The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Patient management under the traffic light system

Executive summary

This document is designed to assist clinicians in the management of patients under the traffic light system and it covers:

1 Maintaining green and red streams in general practice regardless of community traffic light level
2 Triage
3 Practice and waiting room layout
4 PPE usage
5 Risk assessment and categorisation of health care workers exposed to Covid 19
6 Acute care
7 Chronic care
8 Management of patients with COVID-19 in the community

The key messages are:

- You have a duty of care to manage all patients in your practice population, including those with COVID-19.
- Patients with respiratory or other COVID-19 symptoms (red stream) need to be separated from other patients (green stream) and treated by staff wearing PPE.
- When COVID-19 becomes high prevalence in the community it may be impossible to separate red and green streams – except potentially with Rapid Antigen Testing.
- For green stream patients masks are all that is required.
- Although general practice needs to return to the "new normal" as soon as possible there is likely to be a greater focus on acute care now that the Omicron variant of COVID-19 has entered the community.

This document should be read in conjunction with the Ministry of Health's document: **Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19** which can be found on their website and also be accessed through your local HealthPathways:

Introduction

The Ministry of Health's COVID-19 Protection Framework – or traffic light classification – for risk management of COVID-19 in the community replaces the previous "Alert Level" system.

The traffic light system is specifically designed to advise public facing businesses on how to cater to members of the public in a COVID-19 pandemic or endemic environment, and allows those businesses to exclude, or at least discriminate between those members of the public who are vaccinated and those who are not.

In general practice however, medical care must be provided to all people, regardless of their vaccination status and it is important that we take a patient centred approach and look to returning to normal activity as soon as the present situation allows. Not only is this important for patient welfare it is critical to the efficient running of our health service. A British study has estimated that

over 80 percent of doctor contacts are made in primary care and even a small reduction in GP services is likely to have a very real impact on hospital services.

Management of infectious diseases have changed; however, we need to be looking at how we can return, over time, to the normal management of both acute and long-term conditions. Overseas experience shows that patients want to see a return to face to face contact.

The one caveat to this document is that, now the Omicron variant of COVID-19 has appeared in the New Zealand community, there is likely to be a necessary focus on acute care management (see section 6).

The Royal New Zealand College of General Practitioners position on the management of both vaccinated and unvaccinated patients (which includes all children under the age of 12) is that **all** patients, irrespective of their vaccination status should have access to face-to-face consultations when required.

However, it is important that clinicians take appropriate precautions to ensure that unvaccinated or acutely unwell patients do not pose a risk to clinical staff or other patients, particularly those that are immunocompromised, elderly, or have multiple co-morbidities that put them at risk of poorer COVID-19 outcomes.

Any risk mitigation must not result in putting an asymptomatic unvaccinated patient into the same area or close contact with "red stream" symptomatic patients.

In developing this advice, we have made the following assumptions:

- All clinical staff and most patients will be fully vaccinated.
- With the advent of the Omicron variant, general practices will be seeing many more patients with COVID-19, and they will need to take precautions above that of other public-facing organisations and businesses.
- Experience suggests while virtual consultations are an important tool, many patients require face to face contact. It is therefore important there is access to face-to-face consultations as required.
- COVID-19 will be endemic in New Zealand in the foreseeable future. The actual degree of COVID-19 in the community cannot be predicted at present.
- Some form of triage will be normal and red/green streaming will continue into the foreseeable future.

1. Maintaining green and red streams in General Practice regardless of community Traffic Light level

Patients with symptoms suggestive of respiratory infection must continue to be separated from non-respiratory patients within the practice. Red streaming of all undifferentiated respiratory illness is an ongoing recommendation, especially as COVID-19 spreads throughout New Zealand.

How social distancing occurs will be influenced by size and layout of the practice, and workforce resources. Ideally, your red stream system would include:

- Separate staff from those working in the green stream
- Separate entry/exit for patients
- Separate bathroom
- Good ventilation
- Appropriate PPE for both staff and patients.
- For some practices this may mean that the red stream assessment and swabbing may have to occur outside of the building.

Clear signage for patients is essential and we must continue to provide the environment and the assurance to patients and our staff that our practices are safe for them and their families.

In addition, all patients entering a practice should wear a mask.

2. Triage

Triaging of phone calls was already happening before COVID-19 became an issue, but with the advent of the virus this has taken on a new importance. In the past, triage was used to determine a measure of urgency; however, in recent times this has taken on another dimension with assessment of infectious status whereby patients can be offered the option of a non-face to face consultation. With the arrival of COVID-19 there has been a further change of focus where patients have been allocated virtual consultations by a clinician's decision.

Patients will naturally want to see easier access to face-to-face consultations as soon as possible. This does however have to be tempered by the need to identify those patients with respiratory or other COVID-19 symptoms into an appropriate stream. Additionally, it is possible that triage may have to be used to control workflow if there is a sudden rise in cases presenting with Omicron infections.

Our advice is:

All patients should be questioned about their health status to determine whether they should be allocated to a "red" stream service due to possible infection.

Some practices for safety reasons may have to manage some red stream activity outside of the practice premises.

Practice layout and waiting room

It is likely that one of the impacts of COVID-19 will be the changes in practice design and ventilation. However, many of these will be long-term solutions.

In the short term, all practices should try to maximise ventilation and consider HEPA filters along with strict room and equipment cleaning protocols. Waiting rooms need to be looked at in terms of social distancing and have toys and magazines removed.

