

NRHCC CTAG Minute re 'Working Between Sites' paper, meeting of Friday 3rd April 2020 2 pm

Present: Vanessa Thornton (Chair: CMDHB), Vicky Wright (CMDHB), John Cameron (GP), Matt Rogers (WDHB), Lesley Voss, (ADHB), Jean McQueen (WDHB), Catherine Jackson (NDHB), David Hammer (NDHB), Bryn Thompson (ADHB), Mitzi Nisbet (ADHB), David Holland (CMDHB), Ian Dittmer (ADHB), Peter Watson (CMDHB), Stuart Miller (ADHB)

In Attendance: Courtenay Kenny (WDHB), Alexandra Muthu (ADHB) [subsequently became members of CTAG]

Actions (outstanding) from previous meeting:

- **The 'Working Between Sites' paper:** final amendments have been made
 - agreed in general by attendees
 - CJ will provide any additional feedback by COP Sunday

Decision: If no substantial changes, paper is endorsed for distribution by the NRHCC Planning and Intelligence team

Health care workers working between several community sites. 2 April 2020.

This advice has been prepared on behalf of the Northern Region Health Coordinating Centre to give guidance to a range of providers (see Distribution list on page two) who may employ or contract health care workers who work between more than one community site, in the context of COVID-19. It suggests a range of options to reduce the risk of transfer of COVID-19 to vulnerable patients and to other health care workers.

Current situation

There are numerous situations where health care workers work in more than one site in the community. Many people being cared for in the community are very vulnerable. Examples of health care workers working between sites that we are aware of include:

- Nurse practitioners and general practitioners who visit several aged residential care facilities (and their own practices)
- Support workers who visit clients in the community and also work in aged residential care facilities
- Labtests staff who visit several residential care facilities
- Workers in retirement villages moving between independent living units and aged residential care facilities

There are probably many other examples.

For context, most health care workers working on a single site see multiple patients.

Risks

- There is a significant risk of transfer of COVID-19 to vulnerable patients and to other health care workers

Options for reducing risk

All health care workers should be following Ministry of Health Guidelines regarding strict hand washing and any use of PPE. Workers who are unwell, have a fever, or have respiratory symptoms should not be working. Workers who have been a close contact of a suspected, probable, or confirmed case, other than clients, should not be working.

Workers who have been a close contact of a suspected, probable, or confirmed case who is a client, without following recommended protection should not be working. This will need to be considered on a case by case basis, taking into account the degree to which recommended protection was not followed (e.g. eye wear was not worn, compared with no PPE at all when mask, gown, gloves and eye wear were recommended) and the relative risk of such exposure. The whole pathway of protection also needs taking into account – staff need to be reminded that not undertaking triage before entry is just as much a component of not following recommended protection, as not wearing appropriate PPE.

Options to reduce risk include:

- 1. Stop all non-essential services provided by the health care worker**
- 2. Ensure all employers, facilities, and where practical, clients are aware of the person's situation.** It is imperative that employers and clients are aware of the risk, so they can assist in managing it. This should include all situations of secondary employment and bureau work. Managers should also know when the health care worker

is attending a facility. Managers then have the responsibility to ensure the health care worker is properly educated about proper infection control and required procedures between sites.

3. **Alter work arrangements to eliminate or reduce risk.** Some workers and managers may be able to change work arrangements to eliminate the risk; e.g. a support worker increasing their hours at a facility and stopping other work. This is the preferred option and must be considered by managers and the health care worker. For example, managers should try to organise home-visiting staff so that they visit fewer clients, with clients having fewer different support workers, where possible.
4. **Minimise the role/exposure of the health care worker.** LabTests has asked ARC staff to take laboratory specimens wherever possible instead of their staff. Health care workers who need to continue working over several sites should make every effort to reduce patient contact including doing work virtually when possible. Where possible the health care worker should be strict in maintaining two meter distancing from patients, staff, and others.
5. **Reduce the exposure of non-clients to the health care worker.** When LabTests does need to contact a patient in ARC they ask if the patient can be seen in a room away from other patients. The health care worker's exposure to residents, family, and staff who are not involved should be eliminated.
6. **Reduce exposure of equipment across multiple sites.** The health worker should minimise exposing laptops, phones, and other personal equipment at the sites where they work. They should also avoid going into shared workspaces.
7. **Appropriate use of PPE in the context of COVID-19.** Ensuring that the worker is following Ministry of Health guidance on the use of PPE in each situation.
8. **Ensure that all facilities and clients are reducing their COVID spread risk.** It is the responsibility of the health care worker to ensure the client in the community or the facility they are visiting is following appropriate guidelines to minimise risk of COVID risk; e.g. maintaining their bubble. If they are not, the health care worker should discuss with their manager(s) and consider not visiting.
9. **Consider changing clothes and showering between sites.** This will depend upon the worker's situation. It may be feasible for health care workers to change clothes and shower if the worker shifts sites infrequently. For some workers, scrubs can be worn and changed at work. Uniforms may also be changed at work, but laundering arrangements will depend upon employer. Laundry can be done using normal washing detergent and without the need for high temperature washes.
10. **Where a health care worker is attending a case, possible case, or known close contact.** Consider again options 1 to 9. Can the risk be reduced further?

Distribution

- Aged residential care facilities
- Home and Community Support Providers
- Disability Providers and IF Hosts (may need to go via Ministry as managed nationally)
- Mental Health Providers
- General Practitioners
- Hospices
- Community laboratories
- Other Providers of community services

From: [Fiona McCarthy \(WDHB\)](#)
To: [Doone Winnard \(CMDHB\)](#); [Bridget Armour \(CMDHB\)](#)
Cc: [Karen Bartholomew \(WDHB\)](#); [Andrew Old \(WDHB\)](#)
Subject: RE: Staff moving between sites
Date: Monday, 13 April 2020 11:41:25

Great thanks Doone

From: Doone Winnard (CMDHB)
Sent: Monday, 13 April 2020 11:39 AM
To: Fiona McCarthy (WDHB) 9(2)(a); Bridget Armour (CMDHB) 9(2)(a)
Cc: Karen Bartholomew (WDHB) 9(2)(a); Andrew Old (WDHB) 9(2)(a)
Subject: RE: Staff moving between sites

Thanks Fiona, we can organise that – he is currently fairly buried under ARC issues but have just had a word with him and he said he will have a look tomorrow.

From: Fiona McCarthy (WDHB)
Sent: Monday, 13 April 2020 11:35 a.m.
To: Doone Winnard (CMDHB); Bridget Armour (CMDHB)
Cc: Karen Bartholomew (WDHB); Andrew Old (WDHB)
Subject: RE: Staff moving between sites

Hi Doone

Yes will do – would you like me to send to Tom for input as well?

Thanks Fiona

From: Doone Winnard (CMDHB)
Sent: Monday, 13 April 2020 11:33 AM
To: Fiona McCarthy (WDHB) 9(2)(a); Bridget Armour (CMDHB) 9(2)(a)
Cc: Karen Bartholomew (WDHB) 9(2)(a); Andrew Old (WDHB) 9(2)(a)
Subject: RE: Staff moving between sites

Thanks Fiona,
So will you get back to us once you have had FB and got the final table? And we will talk with Karen/Andrew about closing the loop on incorporating that

From: Fiona McCarthy (WDHB)
Sent: Monday, 13 April 2020 11:22 a.m.
To: Doone Winnard (CMDHB); Bridget Armour (CMDHB)
Cc: Karen Bartholomew (WDHB); Andrew Old (WDHB)
Subject: FW: Staff moving between sites

Hi Doone and Bridget

Thanks for alerting me to the planning and intel document on moving between sites – the scenarios below expand that discussion and I think it would be useful to update that paper with the final table

as per below and send to NRHCC next week for approval – this discussion also has national interest so we would like to send any final paper to the other DHBs.

Nga mihi Fiona

From: Fiona McCarthy (WDHB)
Sent: Monday, 13 April 2020 10:37 AM
To: Shared Mailbox - IMT Incident Controller (NDHB)
9(2)(a); John Cartwright (CMDHB)
9(2)(a); David Resoli (WDHB)
9(2)(a) Alex Pimm (ADHB) 9(2)(a) Courtenay
Kenny (WDHB) 9(2)(a); John Wansbone (NDHB)
9(2)(a); Alexandra Muthu (ADHB) 9(2)(a)
Siobhan Gavaghan (CMDHB) 9(2)(a); Michael Field (WDHB)
9(2)(a); Mel Dooney (ADHB) 9(2)(a) Christine
Hutton (WDHB) 9(2)(a) Elizabeth Jeffs (CMDHB)
9(2)(a); Matthew Rogers (Lab) (WDHB)
9(2)(a); Hasan Bhally (WDHB)
9(2)(a); Poobie Pillay (WDHB)
9(2)(a) Kathy Nancarrow (CMDHB)
9(2)(a); Vanessa Thornton (CMDHB)
9(2)(a)
Cc: Nita Brink (WDHB) 9(2)(a); Anita Jordan (ADHB)
9(2)(a); Ailsa Claire (ADHB) 9(2)(a) Vicki Scott (WDHB)
9(2)(a); Karen Bartholomew (WDHB)
9(2)(a) Margaret Dotchin (ADHB)
9(2)(a)
Subject: Staff moving between sites

Hi all

The workforce TAG has been asked to come up with guidance for moving between sites – this could include sites in Northern region or across the country. I have made a start as per below and appreciate your changes/corrections/additions/feedback. IMTs appreciate if you can please send to one of your team for review, thanks. Happy to arrange a meeting if you would like.

I have a couple of questions:

1. Are there scenarios below where we would not want staff to move between?
2. Do we want to restrict staff moving between high risk areas – eg DHB category 1 and 2 work areas cannot work in category 3 and 4?
3. Are there any staff stand down periods for any of the scenarios?

Appreciate your time to review thanks,

Scenario moving between site	Risks	Management approach
Moving within the DHB	Staff moving between areas can risk transfer of virus if :	- Use of DHB infection prevention and control

	<ul style="list-style-type: none"> - PPE or uniforms are not removed when moving between clinical and clinical and clinical and admin areas - Hand washing does not occur leaving and entering different areas 	<ul style="list-style-type: none"> - policies - PPE guidance - Use of scrub areas in theatre when entering and leaving - PPE removed before leaving clinical areas including consult rooms - Hand hygiene - Co-locating COVID patients - Workers are self reporting when unwell and not coming to work
Moving between DHBs	<p>Staff moving between DHBs can risk transfer of virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People are interacting with others outside their work and home their bubbles - Public transport used travelling between DHB services 	<ul style="list-style-type: none"> - Use of DHB infection prevention and control policies - PPE guidance - Policy about managing within DHB bubbles (eg ADHB anaesthesia teams) - Following guidance on preparing to go home - Workers are self reporting when unwell and not coming to work
Moving between DHBs and CBACs/Border work	<p>Staff moving between DHBs and CBACs/boarder work</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - PPE guidance - Policy about managing within bubbles (eg ADHB anaesthesia teams) - Following guidance on preparing to go home - CBAC triage tents and physical distancing - Workers are self reporting when unwell and not coming to work - Pre employment health screening
Moving between DHBs and secondary employer eg	<p>Staff moving between DHBs and CBACs/boarder work</p>	<ul style="list-style-type: none"> - PPE guidance - Policy about managing

casual staff working in ARC	<ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> within bubbles (eg ADHB anaesthesia teams) - Following guidance on preparing to go home - Workers are self reporting when unwell and not coming to work - Reminder staff declaration of secondary employment - Pre employment health screening
Moving between working from home and secondary employer (DHB)	<p>Staff moving between DHBs and CBACs/boarder work</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - PPE guidance - Policy about managing within bubbles (eg ADHB anaesthesia teams) - Following guidance on preparing to go home - Workers are self reporting when unwell and not coming to work - Staff reminder of declaration of secondary employment - Pre employment health screening

Fiona McCarthy | Director- Human Resources

Waitemata DHB

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9(2)(a)

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From: [Doone Winnard \(CMDHB\)](#)
To: [Bridget Armour \(CMDHB\)](#); [Alexandra Muthu \(ADHB\)](#); [Bryn Thompson \(ADHB\)](#); [Catherine Jackson \(NDHB\)](#); [Christopher Hopkins \(CMDHB\)](#); [Courtenay Kenny \(WDHB\)](#); [David Hammer \(NDHB\)](#); [David Holland \(CMDHB\)](#); [Fiona Horwood \(NDHB\)](#); [Gillian Bishop \(ADHB\)](#); [Hasan Bhally \(WDHB\)](#); [Ian Dittmer \(ADHB\)](#); [Jay Harrower \(ADHB\)](#); [Jean McQueen \(WDHB\)](#); "John Cameron"; [Julia Peters \(ADHB\)](#); [Lesley Voss \(ADHB\)](#); [Matthew Rogers \(Lab\) \(WDHB\)](#); [Michael Hale \(ADHB\)](#); [Mitzi Nisbet \(ADHB\)](#); [Peter Watson \(CMDHB\)](#); [Sally Roberts \(ADHB\)](#); [Stephen Coombe \(HealthSource\)](#); [Stephen McBride \(CMDHB\)](#); [Stuart Millar \(ADHB\)](#); "Tony Smith"; [Vanessa Thornton \(CMDHB\)](#); [Vicki Wright \(CMDHB\)](#); [Willem Landman \(WDHB\)](#)
Cc: [Fiona McCarthy \(WDHB\)](#)
Subject: RE: Occ Hlth Working Between Sites paper - FB Pls by COB Thurs 23 April
Date: Wednesday, 22 April 2020 19:09:34
Attachments: [COVID-19 Movement Between Sites Guidance v2 0 220420.docx](#)
[image001.png](#)
[image002.png](#)
[image003.png](#)
Importance: High

Kia ora koutou,

As mentioned at CTAG this afternoon, please find attached Occ Health guidance on working between sites, for feedback as per the email below from Fiona. This has built on the earlier NRHCC paper that was approved by CTAG, with input from the national Occupational Health team.

Feedback is requested by COB tomorrow, Thurs 23rd April, to Fiona McCarthy (copied on this email, Director HR WDHB, who is the lead for the Health and Safety TAG for NRHCC) so that it can be considered before the paper finalised.

From Fiona: Please find attached guidance on movement between sites. This guidance has been reviewed by the national occupational health team.

Specific queries for CTAG are as follow, thanks:

1. Are there any corrections required about the advice to respond to COVID symptoms, what to do, when to get a test and what do while waiting for a test.
2. What is the best advice in relation to protections for close patient procedures – is it to check and then wear the correct PPE or additional advice?

Thanks and much appreciated

Nga mihi Fiona

From: Bridget Armour (CMDHB)
Sent: Tuesday, 21 April 2020 7:19 p.m.
To: [Alexandra Muthu \(ADHB\)](#); [Bryn Thompson \(ADHB\)](#); [Catherine Jackson \(NDHB\)](#); [Christopher Hopkins \(CMDHB\)](#); [Courtenay Kenny \(WDHB\)](#); [David Hammer \(NDHB\)](#); [David Holland \(CMDHB\)](#); [Doone Winnard \(CMDHB\)](#); [Fiona Horwood \(NDHB\)](#); [Gillian Bishop \(ADHB\)](#); [Hasan Bhally \(WDHB\)](#); [Ian Dittmer \(ADHB\)](#); [Jay Harrower \(ADHB\)](#); [Jean McQueen \(WDHB\)](#); 'John Cameron'; [Julia Peters \(ADHB\)](#); [Lesley Voss \(ADHB\)](#); [Matthew Rogers \(Lab\) \(WDHB\)](#); [Michael Hale \(ADHB\)](#); [Mitzi Nisbet \(ADHB\)](#); [Peter Watson \(CMDHB\)](#); [Sally Roberts \(ADHB\)](#); [Stephen Coombe \(HealthSource\)](#); [Stephen McBride \(CMDHB\)](#); [Stuart Millar \(ADHB\)](#); 'Tony Smith'; [Vanessa Thornton \(CMDHB\)](#); [Vicki Wright \(CMDHB\)](#); [Willem Landman \(WDHB\)](#)
Subject: NRHCC CTAG Meeting Weds 22/04/2020: papers

Kia ora CTAG members

Attached are the papers for tomorrow's meeting:

- Agenda 22/04/2020
- Minutes 17/04/2020
- Action Tracker 19/04/2020

The two following papers will be sent out this evening once received:

- Review of revised CBAC testing documentation
- Recommendation re purchase of thermometers for use in ARC

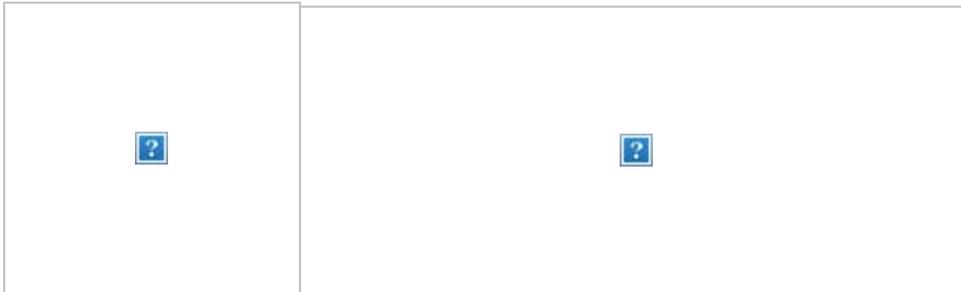
Many thanks

Bridget

Bridget Armour | Project Manager: **currently seconded to the COVID-19 Regional Response Team**

Population Health | Counties Manukau District Health Board

M: 021 815 601 | **E:** bridget.armour@middlemore.co.nz | **A:** CM Health Board Office, Building 3, 19 Lambie Drive, Manukau 2241 | **W:** www.countiesmanukau.health.nz



*Please consider **the environment** before printing this email.*

Guidance for health care worker working across a number of sites in across the health system to reduce the risk of COVID-19 transfer

Current situation

There are numerous situations where health care workers work in more than one site in the community which may increase the risk of transfer of COVID-19. Examples of situations where health care workers may move between facilities:

- DHB staff and contractors who as a normal part of their duties move between sites or locations within sites (e.g. orderlies, cleaners, information technology staff and contractors etc.);
- Health care workers who are being temporarily redeployed to support facilities in the wider health system to respond to COVID-19 (e.g. ARC facilities);
- Nurse practitioners and general practitioners who visit several aged residential care facilities (and their own practices);
- Support workers who visit clients in the community and work in aged residential care facilities;
- Lab tests staff who visit several residential care facilities;
- Workers in retirement villages moving between independent living units and aged residential care facilities;
- Surgeons working in public and private practice.

