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# All District Health Boards

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## COVID-19 Protection Framework – Delta & Omicron Variants – Employee Related FAQs & Guidance

**Updated 23 February 2022**

**To be reviewed on a monthly basis**

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## Introduction

The contribution of New Zealand's health workforce to supporting the wellbeing of our communities is highly valued by DHBs as employers and by the public in general. As we manage the current COVID-19 situation together, we recognise the importance of you having access to consistent national advice on key employment-related issues. Please take a few minutes to read this document and understand the temporary changes to normal processes that the DHBs are introducing, while we work through these challenges together.

All health care workers provide essential services to our community. Health Care workers are identified both as essential and critical workers.

This document will continue to be updated as required and will be recirculated at this time. You can always find the most up-to-date version of this document on the [TAS website](#). The short-term measures put in place will be regularly reviewed and will be removed as soon as possible. If you have any queries, please reach out to the contacts outlined in this document.

### What are the symptoms of COVID-19?

The symptoms are similar to the flu – fever, cough, shortness of breath, sore throat, sneezing and running nose and a temporary loss of smell, muscle aches and fatigue. If you have any of these symptoms, please contact your DHB's staff testing facility (if applicable) or your GP (please call ahead). You can also call Healthline for more information on 0800 358 5453.

### How serious is coronavirus?

Most people who have been vaccinated and had a booster have a mild to moderate illness with flu-like symptoms or they may be asymptomatic. However, people of all ages are being infected and those with medical conditions seem most likely to get seriously ill.

### Can I refuse to work with patients with COVID-19?

We understand that people are anxious during this time. This will include those of us who work to deliver healthcare. As someone who works in an organisation providing essential healthcare services, you are employed to use your professional skills to care for whomever presents for care. You are also provided with knowledge, vaccinations and boosters, safe procedures and PPE to protect you from risk as much as possible.

If you have any concerns about your immediate safety, it is really important that you contact your line manager in the first instance who should raise this with the HR team.

### Is it safe for me to be working in a healthcare setting?

There are many controls in healthcare settings which mean the risk of COVID-19 transmission in our workplaces is considerably less than in general community settings.

We can all help protect ourselves and each other by:

- following the clinical guidelines for appropriate use of personal protective equipment (PPE); and
- observe appropriate physical distancing wherever possible (this may mean changes to behaviour, including meeting in larger spaces and not congregating in cafes and other areas).

- Ensuring our vaccinations are up to date as per the health advice provided.

### **Do I have to wear a mask while working?**

Yes. As an essential service, all staff must wear a procedural (medical) mask when dealing with patients or public. N95 masks will be provided for clinical settings and for those staff who make a request to their manager/clinical lead. All staff should also follow their DHB's personal protective equipment (PPE) policy.

All clinical/COVID-19 facing streams will be fit tested for an N95 or equivalent mask as per government requirements. Non-clinical/COVID facing roles may still be able to wear N95 masks or similar where these are available, and should follow [Ministry of Health guidance for P2/N95 particulate respirators in the absence of fit testing.](#)

### **Where can I get further information about COVID-19?**

Click the following link for up to date information which is available on the New Zealand all of government COVID-19 website [www.covid19.govt.nz](http://www.covid19.govt.nz).

## **Risk Assessment for Health Care Workers Exposed to COVID-19 at Work**

In general there are a number of controls in healthcare settings which mean the risk of COVID-19 transmission is considerably less than in general community settings. However, there may be incidents where the risk is elevated to the next level i.e. when there have been multiple cases and/or evidence of transmission within the setting. In DHBs each exposure event will be assessed and managed by the relevant team, which may include public health, infection control, occupational health and operational leads.

A national guidance document has been agreed between the Ministry of Health, DHBs and unions to ensure that we ensure a level of consistency in our response to these exposure events. This document provides guidance as to any necessary periods for stand down, isolation periods, testing protocols and return to work requirements.

Please note that all leave required e.g. stand down, awaiting test results, isolation periods will be paid as COVID-19 Special Leave and not be deducted from an individual's sick leave balance.

Please see [Guidance for critical health services during an Omicron outbreak](#)

This page provides information about what is a critical worker, what are critical health services, key information and the guidance for healthcare workers who are COVID-19 cases or contacts.

### **What should I do if I am unwell?**

If you are unwell, you should not be at work regardless of whether you think it is likely or unlikely that you have been exposed to COVID-19. If you are experiencing any of the symptoms associated with COVID-19 you should be tested for COVID-19 and follow the guidance in the above document.

