

Novel Coronavirus COVID-19 Response

A Summary of Guidance for Practices and Patients

www.primaryhealthresponse.org.nz

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Aim of this presentation

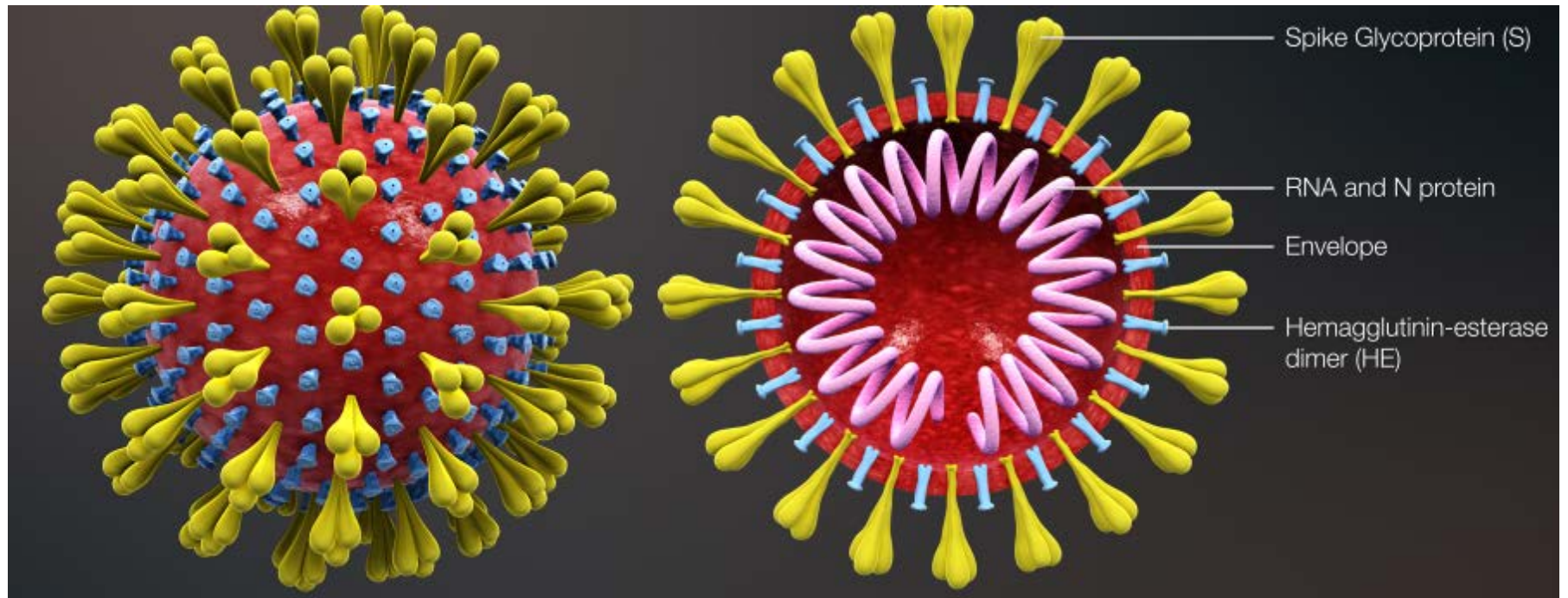
- This presentation draws together advice and information being distributed by CPRG regarding Coronavirus COVID-19, combined with insights into how to keep you and your patients safe.
- This presentation signposts you to CPRG information which covers subjects in greater depth.
- This presentation aims to answer frequently asked questions (FAQs).
- The final section of the presentation provides advice that can be given to people caring for family members at home, which is also available in a separate leaflet. This aims to provide information on staying well but also caring for the sick.

What is a pandemic?

- An epidemic is a widespread occurrence of infectious disease in a community at a particular time.
- A pandemic is an epidemic that has spread across a large region. COVID-19 will likely be designated a pandemic.

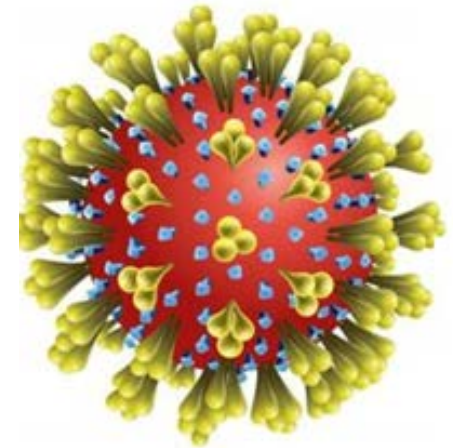


SARS-CoV-2



What is COVID-19?