Purpose

This document provides guidance on how to reduce the risk of transfer of COVID-19 to vulnerable patients, other health care workers and the community.

Guidance for reducing risk of COVID-19 transfer when staff work across different health care sites:

1. When being deployed to another area:
 - a. management must ensure the COVID-19 work zone risk category is known; and
 - b. staff need to have been cleared to work in the category work zone of each site they will work in.

There is no need to stand down staff between deployments to multiple worksites, unless advised by ARPHS or Occupational Health.

2. Wherever practicable, when staff are redeployed to areas that are not their usual place of work to help manage a COVID-19 outbreak (e.g. an ARC facility), they will maintain that as their primary workplace for a defined period of time with their usual role backfilled to minimise the risk of transmission back to their usual workplace, and minimise the impact of standing staff close contacts down if someone does come up COVID-19 positive (i.e. someone deployed to a COVID-19 positive area should not in the same week have shifts rostered at a non-COVID-19 work area).

3. Staff working closely with patients suspected or confirmed to have COVID-19 comply with all Ministry of Health and IPC recommendations including for PPE use.
4. Any breach of PPE use must be reported to the relevant line manager and managed in conjunction with Occupational Health and IPC;
 - a. this may result in either a period of stand-down from all face to face work activities (does not preclude working from home) or limitation on sites of practice during a period of self-monitoring.
- Any staff involved in the care of patients with suspected or confirmed COVID-19 should self-monitor daily for symptoms of COVID-19. If they develop any symptoms of concern they must cease work immediately, advise their manager (put a surgical mask on and leave if at work) and contact a Community Based Assessment Centre ([CBAC website added here](#)) or the [staff testing site if an ADHB](#). if you have any question please contact the Healthline number: **0800 358 545**
5. Staff must not attend a work environment if they have any symptoms of a respiratory illness, including symptoms that meet the case definition of COVID-19. Staff who have been a close contact of a suspected, probable, or confirmed case, other than clients, should not be working. In these cases please ensure you advise your manager and access testing as above.
6. Within the workplace, staff need to maintain physical distancing (2 metres) as much as is practicably possible.
7. Teams should aim, as much as is practicably possible, to maintain complete separation between component units of teams to minimise the risk of COVID-19 transmission between team members.
8. Staff should adhere to the self-isolation rules in the community to minimise risk of COVID-19 acquisition from the community.
9. All staff working in COVID-19 zones or with COVID-19 patients should refer to information on keeping ourselves and whānau safe by not Bringing COVID-19 Home [HERE](#).
10. If staff have been temporarily redeployed, upon completion of their temporary redeployments, staff can return to their usual place of work provided they have:
 - a. followed the above guidance, and
 - b. there has not been a breach of PPE or suspected exposure to COVID-19 for which proper safety measures were not taken, and
 - c. they are not exhibiting any symptoms of COVID-19 based on the expanded case definition [HERE](#).
11. Staff who are required to move between sites or locations within sites as a normal daily part of their duties should not enter an area that is rated at higher risk than what their current

Comment [FM1]: What is the guidance for close patient contact procedures – use of PPE?

vulnerable workforce assessment (provided by occupational health) has cleared them for. When moving between zones they should apply the below *Moving within DHB guidelines*.

- a. Managers should be aware of the work zone categories and, for staff who are not cleared to work in all areas, modify their work pattern to prevent them from entering a work zone for which they are not cleared. *Note: work zones are updated frequently depending on the hospital alert level and the current location of COVID-19 patients within the health system.*

Guidance for reducing risk in different scenarios

Scenario - moving between site	Risks	Management approach
Moving within the DHB	<p>Staff moving between areas can risk transfer of virus if :</p> <ul style="list-style-type: none"> - PPE or uniforms are not removed when moving between clinical and clinical and admin areas - Hand washing does not occur leaving and entering different areas 	<ul style="list-style-type: none"> - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Use of scrub areas in theatre when entering and leaving - PPE removed before leaving clinical areas including consult rooms - Hand hygiene - Co-locating COVID patients - Workers are self-reporting when unwell and not coming to work
Moving between DHBs	<p>Staff moving between DHBs can risk transfer of virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People are interacting with others outside their work and home their bubbles - Public transport used travelling between DHB services 	<ul style="list-style-type: none"> - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Policy about managing within DHB bubbles (eg ADHB anaesthesia teams) - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work

<p>Moving between DHBs and CBACs/Border work</p>	<p>Staff moving between DHBs and CBACs/boarder risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Policy about managing within bubbles (eg ADHB anaesthesia teams) - Following guidance on preparing to go home - CBAC triage tents and physical distancing - Workers are self-reporting when unwell and not coming to work - Pre-employment health screening
<p>Moving between DHBs and Private Health Provider</p>	<p>Staff moving between DHBs and private health provider risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Policy about managing within bubbles (eg ADHB anaesthesia teams) - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work - Reminder staff declaration of secondary employment - Pre-employment health screening
<p>Moving between DHBs and secondary employer eg casual staff working in ARC</p>	<p>Staff moving between DHBs and secondary employers risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Policy about managing within bubbles (eg ADHB anaesthesia teams) - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work - Reminder staff declaration of secondary employment

		<ul style="list-style-type: none"> - Pre-employment health screening
Moving between working from home and secondary employer (DHB)	<p>Staff moving between working from home and secondary employer risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Policy about managing within bubbles (eg ADHB anaesthesia teams) - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work - Staff reminder of declaration of secondary employment - Pre-employment health screening

Overview of Zones			
Zone 1	Zone 2	Zone 3	Zone 4
Able to work in COVID-19 clinical areas and care for COVID-19 patients.	Able to work in non-COVID-19 clinical areas.	Able to work in non-clinical areas.	Able to work from home.

From: [Doone Winnard \(CMDHB\)](#)
To: [Fiona McCarthy \(WDHB\)](#)
Cc: [Alexandra Muthu \(ADHB\)](#); [Courtenay Kenny \(WDHB\)](#); [Andrew Old \(WDHB\)](#); [Karen Bartholomew \(WDHB\)](#)
Subject: RE: Approval paper - Movement between sites 28 April 2020
Date: Tuesday, 28 April 2020 11:40:00

Kia ora Fiona,

I think the input of CTAG will need to be described differently, as I don't think it can state this paper has been reviewed by the NRHCC CTAG.

There was the original NRHCC paper that was signed off by CTAG and then the update after the national Occ Health Group was circulated to CTAG between meetings with a request for feedback to you by the COB the next day and I'm not sure how many of the members actually got to review it (I think only one sent FB to you?). So this revised version hasn't been formally signed off by CTAG.

Perhaps it could be worded 'the attached guidance, which builds on an initial NRHCC paper reviewed by CTAG with revision based on advice from the national Occupational Health Group'?

Ngaa mihi, Doone

From: Fiona McCarthy (WDHB)
Sent: Tuesday, 28 April 2020 10:29 a.m.
To: Jocelyn Peach (WDHB); Alexandra Muthu (ADHB); Michael Field (WDHB); Courtenay Kenny (WDHB); Siobhan Gavaghan (CMDHB); Kathy Nancarrow (CMDHB); John Wansbone (NDHB); Leona Murray (NDHB); Doone Winnard (CMDHB); Vanessa Thornton (CMDHB); Mel Dooney (ADHB); Christine Hutton (WDHB); Elizabeth Jeffs (CMDHB); William Rainger (ADHB); Sue Waters (ADHB); Riki Nia Nia (WDHB); Meg Poutasi (ADHB); Jennie Montague (ADHB); Andrew Old (WDHB); Karen Bartholomew (WDHB); Mark Edwards (ADHB)
Subject: RE: Approval paper - Movement between sites 28 April 2020

Kia ora Jos

I've just spoke to Sarah and then to Vanessa re the risk of external bureau staff being allocated across facilities and I'll add the following into the paper (in yellow). I'll be in touch to discuss with some of you on how we progress these bureau agency discussions,

Issue:	<p>There are numerous situations where health care workers work in more than one site in the community or within their facility which may increase the risk of transfer of COVID-19.</p> <p>The risk of transfer of COVID-19 and the associated negative impact on financial and job security for low paid workforce is significant in the ARRC sector.</p>
Recommendation & Request:	<ol style="list-style-type: none">1. That NRHCC approve the attached guidance which has been reviewed by the NRHCC CTAG and the national Occupational Health Group. <p>In the guidance, the key point is that, in association with infection, prevention and control procedures, restricting movements across health providers will increase systemic management of the risk of transfer.</p>2. That NRHCC note discussions will occur with ARRC bureau agencies on managing staff allocations to reduce the risk of transfer to agency staff, ARRC staff and residents.

Nga mihi Fiona

Fiona McCarthy | Director- Human Resources

Waitemata DHB

15 Shea Terrace, Takapuna, Auckland, Private Bag 93-503

m: 021 605 134 | email: Fiona.Mccarthy@waitematadhb.govt.nz

www.waitematadhb.govt.nz

cid:image002.jpg@01D60423.80845150



From: Jocelyn Peach (WDHB)

Sent: Tuesday, 28 April 2020 10:00 a.m.

To: Alexandra Muthu (ADHB); Fiona McCarthy (WDHB); Michael Field (WDHB); Courtenay Kenny (WDHB); Siobhan Gavaghan (CMDHB); Kathy Nancarrow (CMDHB); John Wansbone (NDHB); Leona Murray (NDHB); Doone Winnard (CMDHB); Vanessa Thornton (CMDHB); Mel Dooney (ADHB); Christine Hutton (WDHB); Elizabeth Jeffs (CMDHB); William Rainger (ADHB); Sue Waters (ADHB); Riki Nia Nia (WDHB); Meg Poutasi (ADHB); Jennie Montague (ADHB); Andrew Old (WDHB); Karen Bartholomew (WDHB); Mark Edwards (ADHB)

Subject: RE: Approval paper - Movement between sites 28 April 2020

I wonder if it covers the external agency group sufficiently – given our experience over the weekend with ARC.

Jos

From: Alexandra Muthu (ADHB)

Sent: Tuesday, 28 April 2020 9:28 a.m.

To: Fiona McCarthy (WDHB); Michael Field (WDHB); Courtenay Kenny (WDHB); Siobhan Gavaghan (CMDHB); Kathy Nancarrow (CMDHB); John Wansbone (NDHB); Leona Murray (NDHB); Doone Winnard (CMDHB); Vanessa Thornton (CMDHB); Mel Dooney (ADHB); Christine Hutton (WDHB); Elizabeth Jeffs (CMDHB); William Rainger (ADHB); Sue Waters (ADHB); Riki Nia Nia (WDHB); Meg Poutasi (ADHB); Jennie Montague (ADHB); Jocelyn Peach (WDHB); Andrew Old (WDHB); Karen Bartholomew (WDHB); Mark Edwards (ADHB)

Subject: RE: Approval paper - Movement between sites 28 April 2020

Hi Fiona

Thanks for the work on this.

I think the document we produced is broader than your issue summary. It also applies to people who work in more than one site within one building (e.g. operating room with covid patients, office with non-clinical staff, outpatients with non-covid patients) so would suggest the wording is updated to reflect it's not just in the community between different facilities.

“There are numerous situations where health care workers work in more than one site in the community or within their facility which may increase the risk of transfer of COVID-19.”

Thanks
Alexandra

From: Fiona McCarthy (WDHB)

Sent: Tuesday, 28 April 2020 8:32 a.m.

To: Michael Field (WDHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Siobhan Gavaghan (CMDHB); Kathy Nancarrow (CMDHB); John Wansbone (NDHB); Leona Murray (NDHB); Doone Winnard (CMDHB); Vanessa Thornton (CMDHB); Mel Dooney (ADHB); Christine Hutton (WDHB); Elizabeth Jeffs (CMDHB); William Rainger (ADHB); Sue Waters (ADHB); Riki Nia Nia (WDHB); Meg Poutasi (ADHB); Jennie Montague (ADHB); Jocelyn Peach (WDHB); Andrew Old (WDHB); Karen Bartholomew (WDHB); Mark Edwards (ADHB)

Subject: Approval paper - Movement between sites 28 April 2020

Morena

Just letting you know the attached paper is ready to go today to the NRHCC for approval and circulation to IMTs. Plse let me know any last minute changes,
Thanks.

Nga mihi Fiona

021 605 134

From: [Bridget Armour \(CMDHB\)](#)
To: [Fiona McCarthy \(WDHB\)](#)
Subject: RE: Approval paper - Movement between sites 1 May 2020
Date: Thursday, 30 April 2020 14:18:00

Thanks Fiona, I will :

- circulate this today and ask for members to send comments directly to you this afternoon and
- add it to the other meeting papers for tomorrow's CTAG meeting and take note of any additional comments.

Regards

Bridget

From: Fiona McCarthy (WDHB)
Sent: Thursday, 30 April 2020 2:06 p.m.
To: Bridget Armour (CMDHB)
Cc: Keren Meiklejohn (ADHB); Mel Dooney (ADHB)
Subject: Approval paper - Movement between sites 1 May 2020

Kia ora Bridget

As discussed with Vanessa this morning, can you please arrange to circulate the attached paper to key folk in CTAG for comment and feedback. My questions are as follows:

1. The CEOs have seen this paper but wish to clarify that all the controls for high risk areas no matter if an ARC facility, hospice, A&D clinic or hospital, have been identified. Can members of CTAG please review and identify any further controls that are needed?
2. Are there any controls that will have unintended consequences?

Thanks Fiona

021 605 134

From: [Bridget Armour \(CMDHB\)](#)
To: [David Holland \(CMDHB\)](#); [Matthew Rogers \(Lab\) \(WDHB\)](#); [Hasan Bhally \(WDHB\)](#); [David Hammer \(NDHB\)](#); [Sally Roberts \(ADHB\)](#); [Alexandra Muthu \(ADHB\)](#); [Courtenay Kenny \(WDHB\)](#); [Mitzi Nisbet \(ADHB\)](#)
Cc: [Vanessa Thornton \(CMDHB\)](#); [Vicki Wright \(CMDHB\)](#); "John Cameron"; [Lesley Voss \(ADHB\)](#); [Jean McQueen \(WDHB\)](#); [Catherine Jackson \(NDHB\)](#); [Bryn Thompson \(ADHB\)](#); "Tony Smith"; [Jay Harrower \(ADHB\)](#); [Ian Dittmer \(ADHB\)](#); [Willem Landman \(WDHB\)](#); [Peter Watson \(CMDHB\)](#); [Stephen McBride \(CMDHB\)](#); [Stuart Millar \(ADHB\)](#); [Fiona Horwood \(NDHB\)](#); [Doone Winnard \(CMDHB\)](#)
Subject: CTAG - Urgent feedback request re "Movement Between Sites" paper
Date: Thursday, 30 April 2020 14:32:00
Attachments: [Approval paper - Movement between sites 1 May 2020.docx](#)
Importance: High

Kia ora CTAG members

We have had an urgent request from Fiona McCarthy (NRHCC Workforce Function Lead) for feedback on the attached paper by COB today please.

Specifically, Fiona would like feedback on the **questions** within the email below.

Please send feedback to Fiona directly: Fiona.McCarthy@waitematadhb.govt.nz

Furthermore I will add this paper to tomorrow's agenda for further discussion if required.

Nga mihi

Bridget

From: Fiona McCarthy (WDHB)
Sent: Thursday, 30 April 2020 2:06 p.m.
To: Bridget Armour (CMDHB)
Cc: Keren Meiklejohn (ADHB); Mel Dooney (ADHB)
Subject: Approval paper - Movement between sites 1 May 2020

Kia ora Bridget

As discussed with Vanessa this morning, can you please arrange to circulate the attached paper to key folk in CTAG for comment and feedback. My questions are as follows:

1. The CEOs have seen this paper but wish to clarify that all the controls for high risk areas no matter if an ARC facility, hospice, A&D clinic or hospital, have been identified. Can members of CTAG please review and identify any further controls that are needed?
2. Are there any controls that will have unintended consequences?