## **Who should I talk to if I have concerns that I or a family member may have been exposed to COVID-19?**

You can seek advice regarding anyone who has been exposed to a suspected or confirmed case of COVID-19, by contacting Healthline (0800 358 5453) in the first instance or call your GP (please call ahead).

You must advise your manager of your current status and requirements as advised by your GP, Public Health or Healthline as soon as possible.

If you are unable to work due to COVID-19 then any leave will be classed as Special Leave.

## **What should I do if I was at a location of interest or if I am a close contact of a COVID-19 case?**

If you were at a location of interest published by the Ministry of Health (or you have been designated as a close contact of a known COVID-19 case) you should follow the directions of the Ministry of Health. Please note that on 21 August 2021 the government amended Section 70 of the Health Act 1956 so those providing essential health services are not required to isolate once the close contact receives a negative test

## **What should I do if I am a household contact of a person who has been at a location of interest or has been categorised as a close contact of a COVID-19 case?**

If you are a household contact of a person who has been at a location of interest you should follow the directions of the [guidance for healthcare workers who are COVID-19 cases or contacts during an Omicron outbreak](#). As above please note that on 21 August 2021 the government amended Section 70 of the Health Act 1956 so those providing essential health services are not required to isolate once the close contact receives a negative test

## **What happens if someone comes to work when recommended to self-isolate?**

The request to self-isolate is clinically recommended and in the interests of public health. Failure to follow public health instructions can result in fines and/or enforced quarantine. If you believe someone has come to work having been asked to self-isolate, please raise this with your manager in the first instance. Be aware however that there are [exceptions](#) that allow essential health workers to leave self-isolation if they satisfy specific criteria, including having a negative COVID-19 test result.

## **If I am required to self-isolate can I work from home?**

Every effort will be made to provide you with tasks to enable you to work from home – please discuss this with your manager should you need to self-isolate. These tasks may be outside of your usual duties in support of the wider response.

## **Does the period of isolation apply to all staff or just those in a clinical setting?**

It applies to everyone, whether you work in a clinical setting or not. This is to avoid unknowingly passing on the virus if you get it. You can find guidelines on what to do to isolate yourself on the all of government COVID-19 site, [www.covid19.govt.nz](http://www.covid19.govt.nz).

**I am scared that I will infect my family when I return home. While I am fit for work one of my family member’s health is severely compromised and I am concerned that I will potentially infect them. What can I do?**

<b>Coming to Work</b>	Bring only what you need to work; Wear your own clothes and shoes to work.
<b>At work</b>	Store your bag in staff-only area with lunch, drink bottle; Personal phone – keep in own bag in staff-only area; Work phone – keep in ziplock bag; Frequently wipe clean surfaces and equipment; Change into work clothes/uniform/scrubs and work shoes; Follow approved PPE and handwashing protocol; Observe physical distancing wherever possible.
<b>Going Home</b>	Leave pen at work; At end of shift change into own clothes. Place work clothes/uniform/scrubs in plastic bag to take home, or leave at work for laundering; Wipe shoes or leave at work; Thoroughly wash hands and arms; Shower if in high risk area; Collect belongings from staff-only area.
<b>At Home</b>	Maintain physical distancing initially; Put work clothes/uniform directly into washing machine; Clothes/uniform should be washed using detergent; Dry clothes as normal; Have a shower if you have not already had one at work.

**Can I opt to wear hospital scrubs at work?**

The DHBs support the access to scrubs for clinical staff who are working in COVID-19 areas where they are not normally provided with a uniform to undertake their work activities. As this requires a planned process for the DHBs, where scrubs are provided, the DHBs will arrange for these to be laundered to ensure there is appropriate stock available. Please do not take scrubs home to ensure adequate supply stocks and ensure infection controls.

**Staff Testing/Surveillance Monitoring**

Staff testing and surveillance requirements will align to the national frameworks and COVID exposure documents. DHBs will ensure that they meet those requirements as a minimum and look to establish on-site testing facilities and provide RATs where applicable and able.

## Leave Arrangements

### What are the leave payment arrangements under the Protection Framework?

Shown below are possible scenarios that may arise as a result of COVID-19. Please note if you work from home you will be paid as normal working time.