- Originated in Wuhan, China
- Part of the coronavirus family, but a novel strain – now called SARS-CoV2 or COVID-19
- Is now a World Health Emergency and a Pandemic
- The average number of people infected by one person with COVID-19 is 2.5-3
- Case fatality rate is approximately 2% from reported cases globally
- Many more cases unreported due to mild illness only
- Most deaths due to viral induced pneumonia
- Case fatality rate by demographic:
 - Under 50 years and healthy – approximately 0.5%
 - Aged 60-69 – 3.6%
 - Aged 70-79 – 8.0%
 - Over the age of 80 – 14.8%
 - With cardiovascular disease – 10.5%
 - With diabetes – 7.3%
 - With lung conditions – 6.3%
- Average case fatality rate amongst healthy people of all ages is 0.9% globally
- Approximately 15% of cases need hospital care and 2% need ICU

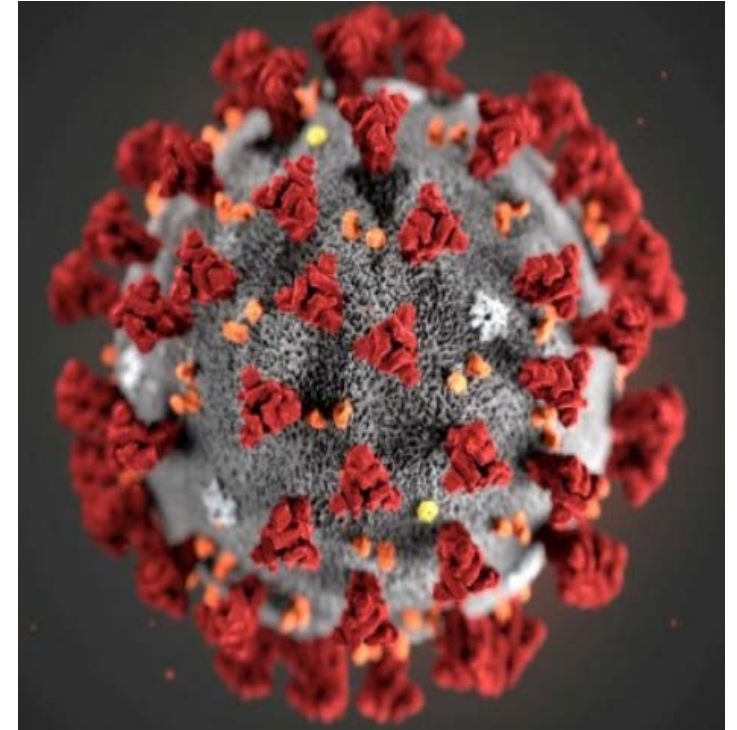


Case Definition

- Note: The Case Definition is subject to change! Check with the Ministry website: www.health.govt.nz/coronavirus
- Consider diagnosis of COVID-19 for:
 - People who develop symptoms of fever AND acute respiratory infection with at least one of the following symptoms: cough, shortness of breath or sore throat
 - AND who have travelled to or from (excluding airport transit) countries or areas of concern within 14 days before onset of illness:
 - Category 1a: Mainland China, Iran
 - Category 1b: Italy, Republic of Korea
 - Category 2: Hong Kong, Japan, Singapore and Thailand
- Also note: if a patient has taken paracetamol or ibuprofen they may not currently have a fever.
- A patient may not have travelled to or through the countries listed, but may have had close contact with someone who is unwell and has. Ask about this.

Incubation Period

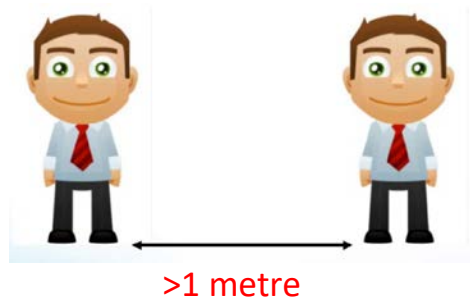
- The 'incubation period' means the time between catching the virus and beginning to have symptoms of the disease.
- Most estimates of the incubation period for COVID-19 range from 2-14 days, most commonly around five days*.
- These estimates will be updated as more data become available.



*mean incubation in a Chinese study = 5.2 days

How does it spread?

- The disease can spread from person-to-person through small droplets from the nose or mouth which are spread when a person with COVID-19 sneezes, coughs or exhales.
- These droplets land on objects and surfaces.
- It is speculated that the virus can live on surfaces for up to 9 days.
- Other people can catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.
- People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs or exhales droplets. This is why it is important to **stay more than 1 meter (3 feet) away from a person who is sick.**



Who is most vulnerable?

- People who are immunocompromised or suppressed (e.g., spleen removed, HIV patients, long term steroids)
- Pregnant women and women who have given birth in the past 10 days
- People with chronic medical conditions, such as:
 - Heart failure
 - Emphysema/COPD
 - Asthma (especially people on preventative treatment)
 - Those needing dialysis
 - Diabetes
 - Sepsis or blood clotting problems

The Public Health Approach

- Plan for It (planning and preparedness)
- Keep it Out (border management) -
- Stamp it Out (cluster control) – **CURRENT PHASE IS KEEP IT OUT/STAMP IT OUT**
- Manage it (pandemic management)
- Manage it (post-peak)
- Recover from it (recovery)

General Practice Patient Pathway for COVID-19

“I’ve got a patient”

Preparing your practice

- Ensure you have COVID-19 signage at front entrances and at Reception that can be easily seen to alert patients – available via CPRG website.
- Allocate a separate consultation room within the practice to see “suspect” patients only, remove all excess furniture, equipment, wall hangings, toys, etc. to allow for post visit decontamination.
- You may wish to not allow any suspect patients into the practice at all, and identify another space away from the general public.
- Consider assessing via the patient’s car window, or renting a Portacom/Porta-cabin/caravan to use. We DO NOT advocate, and have never advocated getting into a patient’s car. Park these patients’ cars away from other patients’ cars.
- Consider having a designated assessment doctor/nurse each day to reduce cross-infection risk.
- Allow time in diaries for those team members. This will help facilitate normal practice work.
- Ensure your assessment team are familiar with the patient assessment process and the use of personal protective equipment (PPE).