Red stream: All red stream patients should be physically separated from other patients. This can be achieved by either separate waiting areas or by keeping these patients out of the surgery until they are ready to be seen (this may be moderated if the patient has no car, or they are a "walk in"). If

there is no capacity within the surgery then alternative arrangements need to be made outside of the surgery.

Green stream: These patients can be accommodated in a waiting room but with at least a 1 – 1.5 metre social distancing or staying in their cars until they are ready to be seen.

3. PPE usage

It is likely that some form of PPE usage will be the long-term norm for all clinicians involved in normal clinical care. Apart from the obvious benefit of preventing and transmitting COVID-19 and other infections, correct PPE usage will likely prevent a clinician, or indeed a practice, having to go into isolation after being exposed to a COVID-19 positive patient. The risk of an unintended exposure increases with the prevalence of the virus in the community.

The College's recommendations are:

All patients are masked while in the practice

Red stream workers: Minimum of face mask and washable clothes or gown with eye protection

Green stream workers: Minimum of face mask

5. Risk assessment and categorisation of healthcare workers exposed to COVID-19

There is a constant risk that clinicians and healthcare staff will be exposed to patients with COVID-19. If, and when, this situation arises, the actions that need to be taken by the clinician and the practice are covered here.

This section should be read in conjunction with the Ministry of Health's document **Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19** which can be found on their website and also be accessed through your local HealthPathways:

In summary:

a. The only situation where a staff member may have to stop work and isolate is when there is direct exposure to an aerosol generating event or direct exposure to shouting, singing or uncontrollable coughing without respiratory etiquette. If the staff member is however fully dressed in PPE including N95 mask or equivalent there is no reason to isolate.
b. All other contact with a positive case, even when not wearing PPE does not mean that the clinician has to stop work providing they follow the instructions in this document.
c. If a clinician or staff member develops COVID-19 symptoms they must stop work and follow the MOH protocol.

6. Acute care

Acute care is a critical element of general practice, and we must ensure that this area is managed in an efficient manner. It is essential we keep access freed up for vulnerable patients.

With the advent of the Omicron variant of COVID-19, acute care will take on a larger amount of our workflow and indeed may have to be the primary focus of the practice activity as cases increase. It also needs to be recognised that not all acute presentations will be COVID-19 related and this will put an additional burden on the practice.

We need to remember that even a small reduction in acute care by general practice will result in extra burden on out hospital services.

Acute care will present in a number of ways:

Walk in patients

For many surgeries this may be a common occurrence, which will potentially increase with Omicron.

All practices should have an agreed process for triaging and managing these patients and should include:

- Clear signage explaining what the triage process is.
- Staff who can respond in a safe manner who should be, either with social distancing and screens or with “red stream” PPE.
- Triage staff should have clear protocols as to assessment and management of these patients.

Many of these patients will require a face-to-face consultation and each practice must have a clear protocol for managing this situation.

Phone calls

It is inevitable that there will be an increase in phone calls into the practice, particularly regarding COVID-19 management. This will be driven by acute need or potential anxiety over COVID-19. It is important that staff answering these calls have clear instructions as to what to ask and how to respond. These calls need to be carefully documented and a check list in the PMS system may be useful.

These calls maybe longer than normal and so efficiency in management is essential. If the number of phone lines is adequate then employing or deploying more staff to the phone lines, and this may include nurses or GPs.

It is important to give sensible advice while a patient is on hold. This may well be to offer other forms of communication such as the patient portal.

Portal communication

General practices have embraced portal usage to varying degrees. The reality is that patients who use them are computer, or at least smart phone, literate, and this includes a reasonably large portion of the community. Making use of this system will mean that those who don’t or can’t use a

portal will have less time to wait for a phone call response and indeed suggesting this as a means of communication on your phone message may be useful.

A key advantage of a PM is that messages can easily be sent to the whole database. This means that proactively telling patients what to do if they have a COVID-19 diagnosis can be customised to your practice.

The use of a portal makes repeat prescriptions easy to manage which increases practice efficiency.

7. Chronic care

The management of patients with chronic conditions is another essential part of general practice and in the early days of the COVID-19 pandemic, it was important to keep these often-vulnerable people isolated as much as possible; however, with widespread vaccination (particularly in the older age groups) this becomes less of a problem although there is still some risk of poorer long-term outcomes even with vaccination.

The management of this group becomes more of a logistics problem, particularly if the practice is not set up to easily separate red and green stream patients or there are a lot of acute patients needing to be seen.

Where it is safe, these patients can be managed virtually; however, it is important to remember that because of previous lockdowns many patients may have been managed virtually for a long period of time. The notes need to be checked carefully to ensure that these patients are not missing out on essential face-to-face care.

Ideally these patients should be managed in the normal way they were before the COVID-19 pandemic. However, the possibility of a sudden rise in acute care management due to COVID-19 may mean that chronic care could be compromised.

8. Management of patients who have respiratory symptoms

Initial management (pretesting)

All patients with symptoms suggestive of COVID-19 should be swabbed and told to self-isolate until the swab result is known.

Patients with a positive test result (PCR or RA testing)

1 The local public health unit should be informed, and advice sought as to the local DHB management protocol.
2 These patients should be informed of their results, instructed to remain in isolation and all close and family contacts should also isolate. They should also be reassured that any social or financial services that are required will be delivered to them expeditiously.