Scenario	Option/Leave type
<p>1. Employee is getting the vaccine including booster and/or needs time due to a reaction to the vaccine or booster.</p> <p>2. Employees needs to look after sick dependents who have tested positive for COVID-19.</p> <p>3. Employee has children/dependents required to isolate/or awaiting test results and no other alternative but for employee to care for them, and cannot work from home while safely doing so.</p> <p>Subject to the <a href="#">Guidance for healthcare workers who are COVID-19 cases or contacts during an Omicron outbreak</a> some special leave situations may include:</p> <p>4. Employee is symptomatic and may have been exposed to COVID-19; or</p> <p>5. Required to self-isolate for any reason relating to COVID-19 or</p> <p>6. Directed/required to/stood down awaiting results of COVID-19 test; or result</p> <p>7. Employee has confirmed COVID-19.</p>	<p>Paid Special Leave -</p> <p>Please note that timeframes and specific scenarios will depend on relevant exposure assessment. Please refer to <a href="#">guidance for healthcare workers who are COVID-19 cases or contacts during an Omicron outbreak</a>. In particular the risk assessment for exposures and management of<sup>1</sup>.</p> <p>Arrangements may need to be reviewed on a regular basis between the manager and staff member.</p>
<p>Employee voluntarily chooses to stay at home to look after child(ren) despite school/early childhood centre being open and child being well and able to attend.</p>	<p>Annual Leave, LWOP</p>
<p>Working from home</p>	<p>Normal Pay</p>
<p>Employee is sick (unrelated to COVID-19)</p>	<p>Sick leave</p>

<sup>1</sup>Under the heading titled "Guidance for situations where healthcare workers are COVID-19 cases or contacts during an Omicron outbreak"

Employee wishes to stay away from normal duties due to concern about a vulnerable household member	<p>Consideration given for: redeployment to suitable role; working from home; or accommodation support.</p> <p>Or employee may seek approval to take Annual Leave or Unpaid Leave/Apply for leave of absence if more than 2 weeks.</p>
Employee prevented from returning to the country through border controls.	To be managed on a case-by-case basis – leave options may be available depending on the circumstances.

These leave arrangements will be reviewed regularly (First review April 2022), and DHBs reserve the right to request a medical certificate. Staff are required to advise/communicate with their manager on their situation and liaise with Occupational Health teams as appropriate.

**If I am currently on annual leave, can I be called back in to work to support my colleagues and the organisation because of a shortage of staff?**

If you are on annual leave, you can be asked but not required to stop or delay your leave to support the organisation. This is by agreement only.

**Will I be able to apply for annual leave over the next couple of months?**

The DHB will consider requests during the period on a case-by-case basis, however these may not be able to be approved due to the situation at the time. Each case will be considered against a number of criteria, including service delivery, critical workforces, community transmission, employee health and legal parameters etc.

**Redeployment Principles**

A number of common principles and arrangements have been developed and agreed to support the efficient and effective redeployment of staff.

Refer to the redeployment principles document for internal DHB redeployment activity and the principles and guidance for when requests are made for employees to work more broadly across the health system, e.g. another DHB, Aged residential Care etc., to be posted on the [TAS website](#).

## Travel

### **What are the travel restrictions in place?**

Please see the [20 DHB Travel related FAQs for employees](#) for detailed information around domestic and international travel.

Currently, individuals are allowed to travel for either personal or business domestically providing they do so in a safe way and follow appropriate safety precautions.

Despite this, travel for business purposes is still discouraged without the approval of your DHB. Before you book any business travel, you should ensure you follow your individual DHB's standard business travel approval processes.

If you choose to use any form of public transport, you should be meticulous in complying with restrictions such as mask wearing, distancing, etc. More information can be found [here](#).

For CME travel as provided under a collective employment agreement or approved by a DHB, any COVID-19 disruption will be covered by DHB insurance unless otherwise agreed or specified before your travel occurs or is approved.

While personal international travel is not restricted by the government the DHBs discourage personal international travel at this time.

If you are planning on travelling internationally for personal reasons you should keep up to date with the latest MFAT international travel guidance. You should also have a discussion with your manager as to what leave will be available should you face challenges in trying to return.

### **If I travel for personal reasons and travel restrictions are introduced while I'm away from home, what leave arrangements apply?**

If you are unable to return home from leave due to travel restrictions, then the leave provisions in your employment agreement will apply e.g. Annual Leave, STIL or Leave Without Pay.

Depending on your individual circumstances you may be able to work remotely. You will need to discuss this with your manager.