Thanks Fiona
021 605 134



NRHCC COVID-19 Request for Decision

Email your completed IMT Request for Decision form to nrhcceocm@adhb.govt.nz

(Issue, Recommendation and Outcome to be entered in the NRHCC Decision Tracker)

NRHCC Function Group:	Workforce
Submitted by:	Fiona McCarthy
Date:	1 May 2020
Issue:	<p>There are numerous situations where health care workers work in more than one site in the community or within their facility which may increase the risk of transfer of COVID-19.</p> <p>High risk areas are particularly vulnerable and may need additional controls.</p> <p>The risk of transfer of COVID-19 and the associated negative impact on financial and job security for low paid workforce is significant in the ARRC sector.</p>
Recommendation & Request:	<ol style="list-style-type: none"> That NRHCC approve the attached guidance. <p>In the guidance, the key principle in reducing the risk of transfer is sound infection, prevention and control procedures. Additional controls are suggested for high risk areas.</p> <ol style="list-style-type: none"> That NRHCC note discussions are occurring with ARRC bureau agencies on managing staff allocations to reduce the risk of transfer to agency staff, ARRC staff and residents.
Does this recommendation incur a financial cost?	(Yes or No) N/A
<i>If yes, what is the estimated cost that will be charged to COVID-19 RC?</i>	Individual DHB RC Codes within normal delegations.
Interdependencies with other Functions: <i>(Ensure recommendation is agreed by other Function team prior to submission)</i>	<p>CTAG</p> <p>National Occupational Health and Safety Group</p> <p>ARC (overview of recommendations)</p>

NHRCC Incident Controller:	
Decision: <i>(Approved / Declined /</i>	



Comment)	
Date of Decision:	



Guidance to reduce the risk of COVID-19 transfer for health care workers employed across multiple work environments

Current situation

There are numerous situations where health care workers work in more than one site in the community which may increase the risk of transfer of COVID-19. Examples of situations where health care workers may move between facilities:

- DHB staff and contractors who as a normal part of their duties move between sites or locations within sites (e.g. orderlies, cleaners, information technology staff and contractors etc.);
- DHB staff who as a normal part of their duties move into different zones within a site (e.g. doctors moving between operating rooms, ED, ICU, cafeteria and administrative areas)
- Health care workers who are being temporarily redeployed to support facilities in the wider health system to respond to COVID-19 (e.g. ARC facilities);
- Nurse practitioners and general practitioners who visit several aged residential care facilities (and their own practices);
- Support workers who visit clients in the community and work in aged residential care facilities;
- Lab tests staff who visit several residential care facilities;
- Workers in retirement villages moving between independent living units and aged residential care facilities;
- Medical, Nursing, Allied Health, Scientific, Technical, Support and Administrators working in public and private practice.

Purpose

This document provides guidance on how to reduce the risk of transfer of COVID-19 to vulnerable patients, other health care workers and the community.

Guidance for reducing risk of COVID-19 transfer when staff work across different health care sites:

1. Key principle

Because we are used to working in environments which include contagious disease, the key principle in reducing the risk of COVID-19 transfer is the use of infection prevention and control measures including:

- Training, fitting and use of appropriate personal protective equipment (PPE)
- Hand washing protocols
- Use of isolation rooms and patient cohorts

Evidence of these processes successfully in use include: Training sessions documented for staff; posters on the order to don and doff in changing rooms; hand washing protocols available or displayed next to washbasins and regular hand washing audits; contingency planning for patient management.

2. Controls working in high risk areas

Where working environments are at a higher risk of transmitting COVID-19 (i.e. central or regionally identified communities at risk or areas that have had or are already caring for COVID-19 patients) additional controls outlined below should be adopted, as relevant, to reduce the possible chance of transmission of COVID-19.

- staff should be trained to observe colleagues donning and doffing PPE <insert checklist>



- staff on duty looking after COVID-19 patients should not go to another patient ward/clinic or unit or care for patients in any other work area during their shift or duty.
- Staff seeing multiple patients should prioritise seeing less infectious patients first
- If possible, staff member/s should be assigned to look after COVID-19 patients only during a shift, leaving other staff to rotate to patients across the facility
- A ward, unit or facility should be looked at as a staff members work bubble and where practicable, we recommend when staff are rostered to areas that are not their usual place of work to help manage a COVID-19 outbreak and care for COVID-19 positive or probable patients (e.g. an ARC facility or ward with COVID-19 patients), they maintain that area as their primary workplace for a defined period of time. Their usual role should be backfilled to minimise the risk of transmission back to their usual workplace.

Note: Staff working with COVID positive or probably patients should be asked if they have secondary employment so any additional risk factors can be assessed

There is no need to stand down staff between deployments to multiple worksites, unless advised by ARPHS or Occupational Health.

If staff have been temporarily redeployed, upon completion of their temporary redeployments, staff can return to their usual place of work provided they have:

- followed the above guidance, and
- there has not been a breach of PPE or suspected exposure to COVID-19 for which proper safety measures were not taken, and
- they are not exhibiting any symptoms of COVID-19 based on the case definition [HERE](#).

These measures minimise the impact of standing staff close contacts down if someone becomes COVID-19 positive.

3. Personal Protective Equipment (PPE) and hygiene requirements

Staff working closely with patients suspected or confirmed to have COVID-19 comply with all Ministry of Health and infection prevention and control (IPC) recommendations including for PPE use.

Any breach of PPE use must be reported to the relevant line manager and managed in conjunction with Occupational Health and IPC. A breach of PPE may result in either a period of stand-down from all face to face work activities (does not preclude working from home) or limitation on sites of practice during a period of self-monitoring.

Within the workplace, staff need to consider the hierarchy of controls including maintaining hand hygiene, sneeze and cough hygiene and physical distancing (2 metres unless appropriate controls can be put in place) as much as is practicably possible.

4. Symptom management

Any staff involved in the care of patients with suspected or confirmed COVID-19 should self-monitor daily for symptoms of COVID-19. If they develop any symptoms of concern they must cease work immediately, advise their manager (put a surgical mask on and leave if at work) and contact a Community Based Assessment Centre or the staff testing site if at ADHB. If you have any question please contact the Healthline number: **0800 358 545**.

Staff must not attend a work environment if they have any symptoms of a respiratory illness, including symptoms that meet the case definition of COVID-19. Staff who have been a close contact of a suspected, probable, or confirmed case, other than clients, should not be working. In these cases please ensure you advise your manager and access testing as above.



5. Support information

All staff working in COVID-19 zones or with COVID-19 patients should refer to information on keeping ourselves and whānau safe by not bringing COVID-19 home [Home and work plan](#)

6. Guidance for reducing risk in different scenarios

Scenario - moving between site	Risks	Management approach
Moving within the DHB	<p>Staff moving between areas can risk transfer of virus if :</p> <ul style="list-style-type: none"> - PPE or uniforms are not removed when moving between clinical and clinical and clinical and admin areas - Hand washing does not occur leaving and entering different areas 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Use of scrub areas in theatre when entering and leaving - PPE removed before leaving clinical areas including consult rooms - Hand hygiene - Co-locating COVID patients - Workers are self-reporting when unwell and not coming to work
Moving between DHBs	<p>Staff moving between DHBs can risk transfer of virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People are interacting with others outside their work and home their bubbles - Public transport used travelling between DHB services 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Make your DHB team part of your bubble (e.g. ADHB anaesthesia teams) - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work
Moving between DHBs and CBACs/Border work	<p>Staff moving between DHBs and CBACs/border risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - CBAC triage tents and physical distancing - Workers are self-reporting when unwell and not coming



		<p>to work</p> <ul style="list-style-type: none"> - Pre-employment health screening before commencing employment
Moving between DHBs and Private Health Provider	<p>Staff moving between DHBs and private health provider risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work - Reminder staff declaration of secondary employment - Pre-employment health screening before commencing employment
Moving between DHBs and secondary employer eg casual staff working in ARC	<p>Staff moving between DHBs and secondary employers risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work - Reminder staff declaration of secondary employment - Pre-employment health screening before commencing employment
Moving between working from home and secondary employer (DHB)	<p>Staff moving between working from home and secondary employer risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Keep your secondary employer in your bubble - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work - Staff reminder of declaration of secondary employment - Pre-employment health screening before commencing employment

From: [Bridget Armour \(CMDHB\)](#)
To: [Fiona McCarthy \(WDHB\)](#)
Subject: FW: CTAG - Urgent feedback request re "Movement Between Sites" paper
Date: Thursday, 30 April 2020 15:24:00
Attachments: [Approval paper - Movement between sites 1 May 2020SR.docx](#)

See attached - comments from Sally Roberts

From: Sally Roberts (ADHB)
Sent: Thursday, 30 April 2020 3:17 p.m.
To: Bridget Armour (CMDHB); David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)
Cc: Vanessa Thornton (CMDHB); Vicki Wright (CMDHB); 'John Cameron'; Lesley Voss (ADHB); Jean McQueen (WDHB); Catherine Jackson (NDHB); Bryn Thompson (ADHB); 'Tony Smith'; Jay Harrower (ADHB); Ian Dittmer (ADHB); Willem Landman (WDHB); Peter Watson (CMDHB); Stephen McBride (CMDHB); Stuart Millar (ADHB); Fiona Horwood (NDHB); Doone Winnard (CMDHB)
Subject: RE: CTAG - Urgent feedback request re 'Movement Between Sites' paper

My comments made using track changes
Sally

From: Bridget Armour (CMDHB)
Sent: Thursday, 30 April 2020 2:32 p.m.
To: David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Sally Roberts (ADHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)
Cc: Vanessa Thornton (CMDHB); Vicki Wright (CMDHB); 'John Cameron'; Lesley Voss (ADHB); Jean McQueen (WDHB); Catherine Jackson (NDHB); Bryn Thompson (ADHB); 'Tony Smith'; Jay Harrower (ADHB); Ian Dittmer (ADHB); Willem Landman (WDHB); Peter Watson (CMDHB); Stephen McBride (CMDHB); Stuart Millar (ADHB); Fiona Horwood (NDHB); Doone Winnard (CMDHB)
Subject: CTAG - Urgent feedback request re 'Movement Between Sites' paper
Importance: High

Kia ora CTAG members

We have had an urgent request from Fiona McCarthy (NRHCC Workforce Function Lead) for feedback on the attached paper by COB today please.

Specifically, Fiona would like feedback on the **questions** within the email below.

Please send feedback to Fiona directly: Fiona.McCarthy@waitematadhb.govt.nz

Furthermore I will add this paper to tomorrow's agenda for further discussion if required.

Nga mihi

Bridget

From: Fiona McCarthy (WDHB)
Sent: Thursday, 30 April 2020 2:06 p.m.
To: Bridget Armour (CMDHB)
Cc: Keren Meiklejohn (ADHB); Mel Dooney (ADHB)
Subject: Approval paper - Movement between sites 1 May 2020

Kia ora Bridget

As discussed with Vanessa this morning, can you please arrange to circulate the attached paper to key folk in CTAG for comment and feedback. My questions are as follows:

1. The CEOs have seen this paper but wish to clarify that all the controls for high risk areas no matter if an ARC facility, hospice, A&D clinic or hospital, have been identified. Can members of CTAG please review and identify any further controls that are needed? IPC activities should be relevant to the facility but in general the principles are the same across all.
2. Are there any controls that will have unintended consequences? Perplexed by the public transport comments; this may limit the HCW ability to get from one site to another.

Thanks Fiona
021 605 134



NRHCC COVID-19 Request for Decision

Email your completed IMT Request for Decision form to nrhcceocm@adhb.govt.nz

(Issue, Recommendation and Outcome to be entered in the NRHCC Decision Tracker)

NRHCC Function Group:	Workforce	
Submitted by:	Fiona McCarthy	
Date:	1 May 2020	
Issue:	<p>There are numerous situations where health care workers work in more than one site in the community or within their facility which may increase the risk of transfer of COVID-19.</p> <p>High risk areas are particularly vulnerable and may need additional controls.</p> <p>The risk of transfer of COVID-19 and the associated negative impact on financial and job security for low paid workforce is significant in the ARRC sector.</p>	
Recommendation & Request:	<ol style="list-style-type: none"> That NRHCC approve the attached guidance. <p>In the guidance, the key principle in reducing the risk of transfer is sound infection, prevention and control procedures. Additional controls are suggested for high risk areas.</p> <ol style="list-style-type: none"> That NRHCC note discussions are occurring with ARRC bureau agencies on managing staff allocations to reduce the risk of transfer to agency staff, ARRC staff and residents. 	
Does this recommendation incur a financial cost?	(Yes or No) N/A	
<i>If yes, what is the estimated cost that will be charged to COVID-19 RC?</i>	Individual DHB RC Codes within normal delegations.	
Interdependencies with other Functions: <i>(Ensure recommendation is agreed by other Function team prior to submission)</i>	<p>CTAG</p> <p>National Occupational Health and Safety Group</p> <p>ARC (overview of recommendations)</p>	

NRHCC Incident Controller:	
Decision: <i>(Approved / Declined /</i>	



Comment)	
Date of Decision:	

Guidance to reduce the risk of COVID-19 transfer for health care workers employed across multiple work environments

Current situation

There are numerous situations where health care workers work in more than one site in the community which may increase the risk of transfer of COVID-19. Examples of situations where health care workers may move between facilities:

- DHB staff and contractors who as a normal part of their duties move between sites or locations within sites (e.g. orderlies, cleaners, information technology staff and contractors etc.);
- DHB staff who as a normal part of their duties move into different zones within a site (e.g. doctors moving between operating rooms, ED, ICU, cafeteria and administrative areas)
- Health care workers who are being temporarily redeployed to support facilities in the wider health system to respond to COVID-19 (e.g. ARC facilities);
- Nurse practitioners and general practitioners who visit several aged residential care facilities (and their own practices);
- Support workers who visit clients in the community and work in aged residential care facilities;
- Lab tests staff who visit several residential care facilities;
- Workers in retirement villages moving between independent living units and aged residential care facilities;
- Medical, Nursing, Allied Health, Scientific, Technical, Support and Administrators working in public and private practice.

Purpose

This document provides guidance on how to reduce the risk of transfer of COVID-19 to vulnerable patients, other health care workers and the community.

Guidance for reducing risk of COVID-19 transfer when staff work across different health care sites:

1. Key principle

Because we are used to working in environments which include infectious disease, the key principle in reducing the risk of COVID-19 transfer is the use of infection prevention and control measures including:

- Hand hygiene according to the '5 moments for hand hygiene'
- Adhering to standard precautions and using transmission-based precautions when appropriate.
- Training, fitting and use of appropriate personal protective equipment (PPE)
- Maintaining physical distance where possible, Use of single rooms and cohorting of patient,

Evidence of these processes successfully in use include: Training sessions documented for staff; posters on the order to don and doff PPE in changing rooms; hand washing protocols available or displayed next to washbasins, availability of alcohol-based hand rubs at the point of care and regular hand washing audits; contingency planning for patient management.

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2. Controls working in high risk areas

Where working environments are at a higher risk of transmitting COVID-19 (i.e. central or regionally identified communities at risk or areas that have had or are already caring for COVID-19 patients) additional



controls outlined below should be adopted, as relevant, to reduce the possible chance of transmission of COVID-19.

Comment [SR(1)]: Are you not planning to assess them for symptoms at the start of each shift?

- staff should be trained to observe and support colleagues donning and doffing PPE safely <insert checklist>
- staff on duty looking after COVID-19 patients should not go to another patient ward/clinic or unit or care for patients in any other work area during their shift or duty.
- Staff seeing multiple patients should risk assess the patients and should prioritise seeing lower risk patients first
- If possible, staff member/s should be assigned to only look after COVID-19 patients during a shift, leaving other staff to rotate to patients across the facility
- A ward, unit or facility should be looked at as a staff members work bubble and where practicable, we recommend when staff are rostered to areas that are not their usual place of work to help manage a COVID-19 outbreak and care for COVID-19 positive or probable patients (e.g. an ARC facility or ward with COVID-19 patients), they maintain that area as their primary workplace for a defined period of time. Their usual role should be backfilled to minimise the risk of transmission back to their usual workplace.

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Note: Staff working with suspected or confirmed COVID patients should be asked if they have secondary employment so any additional risk factors can be assessed

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There is no need to stand down staff between deployments to multiple worksites, unless advised by ARPHS or Occupational Health.

If staff have been temporarily redeployed, upon completion of their temporary redeployments, staff can return to their usual place of work provided they have:

- followed the above guidance, and
- there has not been a breach of PPE or suspected exposure to COVID-19 for which proper safety measures were not taken, and
- they are not exhibiting any symptoms of COVID-19 based on the case definition HERE.

These measures minimise the impact of standing down staff close contacts if someone becomes COVID-19 positive.

