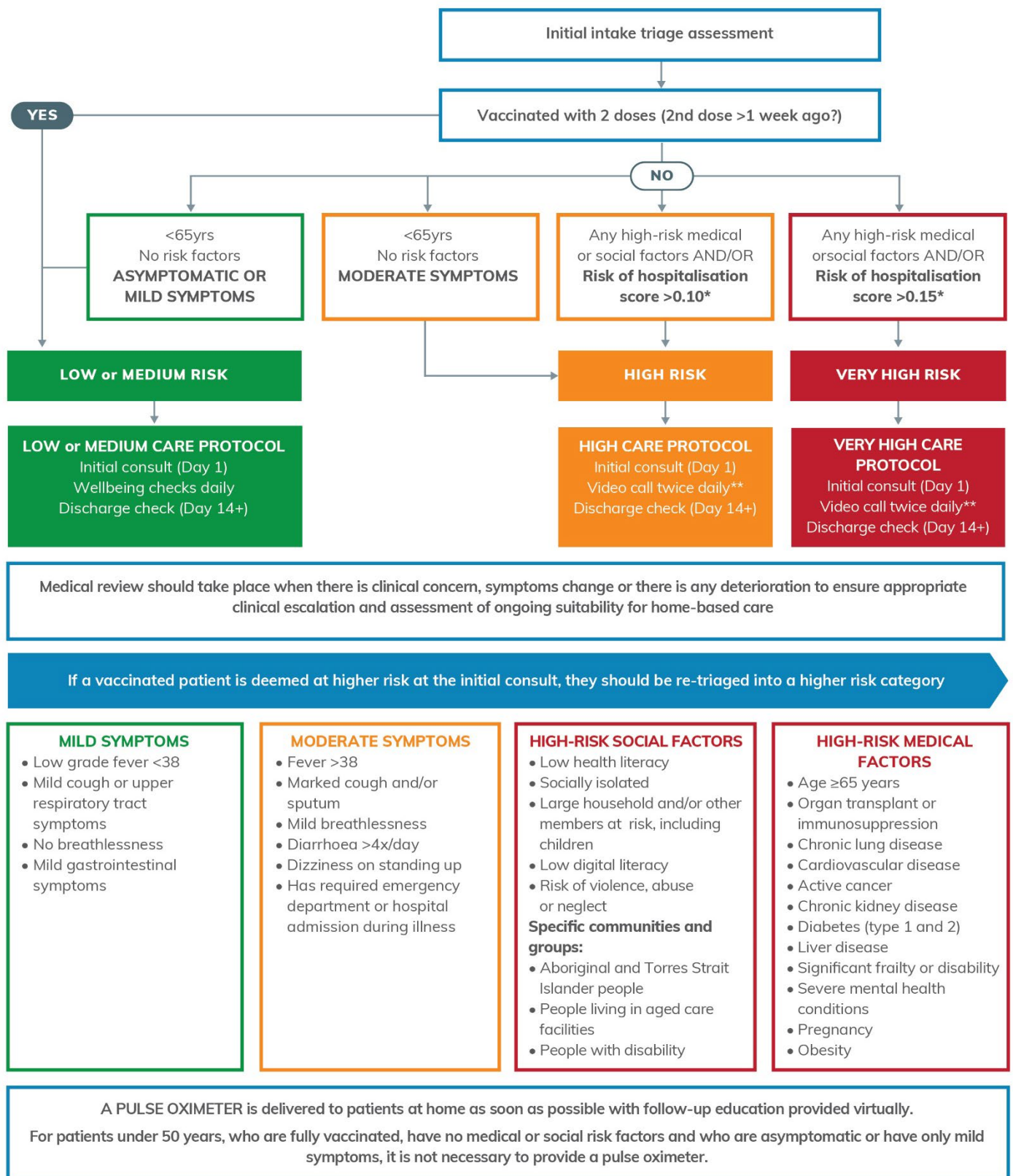
High risk social factors

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

Specific communities and groups

- Aboriginal and Torres Strait Islander people
- People living in aged care facilities
- People with disability
- People with severe mental health conditions.

Figure 1: New COVID-19 risk stratification patient flowchart



* The risk of hospitalisation 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 risk of hospitalisation algorithm has been built into the Patient Flow Portal and is automatically calculated daily. The risk of hospitalisation score should be used with clinical judgement.
** Video call is recommended wherever possible.

