

COVID-19 Primary Healthcare Guidance

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Managing mild covid-19 in the home: Considerations and recommendations for Aboriginal and Torres Strait Islander communities - A rapid evidence summary

Evidence Question

What are considerations and recommendations for home management for Aboriginal and/or Torres Islander people diagnosed with mild COVID-19, including consideration of geographic remoteness, housing conditions, comorbidities, and cultural factors?

Context

Many people with mild COVID-19 symptoms can receive care at home if certain conditions are met. Evidence-based homecare guidance has previously been developed.(1-3) However, there is a need for specific considerations regarding safe and effective homecare for Aboriginal and Torres Strait Islander peoples, who may have a higher risk of transmission and/or severe consequences from COVID-19 infection due to poverty, poor living conditions, limited access to essential services and higher rates of comorbidities associated with reduced access to the social determinants of health.(4-6)

Clear information, explanation and understanding is essential for supporting adherence to isolation and quarantine requirements to minimise the spread of COVID-19.(4) This rapid evidence summary for safe and effective homecare for Aboriginal and Torres Strait Islander peoples affected by COVID-19 outlines general considerations, as well as additional considerations in relation to *geographic remoteness, challenging housing conditions, and comorbidity, disability and frailty*; under each of the following domains:

- assessing suitability for homecare;
- clinical care, monitoring, and escalation of care;
- reducing risk for others in the home;
- reducing risk in the community; and
- social and cultural considerations.

Throughout this guidance *patient* is used to designate a person diagnosed with SARS-CoV-2/COVID-19 infection, whether or not they have symptoms.

Please refer to Appendix I for search details and flowchart of selected records, and Appendix II for a detailed description of included resources.

Considerations and Recommendations

There are variations between jurisdictions and in different geographical settings in the availability of healthcare and other resources and in the response to the need to escalate to a higher level of care. Additional local context factors, as well as the following guidance, should be considered.

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1. Assessment of suitability for homecare

Decisions about care should be made in collaboration with the patient in a two-way, open and transparent discussion that includes patient's preferences as well as the following considerations to inform the decision on whether homecare is suitable.(6, 7)

1.1 Clinical features of COVID-19 suitable for homecare

- People with mild illness (definition of disease severity [for adults](#) and [for children and adolescents](#))(2,7)
- People convalescing (fever <38.0; no dyspnoea; and SpO2 >92% on room air)(2, 5, 8)
- Palliative care for those who have previously expressed and documented wishes not to proceed with invasive intervention or hospital care.

1.2 Availability of supervision and monitoring of clinical status

- By local health service, GP or other supported healthcare worker (can be via hospital in the home, telehealth or other home-monitoring program).(5,7, 9,10)

1.3 Proximity and access to emergency services for escalation to higher level care(5,7,10)

- Also need to consider whether health services locally are equipped to:
 - provide respiratory support effectively; and to
 - safely manage risk to healthcare workers providing emergency care during resuscitation, intubation etc.

1.4 Other personal health factors

- Comorbidities:
 - maintenance of usual (optimal) management of chronic conditions
 - many chronic conditions are associated with a higher risk of severe COVID-19 illness and therefore higher risk of need to escalate to higher level of care
 - COVID-19 is manifested by hypercoagulability, pulmonary intravascular coagulation, microangiopathy and venous thromboembolism. Consider risk reduction interventions, early identification for patients with cardiovascular and other risk factors, and possible requirement for early hospitalisation(11)
- Disability or other requirement for supportive care(5,11)
- Frailty(5)

1.5 Housing suitability(2,6)

- Access to basic utilities, basic supplies, communication resources such as telephone or internet(10,12) and access to personal protective equipment(6)
- Access to a room of their own, preferably with their own bathroom(6)
- Risk to others with comorbidities or frailty in the home(4,10,13,14)
- Safety at home (eg risk of family violence or other risks)(2,4)

1.6 Other personal considerations

- Availability of caregivers and other support(5-7, 10)

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- Having caregiving responsibilities (e.g. young children, elderly at higher risk or persons with disability)(5, 10)
- Capacity to monitor symptoms and safely home isolate, including:
 - Assess health literacy(5) (understanding) and capacity for decision-making including influence of alcohol or other substances, intellectual disability or other factors that raise concern about ability to comply with advice(6,7)
 - Social and emotional wellbeing (4), including access to psychological, emotional and social support(6,10)

1.7 Local public health policies and protocols will influence decisions about suitability for home care.(2 p2, 7, 15)

- For example, the Office of the Rural Remote Health and the Statewide Rural and Remote Clinical Network (5) has developed a guide for *Community management of mild COVID-19 in rural Queensland*, which includes a summary '[patient journey](#)' for a patient diagnosed with COVID-19.