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3. Personal Protective Equipment (PPE) and hand and respiratory hygiene requirements

Staff working closely with patients suspected or confirmed to have COVID-19 comply with all Ministry of Health and infection prevention and control (IPC) recommendations including for PPE use.

Any breach of PPE use must be reported to the relevant line manager and managed in conjunction with Occupational Health and IPC. Each breach of PPE should be risk assessed and may result in either a period of stand-down from all face to face work activities (does not preclude working from home), limitation on sites of practice during a period of self-monitoring or no change in practice.

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Within the workplace, staff need to consider the hierarchy of controls including triage/risk assessment, testing of residents/clients and staff who meet the case definition for COVID-19, use of single rooms, maintaining hand hygiene, sneeze and cough hygiene and physical distancing (2 metres unless appropriate controls can be put in place) as much as is practicably possible.

4. Symptom management

Any staff involved in the care of patients with suspected or confirmed COVID-19 should self-monitor daily for symptoms of COVID-19. If they develop any symptoms of concern they must cease work immediately, advise their manager (put a surgical mask on and leave if at work) and contact a Community Based

Comment [SR(2)]: I am not sure why we use the term immediately. Illness comes on gradually and it is often in hindsight that you realised that you felt unwell earlier in the day but attributed it to something else



Assessment Centre or the staff testing site if at ADHB. If you have any question please contact the Healthline number: **0800 358 545**.

Staff must not attend a work environment if they have any symptoms of a respiratory illness, including symptoms that meet the case definition of COVID-19. Staff who have been a close contact of a suspected, probable, or confirmed case, other than clients, should not be working. In these cases please ensure you advise your manager and access testing as above.

5. Support information

All staff working in COVID-19 zones or with COVID-19 patients should refer to information on keeping ourselves and whānau safe by not bringing COVID-19 home [Home and work plan](#)

6. Guidance for reducing risk in different scenarios

Scenario - moving between site	Risks	Management approach
Moving within the DHB	<p>Staff moving between areas can risk transfer of virus if:</p> <ul style="list-style-type: none"> - PPE or uniforms are not removed when moving between clinical and clinical and clinical and admin areas - Hand hygiene does not occur leaving and entering different areas 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Use of scrub areas in theatre when entering and leaving - PPE removed before leaving clinical areas including consult rooms - Hand hygiene - Co-locating COVID patients - Workers are self-reporting when unwell and not coming to work
Moving between DHBs	<p>Staff moving between DHBs can risk transfer of virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People are interacting with others outside their work and home their bubbles - Public transport used travelling between DHB services 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Make your DHB team part of your bubble (e.g. ADHB anaesthesia teams) - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work
Moving between DHBs and CBACs/Border work	<p>Staff moving between DHBs and CBACs/border risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or

Comment [SR(3)]: PPE yes but not clothes

Deleted: washing

Comment [SR(4)]: ?? They are at risk from the general public who may also be using public transport. Not sure what you are suggesting here. It suggests that DHB should not use public transport



	<p>hygiene not followed</p> <ul style="list-style-type: none"> - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - CBAC triage tents and physical distancing - Workers are self-reporting when unwell and not coming to work - Pre-employment health screening before commencing employment
Moving between DHBs and Private Health Provider	<p>Staff moving between DHBs and private health provider risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work - Reminder staff declaration of secondary employment - Pre-employment health screening before commencing employment
Moving between DHBs and secondary employer eg casual staff working in ARC	<p>Staff moving between DHBs and secondary employers risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work - Reminder staff declaration of secondary employment - Pre-employment health screening before commencing employment
Moving between working from home and secondary employer (DHB)	<p>Staff moving between working from home and secondary employer risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Keep your secondary employer in your bubble - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming

Comment [SR(5)]: As above



		<p>to work</p> <ul style="list-style-type: none">- Staff reminder of declaration of secondary employment- Pre-employment health screening before commencing employment
--	--	---

From: [Bridget Armour \(CMDHB\)](#)
To: [Fiona McCarthy \(WDHB\)](#)
Subject: FW: CTAG - Urgent feedback request re "Movement Between Sites" paper
Date: Thursday, 30 April 2020 15:27:00

[See below](#)

From: Ian Dittmer (ADHB)
Sent: Thursday, 30 April 2020 3:25 p.m.
To: Sally Roberts (ADHB); Bridget Armour (CMDHB); David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)
Cc: Vanessa Thornton (CMDHB); Vicki Wright (CMDHB); 'John Cameron'; Lesley Voss (ADHB); Jean McQueen (WDHB); Catherine Jackson (NDHB); Bryn Thompson (ADHB); 'Tony Smith'; Jay Harrower (ADHB); Willem Landman (WDHB); Peter Watson (CMDHB); Stephen McBride (CMDHB); Stuart Millar (ADHB); Fiona Horwood (NDHB); Doone Winnard (CMDHB)
Subject: RE: CTAG - Urgent feedback request re 'Movement Between Sites' paper

[I agree with Sally's comments and changes](#)

Ian Dittmer
Chair – ADHB Clinical Technical Advisory Group CoVID
Renal Physician
021 2831810

From: Sally Roberts (ADHB)
Sent: Thursday, 30 April 2020 3:17 p.m.
To: Bridget Armour (CMDHB); David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)
Cc: Vanessa Thornton (CMDHB); Vicki Wright (CMDHB); 'John Cameron'; Lesley Voss (ADHB); Jean McQueen (WDHB); Catherine Jackson (NDHB); Bryn Thompson (ADHB); 'Tony Smith'; Jay Harrower (ADHB); Ian Dittmer (ADHB); Willem Landman (WDHB); Peter Watson (CMDHB); Stephen McBride (CMDHB); Stuart Millar (ADHB); Fiona Horwood (NDHB); Doone Winnard (CMDHB)
Subject: RE: CTAG - Urgent feedback request re 'Movement Between Sites' paper

[My comments made using track changes](#)
Sally

From: Bridget Armour (CMDHB)
Sent: Thursday, 30 April 2020 2:32 p.m.
To: David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Sally Roberts (ADHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)
Cc: Vanessa Thornton (CMDHB); Vicki Wright (CMDHB); 'John Cameron'; Lesley Voss (ADHB); Jean McQueen (WDHB); Catherine Jackson (NDHB); Bryn Thompson (ADHB); 'Tony Smith'; Jay Harrower (ADHB); Ian Dittmer (ADHB); Willem Landman (WDHB); Peter Watson (CMDHB); Stephen McBride (CMDHB); Stuart Millar (ADHB); Fiona Horwood (NDHB); Doone Winnard (CMDHB)
Subject: CTAG - Urgent feedback request re 'Movement Between Sites' paper
Importance: High

[Kia ora CTAG members](#)

[We have had an urgent request from Fiona McCarthy \(NRHCC Workforce Function Lead\) for feedback on the attached paper by COB today please.](#)

Specifically, Fiona would like feedback on the **questions** within the email below.

Please send feedback to Fiona directly: Fiona.McCarthy@waitematadhb.govt.nz

Furthermore I will add this paper to tomorrow's agenda for further discussion if required.

Nga mihi

Bridget

From: Fiona McCarthy (WDHB)
Sent: Thursday, 30 April 2020 2:06 p.m.
To: Bridget Armour (CMDHB)
Cc: Keren Meiklejohn (ADHB); Mel Dooney (ADHB)
Subject: Approval paper - Movement between sites 1 May 2020

Kia ora Bridget

As discussed with Vanessa this morning, can you please arrange to circulate the attached paper to key folk in CTAG for comment and feedback. My questions are as follows:

1. The CEOs have seen this paper but wish to clarify that all the controls for high risk areas no matter if an ARC facility, hospice, A&D clinic or hospital, have been identified. Can members of CTAG please review and identify any further controls that are needed? IPC activities should be relevant to the facility but in general the principles are the same across all.
2. Are there any controls that will have unintended consequences? Perplexed by the public transport comments; this may limit the HCW ability to get from one site to another.

Thanks Fiona
021 605 134

From: [Bridget Armour \(CMDHB\)](#)
To: [Fiona McCarthy \(WDHB\)](#)
Subject: FW: CTAG - Urgent feedback request re "Movement Between Sites" paper
Date: Thursday, 30 April 2020 15:40:00

From: David Hammer (NDHB)
Sent: Thursday, 30 April 2020 3:37 p.m.
To: Ian Dittmer (ADHB); Sally Roberts (ADHB); Bridget Armour (CMDHB); David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)
Cc: Vanessa Thornton (CMDHB); Vicki Wright (CMDHB); 'John Cameron'; Lesley Voss (ADHB); Jean McQueen (WDHB); Catherine Jackson (NDHB); Bryn Thompson (ADHB); 'Tony Smith'; Jay Harrower (ADHB); Willem Landman (WDHB); Peter Watson (CMDHB); Stephen McBride (CMDHB); Stuart Millar (ADHB); Fiona Horwood (NDHB); Doone Winnard (CMDHB)
Subject: RE: CTAG - Urgent feedback request re 'Movement Between Sites' paper

Hi All

I agree with Sally's points.

Do we have any information on what proportion of staff commute to and from work by public transport?

One further question. Where it says :” Note: Staff working with suspected or confirmed COVID positive or probably patients should be asked if they have secondary employment so any additional risk factors can be assessed,” who is supposed to ask that question and what do they do with that information?

Is the secondary employer meant to be informed of the potential risk that they are facing?
Would this be ethical and/or legal?

Thanks

Regards
David

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Subject: RE: CTAG - Urgent feedback request re 'Movement Between Sites' paper

My comments made using track changes

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To: David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Sally Roberts (ADHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)

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Subject: CTAG - Urgent feedback request re 'Movement Between Sites' paper

Importance: High

Kia ora CTAG members

We have had an urgent request from Fiona McCarthy (NRHCC Workforce Function Lead) for feedback on the attached paper by COB today please.

Specifically, Fiona would like feedback on the **questions** within the email below.

Please send feedback to Fiona directly: Fiona.McCarthy@waitematadhb.govt.nz

Furthermore I will add this paper to tomorrow's agenda for further discussion if required.

Nga mihi

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Sent: Thursday, 30 April 2020 2:06 p.m.

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Cc: Keren Meiklejohn (ADHB); Mel Dooney (ADHB)

Subject: Approval paper - Movement between sites 1 May 2020

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no matter if an ARC facility, hospice, A&D clinic or hospital, have been identified. Can members of CTAG please review and identify any further controls that are needed? IPC activities should be relevant to the facility but in general the principles are the same across all.

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Thanks Fiona
021 605 134

From: [Bridget Armour \(CMDHB\)](#)
To: [Fiona McCarthy \(WDHB\)](#)
Subject: FW: CTAG - Urgent feedback request re "Movement Between Sites" paper
Date: Thursday, 30 April 2020 15:50:00
Attachments: [Approval paper - Movement between sites 1 May 2020.docx](#)

From: David Holland (CMDHB)
Sent: Thursday, 30 April 2020 3:50 p.m.
To: Bridget Armour (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Sally Roberts (ADHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)
Cc: Vanessa Thornton (CMDHB); Vicki Wright (CMDHB); 'John Cameron'; Lesley Voss (ADHB); Jean McQueen (WDHB); Catherine Jackson (NDHB); Bryn Thompson (ADHB); 'Tony Smith'; Jay Harrower (ADHB); Ian Dittmer (ADHB); Willem Landman (WDHB); Peter Watson (CMDHB); Stephen McBride (CMDHB); Stuart Millar (ADHB); Fiona Horwood (NDHB); Doone Winnard (CMDHB)
Subject: RE: CTAG - Urgent feedback request re 'Movement Between Sites' paper

I have had only the chance to go once over lightly. Mine are mainly comments.
I have subsequently read Sally's comments which I concur with.

Cheers

David

From: Bridget Armour (CMDHB)
Sent: Thursday, 30 April 2020 2:32 p.m.
To: David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Sally Roberts (ADHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)
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Importance: High

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Specifically, Fiona would like feedback on the **questions** within the email below.

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Subject: Approval paper - Movement between sites 1 May 2020

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2. Are there any controls that will have unintended consequences?

Thanks Fiona

021 605 134



NRHCC COVID-19 Request for Decision

Email your completed IMT Request for Decision form to nrhcceocm@adhb.govt.nz

(Issue, Recommendation and Outcome to be entered in the NRHCC Decision Tracker)

NRHCC Function Group:	Workforce	
Submitted by:	Fiona McCarthy	
Date:	1 May 2020	
Issue:	<p>There are numerous situations where health care workers work in more than one site in the community or within their facility which may increase the risk of transfer of COVID-19.</p> <p>High risk areas are particularly vulnerable and may need additional controls.</p> <p>The risk of transfer of COVID-19 and the associated negative impact on financial and job security for low paid workforce is significant in the ARRC sector.</p>	
Recommendation & Request:	<ol style="list-style-type: none"> That NRHCC approve the attached guidance. <p>In the guidance, the key principle in reducing the risk of transfer is sound infection, prevention and control procedures. Additional controls are suggested for high risk areas.</p> <ol style="list-style-type: none"> That NRHCC note discussions are occurring with ARRC bureau agencies on managing staff allocations to reduce the risk of transfer to agency staff, ARRC staff and residents. 	
Does this recommendation incur a financial cost?	(Yes or No) N/A	
<i>If yes, what is the estimated cost that will be charged to COVID-19 RC?</i>	Individual DHB RC Codes within normal delegations.	
Interdependencies with other Functions: <i>(Ensure recommendation is agreed by other Function team prior to submission)</i>	<p>CTAG</p> <p>National Occupational Health and Safety Group</p> <p>ARC (overview of recommendations)</p>	

NRHCC Incident Controller:	
Decision: <i>(Approved / Declined /</i>	



Comment)	
Date of Decision:	



Guidance to reduce the risk of COVID-19 transfer for health care workers employed across multiple work environments

Current situation

There are numerous situations where health care workers work in more than one site in the community which may increase the risk of transfer of COVID-19. Examples of situations where health care workers may move between facilities:

- DHB staff and contractors who as a normal part of their duties move between sites or locations within sites (e.g. orderlies, cleaners, information technology staff and contractors etc.);
- DHB staff who as a normal part of their duties move into different zones within a site (e.g. doctors moving between operating rooms, ED, ICU, cafeteria and administrative areas)
- Health care workers who are being temporarily redeployed to support facilities in the wider health system to respond to COVID-19 (e.g. ARC facilities);
- Nurse practitioners and general practitioners who visit several aged residential care facilities (and their own practices);
- Support workers who visit clients in the community and work in aged residential care facilities;
- Lab tests staff who visit several residential care facilities;
- Workers in retirement villages moving between independent living units and aged residential care facilities;
- Medical, Nursing, Allied Health, Scientific, Technical, Support and Administrators working in public and private practice.

Purpose

This document provides guidance on how to reduce the risk of transfer of COVID-19 to vulnerable patients, other health care workers and the community.

Guidance for reducing risk of COVID-19 transfer when staff work across different health care sites:

1. Key principle

Because we are used to working in environments which include contagious disease, the key principle in reducing the risk of COVID-19 transfer is the use of infection prevention and control measures including:

- Training, fitting and use of appropriate personal protective equipment (PPE)
- Hand washing protocols
- Use of isolation rooms and patient cohorts

Comment [DH(1)]: Implies knowledge and practice of

Evidence of these processes successfully in use include: Training sessions documented for staff; posters on the order to don and doff in changing rooms; hand washing protocols available or displayed next to washbasins and regular hand washing audits; contingency planning for patient management.

2. Controls working in high risk areas

Where working environments are at a higher risk of transmitting COVID-19 (i.e. central or regionally identified communities at risk or areas that have had or are already caring for COVID-19 patients) additional controls outlined below should be adopted, as relevant, to reduce the possible chance of transmission of COVID-19.

- staff should be trained to observe colleagues donning and doffing PPE <insert checklist>



- staff on duty looking after COVID-19 patients should not go to another patient ward/clinic or unit or care for patients in any other work area during their shift or duty.
- Staff seeing multiple patients should prioritising seeing less infectious patients **first**
- If possible, staff member/s should be assigned to look after COVID-19 patients only during a shift, leaving other staff to rotate to patients across the facility
- A ward, unit or facility should be looked at as a staff members work bubble and where practicable, we recommend when staff are rostered to areas that are not their usual place of work to help manage a COVID-19 outbreak and care for COVID-19 positive or probable patients (e.g. an ARC facility or ward with COVID-19 patients), they maintain that area as their primary workplace for a defined period of time. Their usual role should be backfilled to minimise the risk of transmission back to their usual **workplace**.

Comment [DH(2)]: Not sure how practical this is in a 'shift'

Comment [DH(3)]: I agree not a good idea to be working across COVID and non-COVID patients and sites

Note: Staff working with COVID positive or probably patients should be asked if they have secondary employment so any additional risk factors can be assessed

There is no need to stand down staff between deployments to multiple worksites, unless advised by ARPHS or Occupational **Health**.

