
District Health Boards

COVID-19 (Coronavirus): Employee Related General FAQs

Updated 23 February 2021 at 1600 hrs

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This advice is accurate as at **23 February 2021 at 1600 hrs**.

It has been developed by 20 DHBs in conjunction with the Ministry of Health to provide clarity for DHB employees on issues such as travel, leave, occupational health and safety, and wellbeing. It has been informed by a range of clinical experts and approved by 20 DHBs for implementation.

The advice will continue to be reviewed and may change rapidly given the nature of the Government and health system's response to COVID-19.

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.

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 points of contact outlined in this document.

Thank you for your willingness to demonstrate a degree of flexibility in the interests of continuing to provide best care to our patients.

General Principles

The following principles underpin this guidance:

Collaboration: All healthcare workers are an essential part of our national response to COVID-19. We will succeed by working together and supporting each other.

Flexibility: The situation is rapidly changing. We will succeed by being willing to change or compromise.

Agility: The situation is fast moving. We will succeed by being quick, innovative and flexible in our response.

Duty of care: We have a duty of care to provide quality essential health services, and we have a duty of care to look after our own health and wellbeing. The health, safety and wellbeing of ourselves and each other is vitally important to our whanau, our patients, DHBs, unions, and our response.

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About COVID-19

What is COVID-19?

Coronaviruses are a large and diverse family of viruses that cause illnesses such as the common cold. In January 2020 a new coronavirus was identified, now called COVID-19.

What are the symptoms of COVID-19?

The symptoms are similar to the flu – fever, cough, sore throat, shortness of breath, sneezing, runny nose, and a temporary loss of smell. If you have these symptoms and have recently travelled or have been in close contact with someone with a confirmed case of COVID-19 please contact Healthline (0800 358 5453) in the first instance or consult your GP (please call ahead).

How serious is coronavirus?

Most people have a mild to moderate illness with flu-like symptoms. People of all ages are being infected, but older people and those with medical conditions seem most likely to get seriously ill.

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.

About my Health and Wellbeing

IF YOU ARE UNWELL PLEASE STAY AT HOME

How do I keep well?

Keep well through appropriate rest, eating and actions to boost your immune system. It is important to focus on what keeps you well, focusing on all aspects of your wellbeing and giving attention to what keeps you in balance and boosts your wellbeing, this can be slightly different for everyone. When it comes to connecting with others, make sure you are following the COVID-19 guidelines to protect and promote the wellbeing of your whānau/community and yourselves, you may need to adapt ways of connecting with others and nurturing all aspects of your whare.

DHBs are asking all employees, contractors, students and volunteers to do the following:

1. Practice according to approved infection control procedures, being hand washing, social distancing, and cough etiquette.
2. Wear appropriate personal protective equipment (PPE). More information about PPE can be found on the Ministry of Health's website [here](#).
3. Follow all clinical protocols outlined for your area when providing care for people with suspected and confirmed COVID-19. Patients are placed inside rooms and negative pressure rooms where they are suspected to have symptoms that fit the COVID-19 case definition. If in doubt call the Infection Prevention and Control team. NOTE: all of the team providing care will know that the patient has suspected COVID-19 symptoms and the team will be working together to follow approved procedures.
4. When not at work, please follow all the alert level requirements – this will help us get clear of COVID-19 quicker and with less impact.

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Māori model Te whare tapa whā

Using Te whare tapa whā – As a guiding principle framework for Māori and others

https://www.health.govt.nz/system/files/documents/pages/maori_health_model_tewhare.pdf

Finding balance – Te whare tapa whā plan for individuals

<https://www.mentalhealth.org.nz/assets/Working-Well/WS-finding-balance-individual.pdf> and

teams <https://www.mentalhealth.org.nz/assets/Working-Well/WS-finding-balance-workplace.pdf>

Fonofale Pacific Model for wellbeing

Using the Fonofale model focus on what enhances your wellbeing <http://healthhb.co.nz/wp-content/uploads/2014/09/Fonofale-model.pdf>

General

Employee Assistance Programme facilitated sessions are available, one on one or group sessions. Group sessions can to be booked by your manager. One on one sessions can be booked directly with EAP. If needed, EAP can accommodate group and individual sessions by zoom. Check with your manager or your DHB intranet for contact details.