If the criteria for ensuring safe and effective home care, including exposing others to risk of infection, cannot be met, hospital admission or alternative non-hospital options may be considered; for example, motels, hostels, transition housing, stadiums, halls, outstations, churches, bush camps, or temporary structures such as tents, containers, caravans, or recreational vehicles etc. Ideally facilities should include space for exercise.(5) Locations need to be within a reasonable distance (5-10km) of health services to enable timely access to higher level of care if the person's condition deteriorates. If these locations are established, there should be clarity about how care will be provided and by whom.(6)

2. Clinical care, monitoring condition and escalation of care

As early as possible, discuss the risks, benefits and possible likely outcomes of the care options with patients with COVID-19, and their families and carers, so that they can express preferences about their care and escalation plans.(16)

Provide clear information about the natural course of mild COVID-19 illness including the importance of monitoring health status and the possibility of worsening symptoms, particularly in the second week after onset of symptoms/diagnosis.(2)

2.1 Models of care

- Develop a management plan with the patient and family/carers (and possibly the local hospital and/or public health unit) that includes clarity of roles and responsibilities for GP/primary healthcare team, patient, carers, local hospital, local public health unit.(2)
- Agree on frequency of contact with patient including consideration of risk of severe COVID-19 illness developing and patient preferences. Frequency of contact may vary from twice-daily to once every 2-3 days.(2,5)
- Monitoring and checking-in may be provided by a GP, nurse, Aboriginal health worker/practitioner or other designated healthcare worker.(5)
- Monitoring and checking-in may be provided in the home setting by telehealth or in a healthcare facility with appropriate infection prevention and control measures. Refer to the

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RACGP [Guide to providing telehealth and video consultations](#) in general practice for more information. For patients requiring an interpreter, refer to the RACGP [Telehealth consultations using an interpreter](#).

2.2. Basic care with viral illness

- Advise patient/caregiver about need for rest, maintaining fluids, nutritious food and simple analgesia/antipyretic.(17)

2.3 Monitoring symptoms and health status

- See RACGP homecare guideline for [checklist for monitoring symptoms](#). Monitoring should include:
 - Tracking symptoms - which symptoms are present and whether those symptoms are getting better, worse or staying the same. These symptoms include cough, fever, dyspnoea (difficulty breathing or shortness of breath while doing usual activity), weakness, vomiting (especially maintaining fluids), diarrhoea, loss of appetite (9). Consider using the [Managing my symptoms](#) and [Daily symptom diary](#) from the RACGP guide(2)
 - Vital signs especially temperature and oxygen saturation (pulse oximetry if possible)(9,18)
 - Social, emotional and spiritual wellbeing and mental health(4)
- Consider increasing monitoring during the days when symptoms and condition are most likely to worsen(19).
- Ensure the patient has the details and means to contact the GP/primary healthcare service, emergency healthcare and other support services as needed.

2.4 Escalation of care

- Provide clear advice for patient/caregiver to contact GP/primary healthcare service (mild symptoms progress to moderate) OR ambulance/emergency services (mild/moderate symptoms become severe) as per severity of symptoms(2,13,17)
- Be aware of existing public health directions and community plans including plans for evacuation of cases and contacts, plans for supervised isolation in a dedicated facility(7) Remote communities should have a retrieval and evacuation plan in place to manage clinical deterioration/severe COVID-19 illness(6)
- If care is not being escalated (advanced care plans in place and subsequent additional consultation with patients and family members) provide palliative care as per palliative care guidelines with attention to physical comfort and social, emotional, cultural and spiritual needs.(16)
- Consider a framework for triaging retrievals if not all cases can be evacuated (7).