Comment [DH(4)]: Presumably this phrase is not inconsistent with the phrase above that I have commented on ie it is planned that one deployment will follow the other but not be mixed up eg day by day

If staff have been temporarily redeployed, upon completion of their temporary redeployments, staff can return to their usual place of work provided they have:

- a. followed the above guidance, and
- b. there has not been a breach of PPE or suspected exposure to COVID-19 for which proper safety measures were not taken, and
- c. they are not exhibiting any symptoms of COVID-19 based on the case definition [HERE](#).

These measures minimise the impact of standing staff close contacts down if someone becomes COVID-19 positive.

3. Personal Protective Equipment (PPE) and hygiene requirements

Staff working closely with patients suspected or confirmed to have COVID-19 comply with all Ministry of Health and infection prevention and control (IPC) recommendations including for PPE use.

Any breach of PPE use must be reported to the relevant line manager and managed in conjunction with Occupational Health and IPC. A breach of PPE may result in either a period of stand-down from all face to face work activities (does not preclude working from home) or limitation on sites of practice during a period of self-monitoring.

Within the workplace, staff need to consider the hierarchy of controls including maintaining hand hygiene, sneeze and cough hygiene and physical distancing (2 metres unless appropriate controls can be put in place) as much as is practicably possible.

4. Symptom management

Any staff involved in the care of patients with suspected or confirmed COVID-19 should self-monitor daily for symptoms of COVID-19. If they develop any symptoms of concern **they must cease work immediately**, advise their manager (put a surgical mask on and leave if at work) and contact a Community Based Assessment Centre or the staff testing site if at ADHB. If you have any question please contact the Healthline number: **0800 358 545**.

Comment [DH(5)]: Even if during a 'shift'

Comment [DH(6)]: As soon as they become aware that they are becoming unwell

Staff must not attend a work environment if they have any symptoms of a respiratory illness, including symptoms that meet the case definition of COVID-19. Staff who have been a close contact of a suspected, probable, or confirmed case, other than clients, should not be working. In these cases please ensure you advise your manager and access testing as above.



5. Support information

All staff working in COVID-19 zones or with COVID-19 patients should refer to information on keeping ourselves and whānau safe by not bringing COVID-19 home [Home and work plan](#)

6. Guidance for reducing risk in different scenarios

Scenario - moving between site	Risks	Management approach
Moving within the DHB	<p>Staff moving between areas can risk transfer of virus if:</p> <ul style="list-style-type: none"> - PPE or uniforms are not removed when moving between clinical and clinical and admin areas - Hand washing does not occur leaving and entering different areas 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Use of scrub areas in theatre when entering and leaving - PPE removed before leaving clinical areas including consult rooms - Hand hygiene - Co-locating COVID patients - Workers are self-reporting when unwell and not coming to work
Moving between DHBs	<p>Staff moving between DHBs can risk transfer of virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People are interacting with others outside their work and home bubbles - Public transport used travelling between DHB services 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Make your DHB team part of your bubble (e.g. ADHB anaesthesia teams) - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work
Moving between DHBs and CBACs/Border work	<p>Staff moving between DHBs and CBACs/border risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - CBAC triage tents and physical distancing - Workers are self-reporting when unwell and not coming

Comment [DH(7)]: And leaving work if they become unwell during a shift

Deleted: their

Comment [DH(8)]: What is the risk of public transport given the current epidemiology of cases almost all having identified contacts – practice hand hygiene

Comment [DH(9)]: Within this larger departments can divide in to 'cells' so if one cell affected the others are not

Comment [DH(10)]: border – does this mean looking after quarantined persons who may develop COVID



		<p>to work</p> <ul style="list-style-type: none"> - Pre-employment health screening before commencing employment
Moving between DHBs and Private Health Provider	<p>Staff moving between DHBs and private health provider risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work - Reminder staff declaration of secondary employment - Pre-employment health screening before commencing employment
Moving between DHBs and secondary employer eg casual staff working in ARC	<p>Staff moving between DHBs and secondary employers risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work - Reminder staff declaration of secondary employment - Pre-employment health screening before commencing employment
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Comment [DH(11): ? questions ? temperature

From: [Bridget Armour \(CMDHB\)](#)
To: [Fiona McCarthy \(WDHB\)](#)
Subject: Fwd: CTAG - Urgent feedback request re "Movement Between Sites" paper
Date: Thursday, 30 April 2020 17:38:27
Attachments: [image001.png](#)
[image002.png](#)

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: "Bryn Thompson (ADHB)"^{9(2)(a)}
Date: 30/04/20 5:28 PM (GMT+12:00)
To: "Sally Roberts (ADHB)"^{9(2)(a)} "Bridget Armour (CMDHB)"^{9(2)(a)}, "David Holland (CMDHB)"^{9(2)(a)}, "Matthew Rogers (Lab) (WDHB)"^{9(2)(a)}, "Hasan Bhally (WDHB)"^{9(2)(a)}, "David Hammer (NDHB)"^{9(2)(a)}, "Alexandra Muthu (ADHB)"^{9(2)(a)}, "Courtenay Kenny (WDHB)"^{9(2)(a)}, "Mitzi Nisbet (ADHB)"^{9(2)(a)}
Cc: "Vanessa Thornton (CMDHB)"^{9(2)(a)} "Vicki Wright (CMDHB)"^{9(2)(a)} "John Cameron"^{9(2)(a)}, "Lesley Voss (ADHB)"^{9(2)(a)}, "Jean McQueen (WDHB)"^{9(2)(a)}, "Catherine Jackson (NDHB)"^{9(2)(a)}, "Tony Smith"^{9(2)(a)} "Jay Harrower (ADHB)"^{9(2)(a)} "Ian Dittmer (ADHB)"^{9(2)(a)}, "Willem Landman (WDHB)"^{9(2)(a)}, "Peter Watson (CMDHB)"^{9(2)(a)}, "Stephen McBride (CMDHB)"^{9(2)(a)}, "Stuart Millar (ADHB)"^{9(2)(a)}, "Fiona Horwood (NDHB)"^{9(2)(a)}, "Doone Winnard (CMDHB)"^{9(2)(a)}
Subject: RE: CTAG - Urgent feedback request re 'Movement Between Sites' paper

Apologies for this late response.

A couple of points our team would like to raise/add:

1. An explicit requirement for staff deployed to new work areas to have an orientation process that is documented eg they know where PPE is, what PPE they need, how to keep themselves and patients safe in the new workplace and nature of COVID risk in that workplace.
2. A process for tracking where staff are working (ie perhaps a log of where people have worked, when and who with (staff and residents) so we can do rapid contact tracing if a case emerges.)

Kind regards

Bryn

Bryn Thompson

General Practitioner, Medical Team

Auckland Regional Public Health Service

Tel: +64 9 623 4600 Ext: 27136 | Mob: +64 21 724 194 | Fax: +64 9 623 4645

Cornwall Complex, Floor 2, Building 15, Greenlane Clinical Centre, Auckland

✉ BrynT@adhb.govt.nz

Visit www.arphs.govt.nz | [Auckland Regional Public Health Service](#) | [@aklpublichealth](#)

-
Our Vision: Te Ora o Tamaki Makaurau

Welcome Haere Mai | Respect Manaaki | Together Tuhono | Aim High Angamua

If you are not the intended recipient of this email, please delete.

From: Sally Roberts (ADHB)

Sent: Thursday, 30 April 2020 3:17 p.m.

To: Bridget Armour (CMDHB); David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)

Cc: Vanessa Thornton (CMDHB); Vicki Wright (CMDHB); 'John Cameron'; Lesley Voss (ADHB); Jean McQueen (WDHB); Catherine Jackson (NDHB); Bryn Thompson (ADHB); 'Tony Smith'; Jay Harrower (ADHB); Ian Dittmer (ADHB); Willem Landman (WDHB); Peter Watson (CMDHB); Stephen McBride (CMDHB); Stuart Millar (ADHB); Fiona Horwood (NDHB); Doone Winnard (CMDHB)

Subject: RE: CTAG - Urgent feedback request re 'Movement Between Sites' paper

My comments made using track changes

Sally

From: Bridget Armour (CMDHB)

Sent: Thursday, 30 April 2020 2:32 p.m.

To: David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Sally Roberts (ADHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)

Cc: Vanessa Thornton (CMDHB); Vicki Wright (CMDHB); 'John Cameron'; Lesley Voss (ADHB); Jean McQueen (WDHB); Catherine Jackson (NDHB); Bryn Thompson (ADHB); 'Tony Smith'; Jay Harrower (ADHB); Ian Dittmer (ADHB); Willem Landman (WDHB); Peter Watson (CMDHB); Stephen McBride (CMDHB); Stuart Millar (ADHB); Fiona Horwood (NDHB); Doone Winnard (CMDHB)

Subject: CTAG - Urgent feedback request re 'Movement Between Sites' paper

Importance: High

Kia ora CTAG members

We have had an urgent request from Fiona McCarthy (NRHCC Workforce Function Lead) for feedback on the attached paper by COB today please.

Specifically, Fiona would like feedback on the **questions** within the email below.

Please send feedback to Fiona directly: Fiona.McCarthy@waitematadhb.govt.nz

Furthermore I will add this paper to tomorrow's agenda for further discussion if required.

Nga mihi

Bridget

From: Fiona McCarthy (WDHB)
Sent: Thursday, 30 April 2020 2:06 p.m.
To: Bridget Armour (CMDHB)
Cc: Keren Meiklejohn (ADHB); Mel Dooney (ADHB)
Subject: Approval paper - Movement between sites 1 May 2020

Kia ora Bridget

As discussed with Vanessa this morning, can you please arrange to circulate the attached paper to key folk in CTAG for comment and feedback. My questions are as follows:

1. The CEOs have seen this paper but wish to clarify that all the controls for high risk areas no matter if an ARC facility, hospice, A&D clinic or hospital, have been identified. Can members of CTAG please review and identify any further controls that are needed? IPC activities should be relevant to the facility but in general the principles are the same across all.
2. Are there any controls that will have unintended consequences? Perplexed by the public transport comments; this may limit the HCW ability to get from one site to another.

Thanks Fiona
021 605 134

From: [Bridget Armour \(CMDHB\)](#)
To: [Fiona McCarthy \(WDHB\)](#)
Subject: Fwd: CTAG - Urgent feedback request re "Movement Between Sites" paper
Date: Thursday, 30 April 2020 17:38:45

Sent from my Samsung Galaxy smartphone.

----- Original message -----

From: "Jean McQueen (WDHB)" <Jean.McQueen@waitematadhb.govt.nz>
Date: 30/04/20 5:05 PM (GMT+12:00)
To: "Bridget Armour (CMDHB)" <Bridget.Armour@middlemore.co.nz>
Subject: RE: CTAG - Urgent feedback request re 'Movement Between Sites' paper

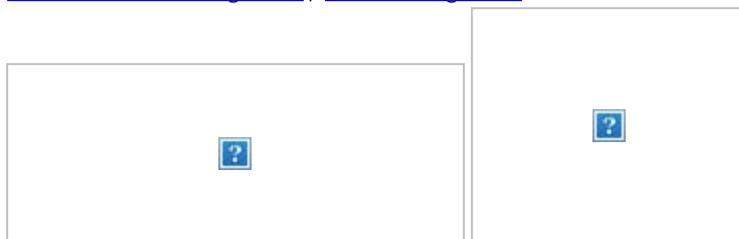
Under number 6 all the examples are DHB related. Need moving between ARC facilities as an example.

Has this document gone to Tom Robinson for review and those involved in ARC guidance?

Jean

Jean McQueen | Primary Health Care Nursing Director
Waitemata and Auckland DHBs

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Private Bag 93 503, Takapuna
North Shore 0740
p: 09-486 8920 ext 3380 | m: 021 415480
email: Jean.McQueen@waitematadhb.govt.nz
www.waitematadhb.govt.nz / www.adhb.govt.nz



From: Bridget Armour (CMDHB)
Sent: Thursday, 30 April 2020 2:32 p.m.
To: David Holland (CMDHB); Matthew Rogers (Lab) (WDHB); Hasan Bhally (WDHB); David Hammer (NDHB); Sally Roberts (ADHB); Alexandra Muthu (ADHB); Courtenay Kenny (WDHB); Mitzi Nisbet (ADHB)
Cc: Vanessa Thornton (CMDHB); Vicki Wright (CMDHB); 'John Cameron'; Lesley Voss (ADHB); Jean McQueen (WDHB); Catherine Jackson (NDHB); Bryn Thompson (ADHB); 'Tony Smith'; Jay Harrower (ADHB); Ian Dittmer (ADHB); Willem Landman (WDHB); Peter Watson (CMDHB); Stephen McBride (CMDHB); Stuart Millar (ADHB); Fiona Horwood (NDHB); Doone Winnard (CMDHB)
Subject: CTAG - Urgent feedback request re 'Movement Between Sites' paper
Importance: High

Kia ora CTAG members

We have had an urgent request from Fiona McCarthy (NRHCC Workforce Function Lead) for

feedback on the attached paper by COB today please.

Specifically, Fiona would like feedback on the **questions** within the email below.

Please send feedback to Fiona directly: Fiona.McCarthy@waitematadhb.govt.nz

Furthermore I will add this paper to tomorrow's agenda for further discussion if required.

Nga mihi

Bridget

From: Fiona McCarthy (WDHB)
Sent: Thursday, 30 April 2020 2:06 p.m.
To: Bridget Armour (CMDHB)
Cc: Keren Meiklejohn (ADHB); Mel Dooney (ADHB)
Subject: Approval paper - Movement between sites 1 May 2020

Kia ora Bridget

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1. The CEOs have seen this paper but wish to clarify that all the controls for high risk areas no matter if an ARC facility, hospice, A&D clinic or hospital, have been identified. Can members of CTAG please review and identify any further controls that are needed?
2. Are there any controls that will have unintended consequences?

Thanks Fiona
021 605 134

From: [Fiona McCarthy \(WDHB\)](#)
To: [Bridget Armour \(CMDHB\)](#); [Liesl Kenrick \(ADHB\)](#)
Cc: [Mel Dooney \(ADHB\)](#); [Keren Meiklejohn \(ADHB\)](#); [Elizabeth Jeffs \(CMDHB\)](#); [Christine Hutton \(WDHB\)](#); [John Wansbone \(NDHB\)](#)
Subject: Moving between sites: Approval paper for NRHCC
Date: Friday, 01 May 2020 11:55:37
Attachments: [Approval paper - Movement between sites 1 May 2020.docx](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)

Hi Bridget

Yes the updated paper is attached – the feedback was really appreciated and all reflected in the paper. I have also asked Dr Tom Robinson for a view on a new scenario which is moving between ARRC facilities.

I would like to send this paper for NRHCC approval today and appreciate if this paper could be seen first in CTAG and if you could text me that CTAG approve or have further comments, thanks.

Hi Liesl

Paper for NRHCC review today, thanks.

Nga mihi Fiona

Fiona McCarthy | Director- Human Resources

Waitemata DHB

15 Shea Terrace, Takapuna, Auckland, Private Bag 93-503

m: 021 605 134 | email: Fiona.Mccarthy@waitematadhb.govt.nz

www.waitematadhb.govt.nz

cid:image002.jpg@01D60423.80845150



From: Bridget Armour (CMDHB)
Sent: Friday, 01 May 2020 10:34 a.m.
To: Fiona McCarthy (WDHB)
Subject: Moving between sites paper: updated

Hi Fiona

I hope you received some useful feedback for your paper yesterday.

Will you have an updated paper for the CTAG meeting this afternoon or shall we just continue with the paper sent around on Wednesday?

