

## COVID-19 FAQs: Level 2

What are the responsibilities I have to help the [government strategy to eliminate COVID-19?](#)

COVID-19 elimination will be achieved through three key systems:

- Management of cases and contacts to stop onward transmission from identified cases
- Physical distancing and hygiene measures to stop onward transmission of undetected cases
- Border controls to prevent seeding of new clusters from outside the country

As an occupational therapist/kaiwhakaora ngangahau you have a responsibility as a health practitioner to support these objectives.

How can I help with the wider government COVID-19 elimination strategy?

In order to support an elimination strategy, it is important that all efforts are made to identify potential sources of infection. Careful pre-contact screening to identify possible COVID-19 cases is essential. These questions need to be asked and documented:

- Has the client become unwell with respiratory symptoms since the health care worker's last visit?
- Has the client been in contact with others in the last two weeks who have been unwell?
- Has the client been in any contact with people who are unwell with respiratory symptoms/fever or who have undergone testing for COVID-19?

The MoH has laid out [a structured approach](#) to ensure that all cases with COVID-19 are identified quickly which should be read by all health practitioners.

How can I help identify possible cases?

You need to keep a detailed record of all in person service user contacts you have. These records need to contain as much information as possible including:

- The sources and settings where close contacts are occurring
- The timeliness of actions, and in particular the time intervals of symptoms
- Names of the people and how to contact them
- Assess and support self-isolation and barriers to achieving effective isolation

What about my own social contacts?

Use the [COVID-19 tracer App](#) to record your own social contacts.

Who should I prioritise to ensure higher risk factors for COVID-19 are mitigated?

The [COVID-19 Health and Disability System Response Plan](#) states (p.12) these populations are the priority for proactive response by the health system:

- Tangata Whenua

- Pacific peoples in New Zealand
- Older people, especially those over 70 years
- People with long-term conditions
- People with disabilities
- People with mental health conditions
- People living in residential facilities (e.g., aged residential care facilities, hostels, university accommodation or Department of Corrections facilities)
- Refugees and migrant community members

What social inequities are important to identify and mitigate to assist higher risk groups?

Inequitable access to testing, case/contact identification and management, and isolation, will undermine the effectiveness of the entire pandemic response. Inequitable ability to undertake physical distancing and hygiene measures will also undermine the response. The capacity of individuals to isolate themselves is likely to be highly inequitable, with those in crowded households or in low-income employment least able to protect themselves and others.

Which groups in the community are at high-risk of exposure to COVID--19?

- Health care workers and other staff working at health facilities, including aged residential care facilities
- Essential workers in workplaces where there has been a case
- Staff in quarantine hotels
- International airline crew
- International travellers
- Tourism industry workers
- Police working in areas with a higher incidence of confirmed cases
- Migrant workers

Which groups in the community are a high-risk of undetected transmission?

- Backpackers staying in hostels
- Incarcerated people

How can I fulfil my responsibilities as a health practitioner and partner of Te Tiriti o Waitangi during the COVID-19 pandemic?

Tangata Whenua have suffered huge loss of life from introduced disease and pandemics. Whether you are Tangata Whenua or Tangata Tiriti you have a responsibility under Te Tiriti o Waitangi and the occupational therapy/whakaora ngangahau specific [Competencies for Registration and continuing practice](#) to help prevent this happening again. Tangata Whenua whānau need to have access to high quality, safe and culturally appropriate healthcare to ensure underlying conditions and social risk factors are mitigated as much as possible. If it is what your client needs and wants, partner and support tribal authorities, iwi and kāupapa Māori health services who are doing this work. If you are a trusted health practitioner involved with a whānau ensure adequate and sustained healthcare is being provided for them, including ability to isolate and access COVID- 19 testing.

- [Te Rōpū Whakakaupapa Urutā](#), the National Māori Pandemic Group has an extensive website for the Māori workforce and whānau with advice about tikanga such as tangihanga and managing chronic health conditions.
- [COVID-19 Health and Disability System Response Plan](#) has specific section addressing responsibilities as a Te Tiriti o Waitangi partner
- [COVID-19 and Māori health – when equity is more than a word](#) is a short article published on 10 April 2020 on the Public Health Expert blog by the University of Otago

### When should I consider providing community based in person contact?

In person contact should be provided when there is an essential need or ensuring equitable health access. Health care workers are a high risk of spreading COVID- 19 and of contracting it themselves. OTBNZ has developed a [decision making tree](#) for working in level 2 in person with people in the community. [Guidance](#) has also been by provided Ministry of Health for health workers implementing and organising home based healthcare. Contactless services via Telehealth should continue to be provided wherever possible.

### Should I get tested for COVID- 19 before I start working with people in person?

At this stage there is no planned routine testing of asymptomatic or non-exposed health practitioners. The DHBs are currently considering plans to test asymptomatic high-risk groups as part of community surveillance. If you do have an asymptomatic test you do not need to quarantine yourself until the results come back.

### As a health care worker, what is my risk of catching COVID-19?

The risk of catching COVID-19 from a confirmed case largely depends on the patient and how you are caring for them. COVID-19 transmission is similar to that of the influenza virus and it is recommended that standard droplet and contact precautions are used when managing patients with suspect COVID-19 infection and those with respiratory and influenza-like illness. Standard droplet and contact precautions include:

- Gloves
- Surgical face mask
- Disposable, fluid resistant gown
- Eye protection.
- Regular hand hygiene is important.

The risk is higher when performing aerosol-generating procedures, and the PPE is slightly different when performing these procedures (see [information on aerosol-generating procedures](#)). It is not recommended that aerosol-generating procedures are undertaken in primary care. For more advice on PPE, see [PPE use in health care](#).