A guide for maintain health and wellbeing - <https://www.healthandsafety.govt.nz/reports/booklets-and-brochures/a-guide-for-maintaining-health-and-wellbeing/> (includes rest, eating, actions etc)

A mental health guide for New Zealand Leaders

https://www.healthandsafety.govt.nz/assets/Documents/A_Mental_Health_Guide_for_New_Zealand_Leaders.pdf (this has sections on diet and sleep etc)

A Personal Wellbeing plan, Five ways to wellbeing

<https://www.mentalhealth.org.nz/assets/Working-Well/FINAL-Personal-wellbeing-plan-WW.pdf>

Refuelling the tank for individuals <https://www.mentalhealth.org.nz/assets/Working-Well/WS-refuelling-individual.pdf> Teams <https://www.mentalhealth.org.nz/assets/Working-Well/WS-refuelling-workplace.pdf>

64 ways to take care of yourself

https://www.eapworks.co.nz/uploads/6/8/8/3/6883838/6_4_ways_to_take_care_of_yourself.pdf

A few minutes of self-care

https://www.eapworks.co.nz/uploads/6/8/8/3/6883838/using_a_few_minutes_for_self-care.pdf

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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 the symptoms of an illness you should stay at home until you have been tested for COVID-19 and have returned a negative test result.

If you return a negative test result and would otherwise return to work you should do so. If you would otherwise not return to work because your illness continues, you should remain at home on Sick Leave.

If you return a positive test result, you should call your manager to determine what next steps you need to take. **If you are well enough to work as usual and you are able to, the DHB will support you working from home. If you unable to work from home i.e. due to your role, the DHBs may provide paid special leave. We encourage you to** follow the directions of your local public health authority.

If you are unwell and your illness prevents you from working, the time you spend away from work will be Sick Leave under the provisions of the relevant MECA/SECA/IEA.

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 have already completed a health assessment with Occupational Health during the previous Alert Level 4 and 3. Unless advised otherwise your assessment result continues to be valid and applies during Level 3.

If you are a new employee and have not completed an assessment with Occupational Health or if your health circumstance has changed since your assessment and 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 to complete an occupational health self-assessment. Once you have returned your self-assessment, Occupational Health will assess and advise you and your manager of their recommendations. Outcomes may include remaining at your usual work place, redeployment, work from home, or paid special leave.

See Appendix 1 of this FAQ for further evidence-based advice for pregnant staff.

Remember to always follow approved Infection Control procedures as these are international best practice standards. The same guidance applies to family members.

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 that work to deliver healthcare. As someone that 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, 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.

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

You or your manager 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).

For staff who in the course of their work may be exposed to COVID-19 either through caring for patients or taking lab specimens – what guidance is there around the need to track and monitor those staff for illness?

We have provided staff with education about the appropriate infection prevention and control practices to follow when assessing a patient at risk of COVID-19. We have recommended that the Emergency Departments keep a log of the healthcare worker who saw the patient. Likewise, a log of all staff providing care on the ward should be kept. This information should be sent on to Occupational Health and Safety to support contact tracing at a later date if required.

Staff should contact their supervisor or manager if they become unwell with respiratory symptoms; we are not putting in place processes to monitor staff who have cared for COVID-19 patients as we expect them to adhere to infection prevention and control best practice and this should minimise the risk of acquiring infection from these patients.

You should perform hand hygiene according to the '5 moments for hand hygiene', ensure that shared surfaces within the clinical areas are kept clean and stop sharing food in the ward office areas as good measures to reduce staff exposure regardless of whether you are caring for a patient with COVID-19 or not.

What are the implications for my team if I contract COVID-19?

You should contact your manager and let them know that you have a COVID-19 infection. It is a notifiable disease so the public health service will also be in touch with you to learn more about the source of your illness. They will also manage any close contacts that you may have. They will provide these people with guidance about what they need to do.

I need some financial or welfare help?

If you or a family member has been impacted by COVID-19 - (excluding through your work) then please talk to your manager about what assistance the organisation may be able to provide. You may also be able to access support from Work and Income even if you are not on a benefit.