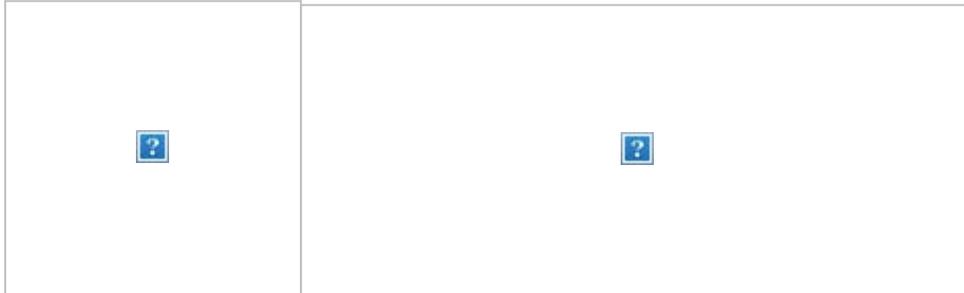
Many thanks

Bridget

Bridget Armour | Project Manager: **currently seconded to the COVID-19 Regional Response Team**

Population Health | Counties Manukau District Health Board

M: 021 815 601 | **E:** bridget.armour@middlemore.co.nz | **A:** CM Health Board Office, Building 3, 19 Lambie Drive, Manukau 2241 | **W:** www.countiesmanukau.health.nz



*Please consider **the environment** before printing this email.*



NRHCC COVID-19 Request for Decision

Email your completed IMT Request for Decision form to nrhcceocm@adhb.govt.nz

(Issue, Recommendation and Outcome to be entered in the NRHCC Decision Tracker)

NRHCC Function Group:	Workforce
Submitted by:	Fiona McCarthy
Date:	1 May 2020
Issue:	<p>There are numerous situations where health care workers work in more than one site in the community or within their facility which may increase the risk of transfer of COVID-19.</p> <p>High risk areas are particularly vulnerable and may need additional controls.</p> <p>The risk of transfer of COVID-19 and the associated negative impact on financial and job security for low paid workforce is significant in the ARRC sector.</p>
Recommendation & Request:	<ol style="list-style-type: none"> That NRHCC approve the attached guidance. <p>In the guidance, the key principle in reducing the risk of transfer is sound infection, prevention and control procedures. Additional controls are suggested for high risk areas.</p> <ol style="list-style-type: none"> That NRHCC note discussions are occurring with ARRC bureau agencies on managing staff allocations to reduce the risk of transfer to agency staff, ARRC staff and residents.
Does this recommendation incur a financial cost?	(Yes or No) N/A
<i>If yes, what is the estimated cost that will be charged to COVID-19 RC?</i>	Individual DHB RC Codes within normal delegations.
Interdependencies with other Functions: <i>(Ensure recommendation is agreed by other Function team prior to submission)</i>	<p>CTAG</p> <p>National Occupational Health and Safety Group</p> <p>ARC (overview of recommendations)</p>

NHRCC Incident Controller:	
Decision: <i>(Approved / Declined /</i>	



<i>Comment)</i>	
Date of Decision:	



Guidance to reduce the risk of COVID-19 transfer for health care workers employed across multiple work environments

Current situation

There are numerous situations where health care workers work in more than one site in the community which may increase the risk of transfer of COVID-19. Examples of situations where health care workers may move between facilities:

- DHB staff and contractors who as a normal part of their duties move between sites or locations within sites (e.g. orderlies, cleaners, information technology staff and contractors etc.);
- DHB staff who as a normal part of their duties move into different zones within a site (e.g. doctors moving between operating rooms, ED, ICU, cafeteria and administrative areas)
- Health care workers who are being temporarily redeployed to support facilities in the wider health system to respond to COVID-19 (e.g. ARC facilities);
- Nurse practitioners and general practitioners who visit several aged residential care facilities (and their own practices);
- Support workers who visit clients in the community and work in aged residential care facilities;
- Lab tests staff who visit several residential care facilities;
- Workers in retirement villages moving between independent living units and aged residential care facilities;
- Medical, Nursing, Allied Health, Scientific, Technical, Support and Administrators working in public and private practice.

Purpose

This document provides guidance on how to reduce the risk of transfer of COVID-19 to vulnerable patients, other health care workers and the community.

Guidance for reducing risk of COVID-19 transfer when staff work across different health care sites:

1. Key principle

Because we are used to working in environments which include infectious disease, the key principle in reducing the risk of COVID-19 transfer is the knowledge and practice of infection prevention and control measures including:

- Hand hygiene according to the '5 moments for hand hygiene'
- Adhering to standard precautions and using transmission-based precautions when appropriate.
- Training, fitting and use of appropriate personal protective equipment (PPE)
- Maintaining physical distance where possible use of single rooms and cohorting of patient

Evidence of these processes successfully in use include: Training sessions documented for staff; posters on the order to don and doff PPE in changing rooms; hand washing protocols available or displayed next to washbasins, availability of alcohol-based hand rubs at the point of care and regular hand washing audits; contingency planning for patient management.

2. Controls working in high risk areas

Where working environments are at a higher risk of transmitting COVID-19 (i.e. central or regionally identified communities at risk or areas that have had or are already caring for COVID-19 patients) additional



controls outlined below should be adopted, as relevant, to reduce the possible chance of transmission of COVID-19.

- Staff should have pre duty symptom checks
- At the end of the day, staff should make a note of their close contacts
- staff should be trained to observe and support colleagues donning and doffing PPE safely <insert checklist>
- Staff on duty looking after COVID-19 patients should not go to another patient ward/clinic or unit or care for patients in any other work area during their shift or duty.
- Staff seeing multiple patients should risk assess the patients and should prioritise seeing lower risk patients first
- If possible, staff member/s should be assigned to only look after COVID-19 patients during a shift, leaving other staff to rotate to patients across the facility
- A ward, unit or facility or part thereof should be looked at as a staff members work bubble and where practicable, we recommend when staff are rostered to areas that are not their usual place of work to help manage a COVID-19 outbreak and care for COVID-19 positive or probable patients (e.g. an ARC facility or ward with COVID-19 patients), they maintain that area as their primary workplace for a defined period of time. Their usual role should be backfilled to minimise the risk of transmission back to their usual workplace.

Note: In accordance with normal DHB policy, managers should know if staff have secondary employment so any additional risk factors can be assessed.

There is no need to stand down staff between deployments to multiple worksites, unless advised by ARPHS or Occupational Health.

If staff have been temporarily redeployed, upon completion of their temporary redeployments, staff can return to their usual place of work provided they have:

- a. followed the above guidance, and
- b. there has not been a breach of PPE or suspected exposure to COVID-19 for which proper safety measures were not taken, and
- c. they are not exhibiting any symptoms of COVID-19 based on the case definition [HERE](#).

These measures minimise the impact of standing staff close contacts down if someone becomes COVID-19 positive.

3. Personal Protective Equipment (PPE) and hand and respiratory hygiene requirements

Staff working closely with patients suspected or confirmed to have COVID-19 comply with all Ministry of Health and infection prevention and control (IPC) recommendations including for PPE use.

Any breach of PPE use must be reported to the relevant line manager and managed in conjunction with Occupational Health and IPC. Each breach of PPE should be risk assessed and may result in either a period of stand-down from all face to face work activities (does not preclude working from home), limitation on sites of practice during a period of self-monitoring or no change in practice.

Within the workplace, staff need to consider the hierarchy of controls including triage/risk assessment, testing of residents/clients and staff who meet the case definition for COVID-19, use of single rooms, maintaining hand hygiene, sneeze and cough hygiene and physical distancing (2 metres unless appropriate controls can be put in place) as much as is practicably possible.

4. Symptom management

Any staff involved in the care of patients with suspected or confirmed COVID-19 should self-monitor daily and during a shift for symptoms of COVID-19. If they develop any symptoms of concern they must cease



work as soon as they are aware they are becoming unwell, advise their manager (put a surgical mask on and leave if at work) and contact a Community Based Assessment Centre or the staff testing site if at ADHB. If you have any question please contact the Healthline number: **0800 358 545**.

Staff must not attend a work environment if they have any symptoms of a respiratory illness, including symptoms that meet the case definition of COVID-19. Staff who have been a close contact of a suspected, probable, or confirmed case, other than clients, should not be working. In these cases please ensure you advise your manager and access testing as above.

5. Support information

All staff deployed to new work areas should have a documented orientation process eg they know where PPE is, what PPE they need, how to keep themselves and patients safe in the new workplace and nature of COVID risk in that workplace.

All staff working in COVID-19 zones or with COVID-19 patients should refer to information on keeping ourselves and whānau safe by not bringing COVID-19 home [Home and work plan](#)

6. Guidance for reducing risk in different scenarios

Scenario - moving between site	Risks	Management approach
Moving within the DHB	<p>Staff moving between areas can risk transfer of virus if :</p> <ul style="list-style-type: none"> - PPE is not removed when moving between clinical and clinical and admin areas - Hand hygiene does not occur leaving and entering different areas 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Use of scrub areas in theatre when entering and leaving - PPE removed before leaving clinical areas including consult rooms - Hand hygiene - Co-locating COVID patients - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty
Moving between DHBs	<p>Staff moving between DHBs can risk transfer of virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People are interacting with others outside their work and home their bubbles - Public transport used travelling between DHB services 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Physical distancing in public places - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Make the whole or part of your DHB team part of your bubble (e.g. ADHB anaesthesia)



		<p>teams)</p> <ul style="list-style-type: none"> - Following guidance on preparing to go home - Co-locating COVID patients - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty
Moving between DHBs and CBACs/Border/ quarantine hotels work	<p>Staff moving between DHBs and CBACs/border risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - CBAC triage tents and physical distancing - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty - Pre duty health screening before commencing employment - Physical distancing in public places
Moving between DHBs and Private Health Provider	<p>Staff moving between DHBs and private health provider risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty - Reminder staff declaration of secondary employment - Pre-duty health screening before commencing employment - Physical distancing in public places
Moving between DHBs and secondary employer eg casual staff working in ARC	<p>Staff moving between DHBs and secondary employers risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or



	<p>physical distancing, or hand hygiene not followed</p> <ul style="list-style-type: none"> - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<p>working spaces if possible</p> <ul style="list-style-type: none"> - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty - Reminder staff declaration of secondary employment - Pre-duty health screening before commencing employment - Physical distancing in public places
<p>Moving between working from home and secondary employer (DHB)</p>	<p>Staff moving between working from home and secondary employer risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Keep your secondary employer in your bubble - Following guidance on preparing to go home when unwell and not coming to work, and leaving work when they become unwell during a duty - Staff reminder of declaration of secondary employment - Pre-duty health screening before commencing employment - Physical distancing in public places

From: [Bridget Armour \(CMDHB\)](#)
To: [Alexandra Muthu \(ADHB\)](#); [Bryn Thompson \(ADHB\)](#); [Catherine Jackson \(NDHB\)](#); [Christopher Hopkins \(CMDHB\)](#); [Courtenay Kenny \(WDHB\)](#); [David Hammer \(NDHB\)](#); [David Holland \(CMDHB\)](#); [Doone Winnard \(CMDHB\)](#); [Fiona Horwood \(NDHB\)](#); [Gillian Bishop \(ADHB\)](#); [Hasan Bhally \(WDHB\)](#); [Ian Dittmer \(ADHB\)](#); [Jay Harrower \(ADHB\)](#); [Jean McQueen \(WDHB\)](#); "John Cameron"; [Julia Peters \(ADHB\)](#); [Lesley Voss \(ADHB\)](#); [Matthew Rogers \(Lab\) \(WDHB\)](#); [Michael Hale \(ADHB\)](#); [Mitzi Nisbet \(ADHB\)](#); [Peter Watson \(CMDHB\)](#); [Sally Roberts \(ADHB\)](#); [Stephen Coombe \(HealthSource\)](#); [Stephen McBride \(CMDHB\)](#); [Stuart Millar \(ADHB\)](#); "Tony Smith"; [Vanessa Thornton \(CMDHB\)](#); [Vicki Wright \(CMDHB\)](#); [Willem Landman \(WDHB\)](#)
Subject: NRHCC CTAG: Updated Movement Between Sites paper
Date: Friday, 01 May 2020 12:11:00
Attachments: [Approval paper - Movement between sites 1 May 2020.docx](#)
[image001.png](#)
[image002.png](#)
[image003.png](#)

Kia ora CTAG members

I have just received the updated Movement Between Sites paper from Fiona McCarthy (attached).

It is on the agenda for this afternoon and also going to the NRHCC paper review at 3 PM for approval.

I have mentioned to Fiona that it is unlikely that members will have sufficient opportunity to review the updated version prior to the meeting.

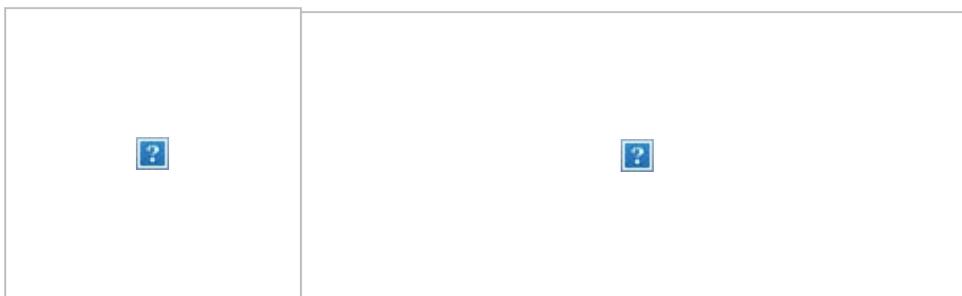
Many thanks

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Bridget Armour | Project Manager: **currently seconded to the COVID-19 Regional Response Team**

Population Health | Counties Manukau District Health Board

M: 021 815 601 | **E:** bridget.armour@middlemore.co.nz | **A:** CM Health Board Office, Building 3, 19 Lambie Drive, Manukau 2241 | **W:** www.countiesmanukau.health.nz



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NRHCC COVID-19 Request for Decision

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(Issue, Recommendation and Outcome to be entered in the NRHCC Decision Tracker)

NRHCC Function Group:	Workforce
Submitted by:	Fiona McCarthy
Date:	1 May 2020
Issue:	<p>There are numerous situations where health care workers work in more than one site in the community or within their facility which may increase the risk of transfer of COVID-19.</p> <p>High risk areas are particularly vulnerable and may need additional controls.</p> <p>The risk of transfer of COVID-19 and the associated negative impact on financial and job security for low paid workforce is significant in the ARRC sector.</p>
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Does this recommendation incur a financial cost?	(Yes or No) N/A
<i>If yes, what is the estimated cost that will be charged to COVID-19 RC?</i>	Individual DHB RC Codes within normal delegations.
Interdependencies with other Functions: <i>(Ensure recommendation is agreed by other Function team prior to submission)</i>	<p>CTAG</p> <p>National Occupational Health and Safety Group</p> <p>ARC (overview of recommendations)</p>

NHRCC Incident Controller:	
Decision: <i>(Approved / Declined /</i>	



<i>Comment)</i>	
Date of Decision:	



Guidance to reduce the risk of COVID-19 transfer for health care workers employed across multiple work environments

Current situation

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This document provides guidance on how to reduce the risk of transfer of COVID-19 to vulnerable patients, other health care workers and the community.

Guidance for reducing risk of COVID-19 transfer when staff work across different health care sites:

1. Key principle

Because we are used to working in environments which include infectious disease, the key principle in reducing the risk of COVID-19 transfer is the knowledge and practice of infection prevention and control measures including:

- Hand hygiene according to the '5 moments for hand hygiene'
- Adhering to standard precautions and using transmission-based precautions when appropriate.
- Training, fitting and use of appropriate personal protective equipment (PPE)
- Maintaining physical distance where possible use of single rooms and cohorting of patient

Evidence of these processes successfully in use include: Training sessions documented for staff; posters on the order to don and doff PPE in changing rooms; hand washing protocols available or displayed next to washbasins, availability of alcohol-based hand rubs at the point of care and regular hand washing audits; contingency planning for patient management.

2. Controls working in high risk areas

Where working environments are at a higher risk of transmitting COVID-19 (i.e. central or regionally identified communities at risk or areas that have had or are already caring for COVID-19 patients) additional



controls outlined below should be adopted, as relevant, to reduce the possible chance of transmission of COVID-19.

- Staff should have pre duty symptom checks
- At the end of the day, staff should make a note of their close contacts
- staff should be trained to observe and support colleagues donning and doffing PPE safely <insert checklist>
- Staff on duty looking after COVID-19 patients should not go to another patient ward/clinic or unit or care for patients in any other work area during their shift or duty.
- Staff seeing multiple patients should risk assess the patients and should prioritise seeing lower risk patients first
- If possible, staff member/s should be assigned to only look after COVID-19 patients during a shift, leaving other staff to rotate to patients across the facility
- A ward, unit or facility or part thereof should be looked at as a staff members work bubble and where practicable, we recommend when staff are rostered to areas that are not their usual place of work to help manage a COVID-19 outbreak and care for COVID-19 positive or probable patients (e.g. an ARC facility or ward with COVID-19 patients), they maintain that area as their primary workplace for a defined period of time. Their usual role should be backfilled to minimise the risk of transmission back to their usual workplace.

Note: In accordance with normal DHB policy, managers should know if staff have secondary employment so any additional risk factors can be assessed.

There is no need to stand down staff between deployments to multiple worksites, unless advised by ARPHS or Occupational Health.

If staff have been temporarily redeployed, upon completion of their temporary redeployments, staff can return to their usual place of work provided they have:

- a. followed the above guidance, and
- b. there has not been a breach of PPE or suspected exposure to COVID-19 for which proper safety measures were not taken, and
- c. they are not exhibiting any symptoms of COVID-19 based on the case definition [HERE](#).

These measures minimise the impact of standing staff close contacts down if someone becomes COVID-19 positive.

3. Personal Protective Equipment (PPE) and hand and respiratory hygiene requirements

Staff working closely with patients suspected or confirmed to have COVID-19 comply with all Ministry of Health and infection prevention and control (IPC) recommendations including for PPE use.

Any breach of PPE use must be reported to the relevant line manager and managed in conjunction with Occupational Health and IPC. Each breach of PPE should be risk assessed and may result in either a period of stand-down from all face to face work activities (does not preclude working from home), limitation on sites of practice during a period of self-monitoring or no change in practice.

Within the workplace, staff need to consider the hierarchy of controls including triage/risk assessment, testing of residents/clients and staff who meet the case definition for COVID-19, use of single rooms, maintaining hand hygiene, sneeze and cough hygiene and physical distancing (2 metres unless appropriate controls can be put in place) as much as is practicably possible.