### **What are the current isolation requirements for people entering New Zealand?**

Please follow the link to find out information relating to travelling out of and back into New Zealand. <https://covid19.govt.nz/travel/international-travel-and-transit/travel-to-new-zealand/>

### **What happens to CME or Professional Development funds that are expiring?**

We will carry-over any expiring CME or Professional Development funds that are at risk due to the government's travel restrictions.

### **What if I was booked to travel for work purposes and I incur non-refundable cancellation charges not covered by insurance?**



Airlines, hotels and insurance companies are – in many instances – waiving cancellation charges or reimbursing them. Where there are costs for you as an employee arising from cancellations that are not covered by vendors or insurance, these will be met by the DHB.

### **I cannot enter New Zealand because I have been stopped at the border in my country or New Zealand?**

In the first instance you should contact your manager and discuss your situation. We will provide you with guidance at this point.

## **Working from Home**

In a number of instances some staff may be able to work from home temporarily during the outbreak. Each DHB will take a proactive and pragmatic perspective on these arrangements to reduce the number of staff on site where possible, ensuring that all individuals are available to return to work as necessary and have meaningful and appropriate work. In some instances there may be different types of work that can be done remotely to support the organisation.

Working from home is encouraged under Omicron as part of options available to decompress our workplaces as much as possible. The less people we have working on site the better to reduce as much as possible the spread of this highly infectious variant. There may however be individuals who may feel safer and more comfortable to be in their normal workplaces and we will ensure that we can support them to continue to do so.

Working from home has other advantages for us all including:

- Employee wellbeing and engagement;
- Increased productivity;
- Sustainability and reduced carbon footprint; and
- Business continuity in the event of emergencies.
- Reduced congestion on DHB premises also allows for some relief from the pressure on car-parking and space

There may be some constraints on the ability of some employees who might have otherwise done so, to work from home. These include insufficient IT resources and support being available as well as the need to redeploy (as referred to on previous page) non-clinical staff to support clinical activities.

Managers and staff should actively discuss working from home with all who are able to do so and be open to facilitating working from home. Think creatively about how work can be done differently and the lessons learned from our experience during COVID -19 so far.

Communicate with and involve the team:

- Do you need a minimum number of people on the premises each day?
- Will you roster people to be in the office / working from home?
- Are there some roles which can only be done on the premises - is it possible for a portion of those roles to be done remotely e.g. planning, recordkeeping, reporting. Likewise, are there some roles, which can be done completely from home?
- Will you identify people to stay at work for the “have to work on site” work, and if they get sick a second working from home group prepared to come in to replace them?

Think about the suitability of the home environment as an office space.

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- Does the employee working from home have a dedicated working space that is free from disturbances?
- Is the home a healthy and safe environment, including use of an ergonomic desk and chair? Can they take a chair home with them for the duration?
- Is there reliable broadband and adequate data capacity to be able to perform their role?
- Does the home environment have the ability to maintain privacy and confidentiality of information?

Consider the ongoing and long-term effects of working at home on the wellbeing of the staff member. Ensure that there is regular contact and support provided

### **Will DHBs be reimbursing any of my costs associated with working from home?**

Whilst any claims will be assessed on a case-by-case basis, generally DHBs will not pay for costs such as heating, lighting, electricity, gas, water, rent or wear and tear at the remote work site. If a work mobile is not provided the Line Manager and employee will need to agree the most effective way of handling calls whether that is the use of zoom or reimbursement for calls.

### **I understand IRD has released a policy around payment associated with working from home – how does this affect me?**

The IRD advice only relates to the tax treatment of any payments made to employees for working from home, where an allowance is provided by an employer. As per the above, the DHBs do not provide working from home allowances or pay for costs incurred at your remote work site and therefore the tax treatment is not applicable. For more information, please visit the [IRD website](#).

### **I don't have IT equipment to join online/contactless training. Will the DHB reimburse me from my Continuing Professional Development (CPD) entitlements if I purchase this equipment myself?**

DHBs support staff accessing contactless and internet-based solutions where face-to-face training opportunities are not available. If you believe you require specific IT equipment for work-related purposes, you should discuss this with your manager.

Your employment agreement and your DHB's policy on CPD expenditure will outline the appropriate reimbursable items covered under professional development arrangements.

## **Transportation Arrangements**

### **I usually catch public transport to and from work, but services have been limited or stopped. I now have no way to get to work. What should I do?**

You should raise this issue with your manager in the first instance. There may be a range of options that you can agree to support you to attend your rostered shifts, including providing taxi chits, pool cars (if available).