On-boarding

All COVID-positive patients being cared for in the home should have a pulse oximeter (along with any other devices used in the local model of care) delivered to their home as soon as possible. As a minimum, a family unit should be provided with one oximetry device. It is recommended that a thermometer is also provided, where possible.

Education and support regarding the use of a pulse oximeter (and any other devices) must be provided to the person and/or their carers. Refer the RPA Virtual [Stakeholder Pack](#) for more resources.¹²

General resources for consumers and carers

People with COVID-19 and their carers should be provided with information and education about:

- care in the home and consent to treatment by the designated health service
- home isolation
- how to use remote monitoring devices, troubleshooting and how to record and report results (if not automatically uploaded)
- what symptoms to monitor and when and who to call for help.

Resources for consumers and carers

- [NSW Health fact sheet for confirmed COVID-19 cases \(people who have a COVID-19 infection\)](#)
- [COVID-19 frequently asked questions](#)
- [Hygiene at home](#)
- [Caring for people with COVID-19](#)

Mental health screening

The coronavirus outbreak and self-isolation can be stressful and impact on the individual's mental health and wellbeing. People who are self-isolating 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.

Healthcare staff should consider how to link people with services relevant to their presentation. It is important to ensure that people receiving care from a mental health professional are engaged with their care provider.

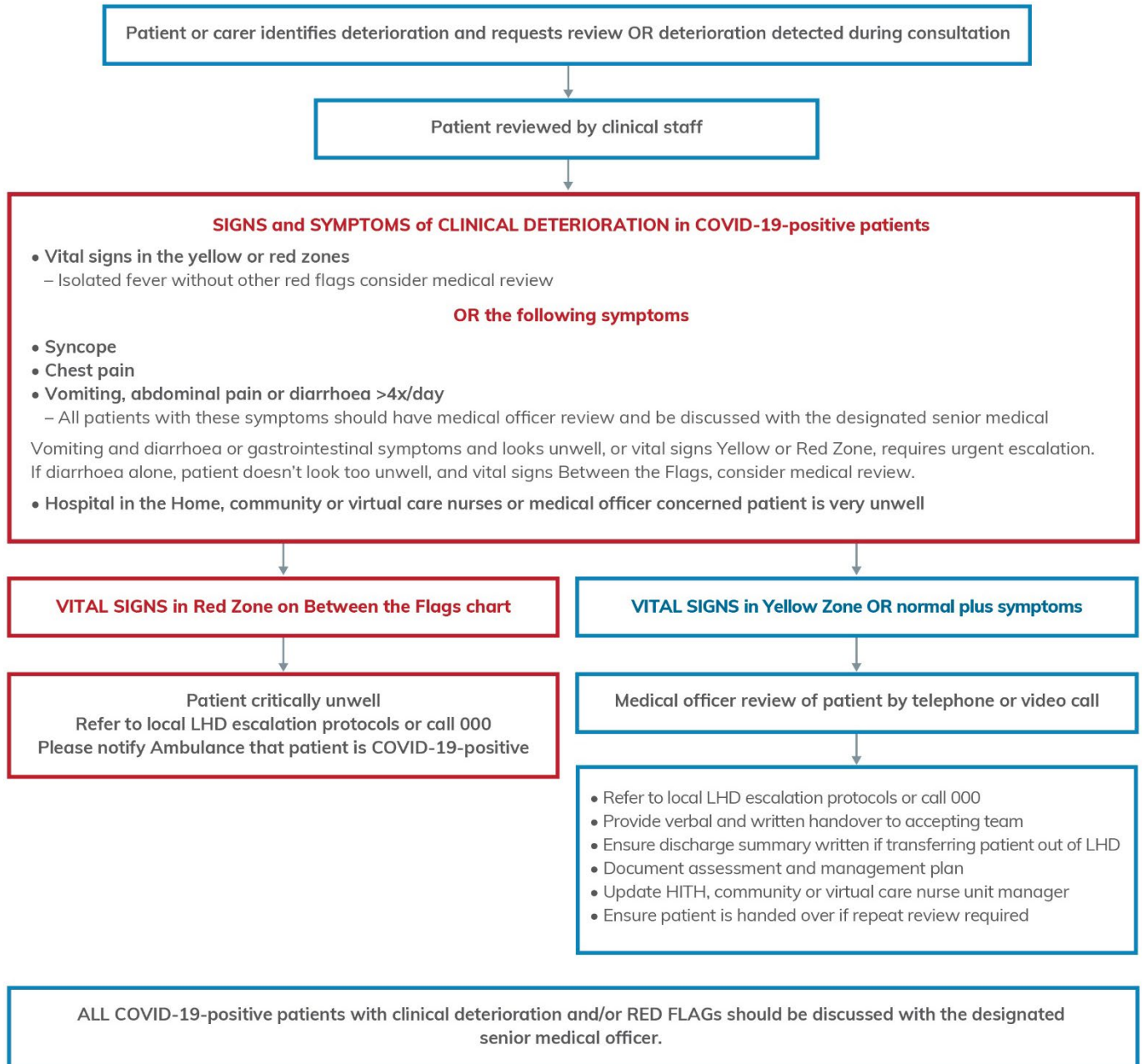
Mental health resources for consumers and carers

