

COVID- 19 Traffic Light Guidance, November 2021

National Cervical Screening Programme delivery in primary health care and DHB 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 for midwifery services
- In the first instance, services should prioritise those who are overdue for screening and unscreened using a pro-equity approach to prioritising Māori, Pacific, Asian and migrant and refugee participants
- Engage screening support services in your district, if available, to assist with engaging priority group participants who are hard to reach.

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