The Ministry of Social Development can help with:

- Loss of livelihood (where you can't work or have lost your income).
- Food, clothing and bedding (immediate needs to a maximum amount).
- Accommodation costs if you have to move.

You can also cash up your leave as per normal DHB policy.

In addition to the information on the MoH website <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus> an **All of Government Welfare Number, 0800 779 997** is now up and running to provide welfare information and support for individuals in self-isolation, this is available 7 days a week.

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There are also a range of supports available via the Ministry of Social Development for family members whose employer is not a government service which their employer can access including sickness and wage subsidies.

Is it safe for me to be working in a hospital environment?

The health and safety of all patients, staff and visitors is a number one priority for all of our DHBs and we adhere to the very highest international infection control standards. Any possible case of COVID-19 within a hospital environment is treated in accordance with these same standards in order to help keep everyone as safe as possible.

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).

What leave provisions would apply if I wish to take some time off work to support my partner at home? e.g. a couple of hours or half a day a week.

We recognise these are challenging times and remain committed to supporting our staff and their families where we can, whilst minimising the impact on our service delivery. We encourage you to discuss these instances with your line manager. Where we are able to accommodate requests for leave, the usual leave provisions in your employment agreement will apply.

Your health & wellbeing is important to us and we will try to accommodate **reasonable** requests for time off whenever operationally feasible. Note that all managers should keep in frequent contact with their staff and support them where possible.

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?

Coming to Work	<ul style="list-style-type: none"> ▪ Bring only what you need to work; ▪ Wear your own clothes and shoes to work.
At work	<ul style="list-style-type: none"> ▪ Store your bag in staff 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.
Going Home	<ul style="list-style-type: none"> ▪ 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;

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	<ul style="list-style-type: none">▪ Thoroughly wash hands and arms;▪ Shower if in high risk area;▪ Collect belongings from staff area.
At Home	<ul style="list-style-type: none">▪ 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;▪ Hug your family

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.

About my Leave

If I am currently on annual leave, can I be asked to be part of the on-call roster 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 contribute to an on-call roster. In the case of an emergency, DHBs may put in place other contingency plans to call you back to work.

My leave (except bereavement and sick leave) is booked, pending or planned – what do I do?

Under the Regional Alert Level 3 alerts, restrictions on movement and mass gatherings are in place. You may want to check the restrictions in the region you are intending to travel to. These restrictions may mean you want to change your leave plans. We encourage you to discuss this with your line manager in the first instance. Where annual leave has been previously approved this will not be changed except by agreement with you.

I am wary of coming to work because of COVID-19. If I refuse to work (including redeployment), will I still get paid leave?

All DHB staff are essential workers and are required to work during a pandemic. We understand that this is a stressful time for everyone working in healthcare, but we all have a role to play in the fight against COVID-19. With this in mind, where you do not want to work you should discuss this with your manager to explore how you can be reassured that it is safe to work. Some options may include further training, changing work and/or environments (such as working from home or a different location).

Where you are still unwilling to work, your manager may have further conversations with you about what this will mean for your employment at the DHB. If you continue to refuse to attend work annual leave requests may be considered but only after Managers have considered overall staff requirements i.e. not all staff can be granted annual leave when there are patient needs to be met and there is a

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need to have staff at work or be redeployed. If annual leave is not able to be granted or you have exhausted/exhausts the available leave balance any approved leave would be on LWOP.

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Where you are still unwilling to work, your manager may have further conversations with you about what this will mean for your employment at the DHB. If you continue to refuse to attend work, annual leave requests may be considered but only after Managers have considered overall staff requirements i.e. not all staff can be granted annual leave when there are patient needs to be met and there is a need to have staff at work or be redeployed. If annual leave is not able to be granted or you have exhausted/exhausts the available leave balance any approved leave would be on LWOP.

What do I do if I am unwell and I have run out of paid sick leave entitlement?