- [Your mental wellbeing](#)
- [Head to Health](#)
- [COVID-19 and Mental Wellbeing – Resources for CALD Communities](#)

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.

Figure 2: Escalation pathway



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.

Release from isolation criteria

The Communicable Diseases Network Australia [National Guidelines for Public Health Units](#) outline Australia's national minimum standard for de-isolation.²

Decisions regarding release from isolation need to be made in consultation with the local public health unit.

While under the self-isolation public health order, the person's release must be approved by a medical practitioner or registered nurse. This may occur through criteria-led discharge with authorisation from the designated medical officer.

Documentation

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

References

1. NSW Health. *Caring for adults with COVID-19 in the community*. Sydney: Agency for Clinical Innovation; 2021 [updated 2021 October 1, cited 2021 October 1]. Available from: https://aci.health.nsw.gov.au/data/assets/pdf_file/0010/670528/ACI-Caring-for-adults-with-COVID-19-in-the-community.pdf
2. Australian Government Department of Health. Coronavirus Disease 2019 (COVID-19): CDNA National Guidelines for Public Health Units. Version 4.8 [Internet]. Australian Government Department of Health; 2021 [updated 2021 September 07; cited 2021 Sept 30]. Available from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>
3. NSW Health. COVID-19 screening and guidance for NSW Health outpatient and home visiting health services. Sydney: NSW Ministry of Health; 2021 [updated 2021 April 21; cited 2021 Sept 30]. Available from: <https://www.health.nsw.gov.au/Infectious/covid-19/Pages/outpatient.aspx>
4. Clinical Excellence Commission. COVID-19 Infection Prevention and Control information [Internet]. Sydney: Clinical Excellence Commission; [cited 2021 Sept 30]. Available from: <https://www.cec.health.nsw.gov.au/keep-patients-safe/COVID-19>
5. Clinical Excellence Commission. Deteriorating Patient Program [Internet]. Sydney: Clinical Excellence Commission; [cited 2021 Sept 30]. Available from: <https://www.cec.health.nsw.gov.au/keep-patients-safe/deteriorating-patient-program>
6. NSW Ministry of Health. Adult and Paediatric Hospital in the Home Guideline. GL2018_020. Sydney: NSW Ministry of Health; 2018. Available from: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2018_020
7. NSW Ministry of Health. Caring for children with COVID-19 in the community [Internet]. NSW Ministry of Health; 2021 [updated 2021 Sept 03; cited 2021 Sept 30]. Available from: <https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Pages/Caring-children-COVID19-community.aspx>
8. NSW Agency for Clinical Innovation. Virtual care [Internet]. Sydney: ACI; 2021 [cited 2021 Sept 30]. Available from: <https://aci.health.nsw.gov.au/statewide-programs/virtual-care>
9. NSW Ministry of Health. Community of Practice: Virtual Care [Internet]. Sydney: NSW Ministry of Health; 2021 [updated 2020 July 16; cited 2021 Sept 30]. Available from: <https://www.health.nsw.gov.au/Infectious/covid-19/communities-of-practice/Pages/virtual-care.aspx>
10. NSW Agency for Clinical Innovation. Model of care for the use of stovimab in adults in NSW. Version 4. Sydney: ACI; 2021. Available from: https://aci.health.nsw.gov.au/data/assets/pdf_file/0008/673253/ACI-Model-of-Care-for-the-use-of-sotrovimab-in-NSW.pdf
11. 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*.3(1).
12. RPA Virtual Hospital. [Stakeholder pack]. Sydney: ACI; 2021. Available from: https://aci.health.nsw.gov.au/data/assets/pdf_file/0007/665125/RPA-Virtual-Hospital-Stakeholder-Pack-COVID-19-Remote-Monitoring.pdf

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