### How do I keep my own whānau safe?

Guidance on managing infection control between work and home has been provided by [MoH and Health Quality Safety Commission](#).

- Take only what you need for work and transport it in a sealed plastic bag or container.
- Use a locker or dedicated shelf/box for your possessions you don't need all the time at work.

- If you use your own car for work keep it clean and minimise objects lying around in it. Only take what you need out of the car into other people's homes and clean it before returning to the car. Have a secure container to store these things in.
- Keep physical distancing at work as much as possible
- Tie long hair up and wear minimal jewellery
- Change into a new uniform at work if you wear one and remove before leaving for home
- Remove shoes before entering home after returning from work
- Shower and change clothes before you hug or get close to whānau
- Wash/clean work containers and objects immediately

Do I have to provide in person services?

No. If you have concerns about your own health or the health of your whānau you need to discuss this with your employer and make arrangements of what you can safely provide. The DHB's have provided an [Occupational Health Assessment Tool](#) for Vulnerable Workers which provides information for staff who are at greater risk if they contract COVID--19. You may be able to provide services via Telehealth. There may also be other ways you can access paid employment by [joining the COVID-19 surge workforce](#).

How do I keep community based clients safe when providing in person services?

- Refer to OTBNZ level 2 [decision making tree](#) if considering in person visits.
- Do not visit if you are unwell
- Practice the safe hygiene protocols
- Make sure you have read the [updated advice for health professionals](#) before visiting

Explain to the people/whānau you are working with how you are keeping them safe and what they need to do to keep you safe

Do I need to wear Personal Protective Equipment (PPE)

You may need to. The Ministry of Health has provided [detailed advice](#) for the health workforce in relation to what, when and where PPE should be worn.

- [Frequently asked questions about PPE](#)
- [Guidelines for personal protective equipment use in healthcare settings including care provided in homes](#)
- [Donning and doffing PPE safely](#)
- [Videos demonstrating hand washing and donning/doffing PPE](#)

Te Pou has also provided an excellent resource [Personal protective equipment \(PPE\): guidance for NGO community workers](#)

How do I access PPE?

PPE for New Zealand's publicly-funded health workers is ordered and distributed through a national approach to coordination managed by the Ministry of Health. The current guidance for the supply of PPE is outlined in a [table](#) on the MoH website.

How do I clean my workplace to ensure it is safe?

The Ministry of Health has provided detailed instructions for [cleaning rooms, equipment and disposing of PPE](#)

When should I provide telehealth?

You should continue to provide telehealth in the first instance for all referrals and ongoing service delivery until the Ministry of Health has lifted physical distancing restrictions.

How do I provide safe telehealth?

There are several places to get information and guidance about best practice of telehealth.

- The [NZ telehealth resource centre](#)
- The MoH has provided guidance [for using telehealth and online tools](#).
- [Health Informatics New Zealand](#) (HiNZ) is a not-for-profit organisation with a focus on events, education and networking. Newsletters are free and so are some resources and webinars
- OTBNZ has formal guidelines for the use of [telehealth](#) and [social media and electronic communication](#) and [tips for using Zoom](#) video conferencing safely.
- [Enable NZ](#) has provided guidance relevant to provision of assistive technologies and housing.
- Allied Health Aotearoa New Zealand has a [telehealth best practice guide](#)

Can I deliver group based services?

Yes. Groups can resume if they can maintain physical distancing of 2 metres between participants

Can I travel to other parts of the country to deliver in person occupational therapy/whakaora ngangahau?

Travel between regions should be carried out only when it meets the essential service criteria and there is no other way to provide what the person needs. Travel into a region at level 3 or 4 must be approved by management as essential. You need to keep detailed records of who you came into contact with and where you went during this travel.

I am often the only health practitioner in the team – do I have greater responsibilities?

Yes. Ensuring equitable access to testing and minimising the risk to more vulnerable members of the population is an important role when working in the broader community as a health practitioner. The OTBNZ level two [decision tree](#) and FAQs should be applied to work settings such as kura, schools, tertiary education and wānanga, correctional facilities or social development agencies. Use these in conjunction with the procedures and policies of the organisation or institution you are working for and are working at. It is very important to use your discretion to swiftly act on and elevate any concerns about safety of yourself or others and if you think someone should be tested for COVID-19.

Can I carry out healthcare tasks and roles which are normally outside the scope of occupational therapy practice?

Yes. There are provisions in the Health Practitioners Competence Assurance Act (2003) which enable registered health practitioners to work outside their scope of practice in emergency situations such as a pandemic. If you are working outside the occupational therapy/whakaora ngangahau scope of practice you must ensure you have been trained, are competent, have access to

clinical supervision and support from an appropriately qualified person to carry out the tasks or roles involved and have the approval of your manager/organisation.

Is there financial support available if I cannot carry out my usual business/service activities?

The [covid.govt.nz](https://www.covid.govt.nz) website has detailed financial advice and links for [employers and businesses](#) and [individuals and households](#)

Can I advertise that I am now able to provide health services?

It is important the public understands any limitations to the type of services you can provide. Pre-requisite screening needs to occur before you offer in person contact which may impact on your ability to deliver your service.

Can my support staff resume working?

Minimising social contact with others remains a key priority. Minimising people in the workplace is still an important strategy for managing the risk of undetected COVID-19 in the community. Working from home is still advisable if this is possible. If your support staff need to assist or provide in person contact ensure their health is protected. The District Health Boards have produced two useful guidance documents may be helpful for other organisations: [Occupational Health Assessment Tool](#) for Vulnerable Workers; [Protecting Vulnerable DHB Staff During COVID-19 Guide](#) for People Leaders and Line Managers.

Can I help with identification of COVID-19 and contact tracing at Ministry of Health?

You may be able to. [Register your interest](#) on the Ministry of Health website.