Personal Protective Equipment (PPE)

- PPE consists of:
 - Surgical or N95 face mask. If these become wet or soiled they must be changed.
 - Gown. The gowns should have full arms; if short-sleeved, arms will need to be decontaminated with the hands after patient assessment.
 - Goggles (with no gaps around the sides, and no air holes) OR face shield.
 - Disposable gloves.



Sequence for Putting On and Removing PPE

Putting On...

- Wash hands
- Put mask on
- Wash hands again
- Goggles, if appropriate
- Gown/Apron
- Gloves

Removing – Remember this **PPE is now contaminated!**

- Gloves
- Gown
- Wash hands
- Goggles
- Mask
- Wash hands again

See CPRG website for further advice for donning and removing PPE

PPE Continued...

- We advocate changing PPE every time you see a patient, if PPE stocks allow, as you don't want to cross infect patients. Patients will be suspect cases, not confirmed cases initially.
- If this is not possible, the gloves and PPE that touches the patient needs to be changed every time, but the mask – as long as it's not saturated or soiled – can be kept on between patients. The mask must not be taken on or off multiple times as this will create infection risk.
- If possible, wear light, easily washable clothes under the PPE that can be washed daily to prevent collection of virus particles on clothes.
- Remember to wipe down shoes with disinfectant or wear shoe covers if you have them.

Indirect Presentation

- If a suspect patient telephones your practice prior to presentation:
 - If you can, take a history by phone before seeing the patient to reduce exposure time
 - Suspect COVID-19 cases are advised to present to the surgery BUT must remain in their car on arrival
 - Patient is to ring the Receptionist to inform of their arrival
 - GP/PN assessment team to be notified of patient's arrival
 - The patient is to remain in their car to be assessed OR escorted to the designated assessment area within the practice
 - The patient must be given a mask to wear
 - DO NOT allow the patient to sit in the waiting room

Direct Presentation

If a suspect COVID-19 patient presents directly to your general practice without prior notice:

- Direct them back to their car and advise them to contact Reception for further advice
- If a suspect patient has been dropped at the entrance (and does not have a car they can go back to) provide them with hand hygiene and a mask
- Notify the GP/PN assessment team who will escort them to the designated assessment area within your practice
- Do not allow the patient to sit in the waiting room

I've been potentially exposed!

- If you have been potentially exposed and were unprotected, e.g., you were not wearing PPE, you need to self-isolate for 14 days. (This has already occurred in some practices.) Notify Healthline on 0800 358 5453.
- If you are in a consulting room with a patient who discloses exposure to the virus with no warning, remove yourself from the patient as soon as possible and put on PPE. Then re-enter the room and follow the steps laid out by CPRG. **DO NOT** let any other staff members in the room.
- Ensure the patient does not leave the room. Establish an exit route for the patient after swabbing that minimises any further exposure of people to the suspected case.
- Decontaminate the room thoroughly after use.
- As above, place yourself in self-isolation pending patient swab results.

I have a suspect case, what next?

- All suspected patient cases must be discussed with:

Medical Officer of Health

Phone: 03 364 1777

- Anyone who has travelled from or via countries listed in the categories in the case definition, with clinically compatible symptoms, should be considered a suspect case for COVID-19.
- **REMEMBER COVID-19 IS A NOTIFIABLE DISEASE.**

Clinical Assessment

- Obtain COVID-19 Readiness pack (refer to attached list for pack contents)
- Limit assessment team to 2 persons
 - One to 'don' PPE and undertake assessment
 - Second person to act as a 'Buddy' - check PPE is put on correctly and to remain outside of room and follow up with instructions
- Donning PPE – refer to 'PPE' poster. Buddy to assist by reading out correct sequence for putting on PPE and follow correct hand hygiene moments
- Equipment used should be reserved **for COVID-19 use only.**
- You will need a stethoscope, tympanic thermometer, pulse oximeter and a cleanable BP cuff, if possible.
- Serious signs include increased respiratory rate, decreased O2 sats and high temperature.

