# CANTERBURY PRIMARY RESPONSE GROUP COVID-19 UPDATE



# 1st October 2020 1700 hrs

Important information for all *General Practices, Community Pharmacies, Community Nursing and Aged Care Facilities* – Please share this with everyone in your team

#### **Alert Level Change**

You may or not be aware of the community response alert levels. We have been operating under a yellow alert level in the community because of the intermittent cases that are being picked up in managed isolation. This can create some impracticalities in delivery of primary care.

Currently the hospital are operating at a green alert level. A recommendation has been discussed by the CDHB technical advisory group that primary care changes to functioning at a **green alert level**, because any cases in managed isolation are contained and staff working at the border are now undergoing regular testing.

Refer to the <u>COVID-19 Primary Care Alert Response Framework</u> (this will be updated to reflect the level change) for more information about recommendations for each alert level. You should continue to screen and stream patients at all alert levels.

As we know from the last period without cases, this is a good time for you and your team to take some leave if you can. Make sure your systems for e-prescribing and virtual consultations are in place. Talk to your PHO if you need support with these systems.

### **Testing children**

Local guidance around testing children has been reviewed and updated on HealthPathways (<u>COVID-19 Requests</u> and <u>Local Processes</u>). Local expert advice is that it is unnecessary to test all children who fulfil the criteria outlined in the Ministry of Health testing guidance.

## Factors to consider when deciding to test a child:

- whether testing could exacerbate respiratory distress such as in croup or wheeze.
- testing symptomatic adult household members instead, if this has not already occurred.
- that older children may be more appropriate to test, i.e. high-school aged children may be more likely to transmit infection.
- a nasopharyngeal swab is likely to be traumatic for young children.
- that there is a risk of harm to mental health in children through a process focused on the COVID-19 pandemic.
- the limited direct benefit to children from being tested, as they seldom develop severe disease, and no treatment is available.
- that CPH may request the testing of exposed children in a local outbreak or other situation.

if the decision is made to perform a test, offer nasopharyngeal swabbing if you feel it will be tolerated and is not contraindicated. Alternatively, offer oropharyngeal swab with swabbing of throat and deep nares.

#### **PPE Supplies**

General practices are starting to receive an emergency supply of masks directly from the MoH. This is provided as a safeguard in case there is a sudden movement up alert levels. This additioanl resource should be kept in reserves and not used for general purposes. We are still working on understanding ongoing MoH PPE distribution and will advise when further information is available.

Kind regards,

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