

Primary Care, Pharmacy & CBACs

COVID-19 Community Readiness

GREEN ALERT

Trigger Status summary: No COVID-19 positive patients in your hospital; no cases in your community; managing service delivery as usual with only staffing and facility impact being for training & readiness purposes

Managing service delivery as usual with only staffing and facility impact being for training & readiness purposes

- Screen for COVID-19 symptoms & travel history for all attendances to primary care and community facilities
- Plan for triage including physical separation
- Plan to separately stream COVID-19 suspected cases and non COVID-19 cases
- Practice PPE availability and use for COVID-19 care in appropriate areas
- Undertake training and practice runs for management of a COVID-19 suspected case
- Ensure shared medical record, secure provider communication, telehealth, virtual consultation and electronic prescribing options available that consider the needs of the community served.
- Ensure local clinical guidance is available e.g. HealthPathways, connected to local processes and directories
- Plan for management of calls, phone triaging, remote and virtual consults and virtual MDTs for the majority population, including provision for vulnerable populations with limited phone and internet access.
- Plan for community based assessment and testing clinics and mobile assessment teams and welfare response teams for all of the levels below including immediate response to any possible or actual outbreak in any community
- Plan for whānau/community centred responses for priority populations to ensure access to necessary care and equity
- Plan to defer non-essential (non-urgent) services, noting vulnerable populations may still need to receive care
- Plan and prepare a dedicated COVID-19 area and staff, including dedicated Māori, Pacific and Disability health workers
- Plan with additional support staff to confirm arrangements for their assistance during higher escalation levels
- Identify vulnerable patients who may need additional social supports, care planning, pre-emptive care
- Resource kit developed for supporting people with own wellbeing and welfare need

All Community Residential, NASC, HCSS & DSS

Managing service delivery as usual with only staffing and facility impact being for training & readiness purposes

- Screen for COVID-19 symptoms & travel history for all attendances to community facilities
 - Identify vulnerable patients who may need additional social supports, care planning, pre-emptive care and assign specific resource to work with these groups
 - Plan to have a separated stream for COVID-19 suspected cases and non COVID-19 cases to manage isolation as required
 - Practice PPE use for COVID-19 care in the relevant settings
 - Plan for virtual and non-contact medical and specialist care.
 - Identify non-essential (non-urgent) services that can be deferred with no risk to patients.
 - Develop clear COVID-19 visitor policies.
 - Implement alert level admission and discharge plans with your DHB.
 - Plan with additional support staff to confirm arrangements for their assistance during higher escalation levels
 - Create psychosocial messaging, appropriate to all clients.
- NASC/HCSS/DSS
- Screen for COVID-19 symptoms in all patients where care is provided
 - Maintain accurate lists of all vulnerable clients.
 - Plan how to manage home and community support services and disability support services to minimise unnecessary contact and prioritise those with highest need
 - Plan to how to support COVID-19 suspected cases and non COVID-19 cases in home care settings including streaming of workforce
 - Practice PPE use for COVID-19 care in the relevant settings
 - Create psychosocial messaging, appropriate to the clients including for their personal support network.

Other community providers
including NGOs, Māori and Pacific providers, district nursing, community midwifery and allied health

Managing service delivery as usual with only staffing and facility impact being for training & readiness purposes

- Screen for COVID-19 symptoms & travel history for all attendances to community facilities
- Identify vulnerable patients who may need additional care planning
- Practice PPE use for COVID-19 care in the relevant settings
- Plan how care may be delivered in non-contact ways or be deemed non-essential
- Plan how to deliver essential care and support to clients including where contact is required
- Plan for whānau/community centred responses for priority populations to ensure access to necessary care and to support equity.
- Plan with additional support staff to confirm arrangements for their assistance during higher escalation levels
- Create psychosocial messaging, appropriate to the clients including for their personal support network.

COVID-19 Community Mild Impact

YELLOW ALERT

Trigger Status summary: Cases quarantined in your community, contact tracing active; one or more COVID-19 positive patients in your hospital, there may be some staff absence and some staff redeployment to support response

Presence of a COVID-19 probably or small outbreak: May be some staff absence and redeployment to support response

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Activate Plans as required at Community Yellow Alert
- Move to delivery of care by virtual or non-contact means wherever possible whilst ensuring access for priority and vulnerable populations.
- Primary care providing initial assessments of patients with COVID-like symptoms
- Activate PPE Plans
- Activate streaming of suspected COVID-19 positive and non-positive patients to separate areas
- Activate plans for management of calls, phone triaging, remote and virtual consults and virtual MDTs for the majority population, including provision for vulnerable populations with limited phone and internet access
- Activate plans for community-based testing clinic(s), by referral only and close to any known possible outbreaks and mobile assessment teams.
- Activate plan for whānau/community centred responses for priority populations to ensure access to necessary care and equity
- Activate specific plans for Advanced Care; Palliative Care; Age Residential Care and Mental Health and Addiction support provided by primary care.
- Plan for extended acute demand service available to manage people including extended large-scale illness and palliative care to all community facilities.
- Plan for all hospital activity that needs to continue to transfer to community options where able,
- Identify and support high risk patients, those awaiting elective services which are postponed and those with chronic conditions
- Continue with influenza vaccinations and primary care administered childhood immunisations, prioritising vulnerable populations
- Implement the referral process developed for non-health related welfare concerns
- Deploy resource kit to support people with own wellbeing and welfare need