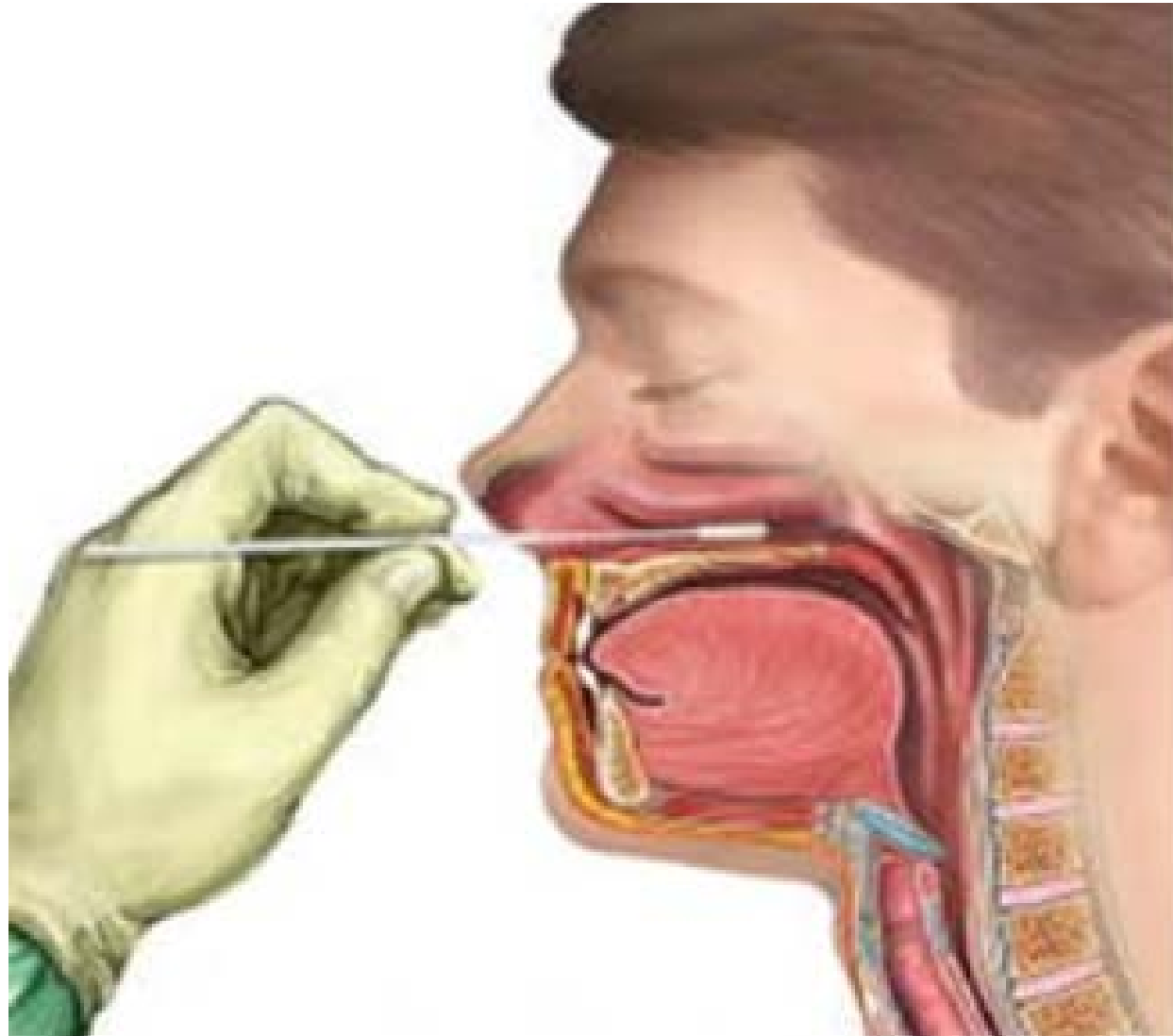
Swabs - 1

- Case confirmation is via nasopharyngeal and oral pharyngeal swabbing.
- If swabs need to be taken please discuss with the Medical Officer of Health (Ph: 03 364 1777) who will provide advice on how to proceed and the need or not to proceed with swabbing.
- Consider how you will get the swabs to the lab if taken out of hours.
- Note: Face mask, gloves, gown and goggles must be worn.
- A top tip is to print the patient's forms and sticky labels before donning PPE and in a clean area and take them with you (once in PPE) to the patient so you can label as you take the sample and place them in the specimen bag. Clean the outside of the specimen bag with alcohol gel/foam. DO NOT contaminate yourself.

