

# Pandemic escalation plan August 2021

MOH pandemic response levels	General practice community activities –high risk patients
<b>COMMUNITY READINESS</b> <b>Occasional cases based on travel / contact</b> <b>GREEN ALERT</b> <b>“Level 1”</b>	<ul style="list-style-type: none"> <li>Green, and amber streams would operate with minimal need but capability of “red” streaming patients who meet high risk criteria (noting the low risk of encountering positive COVID-19 patients even in red stream).</li> <li>Treatment regimens red stream patients largely involve: <ul style="list-style-type: none"> <li>providing investigation either inhouse or referring to swabbing service</li> <li>supportive treatments with analgesic use but with an eye to treating other causes of sepsis</li> <li>instructions on social isolation till free of symptoms.</li> </ul> </li> <li>General practice operates as per normal.</li> <li>Designated clinics remain as potential referred testing centres with limited diagnostics and treatments as required for neighbouring practice overflow.</li> <li>Over winter CBACs (including mobile services and pop-up clinics) implemented as referred / walk-in testing centres as per need / MOH direction for asymptomatic screening.</li> </ul>
<b>COMMUNITY MILD IMPACT</b> <b>Cases increasing, based on travel / contact / possible community transmission</b> <b>YELLOW ALERT</b> <b>“Level 2-3”</b>	<ul style="list-style-type: none"> <li>Similar to green alert status.</li> <li>Increasing need for “red streaming” patient numbers.</li> <li>Designated practices function as referred testing centres with limited diagnostics and treatments as required for neighbouring practice overflow.</li> <li>Some fixed CBACs developed in vulnerable areas.</li> </ul>
<b>COMMUNITY MODERATE IMPACT</b> <b>Increasing case numbers, some hospitalisations, possible community transmission</b> <b>ORANGE ALERT</b> <b>“Level 3-4”</b>	<ul style="list-style-type: none"> <li>Amber stream ceases. Red streaming would operate solely (given the increased risk of encountering positive COVID-19 patients in the community).</li> <li>Treatment regimens would involve: <ol style="list-style-type: none"> <li>providing swabbing services inhouse or referral to swabbing service</li> <li>supportive treatments with analgesic use but with an eye to treating other causes of sepsis</li> <li>potentially providing enhanced cares including an observation role if available within each facility</li> <li>having a low threshold for hospital assessment/admission if the patient’s condition demands it (after in person or virtual assessment)</li> <li>strict instructions on social isolation till free of symptoms.</li> </ol> </li> </ul>

	<ul style="list-style-type: none"> <li>• General practice operates with strict streaming and encouraging telehealth consultations. Recognising the need to potentially redeploy some staff for neighbouring designated clinic CBAC and/or novel CBAC work.</li> <li>• Designated clinics remain as predominately referred testing centres with a view to providing where appropriate increasing diagnostics and treatments.</li> <li>• CBACs (including mobile services and pop up clinics) in full numbers mainly referred testing centres but increasingly providing a treatment purpose as required.</li> </ul>
<p><b>COMMUNITY SEVERE IMPACT</b></p> <p><b>Hospital services close to capacity, multiple community cases, clear community transmission</b></p> <p><b>RED ALERT</b></p> <p><b>“Level 4”</b></p>	<ul style="list-style-type: none"> <li>• Treatment regimens would involve: <ol style="list-style-type: none"> <li>1. supportive treatments with analgesic use but with an eye to treating other causes of sepsis</li> <li>2. potentially providing enhanced cares including an observation role if available within each facility</li> <li>3. having a low threshold for hospital assessment/admission if the patient’s condition demands it (after face to face or virtual assessment) – only if the hospital services reach capacity would (5) below need consideration</li> <li>4. strict instructions on social isolation till free of symptoms</li> <li>5. should the situation deteriorate there may become a function to provide enhanced or palliative cares in the community setting.</li> </ol> </li> <li>• General practice operates with strict streaming and encouraging telehealth consultations with essential services in-person. Recognising the need to potentially redeploy some staff for CBAC work.</li> <li>• Designated clinics increase their capacity as able. They remain as testing centres but with a view to providing, where appropriate, diagnostics and treatments as above.</li> <li>• CBACs (including mobile services and pop up clinics) in full numbers and increasing capacity as able. They remain as mostly referred testing centres but increasingly providing a treatment purpose as required.</li> </ul>