Presence of a COVID-19 probably or small outbreak: May be some staff absence and redeployment to support response

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Refer all patients and staff who exhibit symptoms for assessment and testing.
- Activate plans as required at Community Yellow Alert
- Activate appropriate PPE Plans
- Managing patients in their place of residence and activate isolation plans where required.
- Activate Plan for virtual and non-contact medical and specialist care.
- Activate visitor policies (1 adult visitor per day by appointment)
- Activates admission and discharge pathways developed with your DHB.

NASC/HCSS/DSS

- Screen for COVID-19 symptoms in all patients where care is provided
- Refer all patients and staff who exhibit symptoms for assessment and testing.
- Needs assessment and service coordination prioritised to patients with highest need
- Implement the referral process developed for non-health related welfare concerns
- Deploy resource kit to support people with own wellbeing and welfare need

Presence of a COVID-19 probably or small outbreak: May be some staff absence and redeployment to support response

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Refer all patients and staff who exhibit symptoms for assessment and testing.
- Activate plans as required at Community Yellow Alert
- Activate virtual and non-contact delivery where possible.
- Activate whānau/community centred responses for priority populations to ensure access to necessary care and to support equity.
- Cease non-essential service delivery.
- Virtual midwifery appointments encouraged where appropriate.
- Activate appropriate PPE Plans
- Implement the referral/delivery process for non-health related welfare concerns
- Implement relationships with Civil Defence welfare responses to support welfare need.
- Deploy resource kit to support people with own wellbeing and welfare need

Primary Care, Pharmacy & CBACs

COVID-19 Community Moderate Impact

ORANGE ALERT

Trigger Status summary:
Community
transmission/multiple clusters
in your community; one or
more COVID-19 positive
patients in your hospital;
significant staff absence,
extensive staff redeployment

Urgent care facilities and primary care capacity severely affected, significant staff absence, extensive staff redeployment

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Activate additional plans as required at Community Orange Alert
- Delivery of care by virtual or non-contact means wherever possible.
- Patients with COVID-like symptoms referred to Community Based Assessment Units
- Expand Community Based Assessment Clinics in multiple locations with good access for priority populations, mobile teams for immobile or isolated patients and outreach to vulnerable and priority populations ensuring proximity to any known possible outbreaks and mobile assessment teams.
- Expand whānau/community centred responses for priority populations to ensure access to necessary care and equity
- Move to even greater delivery of care by virtual or non-contact means wherever possible whilst ensuring access for priority and vulnerable populations.
- Expand specific plans for Advanced Care; Palliative Care; Age Residential Care and Mental Health and Addiction support provided by primary care including postponing non-essential care and pre-emptive care is in place for end of life patients.
- Activate the plan for extended acute demand service available to manage people including extended large-scale illness and palliative care to all community facilities.
- Activate the plan for all hospital activity that transfers to community options.
- Identify and support high risk patients, those awaiting elective services which are postponed and those with chronic conditions
- Pharmacies activate tele advice for medicine management and non-contact delivery mechanisms for patients
- Continue with influenza vaccinations and primary care administered childhood immunisations, prioritising vulnerable populations
- Implement pro-active support for non-health related welfare concerns
- Deploy resource kit to support people with own wellbeing and welfare need

All Community Residential, NASC, HCSS & DSS

Significant staff absence, extensive staff redeployment

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Refer all patients and staff who exhibit symptoms for assessment and testing.
- Stream for COVID-19 suspected cases and non COVID-19 cases to manage isolation as required
- Workforce Backup Plans in Place with your DHB
- Activate plans as required at Community Orange Alert
- Activate appropriate PPE Plans
- Maintain virtual medical care with Primary Care
- Activate Orange Alert Level visitor policies
- Activate Orange Alert Level admission and discharge pathways developed with your DHB.
- Providers continue to accept admissions from DHBs and NASCs within agreed care levels including early discharge.