## **Vulnerable Workers** (please refer to additional [guidance document](#))

**I am concerned that I am at risk because I either have a pre-existing condition, I am or am planning to get pregnant, I am immunocompromised, or have a family member who is vulnerable from a health perspective – what do I do?**

All vulnerable staff should complete a health assessment with Occupational Health. Unless advised otherwise your assessment result continues to be valid and apply across all protection levels.

If you are a new employee and have not completed an assessment with Occupational Health or if your health circumstance has changed since your last assessment and you are concerned about how to best protect yourself if you have an existing health issue, we encourage you to contact your Occupational Health and Safety team. The Occupational Health and Safety team will assess and advise you and your manager of their recommendations.

For additional information and advice for **pregnant staff** please refer to the detailed [guidance document](#) (same document as above)

**What happens if my Occupational Health assessment determines that I can be at work or redeployed yet my GP advises that I'm unfit to be at work due to health conditions, where do I stand?**

Occupational Health can review your assessment with your GP. Occupational Health doctors are specialists who have additional information about the risk management at individual workplaces so they have more information than GPs. The GP knows you very well and may have additional information that is relevant to you, that Occupational Health need to be made aware of.

**Is there an avenue that allows me to challenge the outcome of the assessment by Occupational Health?**

Yes, you can provide any additional medical information from any treating doctors directly to Occupational Health and request Occupational Health discuss this with your treatment providers to review their decision, taking into account this further information.

## **Childcare**

As an essential worker, it's important that you continue to come to work. We are advised that schools, early childcare centres etc will remain open throughout the period, and therefore there is an expectation that all staff will be able to work. If you want to remain at home to look after your child(ren) – and you are not able to undertake your usual work remotely from home – then you will need to apply for annual leave. If annual leave is not able to be granted or you have exhausted/exhaust the available leave balance, any approved leave would be on leave without pay.

## **Students**

**Will tertiary health students be undertaking placements or working during this period?**

Please refer to [DHB guidance on student placements under COVID-19](#).

Placements remain subject to ensuring appropriate supervision arrangements can be maintained.

The guidelines are for managing student placements at all protection levels and we continue to work with local training providers to ensure the safe continuation of student placements in accordance with these guidelines. This guidance provides that placements can continue, if the training provider and the DHB agree that students are carrying out an essential role or tasks.

## **Contractors and Locums**

**We have a number of contract and locum doctors who may be exposed in the course of their work – what do we advise them?**

Contractors and locums are expected to follow the same organisational protocols and Government directives in relation to precautions and self-isolation.

Locums or contractors who develop symptoms or test positive for COVID-19 and have to isolate or stand down will be paid for lost agreed shifts.

## **Casual Workers**

**I currently have several casual shifts booked; will I still be able to work these?**

Yes if your shifts have already been booked, then you should expect work these. If your DHBs want to rearrange or cancel these shifts they will need to discuss this with you.

If these shifts are cancelled, you will still be paid for them.

**Special leave for casual workers related to COVID-19**

Casual workers who have to isolate or who contract COVID-19 will be paid special leave at the higher of either booked shifts over the period, or the average earnings for the previous four weeks.

## **Accommodation Options**

**A member of my household is severely compromised, and I don't want to risk potentially infecting them by returning home. What can I do?**

We fully understand the concerns you have for your family members, especially where there is an underlying medical issue in the household that places someone at higher risk. You should raise your concerns about the health status and risks to members of your household with your manager in the first instance to discuss possible alternate options.

Options may include alternate duties, redeployment to another area or working from home if able.

If you remain concerned that these arrangements are not sufficient, you should discuss this with your manager to identify what arrangements your DHB might be able to support.

**I have been redeployed to a facility that is outside my normal place of work and I cannot reasonably travel home. What should I do?**

We recommend that you discuss this with your manager in the first instance. DHBs have developed with unions a process and requirements for these types of redeployments and your manager will work with you to discuss your specific arrangements..

**Definitions**

**Special Leave:** Paid leave granted during exceptional situations including the COVID-19 outbreak where the employee is sick or isolating and is not charged against leave entitlement. Where there is an agreement that employees will receive paid special leave, the payment will be based on their normal rostered duty they were due to work during the period of paid leave.

**Dependent Child(ren):** A dependent child is any person aged under fourteen years in a household (whether or not in a family).

**Vulnerable Household Member:** A member of the same household who has an underlying medical condition

**Critical worker and critical health services** Please refer to Ministry definitions published [here](#).