MOH pandemic response levels	General practice community activities – low risk patients
<p><b>COMMUNITY READINESS</b></p> <p><b>Occasional cases based on travel / contact</b></p> <p><b>GREEN ALERT</b></p>	<p><i>Green alert signals the ‘new normal’ resulting from the COVID-19 pandemic.</i></p> <p>It encompasses both a state of readiness to escalate up through the levels, and the embedding of the new way of delivering ongoing primary care with the advances we have made in telehealth, and the long term ongoing infectious risk.</p> <ul style="list-style-type: none"> <li>• Full range of general practice care to be offered – manner of care may differ from pre-COVID-19.</li> <li>• Need to remain aware telehealth services are a barrier to some patients who may need extra time or sensitivity when experiencing these services.</li> <li>• All patients will be managed in general practice, with respiratory patients assumed not to have COVID-19 and managed with enhanced respiratory infection protocols (the ‘amber stream’) which is embedded in the ‘new normal.’</li> <li>• Appointment booking – triage to assess telehealth or in-person consult, possibly online questions (e.g. for online bookings) or phone triage by reception and/or practice nurse. Protocols for appropriate clinical situations for telehealth consults.</li> <li>• Infection control – mask, hand hygiene, social distancing in common areas, potentially infectious patients (respiratory, febrile, vomiting) separated from others, waiting in cars, use of technology to pre-assess/call people infrom car/monitor post immunisation, etc.</li> <li>• PPE use only when within 2 metres of patient with respiratory symptoms; droplet precautions unless high risk when N95 maskis appropriate.</li> <li>• Consultations <ul style="list-style-type: none"> <li>○ Telehealth – training and guidance re documentation, managing storage of photos and/or recordings/ safety netting advice.</li> <li>○ In-person – infection control, risk assessment.</li> </ul> </li> <li>• Maintain readiness to move to higher alert level.</li> <li>• Proactive planning for patients at higher risk of poor COVID-19 outcomes: <ul style="list-style-type: none"> <li>○ high risk patients flagged and able to be searched in the PMS</li> <li>○ active management of pre-existing conditions to reduce risk where possible – care plans in place and up-to-date where appropriate</li> <li>○ regular contact with people from vulnerable population groups (Māori, Pasifika, refugee and new migrant, elderly, serious mental health and addiction issues) to ensure contact details are up-to-date and supports in place where required.</li> <li>○ Maximse uptake of covid vaccination</li> </ul> </li> <li>• Maintain and expand telehealth care systems and processes. Support and training for staff.</li> </ul>
<p><b>COMMUNITY MILD IMPACT</b></p> <p><b>Cases increasing, based on travel / contact / possible</b></p>	<p>Yellow alert may last for a significant period of time, particularly if we have incoming travellers periodically developing COVID-19 in quarantine, and sporadic cases associated with those.</p> <p>It will require a heightened level of vigilance in primary care, with the expectation that while most respiratory illnesses will not be COVID-19, the odd one may be.</p>

<p><b>community transmission</b></p> <p><b>YELLOW ALERT</b></p>	<p>As this alert level may be prolonged it is important that where possible we do NOT defer usual health care, although it may be appropriate to defer non-urgent care for patients with respiratory symptoms.</p> <ul style="list-style-type: none"> <li>• Staff to be vigilant with personal illness – staff should not be at work with ANY respiratory symptoms. Additional planning will be required to manage potentially higher rates of staff sick leave.</li> <li>• Appointment booking, triage, consultations as for Green Alert level, with addition of “red” streaming of patients to assess potential COVID-19 patients.</li> <li>• Full range of general practice services to be offered, with potential to defer these for unwell individuals. Manner of care may differ from previously.</li> <li>• Contact patients on high risk/vulnerable lists to ascertain wellbeing and refer to services where appropriate. Remain cognisant that telehealth services are a barrier to some vulnerable patients who may need extra assistance to access health care in this way.</li> </ul>
<p><b>COMMUNITY MODERATE IMPACT</b></p> <p><b>Increasing case numbers, some hospitalisations, possible community transmission.</b></p> <p><b>ORANGE ALERT</b></p>	<p>At the Orange Alert Level there is a significant risk to patients of being exposed to COVID-19 in a general practice setting, either from other patients or staff. There is also risk to staff of being exposed, and an increased risk to the community and health system due to the potential to enhance spread through medical facilities.</p> <p>In this context the benefit of reducing general practice contacts is likely to outweigh the harm of deferred care.</p> <ul style="list-style-type: none"> <li>• Green stream care should be telehealth as much as possible, and only acute or non-deferrable conditions that require examination or procedure should be seen in person. Remain cognisant that telehealth services are a barrier to some vulnerable patients who may need extra assistance to access health care in this way.</li> <li>• Patients should be seen in person for: <ul style="list-style-type: none"> <li>○ acute conditions which require examination</li> <li>○ acute minor surgery, e.g. skin wound or abscess</li> <li>○ routine care where delay may cause deterioration, e.g. heart failure management</li> <li>○ immunisation – childhood, HPV, flu, covid</li> <li>○ potential malignancy, e.g. melanoma, SCC.</li> <li>○ Cancer screening esp priority population</li> </ul> </li> <li>• Deferral of care should be considered for: <ul style="list-style-type: none"> <li>○ Non-cancer national screening programmes</li> <li>○ minor surgery other than melanoma and SCC</li> <li>○ B12, alendronate and other non-urgent parenteral therapy</li> <li>○ IUCD, Depo Provera, if other contraceptive options are available</li> <li>○ referral for non-urgent radiology and lab testing.</li> </ul> </li> <li>• Referral should continue for: <ul style="list-style-type: none"> <li>○ acute or urgent care</li> <li>○ suspected malignancy</li> <li>○ specialist advice only</li> <li>○ mental health – brief intervention services will be available as virtual consults as will many other mental health services.</li> </ul> </li> <li>• Non-urgent referrals to secondary care may need to be ‘parked’ on DHB systems.</li> </ul>

## **COMMUNITY SEVERE IMPACT**

**Hospital services  
close to capacity,  
multiple  
community cases,  
clear community  
transmission**

## **RED ALERT**

At Red Alert the health system as a whole is severely strained.

