

COVID19 Primary Care Response Framework, at a Glance



The Northern Region Health Coordination Centre (NRHCC), in conjunction with primary care leaders, will determine the appropriate alert level for primary care in the Auckland region. This may be different from the current hospital alert/response level and the national or regional alert level.

Please read in conjunction with the [COVID-19 Primary Care Alert Response Framework](#) on HealthPathways

	All Levels	Green Any COVID-19 cases in your community are being managed and are under control	Yellow Any COVID-19 cases in your community are being actively investigated and managed.	Orange Community transmission of COVID-19 is not well controlled	Red There is uncontrolled community transmission of COVID-19
Clinical Care - aim to make access to full scope General Practice services as complete and as easy as possible whilst maintaining safety					
Screening	Screen all patients for symptoms of COVID-19 and contact and HIS criteria, ideally <i>both</i> on line/on the phone, and physically before entering the clinic Entrance signage essential Consider options for patients without phone or cars	Before entering the clinic ideally, or at clinic entrance, or at reception depending on staffing levels	Before entering the clinic ideally, or at clinic entrance or at reception	Before entering the clinic	Before entering the clinic
Streaming/triage	Stream all patients with acute respiratory infections and those who meet contact/HIS criteria Access swabbing and assessment via CTCs, designated practices and mobile services where available	Stream patients to separate areas depending on assessed level of risk. Where possible, separate higher risk patients (all symptomatic patients and all contact/HIS with or without symptoms); e.g. separate entrance and room. Also, these higher risk people should not be exposed to each other, to prevent cross infection. Asking patients to wait in their car until a clinician is ready to see them is another option, if there is no clinical concern about them waiting unobserved.	Stream patients to separate areas depending on assessed level of risk. Where possible, separate higher risk patients (all symptomatic patients and all contact/HIS with or without symptom) eg separate entrance and room. Also these higher risk people should not be exposed to each other, to prevent cross infection. Asking patients to wait in their car until a clinician is ready to see them is another option, if there is no clinical concern about them waiting unobserved.	Stream patients to separate areas depending on assessed level of risk. High risk (all symptomatic patients and all contact/HIS with or without symptoms) need complete separation eg separate entrance and room, or in car and check on them regularly if there is clinical concern about them being unobserved. Also these high risk people should not be exposed to each other, to prevent cross infection. Allow lower risk patients to enter the building at clinical team's discretion.	Stream patients to separate areas depending on assessed level of risk. High risk (all symptomatic patients and all contact/HIS with or without symptoms) need complete separation e.g. separate entrance and room, or in car and check on them regularly if there is clinical concern about them being unobserved. Also these high risk people should not be exposed to each other, to prevent cross infection. Allow lower risk patients to enter the building at clinical team's discretion.
Accompanying people	If they do come, take their names for contact tracing purposes as required	Encourage people to consider who needs to come with them to support their engagement. If they or their support people are symptomatic, let them know the group will need to be seen in the red stream. Where possible, request that others who aren't going to be part of the engagement stay outside the clinic to limit the numbers in the waiting room.	Encourage people to consider who needs to come with them to support their engagement. If they or their support people are symptomatic, let them know the group will need to be seen in the red stream. Where possible, request that others who aren't going to be part of the engagement stay outside the clinic to limit the numbers in the waiting room.	Encourage people to come alone, taking into account cultural and other preferences/needs.	Encourage people to come alone, taking into account cultural and other preferences/needs.

	Clinical priorities	See COVID-19 Priority of Clinical Services in Primary Care At all levels provide Sore Throat Management for those at risk of Rheumatic Fever				
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Service Delivery

	Telehealth (ratio face-to-face/telehealth)	Use phone triage and patient portal to help patients get the type and level of interaction they need, taking into account the Response Level context	Primary Care: Encourage (80/20) Urgent Care Clinics: Remain 100% walk-in Maintain clinical access, emphasis on triage and streaming	Primary Care: Actively Support Use Urgent Care Clinics: Remain 100% walk-in Maintain clinical access, emphasis on triage and streaming	Primary Care: Actively support use Urgent Care Clinics: Remain 100% walk-in Maintain clinical access, emphasis on triage and streaming	Primary Care: Use telehealth by default. (20/80) Urgent Care Clinics: Remain 100% walk-in. Maintain clinical access, emphasis on triage and streaming
	Booked Appointments		Primary Care: See as usual UCC: Walk-in as usual	Primary Care: Face to Face if required UCC: Walk-in as usual	Primary Care: Face to Face if essential UCC: Walk-in as usual	Primary Care: Face to face if essential UCC: Walk-in as usual
	Walk-ins	Encourage use of COVID tracer App, display QR code, ensure patient contact details up to date	Accept. Screen before allowing into waiting room	Primary Care: Accept only after screening outside the premises	Primary Care: Accept only after screening outside the premises	Primary Care: Accept only after screening outside the premises