Nasopharyngeal Swab - 2

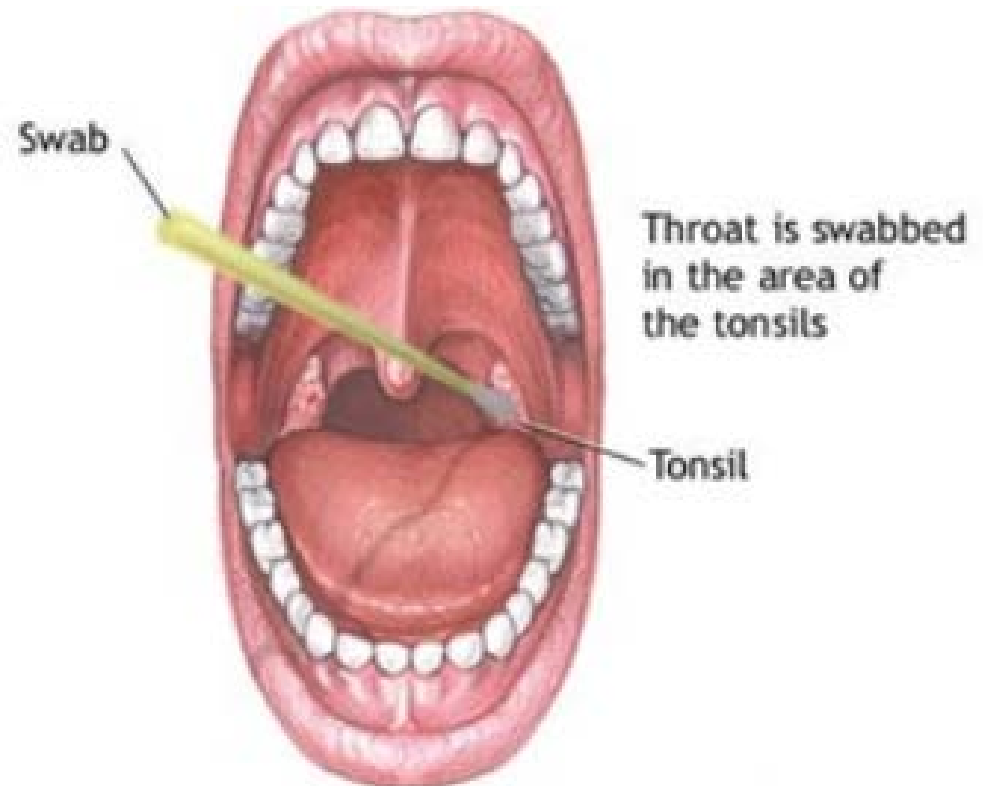
- Explain procedure to patient.
- Wash hands. Put on appropriate PPE (at a minimum, gloves, gown, mask, and goggle/face shield) to protect yourself in case the patient coughs or sneezes while you are collecting the specimen.
- If the patient has a lot of mucous in their nose, this can interfere with the collection of cells. Ask the patient to use a tissue to gently clean out visible nasal mucous before a swab is taken.
- Seat patient in a comfortable position.
- Enter the flexible swab several centimetres with a slow, steady motion, along the floor of the nose (straight back, not up the nose) until the posterior nasopharynx has been reached (distance from nostrils to external opening of the ear).
- Place finger on the tip of the patient's nose and depress slightly.
- Once resistance is met (the swab should pass into the pharynx relatively easily), rotate the swab several times and withdraw the swab. Place in tube.

Swabs - 3



Oropharyngeal Swab - 4

- Wear the same PPE as for a nasopharyngeal swab
- Swab with the green-topped foam swab around the patient's tonsil area
- Place in culture medium



Treatment

- Mainly supportive only
- Some anti-virals may have efficacy but this is not confirmed
- Antibiotics DO NOT work for viral induced pneumonia or coronavirus
- A vaccine is in early stages of development but is unlikely to be available for 12 months at least



Nebulisers

- DO NOT USE NEBULISERS in your clinical practice for suspect cases of COVID-19
- This will spread the virus further
- This includes oxygen and air-driven nebulisers
- Spacers are ok
- Supplemental oxygen is ok.



Post Assessment

- Discuss severity of illness and need for hospitalization with Medical Officer of Health.
- Call ahead if you are referring a patient to ED.
- Overloading of hospital services is a risk – should the need for changes to referral guidelines be required then this will be clearly communicated to practices.
- Acute demand and other home care services may also have changes in available services and referral thresholds.
- If the patient does not require hospitalisation, the patient should be advised to self-isolate, and await contact advice from the local Public Health Unit and register with Health Line
- Once the assessment is completed and the patient has been discharged, buddy to talk colleague through the removal of PPE ('doffing') as per Removing PPE instruction sheet available on CPRG website.
- Dispose of PPE in a yellow infectious waste bag in the assessment room.
- The mask must be removed outside the assessment room.
- Ensure correct moments of hand hygiene are performed.

Pharmacy

- Tell 'infectious' patients to stay away from the pharmacy.
- Fax scripts/ email scrips for delivery or ask a friend or family member who is well to pick up script.
- Consider telephone/email scripts for routine meds where possible to reduce need for well people to mix with ill people to reduce risk, and to reduce workload on practice.



Cleaning

Important:

- Once the patient has been transferred or discharged it is advised that no other patient or staff should use the room or any other potentially contaminated areas until the appropriate environmental cleaning and disinfection has been carried out.
- COVID 19 virus may survive on inanimate or hard surfaces for up to 9 days, therefore all surfaces that have been in direct contact with the patient need to be cleaned and disinfected.
- All areas that have been in direct contact where the suspected COVID-19 patient has passed through also need to be cleaned and disinfected.

Environmental Cleaning

- This is a two-step process:
 - Detergent clean, followed by
 - Disinfection of surfaces with correct solution dilution of sodium hypochlorite (bleach – 1,000 parts per million). Check manufacturer instructions.
- Collect your equipment
 - Bucket of warm water and detergent
 - Bleach solution in dripper bottle (20mls/1 litre water, or 10mls/500mls water)
 - Disposal cloths
 - Yellow biohazard bags
 - Gloves, gown/apron, surgical mask and eye protection (PPE)
- 1. Don PPE as per instructions
 - Wipe over surface with detergent and water
 - Dispose of cloths in yellow biohazard bag in room

Environmental Cleaning - continued

3. Then disinfect area and equipment with bleach solution and allow to dry.
 - Ensure nozzle on bleach solution bottle is directed at 'squirt' not 'spray' to avoid the spread of any potential pathogens.
 - Remove PPE as per instructions.
 - Dispose of cloths and PPE in yellow bio-hazard bag and clean hands.
 - Put on fresh gloves, empty out used cleaning solutions, rinse with clean water, wipe inside and outside of bucket with bleach solution and allow to dry.
 - Remove gloves and remember to perform hand hygiene.