- All available primary care resource will be used to manage acute primary care conditions (including COVID-19) and to support secondary care by managing many people in the community who would normally be admitted. This would entail reorganisation of the system.
- Routine care will be at a standstill, with all resources diverted to acute lifesaving care, relief of severe symptoms, or palliative care. This would require a shared workforce with district nursing, telehealth input from the palliative care team, ARC team and facility with additional primary care support.
- Community radiology and laboratory testing will be unavailable except in exceptional circumstances.
- Secondary care admissions will be available only according to criteria which will be available at the time.
- Telehealth or in-person consultations, with or without referral to secondary care, will remain appropriate for:
  - acute life threatening conditions e.g. acute exacerbations of asthma/COPD, CHF, chest pain, acute abdominal issues, GI bleed
  - severe mental health conditions e.g. suicidality, psychosis
  - urgent antenatal and postnatal care
  - palliative care.
- Telehealth consults for less serious acute conditions e.g. skin infections, UTI, may be available as demand allows.
- It is important to remain aware our most vulnerable patients may struggle more than ever to access health care at this time and that even when under pressure we need to be alert to their needs as the severity of issues may not be immediately apparent.

MOH pandemic response levels	General practice community activities - Testing
<b>COMMUNITY READINESS</b>  <b>Occasional cases based on travel / contact</b>  <b>GREEN ALERT</b>	<ul style="list-style-type: none"> <li>• General practice all encouraged to test and only send overflow to designated clinics or CBACs recognising streaming levels with or without a true red stream. Introducing amber stream when the likelihood of positive COVID-19 is extremely low.</li> <li>• Testing at ongoing enhanced rates to determine any hidden COVID-19.</li> <li>• Designated clinics remain in place to take overflow within their sector from surrounding practices.</li> <li>• Pop-up and mobile CBAC clinics for targeted asymptomatic testing in groups as directed by the Ministry of Health and local priority need.</li> <li>• Promote and provide covid vaccination</li> </ul>
<b>COMMUNITY MILD IMPACT</b>  <b>Cases increasing, based on travel / contact / possible community transmission</b>  <b>YELLOW ALERT</b>	<ul style="list-style-type: none"> <li>• Identical to green alert level with testing at ongoing enhanced rates to determine any hidden COVID-19.</li> <li>• CBACs predominately referred testing centres.</li> <li>• Novel pop up and mobile CBACs limit number to also take overflow within their area from most practices and have an ongoing weekend presence.</li> <li>• Promote and provide covid vaccination</li> </ul>
<b>COMMUNITY MODERATE IMPACT</b>  <b>Increasing case numbers, some hospitalisations, possible community transmission.</b>  <b>ORANGE ALERT</b>	<ul style="list-style-type: none"> <li>• Testing at ongoing enhanced rates to determine any COVID-19 positive cases for cluster control.</li> <li>• CBACs mostly referred testing centres but may serve as 'assessment and treatment' centres in a limited capacity.</li> <li>• General practice cease amber streaming option and revert to green and red streaming options only with overflow being referred to designated clinics, urgent care facilities, and/or CBACs.</li> <li>• Designated clinics in place to take overflow within their sector from surrounding practices. Increasing capacity as required.</li> <li>• CBACs full numbers to take overflow within their area from most practices and have an ongoing weekend presence.</li> <li>• Pop-up and mobile CBAC clinics for targeting testing in groups as directed by the Ministry of Health and local priority need.</li> <li>• Promote and provide covid vaccination</li> </ul>
<b>COMMUNITY SEVERE IMPACT</b>  <b>Hospital services close to capacity, multiple community cases, clear community transmission</b>  <b>RED ALERT</b>	<ul style="list-style-type: none"> <li>• Testing at ongoing enhanced rates to determine any COVID-19 positive cases for cluster control.</li> <li>• CBACs remain as mostly referred testing centres but may serve as 'assessment and treatment' centres in an increasing manner with the means to perform treatments that might require limited observation right up to worst case, initialising community-based palliative care.</li> <li>• General practice mostly green and where designated provide red streaming options with overflow being referred to designated clinics, urgent care facilities, and/or CBACs.</li> <li>• Promote and provide covid vaccination</li> </ul>