4. Symptom management

Any staff involved in the care of patients with suspected or confirmed COVID-19 should self-monitor daily and during a shift for symptoms of COVID-19. If they develop any symptoms of concern they must cease



work as soon as they are aware they are becoming unwell, advise their manager (put a surgical mask on and leave if at work) and contact a Community Based Assessment Centre or the staff testing site if at ADHB. If you have any question please contact the Healthline number: **0800 358 545**.

Staff must not attend a work environment if they have any symptoms of a respiratory illness, including symptoms that meet the case definition of COVID-19. Staff who have been a close contact of a suspected, probable, or confirmed case, other than clients, should not be working. In these cases please ensure you advise your manager and access testing as above.

5. Support information

All staff deployed to new work areas should have a documented orientation process eg they know where PPE is, what PPE they need, how to keep themselves and patients safe in the new workplace and nature of COVID risk in that workplace.

All staff working in COVID-19 zones or with COVID-19 patients should refer to information on keeping ourselves and whānau safe by not bringing COVID-19 home [Home and work plan](#)

6. Guidance for reducing risk in different scenarios

Scenario - moving between site	Risks	Management approach
Moving within the DHB	<p>Staff moving between areas can risk transfer of virus if :</p> <ul style="list-style-type: none"> - PPE is not removed when moving between clinical and clinical and admin areas - Hand hygiene does not occur leaving and entering different areas 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Use of scrub areas in theatre when entering and leaving - PPE removed before leaving clinical areas including consult rooms - Hand hygiene - Co-locating COVID patients - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty
Moving between DHBs	<p>Staff moving between DHBs can risk transfer of virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People are interacting with others outside their work and home their bubbles - Public transport used travelling between DHB services 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Physical distancing in public places - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Make the whole or part of your DHB team part of your bubble (e.g. ADHB anaesthesia)



		<p>teams)</p> <ul style="list-style-type: none"> - Following guidance on preparing to go home - Co-locating COVID patients - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty
Moving between DHBs and CBACs/Border/ quarantine hotels work	<p>Staff moving between DHBs and CBACs/border risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - CBAC triage tents and physical distancing - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty - Pre duty health screening before commencing employment - Physical distancing in public places
Moving between DHBs and Private Health Provider	<p>Staff moving between DHBs and private health provider risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty - Reminder staff declaration of secondary employment - Pre-duty health screening before commencing employment - Physical distancing in public places
Moving between DHBs and secondary employer eg casual staff working in ARC	<p>Staff moving between DHBs and secondary employers risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or



	<p>physical distancing, or hand hygiene not followed</p> <ul style="list-style-type: none"> - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<p>working spaces if possible</p> <ul style="list-style-type: none"> - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty - Reminder staff declaration of secondary employment - Pre-duty health screening before commencing employment - Physical distancing in public places
<p>Moving between working from home and secondary employer (DHB)</p>	<p>Staff moving between working from home and secondary employer risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Keep your secondary employer in your bubble - Following guidance on preparing to go home when unwell and not coming to work, and leaving work when they become unwell during a duty - Staff reminder of declaration of secondary employment - Pre-duty health screening before commencing employment - Physical distancing in public places

From: [Fiona McCarthy \(WDHB\)](#)
To: [Liesl Kenrick \(ADHB\)](#)
Cc: [Vanessa Thornton \(CMDHB\)](#); [Bridget Armour \(CMDHB\)](#); [Mel Dooney \(ADHB\)](#); [Keren Meiklejohn \(ADHB\)](#); [John Wansbone \(NDHB\)](#); [Christine Hutton \(WDHB\)](#); [Elizabeth Jeffs \(CMDHB\)](#)
Subject: Approval paper - Movement between sites 1 May 2020
Date: Friday, 01 May 2020 14:11:42
Attachments: [Approval paper - Movement between sites 1 May 2020.docx](#)

Hi Liesl

Paper update as discussed, thanks.

Vanessa and Bridget – Based on Dr Tom Robinson’s feedback I have updated the high risk controls – (added bubble etiquette) and also combined some scenarios which were basically the same. I am really happy to come to CTAG on Monday to talk to the paper before circulation to DHBs if you would like?

Nga mihi Fiona



NRHCC COVID-19 Request for Decision

Email your completed IMT Request for Decision form to nrhcceocm@adhb.govt.nz

(Issue, Recommendation and Outcome to be entered in the NRHCC Decision Tracker)

NRHCC Function Group:	Workforce
Submitted by:	Fiona McCarthy
Date:	1 May 2020
Issue:	<p>There are numerous situations where health care workers work in more than one site in the community or within their facility which may increase the risk of transfer of COVID-19.</p> <p>High risk areas are particularly vulnerable and may need additional controls.</p> <p>The risk of transfer of COVID-19 and the associated negative impact on financial and job security for low paid workforce is significant in the ARRC sector.</p>
Recommendation & Request:	<ol style="list-style-type: none"> That NRHCC approve the attached guidance. <p>In the guidance, the key principle in reducing the risk of transfer is sound infection, prevention and control procedures. Additional controls are suggested for high risk areas.</p> <ol style="list-style-type: none"> That NRHCC note discussions are occurring with ARRC bureau agencies on managing staff allocations to reduce the risk of transfer to agency staff, ARRC staff and residents.
Does this recommendation incur a financial cost?	(Yes or No) N/A
<i>If yes, what is the estimated cost that will be charged to COVID-19 RC?</i>	Individual DHB RC Codes within normal delegations.
Interdependencies with other Functions: <i>(Ensure recommendation is agreed by other Function team prior to submission)</i>	<p>CTAG</p> <p>National Occupational Health and Safety Group</p> <p>ARC (overview of recommendations)</p>

NHRCC Incident Controller:	
Decision: <i>(Approved / Declined /</i>	



<i>Comment)</i>	
Date of Decision:	



Guidance to reduce the risk of COVID-19 transfer for health care workers employed across multiple work environments

Current situation

There are numerous situations where health care workers work in more than one site in the community which may increase the risk of transfer of COVID-19. Examples of situations where health care workers may move between facilities:

- Healthcare workers and contractors who as a normal part of their duties move between sites or locations within sites (e.g. orderlies, cleaners, information technology staff and contractors etc.);
- Healthcare workers who as a normal part of their duties move into different zones within a site (e.g. doctors moving between operating rooms, ED, ICU, cafeteria and administrative areas)
- Health care workers who are being temporarily redeployed to support facilities in the wider health system to respond to COVID-19 (e.g. ARC facilities);
- Nurse practitioners and general practitioners who visit several aged residential care facilities (and their own practices);
- Support workers who visit clients in the community and work in aged residential care facilities;
- Lab tests staff who visit several residential care facilities;
- Workers in retirement villages moving between independent living units and aged residential care facilities;
- Medical, Nursing, Allied Health, Scientific, Technical, Support and Administrators working in public and private practice.

Purpose

This document provides guidance on how to reduce the risk of transfer of COVID-19 to vulnerable patients, other health care workers and the community.

Guidance for reducing risk of COVID-19 transfer when staff work across different health care sites:

1. Key principle

Because we are used to working in environments which include infectious disease, the key principle in reducing the risk of COVID-19 transfer is the knowledge and practice of infection prevention and control measures including:

- Hand hygiene according to the '5 moments for hand hygiene'
- Adhering to standard precautions and using transmission-based precautions when appropriate.
- Training, fitting and use of appropriate personal protective equipment (PPE)
- Maintaining physical distance where possible use of single rooms and cohorting of patient

Evidence of these processes successfully in use include: Training sessions documented for staff; posters on the order to don and doff PPE in changing rooms; hand washing protocols available or displayed next to washbasins, availability of alcohol-based hand rubs at the point of care and regular hand washing audits; contingency planning for patient management.

2. Controls working in high risk areas

Where working environments are at a higher risk of transmitting COVID-19 (i.e. central or regionally identified communities at risk or areas that have had or are already caring for COVID-19 patients) additional



controls outlined below should be adopted, as relevant, to reduce the possible chance of transmission of COVID-19.

- Staff should have pre duty symptom checks
- At the end of the day, staff should make a note of their close contacts to enable rapid contact tracing if needed
- staff should be trained to observe and support colleagues donning and doffing PPE safely <insert checklist>
- Staff on duty looking after COVID-19 patients should not go to another patient ward/clinic or unit or care for patients in any other work area during their shift or duty.
- Staff seeing multiple patients should risk assess the patients and should prioritise seeing lower risk patients first
- If possible, staff member/s should be assigned to only look after COVID-19 patients during a shift, leaving other staff to rotate to patients across the facility
- A ward, unit or facility or part thereof should be looked at as a staff member's work bubble. Key aspects for good work bubble etiquette include:
 - As the healthcare worker to identify all their bubbles (home and work) and make sure the managers know about them
 - Where possible remove non-essential bubbles (at home and at work)
 - For non-essential bubbles that need to continue, reduce the healthcare workers exposure to other staff and patients as much as possible
 - Constantly assess the safety of every bubble (in terms of practice and cases/contacts) and exclude a bubble if not safe
 - Ensure the worker is being especially careful in each of their bubbles and when leaving it
- Where practicable, when staff are rostered to areas that are not their usual place of work to help manage a COVID-19 outbreak and care for COVID-19 positive or probable patients (e.g. an ARC facility or ward with COVID-19 patients), they maintain that area as their primary workplace for a defined period of time. Their usual role should be backfilled to minimise the risk of transmission back to their usual workplace.

Note: In accordance with normal DHB policy, managers should know if staff have secondary employment so any additional risk factors can be assessed.

There is no need to stand down staff between deployments to multiple worksites, unless advised by ARPHS or Occupational Health.

If staff have been temporarily redeployed, upon completion of their temporary redeployments, staff can return to their usual place of work provided they have:

- a. followed the above guidance, and
- b. there has not been a breach of PPE or suspected exposure to COVID-19 for which proper safety measures were not taken, and
- c. they are not exhibiting any symptoms of COVID-19 based on the case definition [HERE](#).

These measures minimise the impact of standing staff close contacts down if someone becomes COVID-19 positive.

3. Personal Protective Equipment (PPE) and hand and respiratory hygiene requirements

Staff working closely with patients suspected or confirmed to have COVID-19 comply with all Ministry of Health and infection prevention and control (IPC) recommendations including for PPE use.

Any breach of PPE use must be reported to the relevant line manager and managed in conjunction with Occupational Health and IPC. Each breach of PPE should be risk assessed and may result in either a period



of stand-down from all face to face work activities (does not preclude working from home), limitation on sites of practice during a period of self-monitoring or no change in practice.

Within the workplace, staff need to consider the hierarchy of controls including triage/risk assessment, testing of residents/clients and staff who meet the case definition for COVID-19, use of single rooms, maintaining hand hygiene, sneeze and cough hygiene and physical distancing (2 metres unless appropriate controls can be put in place) as much as is practicably possible.

4. Symptom management

Any staff involved in the care of patients with suspected or confirmed COVID-19 should self-monitor daily and during a shift for symptoms of COVID-19. If they develop any symptoms of concern they must cease work as soon as they are aware they are becoming unwell, advise their manager (put a surgical mask on and leave if at work) and contact a Community Based Assessment Centre or the staff testing site if at ADHB. If you have any question please contact the Healthline number: **0800 358 545**.

Staff must not attend a work environment if they have any symptoms of a respiratory illness, including symptoms that meet the case definition of COVID-19. Staff who have been a close contact of a suspected, probable, or confirmed case, other than clients, should not be working. In these cases please ensure you advise your manager and access testing as above.

5. Support information

All staff deployed to new work areas should have a documented orientation process eg they know where PPE is, what PPE they need, how to keep themselves and patients safe in the new workplace and nature of COVID risk in that workplace.

All staff working in COVID-19 zones or with COVID-19 patients should refer to information on keeping ourselves and whānau safe by not bringing COVID-19 home [Home and work plan](#)

6. Guidance for reducing risk in different scenarios

Scenario - moving between site	Risks	Management approach
Moving within a facility	<p>Staff moving between areas can risk transfer of virus if :</p> <ul style="list-style-type: none"> - PPE is not removed when moving between clinical and clinical and admin areas - Hand hygiene does not occur leaving and entering different areas 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Use home and work bubble etiquette - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Use of scrub areas in theatre when entering and leaving - PPE removed before leaving clinical areas including consult rooms - Hand hygiene - Co-locating COVID patients - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty



<p>Moving between facilities</p>	<p>Staff moving between DHBs can risk transfer of virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People are interacting with others outside their work and home their bubbles - Public transport used travelling between DHB services 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Use home and work bubble etiquette - Physical distancing in public places - Use of DHB infection prevention and control policies - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - Co-locating COVID patients - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty - Triage tents and physical distancing
<p>Moving between DHBs and secondary employer eg casual staff working in ARC</p>	<p>Staff moving between DHBs and secondary employers risk transfer of the virus if:</p> <ul style="list-style-type: none"> - Available PPE not worn, lack of physical distancing, or hand hygiene not followed - People interacting with others outside their work and home bubbles - Public transport used travelling between sites 	<ul style="list-style-type: none"> - If possible restrict movement of staff who work with COVID-19 patients - Increase space or adjust the location of equipment or working spaces if possible - Training and use of PPE - Following guidance on preparing to go home - Workers are self-reporting when unwell and not coming to work, and leaving work when they become unwell during a duty - Reminder staff declaration of secondary employment - Pre-duty health screening before commencing employment - Physical distancing in public places

From: [Bridget Armour \(CMDHB\)](#)
To: [Fiona McCarthy \(WDHB\)](#)
Subject: RE: Approval paper - Movement between sites 1 May 2020
Date: Friday, 01 May 2020 17:19:00

Hi Fiona

Here is a summary of the feedback from CTAG on the Movement Between Sites paper:

- Noted that the original CTAG paper was largely about moving between community sites, this paper is very hospital focused – which might be the intent, just need to be clear it hasn't been written to include examples from community services so can't be seen as an overarching paper.
- In terms of addressing issues from working across sites, can intervene at different levels
 - change pattern of behaviour about way employ people across different sites; e.g. bureau nurses located in multiple locations
 - if within an individual's job there is a need to go between areas, then more reliant in individual behaviour – hand hygiene etc.
 - need to be clear that PPE is last line of defence; importance of environmental controls
- To enable rostering, need to accept that staff may need to work at different sites from day to day but changing site in mid shift should be avoided.
- People didn't understand the issue about public transport and if to stay included in the paper, does it imply the DHB needs to provide alternative transport to mitigate the risk?
- Unclear what is being requested of CTAG at this point – have given clinical feedback on previous versions, not had time to see if that has been incorporated into the version that is going to CEs this afternoon.

Regards

Bridget

From: Fiona McCarthy (WDHB)
Sent: Friday, 01 May 2020 2:12 p.m.
To: Liesl Kenrick (ADHB)
Cc: Vanessa Thornton (CMDHB); Bridget Armour (CMDHB); Mel Dooney (ADHB); Keren Meiklejohn (ADHB); John Wansbone (NDHB); Christine Hutton (WDHB); Elizabeth Jeffs (CMDHB)
Subject: Approval paper - Movement between sites 1 May 2020

Hi Liesl

Paper update as discussed, thanks.

Vanessa and Bridget – Based on Dr Tom Robinson's feedback I have updated the high risk controls – (added bubble etiquette) and also combined some scenarios which were basically the same. I am really happy to come to CTAG on Monday to talk to the paper before circulation to DHBs if you would like?

Nga mihi Fiona

NRHCC CTAG Minute re 'Movement Between Sites' paper, meeting of Friday 1st May 2020 2 pm

Present: Vanessa Thornton (CMDHB), Mitzi Nesbit (ADHB), Ian Dittmer (ADHB), Jean McQueen (WDHB), Fiona Horwood (NDHB), Lesley Voss (ADHB), Stuart Millar (ADHB), Alexandra Muthu (ADHB), Courtenay Kenny (WDHB), Bryn Thompson (ADHB), Vicki Wright (CMDHB), David Holland (CMDHB)

- **'Movement between Sites' paper (FM)**

Changes were made with feedback from CTAG members yesterday; going to CEs this afternoon.

Noted that the original CTAG paper was largely about moving between community sites, this paper is very hospital focused – which might be the intent, just need to be clear it hasn't been written to include examples from community services so can't be seen as an overarching paper.

In terms of addressing issues from working across sites, can intervene at different levels

- change pattern of behaviour about way employ people across different sites; e.g. bureau nurses located in multiple locations
- if within an individual's job there is a need to go between areas, then more reliant in individual behaviour – hand hygiene etc.
- need to be clear that PPE is last line of defence; importance of environmental controls

To enable rostering, need to accept that staff may need to work at different sites from day to day but changing site in mid shift should be avoided.

People didn't understand the issue about public transport and if to stay included in the paper, does it imply the DHB needs to provide alternative transport to mitigate the risk?

Unclear what is being requested of CTAG at this point – have given clinical feedback on previous versions, not had time to see if that has been incorporated into the version that is going to CEs this afternoon.

ACTION: BA to feed this information back to Fiona McCarthy

From: [Vanessa Thornton \(CMDHB\)](#)
To: [Doone Winnard \(CMDHB\)](#)
Subject: FW: Your feedback, please: Newshub Query
Date: Monday, 01 June 2020 17:40:38
Importance: High

From: Matthew Rogers (WDHB)
Sent: Sunday, 3 May 2020 3:01 p.m.
To: Vanessa Thornton (CMDHB)
Subject: Your feedback, please: Newshub Query
Importance: High

Hi Vanessa

Dale suggested it might be a good idea to check in with you on one of our responses to the Newshub enquiry below.