Waste Disposal

- Store all sealed waste from a suspect patient with COVID-19 in a secure area until the result is known and double bagged.
- If **negative** the waste can be disposed of as per normal practice.
- For infectious waste it is good practice to have it removed by an accredited company for disposable, ensure it is appropriately labelled or identifiable.
- If you are unsure of the correct procedure for the management of waste seek advice from your Medical Officer of Health.

Key Messages for your Patients

- For patients with symptoms of COVID-19:
 - If you develop fever, cough, and/or difficulty breathing, seek medical advice promptly as this may be due to a respiratory infection or other serious condition. Inform your GP.
 - Call in advance. Why? Calling ahead will allow your healthcare provider to quickly direct you to the right health facility. This will also help to provide possible spread of COVID-19 and other viruses.
- They can call Healthline at any time for further advice: **0800 358 5453** or +64 9 358 5453 with an international SIM card.



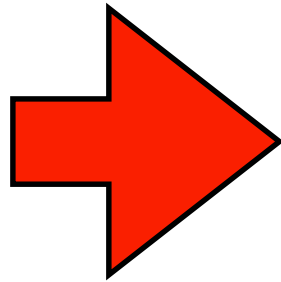
Now it's a pandemic, what
do I need to do?

Preparation for the Long Haul

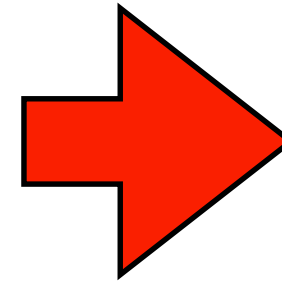
5 Cs of COVID-19 Management at Practice Level

Contingency planning/preparation

Control patient
presentations via
triage



Control patient
flow at practice



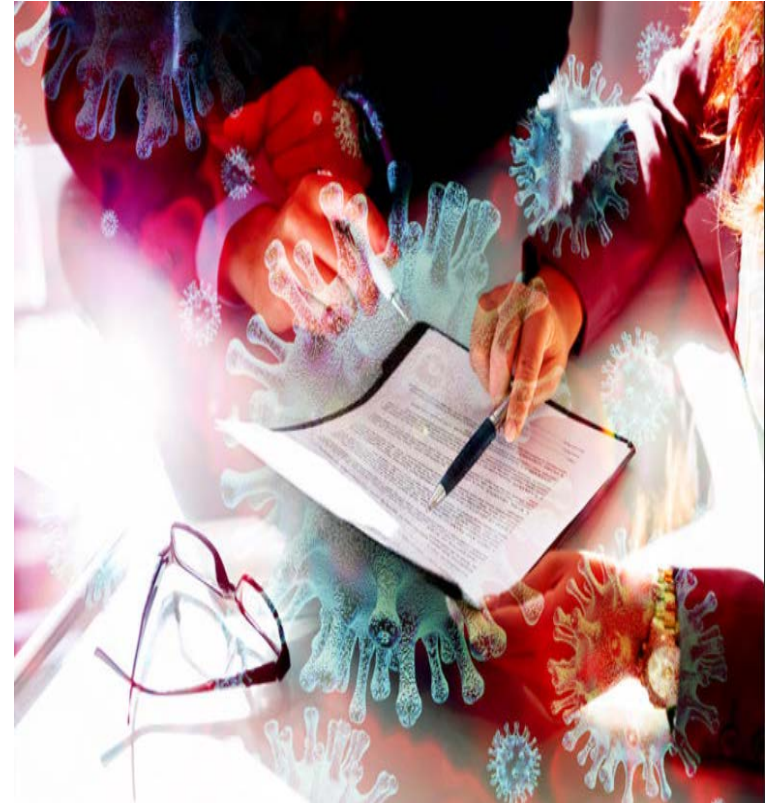
Control PPE use
and disposal

Control and reduce risk for patients, clinicians & health centre staff

Contingency Planning & Practice Preparation

DO THIS NOW!

- Work with CPRG to obtain PPE stocks and maintain stocks: eoc@cprg.org.nz
- Secure current PPE stocks from theft
- Place clear signage to control patient flow in practice
- Educate practice staff and empower all staff members to ask patients' travel history and to raise COVID-19 concerns at each stage of the patient journey through the practice.
- Consider adding a brief questionnaire about travel and symptoms to your online booking system before patients book an appointment with your team.



Contingency Planning – Further Preparation

- Take this time to review the organisation of your practice team as you may need to increase capacity to manage potential increase in patient load, e.g., extra hours, reallocation of tasks.
- **Reduce home visits** to the absolute minimum necessary and make sure the worker performing them is trained with PPE.
- Consider how you will function if there is staff illness.
- Consider reducing non-urgent workloads, e.g., cx smears, diabetes reviews, etc.
- Consider repeat scripts by phone/fax/email.
- Ensure you have alcohol hand wash available at all entrances/exits for patient use.
- Have general purpose masks available for all patients presenting with respiratory/ILI symptoms and ask them to wear these at all times in your practice.
- Have sufficient number of rubbish bins with lids readily available for disposal of PPE, tissues, etc.

