



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:

- Maintaining green and red streams in general practice regardless of community traffic light level
- Triage
- Practice and waiting room layout
- PPE usage
- Acute care and essential screening
- Chronic care
- Management of patients with COVID-19 in the community

This document should be read in conjunction with this MOH document: [Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19](#). This can also be found on 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 how to cater to members of the public in a COVID-19 pandemic or endemic environment, and allows these 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.**

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.

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 some patients do like virtual consultations, but many still value or require face to face contact. It is therefore important that access to face-to-face consultations is not denied.
- 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 requirement 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 many practices this means the red stream assessment and swabbing may occur outside
- When the patient is in a car, ensure they open the opposite window to create sufficient air flow before opening the window towards you

Clear signage for patients is essential. It is essential that we 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 regardless of the traffic light level should wear a mask.

2. Triage

Triaging of 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 whereby patients were initially offered the option of a non-face to face consultation.

With the arrival of COVID-19 there has been a change of focus where patients have been allocated virtual consultations by a clinician's decision.



Our advice is:

For red traffic light level: A virtual consultation should be decided by the clinician (for all patients).

For an orange traffic light level: the decision about a virtual vs. an in-person consultation should be made between the clinician and the patient (providing that they are vaccinated).

For a green traffic light level: The patient can decide if their consultation is virtual or in-person (no matter their vaccination status), but this will depend on appointment availability.

3. 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/orange traffic light level

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”).

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.

4. 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:

Red and orange traffic light levels: All patients are masked while in the practice

Red stream workers: Minimum of face mask and washable clothes or gown with visor for higher risk procedures

Green stream: Minimum of face mask

Green traffic light level: All patients masked

Red stream workers: Minimum of face mask and washable clothes or gown with visor for higher risk procedures

Green stream workers: Mask is optional but preferable in case of accidental encounter with an undeclared red stream patient.



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. A detailed guidance is in the MOH document* attach

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 and essential screening

In all circumstances it is an essential element of general practice that acute care must be prioritised and acted upon. Likewise, childhood immunisations and cervical screening for at-risk patients need to be done even though this involves face-to-face contact.

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.

Red traffic light (assume that these patients are all green stream)

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.

Orange and green traffic light

These patients should be managed in the normal way they were before the COVID-19 pandemic.



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. 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.
2. The local Public Health Unit should be informed, and advice sought as to the local DHB management protocol.