				UCCs: accept all walk-ins. All patients need to be both screened and formally triaged if patient in car.	UCCs: accept all walk-ins. All patients need to be both screened and formally triaged if patient in car.	UCCs: accept all walk-ins. All patients need to be both screened and formally triaged if patient in car.
	Waiting room	Minimise waiting area fomites e.g. no children's area, no magazines, books, or toys.	At least 1m physical distancing, aiming for 2m where possible	2m physical distancing	2m physical distancing	General Practice: Closed. People wait in cars Urgent Care clinics: People wait in cars if suitable post screening and triage. Urgent cases enter and observe physical distancing/use appropriate PPE

Infection Prevention and Control - Risk assessment, environmental controls, and hand hygiene are key. PPE is the last line of defence

	Physical distancing		At least 1m physical distancing, aiming for 2m where possible	2m physical distancing	2m physical distancing	2m physical distancing
	Hand hygiene	Before and after all examinations, and before touching surfaces, pens, keyboard				
	Summary on: Medical Mask and P2/N95 respirator use (also see further, PPE sections)	Use depends on the circumstances: Standard PPE recommendations for droplet precautions include use of a <u>medical mask</u> (i.e. all symptomatic patients and asymptomatic HIS and contacts). Medical mask use for all staff with patient contact if patient is asymptomatic non-HIS and non-contacts, and for all patients who are asymptomatic and non-HIS and non-contacts, is not recommended by IPC advisors when there is <u>no</u> documented community transmission. Use clinical judgement and PHO/ leadership advice regarding wearing masks. See further details in response levels				
	Medical masks, additional to practitioner PPE for swabbing and clinical assessment of potentially	Situations where use of <u>P2/N95</u> particulate respirators is recommended (for undertaking COVID-19 testing AND/OR General health assessment): For close interactions in an enclosed, poorly ventilated space, use P2/N95 mask for patients with COVID-19 symptoms (including less common) as follows: - When there is an evolving community outbreak (as defined by Public Health) or when national Alert Level is 3 or 4; - At ANY Alert Level, when in the last 14 days the person has had contact with a COVID-19 case or meets one of the HIS criteria				
		Asymptomatic, non-HIS/non-contact patients – use clinical judgement and PHO/leadership advice regarding wearing masks Symptomatic patients, and asymptomatic people who are in the HIS/ contact groups* – provide a medical mask on entry for source	Asymptomatic, non-HIS/non-contact patients – use clinical judgement and PHO/leadership advice regarding wearing masks Symptomatic patients, and asymptomatic people who are in the HIS/ contact groups* – provide a medical mask on entry for source	Clinicians, other staff with patient contact* and all patients to wear clinical masks for all interactions. *See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff might be indicated	Clinicians, other staff with patient contact* and all patients to wear clinical masks for all interactions *See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff might be indicated	

	infectious patients		control. *See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff might be indicated	control. *See advice in the Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff might be indicated		
COVID-19 Swabbing	PPE use - swabbing: Symptomatic and/or Higher Index of Suspicion (HIS) or a contact of a confirmed or probable case, including asymptomatic HIS or contact	Hand hygiene, mask, single-use gloves and eye protection essential for all <u>PLEASE NOTE:</u> <ul style="list-style-type: none">If working in a red stream and swabbing only, 'sessional' PPE use is recommended - hand hygiene and glove change between patients. Mask, gown/eye protection change at meal breaks or a minimum of every four hours or when damp or soiled	Full PPE* i.e. Add plastic apron or long-sleeved, fluid-resistant gown *See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated	Full PPE* i.e. Add plastic apron or long-sleeved, fluid-resistant gown *See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated	Full PPE* i.e. Add plastic apron or long-sleeved, fluid-resistant gown *See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated	Full PPE* i.e. Add plastic apron or long-sleeved, fluid-resistant gown *See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated
	Asymptomatic non-HIS/non-contact	<ul style="list-style-type: none">For those working between red and green streams, PPE should be carefully doffed at the end of a 'red' consultation, and instruments and the room cleaned accordingly	Apron/gown is optional depending on a risk assessment of potential exposure to respiratory secretions	Apron/gown is optional depending on a risk assessment of potential exposure to respiratory secretions		
Other clinical Interactions (NB: people with known COVID-19 will be in a Managed Quarantine facility, so they are not covered here.)	PPE use - other: Symptomatic with Higher Index of Suspicion (HIS), or a contact of a confirmed or probable case (see above for PPE use when swabbing)	Standard precautions, physical distancing where possible and hand hygiene essential for all <u>PLEASE NOTE</u> <ul style="list-style-type: none">If working in a dedicated red stream but assessing patients as well as swabbing, use sessional PPE as described above, and change gown if it might have been contaminated e.g by touching the patient during examination. Medical instruments such as a stethoscope, and high-touch, wipeable surfaces, should be cleaned between patients by the clinician in PPE	Full PPE i.e. Medical mask*, eye protection, gloves, plastic apron or long-sleeved fluid-resistant gown Reminder: Provide the person with a mask to wear for source control. * See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated	Full PPE i.e. Medical mask*, eye protection, gloves, plastic apron or long sleeved fluid-resistant gown Reminder: Provide the person with a mask to wear for source control. * See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated	Full PPE i.e. Medical mask*, eye protection, gloves, plastic apron or long sleeved fluid-resistant gown Reminder: Provide the person with a mask to wear for source control. * See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated	Full PPE i.e. Medical mask*, eye protection, gloves, plastic apron or long sleeved fluid-resistant gown Reminder: Provide the person with a mask to wear for source control. * See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated
	PPE: Symptomatic Non-HIS and non-contact (see above for PPE use when swabbing)	<ul style="list-style-type: none">For those working between red and green streams, PPE should be	Medical mask and eye protection. Reminder: provide the person with a mask to wear for source control Consider adding gloves and plastic apron or long sleeved, fluid-resistant gown depending on clinical judgement and procedure involved e.g. examining the throat, exposure to other body fluids (see also PPE for COVID-19 swabbing section above)	FULL PPE Medical mask*, eye protection, gloves, plastic apron or long sleeved, fluid-resistant gown * See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated	FULL PPE Medical mask*, eye protection, gloves, plastic apron or long sleeved, fluid-resistant gown * See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated d	FULL PPE Medical mask*, eye protection, gloves, plastic apron or long sleeved, fluid-resistant gown * See advice in the 'Mask and respirator use' row re when N95/P2 respirator use by clinicians/staff is indicated