Looking after Staff

- If a staff member has just returned from one of the countries listed in the case definition:
 - Staff returning to NZ following travel to/through the designated countries or any staff who have had exposure to a confirmed case of COVID-19 will be expected to self-isolate for a period of 14 days from the time they travelled through or left those countries, or were exposed to the virus.
 - For staff returning to NZ from or via countries in Category Two (as of March 2nd), there is insufficient risk to justify standing down asymptomatic staff, unless there is a history of contact with a confirmed case.
- If staff members become symptomatic at any point within 14 days of returning from Category 1(a or b) or 2 countries, they need to contact their line manager immediately for testing.
- Line managers should contact the Medical Officer of Health on 03 364 1777 if uncertain

Educate Yourself

- The World Health Organisation's COVID-19 course is a good start:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/training/online-training>



Signage

- Ensure you have appropriate signs at all practice entrances and in waiting rooms and other areas as required.
- Generic signage has been supplied to all practices and is available from the CPRG website:

www.primaryhealthresponse.org.nz

- **Make it very prominent!**



Managing Reception Area

- Consider a barrier at Reception to prevent patients bypassing reception and to keep them at least one metre from the receptionist. This precaution is prudent in the event that symptomatic patients ignore signs and telephone triage and present by walk-in.
- The reception areas needs to be frequently wiped down with appropriate disinfection agents.
- The receptionists may benefit from wearing masks if a pandemic is declared, but this is a practice decision.



Controlling Patient Flow

- We recommend suspending the ability to make electronic appointments, if feasible. Phone triage allows identification of potential cases. Electronic appointment systems can allow a patient to bypass safety checks.
- When appointments are made, the triage nurse/receptionist must check the travel history of the patient.
- **CHALLENGE:** Consider making it policy to ask travel history of patients at every point of contact to make it a habit. Also, document this in the patient's notes every time. Do not forget to ask about their friends/relatives/household members' travel history.

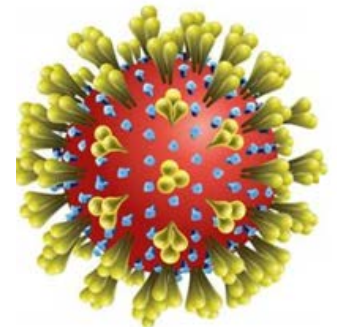


Telephone Triage

- Use latest case definitions as published by the Ministry of Health:
www.health.govt.nz/coronavirus
- You may also wish to consider video consultations. This will be a practice decision.
- If your practice has a pre-recorded message prior to transferring to the receptionist, you may wish to consider adding the 0800 358 5453 Healthline COVID-19 number to the recorded message on your practice phone.
- Self-isolation is being recommended for all suspected cases of COVID-19.
- Some patients may need further assessment.

Patient Education

- Educate your patients via your website
- Direct them to reputable sources of information such as Ministry of Health:
www.health.govt.nz/coronavirus
- In Canterbury, the HealthInfo website has lots of good information for patients in different languages: <https://www.healthinfo.org.nz/coronavirus.htm>
- Main messages are:
 - Self-isolate
 - Hand hygiene – wash hands frequently and don't touch your face
 - Self-care information
 - Ring Healthline if demonstrating worsening symptoms



Information for Patients

- Coping with Coronavirus
 - Advice for patients/relatives/others looking after an unwell patient on how to stay well and managing a potential COVID-19 case at home
- Available from the MoH website:
https://www.health.govt.nz/system/files/documents/pages/protect_yourself_against_coronavirus-poster-english-3march2020.pdf



If a patient is in self-isolation

- Ensure you have a record of all other patients/people at the same property. Ask about any contact with people who are unwell after travelling to the listed countries in the case definition.
- Give an information leaflet to your patients about keeping safe and looking after the sick at home. You may wish to email or post them the information.
- Again, ask the patient to register with Healthline via the COVID-19 number 0800 358 5453 if they haven't already registered.
- Get the patient to call Healthline and their practice if they develop worsening respiratory symptoms.



Patient Leaflet

Hand washing

- Wash and dry your hands carefully to stop germs from spreading, particularly after going to the toilet, before eating and after being around a sick person.
- Use liquid soap and water to wash your hands. Wash them for at least 20 seconds (sing Happy Birthday) and then dry thoroughly with a paper towel and throw it away.
- You can also use an alcohol-based hand rub (at least 60% alcohol). Apply enough to keep your hands moist for a minimum of 20 seconds (about ½ teaspoon). DO NOT dry with a towel.
- Keep germs out of any cuts, grazes or areas of broken skin by covering them with a waterproof dressing.
- **DO NOT RUB OR TOUCH YOUR EYES OR MOUTH**



Coughs and Sneezes

- Cover your coughs and sneezes.
- People who are coughing or sneezing need to avoid close contact with others.
- Cover your mouth and nose with a tissue when you cough or sneeze, and put your used tissue into the rubbish bin.
- If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, NOT your hands.
- Don't spit. Also, cover your mouth and nose when clearing your throat or nose.
- Always wash your hands after coughing or sneezing.



