

# National Cervical Screening Programme COVID Response Framework

January 2022

*This guidance has been updated in the context of an Omicron outbreak in Aotearoa. The focus for the National Cervical Screening Programme during the outbreak is on equity and continuing to provide screening appointments. To ensure service delivery continues further public health measures will need to be put in place.*

Cervical screening is an essential preventative service. Cervical Screening is considered safe to continue throughout green, orange and red levels on the proviso of compliance with all Ministry of Health advice regarding ways to limit potential spread of COVID-19.

NCSP Providers, including sub-contractors, will also be working under the DHB National Hospital COVID-19 Response Framework. This ensures access to treatment for women and whanau who require it. This document has been developed to align with the Government's new COVID-19 Protection Framework 22 October 2021 (traffic light system), and the DHB National Hospital COVID-19 Response Framework. The Lead Provider is responsible for liaising with DHB's in their region to find out the level on the National Hospital Response Framework each DHB is operating at, and to advise subcontractors accordingly.

## Key messages

- Screening is an essential preventative service and will occur at all levels
- The screening programme is safe and COVID-19 risk is minimised through strong public health measures.

It is anticipated that providers are likely to experience higher levels of staff sickness during this period. The workforce may be 20-25% down at any one time due to staff being cases and household contacts.

The focus in recent months has been on catching up on screens missed due to previous COVID-19 lockdowns and restrictions. The focus throughout this Omicron outbreak period will be maintaining service delivery. It is unlikely there will be additional capacity to also catch up on the screening backlog. Providers should ensure equity is at the forefront of their strategic planning and operational processes. The NCSP prioritisation tool sits alongside this guidance.

This document provides guidance to inform provider decisions on screening provision. Providers will also need to consider their local circumstances including the context of their wider organisation and staff.

## VACCINATION STATUS

Vaccination status of client/whanau will not affect the decision to provide care but does inform planning for safe clinical practice

Providers will **not** be able to introduce vaccine requirements for access to essential services.

## MASK STATUS

Mask wearing is required by all staff and participants, refer to the Ministry of Health COVID-19 infection prevention and control recommendations link below

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-central-supply/covid-19-infection-prevention-and-control-recommendations-health-and-disability-care-workers#PPE>

## NATIONAL TELEHEALTH SERVICE ADVICE LINES

The National Telehealth Service advice lines are available for staff and the public.

- Healthline for general advice, triage and information (0800 611 116) –available 24/7.
- Dedicated COVID-19 healthline (0800 358 5453) –available 24/7.
- The COVID-19 Vaccination healthline (0800 28 29 26) provides vaccination information and help for people to book online and is available 8am to 8pm, 7 days a week including public holidays.
- The COVID-19 clinical advice line for home and community health professionals is available 8am to 8pm, 7 days a week including public holidays.

# Guidance for National Cervical Screening Programme and Colposcopy Services

DHB Traffic Light Community Response Framework considers regional and local health system capacity and may vary region by region

Essential service – delay in screening may lead to cancer stage progression and poorer outcomes

- Continue pre-appointment screening for COVID-19 symptoms and Higher Index of Suspicion criteria
- Refer patients and staff for COVID-19 testing according to current MoH guidance if required. Staff who have symptoms should be stood down until they obtain a negative test result. Follow Ministry of Health and Public Health Unit guidance.
- Continue PPE plans as per current DHB guidance
- In the first instance, services should prioritise those who are overdue for screening and unscreened using a pro-equity approach to prioritising Māori, Pacific,
- Engage screening support services in your district, if available, to assist with engaging priority group participants who are hard to reach.
- Vaccination status of client/whanau will not affect the decision to provide care but does inform planning for safe clinical practice. Providers will not be able to introduce vaccine requirements for access to essential services.

