

National guidance for DHBs to reduce risk of COVID-19 infection of vulnerable or at-risk staff

Purpose

This document outlines the position for the 20 DHBs to assess and minimise the risk for vulnerable workers in our health care workforce while maintaining a workforce to deliver health services to the community and prepare to respond to the spread of COVID-19.

Principles

1. DHB staff in any role are considered essential workers
2. We will do everything we can to preserve the health and safety of our staff, while maintaining a workforce to deliver health services to community and be prepared to respond to COVID-19
3. Our approach will consider a staged assessment that considers a number of factors including but not limited to work location, health risks of individual staff and other relevant information
4. The risk assessment will inform whether workplace restrictions or modifications are necessary
5. To protect high risk staff, where appropriate we will offer to move them from high risk work zones and backfill with low risk staff with the proper skill mix from other parts of our DHBs
6. To minimise the risk of transmission of COVID-19 to health care workers or patients, those that can perform their role from home, and have the equipment to work from home, will do so.
7. To minimise the risk of transmission of COVID-19, workers across DHBs will take all reasonable steps to minimise movement between facilities and services and non-clinical staff will minimise contact with clinical staff where at all feasible.
8. This is a rapidly changing environment and this guidance may be revised at any time and may change as we move to alert level 3 or 4.
9. Any health information disclosed as part of this process will be held in confidence by our Occupational Health Teams.

Risk Assessment Process

The risk assessment process comprises the following three steps:

Step 1 - Staff to complete a “Self-assessment form”.

- High risk work zones and those over 70 are asked to complete the self-assessment process first.

Step 2 - All staff members that have self-assessed as having a possible vulnerability to COVID infection or are over the age of 70 have their information reviewed by Occupational Health.

- Occupational Health reviews information on self-assessment and triages those staff at highest risk.
- Occupational Health representative makes contact with staff member to work through a risk assessment.
- Occupational Health representative makes a determination on whether the person is at risk.
- If person is at risk, continue to step 3.

Step 3 – Occupational Health and the staff member work with their manager to determine appropriate workplace adjustments or modifications (including the need to re-deploy to a lower risk work zone).

Work Zones

During this pandemic, different work areas or zones have been categorised as follows:

Category 1* : Anywhere at high risk of COVID-19 exposure: including but not limited to - dedicated COVID-19 wards, designated surgical beds, paediatric beds, Intensive Care Unit (ICU), Acute Medical Assessment Unit (AMAU) / Emergency Department (ED) / General Medical (GM) wards, anywhere else deemed locally high risk.

Category 2 : Other clinical areas with low probability of COVID-19 exposure – including but not limited to general wards and outpatient departments that are designated COVID-19 free areas and risk of exposure is low based on services delivered.

Category 3 : Non-clinical areas, including kitchens, stores, offices, cleaners of non-clinical areas, etc.

Category 4 : Work from home or in self-isolation for whatever reason.

The above categorisation scheme is relevant to all members of staff working in those zones, irrespective of their work or role. Kitchen staff, orderlies, maintenance and engineering staff, environmental services and any other staff visiting any zone even on an intermittent and short-lived basis will be considered as working in that zone.

*Within category 1 work zones there may be other categories based on localised assessment.