Don't congregate

- Anyone with suspected or confirmed COVID-19 must stay home from work and/or school until they are no longer sick. This could take up to two weeks.
- They may need someone to care for them, but other people should be discouraged from visiting. It should be noted that young children spread infection very efficiently.
- If you have coronavirus and need supplies, ask a well relative or friend to collect them and deliver them to your door. Consider using a grocery delivery service.
- To avoid getting sick, stand at least one metre away from people in public places. Stand away from people who are coughing or sneezing and avoid physical contact, e.g. hand shaking, kissing or hugging.



Caring for the Sick

- If someone in your family becomes sick, phone your general practice.
- Your doctor or practice nurse will advise you what to do.
- People who are pregnant, very overweight, or have other health problems such as asthma, heart disease or diabetes, should contact their general practice early if they become sick.
- Wash your hands regularly after any contact with a sick person.
- Dispose of any used tissues or masks.
- Follow the WHO hand washing guide.
- Keep a record of the sick person's progress – note their temperature, fluid intake and symptoms.
- Contact your general practice or Healthline if the sick person gets worse.

Fever

- A normal temperature is 36-37 degrees Celsius.
- Having a fever is uncomfortable and may prevent the sick person from eating, drinking or sleeping normally.
- The best medicine to treat fever, aches and pains is paracetamol (Panadol).
- Adults should take one to two 500mg tablets every 4-6 hours. The maximum adult dose is **eight tablets** in any 24-hour period.
- For children, check the correct dose of liquid paracetamol on the back of the bottle, or contact your general practice or pharmacy for advice
- Do not wrap up or warm someone who has a fever, is shaking or has 'the chills'.
- A cool (not cold) wet facecloth to the forehead will help lower their temperature.

Hydration



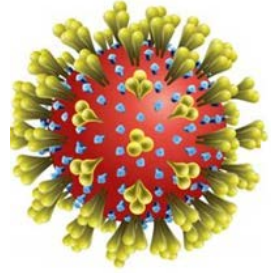
- Sick people need to keep drinking liquids.
- They need up to two litres (eight cups) of fluid a day, even if they don't feel thirsty.
- Water is fine, but the best drinks are cold drinks that contain a little sugar and electrolytes. Oral rehydration sachets and isotonic drinks are helpful.
- Dilute soft drinks and fruit juice – but add plenty of cold water – a cup of juice to six cups of water. Stay away from fruit juice with too much pulp in it, or milk drinks.
- Breastmilk for babies.
- Avoid drinks that contain alcohol or caffeine – encourage the sick person to choose a non-alcoholic drink that they can manage.
- Vomiting and/or diarrhoea make dehydration worse, so ensure they keep taking fluids, even if it small sips often.
- Signs they aren't getting enough to drink include weakness and lethargy, dizziness, headache, a dry mouth and dark-coloured urine.
- If you cannot assess the hydration state of your family member, or have concerns, phone your general practice or Healthline.

Food

- Feeding those who are sick:
 - People with coronavirus may not feel like eating. DO NOT try to get them to eat; it is more important to ensure they are having enough fluids.
 - When they begin to feel better, offer different fluids, e.g., diluted fruit juice, clear or strained soups, sweetened tea, or jelly.
 - Slowly introduce solids, e.g. dry white toast, water crackers or pasta. Avoid anything that contains fats or oils.
 - Add canned fruit and thicker soups (e.g., chicken soup) to the range of foods and, lastly, introduce milk and other milk products together with fruit, vegetables, breads and cereals.



Prevent the spread of disease



- Clean surfaces and objects that have been touched by the sick person daily. Coronaviruses can live up to 9 days on hard surfaces. This means wiping telephones, door handles, and toilet and bathroom areas with detergent & water solution on a disposable cloth, dry and then wipe with a disinfectant or diluted bleach solution.
- One of the most effective and cheapest disinfecting solutions to clean these surfaces is a solution of two teaspoons (10mls) of bleach (such as Janola) to 500ml of water.
- Do not share items such as eating utensils and drink bottles with other members of the family and ensure dishes are washed using hot water either by hand or dishwasher.
- Wash clothes and linen in a washing machine and, if possible, hang to dry on a clothesline. If linen is stained or contaminated with secretions, then soak in a stain-removing product or bleach and wash separately.

Masks



- You will be asking, “Will wearing a face mask keep us safe and if so, what kind?”
- Wearing masks at home is not necessary for well people. Wearing surgical masks when not indicated may cause unnecessary cost and create a false sense of security that can lead to neglecting other essential measures such as hand hygiene and cough etiquette.
- If the sick person is in a room with others, ensure they wear a surgical mask at all times to prevent or minimise the spread of the virus when coughing or sneezing and replace them if they become wet or damaged. Ensure the mask is fitted properly and snugly to cover their mouths
- Using a mask incorrectly may hamper its effectiveness to reduce the risk of transmission.
- The minute you scratch your nose or touch your mouth behind the mask, you’ve lost the protection that the mask is supposed to offer.
- Once the mask becomes moist or visibly soiled during use its integrity is compromised. If a mask is torn or otherwise damaged removed immediately.
- Dispose of used or damaged masks – put them into a plastic bag and then into the rubbish. When removing masks, wash hands immediately after.

Need more information?

For updated info and resources for primary and community care in Canterbury, visit the CPRG website:

www.primaryhealthresponse.org.nz

General updates are available from the Ministry of Health website:

www.health.govt.nz/coronavirus