2.5 Managing other conditions & health needs(16)

- Maintain optimal management of chronic health conditions and any additional care for exacerbation of co-morbidities such as asthma, chronic obstructive pulmonary disease, diabetes and cardiovascular disease, and conditions managed with immunosuppressant medication.(5, 11)

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- Collaborate with multidisciplinary health and social/community care teams when arranging homecare for people with multimorbidity, cognitive impairment and functional decline.(16)
- Avoid fans and nebulised medications due to potential for aerosol generation.(16)

2.6 Caregiver safety & wellbeing

- Limit the number of caregivers to one person with no chronic medical conditions, if possible.(13,14,20)
- Caregivers and household members should wear a surgical mask while in the same room with a patient, not touch their mask or face during use, discard the mask after leaving the room, and wash their hands afterward.(20)
- Caregivers should complete hand hygiene, preferably washing hands with soap and water for 20 seconds or, if not possible, use of $\geq 60\%$ alcohol hand sanitizer, before and after any contact with the patient including direct contact, handling utensils, changing bedding, etc.(20)

3. Risk mitigation for others in the home

3.1 Caregiver and other roles within the household(20)

- Ensure availability of necessary equipment and supplies (eg PPE, soap and hand sanitizer, cleaning products, bedding and towels).(4)
- One caregiver should care for the patient while a second/other caregiver should be responsible for other individuals in the house.(13,14)
- The patient should not prepare food for others in the house.
- One caregiver should bring food to the patient and if possible that patient caregiver should not be involved in food preparation for others.(13,14)
- Clean utensils should be used for putting food onto people's plates, and food should not be shared from each other's plates or utensils.
- The patient should have their own dedicated dishes, cups and eating utensils. Non-disposable items should be washed in hot, soapy water in a separate sink or bucket, or dishwasher if available or, if possible, use single-use items and utensils and dispose of in separate waste. Gloves should be worn for handling dishes, drinking glasses or utensils.(13,14,20,21).
- The patient should have dedicated towels and bed linen which should be washed with detergent in a hot-wash cycle.
- Everyone in the household should wash their hands with soap and water and/or use $\geq 60\%$ alcohol hand sanitizer regularly,(13,14,21) especially:
 - after coughing or sneezing;
 - before, during and after preparing food;
 - before eating;
 - after using the toilet;
 - before and after caring for the patient;
 - when hands are visibly dirty.
- A cough or sneeze should be covered with a flexed elbow or a disposable tissue that is discarded immediately after use.

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3.2 Increase physical distance from patient within the house

- The patient should stay in a separate room, preferably with access to their own bathroom that nobody else uses.(20,21)
- Ensure good air flow or ventilation in the room of the patient and shared spaces, and open windows if possible and safe to do so.(20,22)
- Where possible, leave windows open throughout the house to increase airflow (may need extra bedding and clothing to keep warm).(13,14,21)
- The patient should wear a surgical mask as much as possible, in particular when not alone in the room and when distance from others cannot be maintained.(20-22)

3.3 Cleaning and disinfection

- A [CDC guide](#) provides detailed instructions on how to disinfect a home and what cleaning products to use.(21)
 - use soap/detergent and water for *cleaning* followed by household bleach or solution containing $\geq 70\%$ alcohol for *disinfection* on surfaces
 - reusable or single-use gloves should be worn when cleaning and disinfecting
 - the caregiver for the patient should clean and disinfect frequently touched surfaces eg doorknobs and benchtops at least daily,(13,14,20,21)
 - advise the patient to clean the bathroom and other surfaces after they have used them. If a caregiver has the cleaning responsibilities, wait for as long as possible to clean after the sick person has used the bathroom.
 - if patient does not have their own bathroom, other people in the household should also wipe over bathroom and toilet surfaces before they use it.(13,14,21)
 - personal items should not be shared. After the patient uses a mobile phone:
 - patient should complete hand hygiene
 - disinfect phone by wiping with solution containing $\geq 70\%$ alcohol
 - only the patient or caregiver for the patient should clean laundry. Laundry baskets or bags should also be washed and disinfected after use.(13,14)
 - advise patient and caregiver that a dedicated bin should be used for the patient's rubbish. Disposable gloves and a mask should be worn and rubbish packed in strong closed bags before disposal by the patient or caregiver. Hand hygiene should be completed afterwards.(13,14,21)
 - remind patient/caregiver that all cleaning products should be stored out of reach of children and that hand sanitizer needs to be kept away from fire and flames.