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	Asymptomatic HIS or a contact of a confirmed or probable case (see above for PPE use when swabbing)		Medical mask and eye protection Reminder: provide the person (and staff) with a mask to wear for source control Consider adding gloves and plastic apron or long sleeved fluid-resistant gown depending on clinical judgement and procedure involved e.g. examining the throat, exposure to other body fluids (see also PPE for COVID-19 swabbing section above)	As for Green level. Future updates will be provided as available	As for Green level. Future updates will be provided as available	As for Green level. Future updates will be provided as available
	Asymptomatic non-HIS or non-contact (see above for PPE use when swabbing)		Use clinical judgement and PHO/leadership advice regarding wearing masks. Other PPE as indicated by risk assessment as part of standard precautions	As for Green level. Future updates will be provided as available	As for Green level. Future updates will be provided as available	As for Green level. Future updates will be provided as available
Cleaning	Symptomatic, Higher Index of Suspicion or a contact of a confirmed or probable case (including asymptomatic HIS or contact), or known COVID-19	Room: At the end of each consultation, wearing at least apron and gloves, wipe down flat surfaces. Change linen if used. Dispose of PPE in closed-binned clinical waste. No need to stand down room for period between patients. Medical equipment: Between patients clean all medical equipment in the room with an alcohol swab or disinfectant.		Consider use of alternative to linen	Avoid linen	Avoid linen
	Asymptomatic non HIS, non-contact		Room: At the end of each consultation wipe down flat surfaces and any other potentially infectious surface Medical equipment: If an item touches the patient - clean it before it touches another patient, using alcohol swab or disinfectant	Room: At the end of each consultation wipe down flat surfaces and any other potentially infectious surface Medical equipment: If an item touches the patient - clean it before it touches another patient, using alcohol swab or disinfectant	Room: At the end of each consultation, wearing at least apron and gloves, wipe down flat surfaces. Dispose of PPE in closed-binned clinical waste. No need to stand down room for period between patients. Avoid linen; change linen if used Medical equipment: Clean all medical equipment in the room between patients with an alcohol swab or disinfectant	Room: At the end of each consultation, wearing at least apron and gloves, wipe down flat surfaces. Dispose of PPE in closed-binned clinical waste. No need to stand down room for period between patients. Avoid linen; change linen if used Medical equipment: Clean all medical equipment in the room between patients with an alcohol swab or disinfectant
Human Resources						
	Staffing	Vaccinations up to date, contact details up to date	Business As Usual (BAU)	Encourage vulnerable staff to work from home if possible	Encourage vulnerable staff to work from home if possible	Encourage vulnerable staff to work from home if possible
	Unwell staff	Do not allow staff to attend work with any respiratory symptoms				
	Teams approach	Maintain register of staff working in specific areas, to fulfil health and safety requirements/facilitate contact tracing if required	Business As Usual (BAU), ensuring documentation of staffing arrangements to facilitate contact tracing if required	Consider a 2+ teams approach to cover the week so that if 1 team is required to isolate the other can provide back-up	Practice a 2+ teams approach to cover the week so that if 1 team is required to isolate the other can provide back-up	Practice a 2+ teams approach to cover the week so that if 1 team is required to isolate the other can provide back-up