Traffic Light	Primary care/community-based services	Screening support services	DHB Response Framework -Colposcopy services
<b>COVID-19 Traffic Light system: Red</b>	<p><b>Primary care:</b></p> <ul style="list-style-type: none"> <li>• Where staffing levels are impacting on service delivery – implement NSU prioritisation guidance for who to recall for available screening appointments.</li> <li>• Prioritise surveillance screening or follow-up tests such as annual recalls, should continue to be invited, seen and referred as per the existing NCSP pathway.</li> </ul>	<ul style="list-style-type: none"> <li>• Ask participants pre-appointment screening questions for COVID-19 symptoms with advice to see general practice/ testing centre as appropriate.</li> <li>• Refer staff for COVID-19 assessment and testing according to current MoH guidance if required. Staff who have symptoms should remain home until they obtain a negative test result. Follow Ministry of Health and Public Health Unit guidance.</li> <li>• Ensure mask wearing, cleaning and hand hygiene incorporated into routine practice.</li> <li>• Work with at-risk workers to mitigate their risk and review impact on staffing.</li> <li>• Activate staffing plans to cover for possible increased staff absence.</li> <li>• Contact tracing systems in place and clearly displayed.</li> <li>• Activate virtual and non-contact service delivery activities where possible (meetings, health promotion, etc.).</li> <li>• Screening within the community and in the home can continue with adherence to COVID safety measures. Priority is for those who are unscreened, under-screened, Maori, Pacific</li> </ul>	<ul style="list-style-type: none"> <li>• Anyone with cytologic or clinical suspicion of invasive cancer is referred urgently for specialist assessment.</li> <li>• Prioritise <i>using a pro-equity approach to prioritising Māori, Pacific, and</i> under screened and unscreened.</li> <li>• MDM processes continue</li> </ul> <p><b>DHB ALERT RED*</b></p> <ul style="list-style-type: none"> <li>• See proven or suspicious cervical cancer cases only</li> </ul>
<b>COVID-19 Traffic Light system: Orange</b>	<p><b>Primary care:</b></p> <ul style="list-style-type: none"> <li>• As soon as resources allow, regular three-yearly screening should be continued for most participants.</li> </ul>	<ul style="list-style-type: none"> <li>• Ask participants pre-appointment screening questions for COVID-19 symptoms with advice to see general practice/ testing centre as appropriate.</li> <li>• Refer staff for COVID-19 assessment and testing according to current MoH guidance if required. Staff who have symptoms should remain home until they obtain a negative test result. Follow Ministry of Health and Public Health Unit guidance.</li> <li>• Reinforce mask wearing, cleaning and hand hygiene, incorporate into routine practice.</li> <li>• Engage with at-risk workers to mitigate their risk and review impact on staffing.</li> <li>• Ensure staffing plans in place to cover potential increase in level of staff absence.</li> <li>• Contact tracing systems in place and clearly displayed.</li> <li>• Activate virtual and non-contact service delivery activities (meetings, health promotion, etc.) where possible.</li> <li>• Screening within the community in the home and at smaller scale events can continue with adherence to COVID safety measures. Priority is for those who are unscreened, under-screened, Maori, Pacific and hard to contact.</li> </ul>	<p><b>DHB ALERT ORANGE*</b></p> <ul style="list-style-type: none"> <li>• Referrals with suspected or proven cancer should be seen urgently</li> <li>• High-grade referrals should be triaged and seen as soon as capacity allow.</li> <li>• Other referrals are held</li> </ul> <p><b>DHB ALERT YELLOW*</b></p> <ul style="list-style-type: none"> <li>• Invasive cancers, high-grade and low-grade referrals are seen, with prioritisation to manage capacity</li> <li>• Some delay in seeing participants with low-grade referrals may still occur (up to 12 months instead of the usual 6 months)</li> </ul>
<b>COVID-19 Traffic Light system: Green</b>	<p><b>Primary care:</b></p> <ul style="list-style-type: none"> <li>• All usual cervical screening programme activities resume.</li> </ul>	<ul style="list-style-type: none"> <li>• Ask participants pre-appointment screening questions for COVID-19 symptoms with advice to see general practice/ testing centre as appropriate.</li> <li>• Refer staff for COVID-19 assessment and testing according to current MoH guidance if required. Staff who have symptoms should remain home until they obtain a negative test result. Follow Ministry of Health and Public Health Unit guidance.</li> <li>• Reinforce mask wearing, cleaning and hand hygiene plans for increasing levels.</li> <li>• Engage with at-risk workers to mitigate their risk and review impact on staffing.</li> <li>• Align with your local DHB, hospital and breast screening provider guidance.</li> <li>• Ensure plans in place for physical distancing.</li> <li>• Contact tracing systems in place and clearly displayed.</li> <li>• Screening within the community, in the home and at larger events continues with adherence to COVID safety measures</li> </ul>	<p><b>DHB ALERT GREEN*</b></p> <p><b>DHB Colposcopy:</b> Restore normal services as quickly as possible.</p>