3.4 Where parents/caregiver of a child or a child has contracted COVID-19 (23)

- Parents must ensure children are supervised at all times.
- Parents and older children should wear masks as per guidelines. Children less than 2 years of age should not wear masks.(23)

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If the parent/caregiver is the patient:

- when possible hand over responsibilities for care of the child to another caregiver outside the home, especially if the child has increased risk of severe illness if they contract COVID-19
- the child is required to quarantine for two weeks after last close contact with their parent with confirmed COVID-19. The new caregiver should maintain quarantine conditions for the child
- monitor the child for any symptoms and keep them away from any member of the household who is considered to be at a higher risk for severe COVID-19 illness.(23)

If the parent/caregiver is the patient and must continue to care for the child:

- maintain all infection prevention and control measures (ie regular hand hygiene, wearing a mask, coughing and sneezing etiquette and 1.5 metres distancing from the child) as much as possible
- maximise ventilation (eg opening windows and being outdoors) acknowledging that all the requirements of home isolation need to be maintained and that physical distancing with small children is largely impractical(23)
- monitor the child for development of any symptoms and contact health service/GP if symptoms develop(23)
- clean and disinfect toys and other similar items before and after giving them to small children (but do not disinfect food)(23)
- the child is required to quarantine for two weeks after last close contact with their parent with confirmed COVID-19.

If the child is the patient:

- **whenever possible** avoid the parent/caregiver being a person at higher risk of severe illness if they contracted COVID-19 ie identify a person who is not at higher risk of severe illness as the primary carer of a child with COVID-19
- adopt all infection control measures (ie regular hand hygiene, wearing a mask, coughing and sneezing etiquette, and 1.5 metres distancing from the child) as much as possible
- maximise ventilation eg opening windows and being outdoors, acknowledging that all the requirements of home isolation need to be maintained and that physical distancing with small children is largely impractical(23)
- parents/caregivers and other close contacts (eg siblings, children of caregivers) should quarantine as per health department advice.(23)

3.5 Pets

- Pets who have had close contacts with the patient should be monitored for the symptoms of COVID-19. Symptoms of COVID-19 in pets may include fever, cough, difficulty breathing or shortness of breath, lethargy, sneezing, nasal discharge, ocular discharge, or vomiting.
- Similar precautions should be taken with animals as with other people in the household.
- There is a possibility that the virus can spread from people to animals, but there is no evidence that companion animals, including pets, can spread COVID-19 to people.(12)

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4. Risk mitigation for others in the community

4.1 Close contacts including caregivers and household members

- All close contacts of a person with COVID-19 infection are required to quarantine for 14 days following last close contact with a person whilst infectious (24)

4.2 Visitors

- Non-essential visitors should not visit the home of the patient.(6,20,22)
- Groceries or other essential items should be delivered to the patient's home/place where they are isolating, without entering the house.(15,20)

4.3 Isolation and quarantine for people who do not have confirmed or probable COVID-19

- People must stay isolated in the community as per jurisdictional health department directions whilst they are awaiting results of COVID-19 testing or quarantine, or have had close contact with a person who has contracted COVID-19.(4,15,20)

4.4 Special precautions for higher risk individuals in the community

- Large or extended families, especially those with individuals at higher risk of severe COVID-19 illness, should consider additional strategies to reduce risk, including;
 - not leaving the house unless absolutely necessary
 - not using public transport
 - keeping away from other people and washing hands
 - not riding in a car with members of different households
 - wearing a mask
 - washing hands when you arrive home
 - teaching children how to reduce risk of spreading virus.(13)

5. Social and cultural considerations

5.1 Culturally responsive care should underpin all homecare considerations

- Consult with Aboriginal and Torres Strait Islander Health Workers and Indigenous Hospital Liaison Officers for advice on cultural safety of homecare arrangements.(5)
- Consider the possible influences of cultural practices and values on ability to adhere with the self-isolation and other measures recommended to reduce the risk of transmission and be open to a discussion about if and how these needs can be met safely (2).

5.2 Communication

- if the patient receiving care at home does not speak English, at least one person in the household should be able to speak English to ask for an interpreter.(17)

5.3 Cultural ceremonies and events

- Upcoming important cultural ceremonies may need to be cancelled, postponed, or alternative COVID-safe ceremonial practices arranged. If the ceremony must go ahead, the number of people attending the ceremony should be as low as possible.(6)

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