Question:

3. Has the DHB now changed its policy so staff don't work on various wards during any given shift ? If so, why wasn't this policy already in place ?

Proposed response:

The Northern Region Clinical Technical Advisory Group has confirmed that nurses working with Covid-positive patients should only work with Covid patients on any given shift, with all appropriate personal protective equipment to be used in accordance with agreed guidance. Therefore, there is no mixing of staff and patients in Waitakere Hospital's Covid ward on the same shift.

The Technical Advisory Group has advised that it is acceptable practice for nurses who have cared for Covid-positive patients to work on other wards on subsequent shifts.

Ends

Kind regards
Matt

Matt Rogers | Director - Communications | Waitemata DHB

Level 2, 15 Shea Terrace, Takapuna

Private Bag 93-503, North Shore 0740

p: 09 486 8920 ext 48912 | ddi: 09 440 6912 9(2)(a)

www.waitematadhb.govt.nz



From: Michael Morrah [<mailto:michaelmorrah@mediaworks.co.nz>]

Sent: Sunday, 03 May 2020 11:57 a.m.

To: Matthew Gray (WDHB); Matthew Rogers (WDHB); Rachel Lorimer (ADHB); Shelley Ashdown (WDHB)

Subject: Newshub Query

Hi guys, sorry for the group email. I'm not sure who is on duty today.

Hoping you can come back to me today on these queries.

1. A nurse I have interviewed has told me staff on the Covid Ward at Waitakere Hospital also worked on other wards (including at least one of those that has tested positive). Is this correct, and if so, how many other patients in other wards are now being tested for COVID-19 ?
2. Nurses report being called by upset family members who are concerned staff may have passed on COVID-19 to their loved ones. Had the DHB management been made aware of this ?
3. Has the DHB now changed its policy so staff don't work on various wards during any given shift ? If so, why wasn't this policy already in place ?
4. The same nurse has told me staff on the COVID ward ran out of white N95 masks. As a result, staff were told to wear the green ones but they had not been fit-tested for the green N95s. Is this the case, and if so, is there any shortage currently of particular PPE or issues with having time to do proper fit testing for staff ?

Please get back to me as soon as possible - my deadline is 4pm.

Regards,
Michael

--

MICHAEL MORRAH PACIFIC CORRESPONDENT

NEWS MEDIWORKS **DDI** +64 9 928 9031 **EXTENSION** 9031 **MOBILE** +6421995119

From: [Matthew Rogers \(WDHB\)](#)
To: [Doone Winnard \(CMDHB\)](#)
Subject: FW: Waitemata messages re Covid wards
Date: Monday, 01 June 2020 14:56:54

From: Matthew Rogers (WDHB)
Sent: Sunday, 03 May 2020 6:04 p.m.
To: Vanessa Thornton (CMDHB)
Subject: Waitemata messages re Covid wards

Waitakere Hospital staff do not move between Covid and non-Covid wards during shifts.

The Northern Region Clinical Technical Advisory Group has confirmed that nurses working with Covid-positive patients should only work with Covid patients on any given shift.

Waitemata DHB complies with this guidance. Therefore, there is no mixing of staff in Waitakere Hospital's Covid ward and other wards on the same shift.

The Clinical Technical Advisory Group has also advised it is acceptable practice for nurses who have cared for Covid-positive patients to work on other wards on subsequent shifts, providing the following have been observed:

- Use of all appropriate PPE
- Maintaining good hand hygiene
- Social distancing
- Washing uniforms between shifts
- Closely monitoring for any potential symptoms

Again, Waitemata DHB complies with this guidance, which is informed by Infection Prevention and Control experts.

Only patients in the immediate area of Waitakere Hospital's Covid ward are being swabbed along with other potential contacts as a precaution.

Other precautions include:

- the closure of the affected area to further admissions
- robust contact-tracing and the standing down of staff as a precautionary measure for 14 days
- the reconfiguring of some bedding arrangements to ensure patients deemed as close contacts are managed in isolation
- screening for people entering and exiting the affected area.

Regards
Matt

Matt Rogers | Director - Communications | Waitemata DHB

Level 2, 15 Shea Terrace, Takapuna

Private Bag 93-503, North Shore 0740

p: 09 486 8920 ext 48912 | ddi: 09 440 6912 9(2)(a)

www.waitematadhb.govt.nz



From: [Matthew Rogers \(WDHB\)](#)
To: [Doone Winnard \(CMDHB\)](#)
Subject: FW: re Staff moving within DHB
Date: Monday, 01 June 2020 14:52:54

From: Vanessa Thornton (CMDHB)
Sent: Sunday, 03 May 2020 6:19 p.m.
To: Matthew Rogers (WDHB)
Subject: re Staff moving within DHB

Hi Matt

The northern region clinical Tag supports that staff are able to move from Covid areas to non covid areas for work as long as the following usual principles are followed for infection protection control when working with patients who have infectious disease

- Meticulous use of all appropriate PPE
- Maintaining good hand hygiene
- Physical distancing within the workplace
- Daily self monitoring for any potential symptoms by staff and not attending workplace if unwell

Kind regards

Vanessa Thornton

From: [Vanessa Thornton \(CMDHB\)](#)
To: [Doone Winnard \(CMDHB\)](#)
Subject: FW: segments relevant to you
Date: Monday, 01 June 2020 17:44:25

From: Matthew Rogers (WDHB)
Sent: Monday, 4 May 2020 10:58 a.m.
To: Vanessa Thornton (CMDHB)
Cc: Donna Baker (CMDHB); Mere Martin (CMDHB); Communications (CMDHB)
Subject: FW: segments relevant to you

FYI highlighted section below, Vanessa – PM also referred to this in interviews this morning.

Regards
Matt

From: [Charlotte.Gendall@9\(2\)\(a\)](#)
Sent: Monday, 04 May 2020 10:40 a.m.
To: Matthew Rogers (WDHB)
Subject: segments relevant to you

Hi Matthew - not sure how much of this will make the cut but here's a draft of a couple of topics relevant to you:

Marist cluster

Today, I want to commend the work of an initiative involving students and staff at Auckland's Marist College.

Students and staff will be offered the opportunity to undergo free COVID-19 testing in a joint initiative between health authorities and the school.

While only half of the 94 cases in the Marist cluster were directly associated with the College, it's important that the wider school community is given the opportunity to be tested.

The testing has been agreed between the School Board, Ministry of Education, the metro Auckland district health boards and Auckland Regional Public Health Service to support the Marist College community.

I support this initiative. Further announcements around planning for community testing will be made this week.

Waitakere nurses

There has been media coverage around nurses at Waitakere Hospital. I have spoken to the DHB CE on this topic.

I understand from him that Waitakere Hospital staff do not move between Covid and non-Covid wards during shifts.

The Northern Region Clinical Technical Advisory Group has confirmed that nurses working with Covid-positive patients should only work with Covid patients on any given shift.

I'm advised that Waitematā DHB complies with this guidance. There is no mixing of staff in Waitakere Hospital's Covid ward and other wards on the same shift.

The Clinical Technical Advisory Group has also advised it is acceptable practice for nurses who have cared for Covid-positive patients to work on other wards on subsequent shifts, providing the following have been observed:

- Use of all appropriate PPE
- Maintaining good hand hygiene
- Social distancing
- Washing uniforms between shifts
- Closely monitoring for any potential symptoms

Specific questions around PPE in use at Waitakere Hospital are best directed to the DHB.

Charlotte Gendall
Principal Media Advisor
Ministry of Health
MOB: 021 500 947

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From: [Vanessa Thornton \(CMDHB\)](#)
To: [Doone Winnard \(CMDHB\)](#)
Subject: FW: Your Query to Vanessa Thornton
Date: Monday, 01 June 2020 17:45:44
Attachments: [image001.png](#)

From: Matthew Rogers (WDHB)
Sent: Monday, 4 May 2020 2:13 p.m.
To: Communications (CMDHB); Vanessa Thornton (CMDHB)
Cc: Donna Baker (CMDHB)
Subject: RE: Your Query to Vanessa Thornton

Michael's reply doesn't make sense ... was he not interested in a written response?

Matt

From: Communications (CMDHB)
Sent: Monday, 04 May 2020 2:01 p.m.
To: Vanessa Thornton (CMDHB); Matthew Rogers (WDHB)
Cc: Donna Baker (CMDHB)
Subject: FW: Your Query to Vanessa Thornton

Hi all, feedback from Michael Morrah.

Matt, Vanessa discussed this with Dale earlier and the approach below was agreed.

Thanks,
Mere

From: Michael Morrah [<mailto:michaelmorrah@mediaworks.co.nz>]
Sent: Monday, 04 May 2020 1:51 p.m.
To: Communications (CMDHB)
Subject: Re: Your Query to Vanessa Thornton

Hi Mere,

Thanks very much. Look I think

Cheers & please pass on my regards to Sr Thornton.

Michael

On Mon, 4 May 2020 at 1:47 PM, Communications (CMDHB)
<Communications@middlemore.co.nz> wrote:

Hi Michael,

Vanessa is happy to comment on the CTAG role generally and the principles around CTAG decision making. She won't speak to specific cases as this is for individual DHBs to address. If this works for you, can you please send through your questions and I can then confirm with VT.

Thanks,
Mere

From: Michael Morrah [mailto:michaelmorrah@mediaworks.co.nz]
Sent: Monday, 04 May 2020 12:48 p.m.
To: Communications (CMDHB)
Subject: Re: Your Query to Vanessa Thornton

Hi Mere,

I was just wondering if Vanessa was available to talk today about the the technical advisory group's decision to have staff work between a covid ward at Waitakere Hospital, and another virus-free ward where high risk elderly patients were being cared for. Six of these patients are now considered "probable cases".

Dr Thornton is the lead for the group.

Many thanks,

Michael Morrah.

On Mon, 4 May 2020 at 12:43 PM, Communications (CMDHB)
<Communications@middlemore.co.nz> wrote:

Hi Michael,

Dr Vanessa Thornton has advised that you have tried to contact her. Are you able to send through to us your query please and we'll see what we can do.

Thanks,
Mere

[Mere Martin](#)

External Communications Manager | Communications | Strategy & Infrastructure

9(2)(a)

Middlemore Hospital | [100 Hospital Road, Otahuhu](#) | Private Bag 93311 Otahuhu,
Auckland 1640
[countiesmanukau.health.nz](#) | COUNTIES MANUKAU DISTRICT HEALTH
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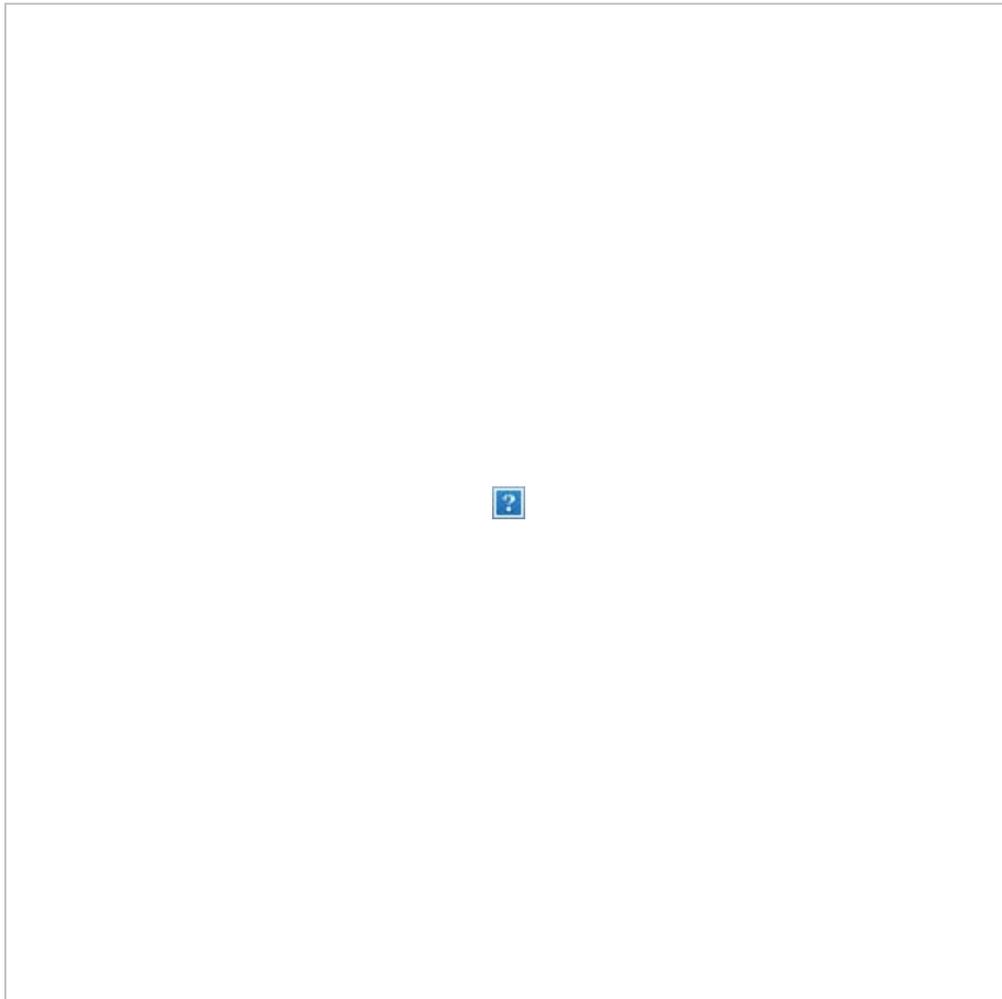
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MICHAEL MORRAH PACIFIC CORRESPONDENT

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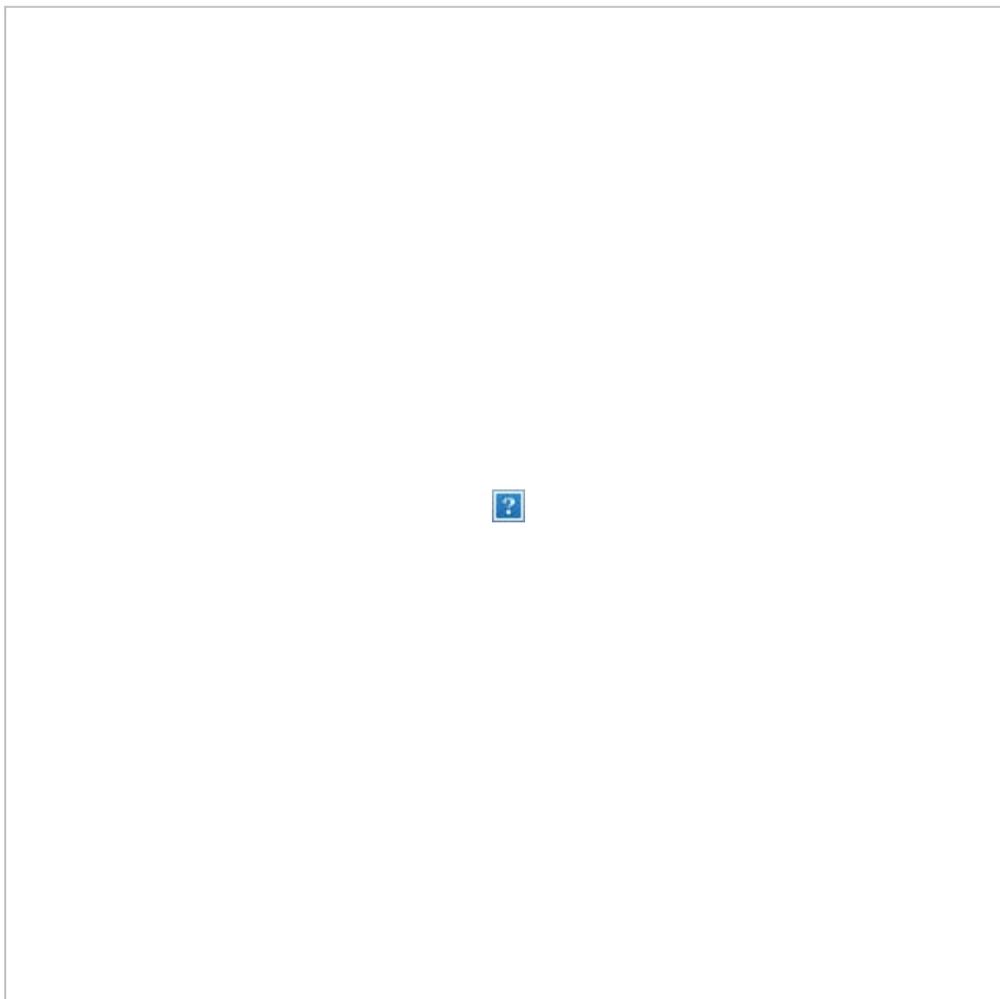
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MICHAEL MORRAH PACIFIC CORRESPONDENT

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