NASC/HCSS/DSS

- Activate appropriate PPE Plans
- Essential home and community support care in place,
 - Shower, bathing and basin washing; oral hygiene - two weekly
 - Toileting; Sponge & bed positioning;
 - Medicine administration; Meals on wheels
- Cease non-essential home and community supports,
- Workforce Backup Plans in Place with your DHB
- Safety Check - Phone/ video OR family, friend,
- Implement pro-active support for non-health related welfare concerns
- Deploy resource kit to support people with own wellbeing and welfare need
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Other community providers including NGOs, Māori and Pacific providers, district nursing, community midwifery and allied health

Significant staff absence, extensive staff redeployment

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Refer all patients and staff who exhibit symptoms for assessment and testing.
- Activate plans as required at Community Orange Alert levels
- Support prioritised for vulnerable or high risk patients
- Activate virtual and non-contact delivery where possible.
- Activate whānau/community centred responses for priority populations to ensure access to necessary care and to support equity.
- High risk groups continue to receive face to face midwifery appointments
- Cease non-essential service delivery.
- Activate appropriate PPE Plans
- Implement the referral/delivery process for non-health related welfare concerns
- Implement relationships with Civil Defence welfare responses to support welfare need.
- Deploy resource kit to support people with own wellbeing and welfare need

COVID-19 Community Severe Impact RED ALERT

Trigger Status summary:
Community
transmission/widespread
outbreaks in your community;
COVID-19 positive patients in
your hospital, urgent care
facilities and primary care at
capacity, all available staff
redeployed to non-deferrable
care

Urgent care facilities and primary care at capacity, all available staff redeployed to non-deferrable care

- Activate additional plans as required at Community Red Alert
- Streaming of suspected COVID-19 and non COVID-19 positive patients, either within or between facilities as agreed via local incident control
- All patients with COVID-like symptoms referred to CBACs with assessment, testing, mobile medical teams and welfare responses located across districts with a focus on priority communities;
- Expand whānau/community centred responses for priority populations ensure access to necessary care and equity
- All clinical services triaged and limited to urgent non-deferrable care including acute, palliative
- Non-essential delivery of care ceased.
- Provide medical support to Palliative Care; Age Residential Care and Mental Health and Addiction support and pre-emptive care is in place for end of life patients.
- Activate the plan for extended acute demand service available to manage people including extended large-scale illness and palliative care to all community facilities.
- Activate the plan for all hospital activity that transfers to community options.
- Identify and support high risk patients, those awaiting elective services which are postponed and those with chronic conditions
- Pharmacies provide only tele advice for medicine management and non-contact delivery mechanisms for patients
- Implement pro-active support for non-health related welfare concerns
- Deploy resource kit to support people with own wellbeing and welfare need
- Provider and team wellbeing support systems are proactive

All available staff redeployed to non-deferrable care

- Activate plans as described in Community Red Alert level
- Continue screening for COVID-19 symptoms and travel history
- Refer all patients and staff who exhibit symptoms for assessment and testing.
- Workforce Backup Plans in Place with your DHB
- Activate appropriate PPE Plans
- Stream for COVID-19 suspected cases and non COVID-19 cases to manage isolation – this may be across facilities
- Maintain virtual medical care with Primary Care
- Activate Red Alert Level visitor policies
- Activate Red Alert Level admission and discharge pathways developed with your DHB including alternative admission pathways.
- Implement palliative care support where appropriate and necessary.

NASC/HCSS/DSS

- Activate appropriate PPE Plans
- Essential home and community support care in place,
 - Shower, bathing and basin washing; oral hygiene - two weekly
 - Toileting; Sponge & bed positioning;
 - Medicine administration; Meals on wheels
- Cease non-essential home and community supports,
- Workforce Backup Plans in Place with your DHB
- Safety Check - Phone/ video OR family, friend,
- Implement pro-active support for non-health related welfare concerns
- Deploy resource kit to support people with own wellbeing and welfare need

All available staff redeployed to non-deferrable care

- Continue screening for COVID-19 symptoms and travel history as per Green Alert
- Refer all patients and staff who exhibit symptoms for assessment and testing.
- Activate plans as required at Community Red Alert levels
- Support prioritised for vulnerable or high risk patients
- Virtual and non-contact delivery where possible.
- High risk groups continue to receive face to face midwifery appointments
- Whānau/community centred responses for priority populations to ensure access to necessary care and to support equity.
- Cease non-essential service delivery.
- Activate appropriate PPE Plans
- Implement the referral/delivery process for non-health related welfare concerns
- Implement relationships with Civil Defence welfare responses to support welfare need.
- Deploy resource kit to support people with own wellbeing and welfare need.

This framework has been developed as a guide for the community health system when moving between different health sector alert levels. Not all information will be relevant to your workplace.

The alert system used for this framework **is not** the same as the Government alert system. This alert system considers the state in which the **local health system** is in- this will vary region by region.

This means that some activities will continue, reduce or cease depending on the state of your local health system, or it may depend on the needs of your practice population or community, including equity considerations. Providers know their population best and will need to provide some services throughout all alert levels. This is particularly relevant for vulnerable communities and rural practices and providers. communities

Essential services such as primary care childhood immunisation, contraception, and access to mental health services should always be available, irrespective of the alert level.