Situations should be looked at on a case-by-case basis, with managers working with HR to determine whether any additional entitlements exist under your employment agreement and what other leave entitlements may be utilised. Forms of leave should ideally be explored and exhausted in the following order for COVID-19:

- Entitled Sick Leave including discretionary Sick Leave in line with employment agreement entitlements, where applicable.
- Lieu days
- Shift Leave
- On-call leave
- Accrued Annual Leave (By agreement).
- Annual Leave in advance (By agreement. Note that if you leave your employment before accrual becomes available you will be expected to repay this leave)
- Leave Without Pay
- “Non-Employment Agreement” Discretionary Sick Leave* DHB discretion

If you are unwell, **we strongly encourage that you undergo a COVID-19 test**. If you have no paid sick leave left, please discuss this with your manager. Managers should seek advice from HR or contact Occupational Health and Safety about support for an individual or to assess if sick leave is required. Managers should use their existing delegated authority policies to approve additional paid sick leave.

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My service is scaled down/closed and I am not able to perform my usual work/role. Will I be paid Special Leave?

The first option is always to try to find a suitable redeployment opportunity for you so you can continue supporting our community in these challenging circumstances, either at work or working from home.

Paid Special Leave applies when:

1. You are willing and available to work but your usual role/work is currently not available; and
2. You are unable to work from home (in your usual role) or work in a redeployed capacity.

Note there are some special circumstances such as health or sole caregiver requirements where the above requirements do not apply.

My child's or children's school/early childcare centre is opening at Level 3, but I'd prefer to stay home and look after them – what leave am I entitled to?

As an essential worker, it's important that you continue to come to work.

Schools and early childhood centres have been allowed to remain open to ensure there are childcare options available to parents who are essential workers and who therefore need to be at 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.

If your child(ren) are unwell, then you can take sick leave to care for them in the usual manner.

If I have an excessive Annual Leave balance, i.e. an Annual Leave balance above the accumulation entitlement in my employment agreement, do I have to use Annual Leave first before moving to paid Special Leave after the balance comes down to below the top contractual Annual Leave balance threshold?

If you fit the criteria for paid Special Leave, DHBs cannot direct you to use Annual Leave instead as you are effectively willing and available to work, but no work is available for you.

I am an essential worker, am I able to access the COVID-19 Leave Support Scheme (previously Essential Workers' Leave Scheme)?

No. District Health Boards do not qualify for the COVID-19 Leave Support Scheme.

The Scheme provides a subsidy to private sector and non-governmental organisations in financial hardship to support them in continuing to pay some or all the wages of workers who cannot work because they are sick with COVID-19, have dependents that they need to care for who are sick with COVID-19, or who are required to be in self-isolation.

You continue to be eligible to access the leave entitlements in your employment agreement or the arrangements that have been agreed as part of the DHBs' national COVID-19 arrangements.

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What are the leave payment arrangements?

Shown in **Error! Reference source not found. 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.

Table 1 - Leave Type Scenarios		
Scenario	Employee Asymptomatic¹	Employee Symptomatic²
Employee is symptomatic and may have been exposed to COVID-19 in a work or non-work setting.	N/A	<i>Refer to Appendix 2: Special Leave flowchart</i> Sick Leave Refer to relevant MECA/SECA/IEA <i>If well enough to work as usual, Working from Home or Special Leave</i>
Employee required to self-isolate for potential work or non-work exposure to COVID-19. Note: Isolation requirements will be clinically informed and changed as the situation and MOH advice evolves.	Working from Home or Special Leave Special Leave to be paid for the first 14 days self-isolation period Staff member may work from home if these arrangements are suitable.	<i>Refer to Appendix 2: Special Leave flowchart</i> Sick Leave Refer to relevant MECA/SECA/IEA <i>If well enough to work as usual, Working from Home or Special Leave</i>
Children or dependant are required to isolate Discussion by Manager with Employee to seek agreement on working from home if suitable.	Working from home or Special Leave Special Leave to be paid for the first 14 days self-isolation period. Staff member may work from home if these arrangements are suitable. <i>Employee expected to continue looking for alternative childcare options and return to work as soon as feasible</i>	Sick Leave if either Employee or Dependent becomes symptomatic and requires care. Refer to relevant MECA/SECA/IEA
Employee requested by DHB to self-isolate for incubation period after personal, non-work-related travel	Working from home/remotely or Annual Leave or Unpaid Leave	<i>Refer to Appendix 2: Special Leave flowchart</i> Sick Leave Refer to relevant MECA/SECA/IEA <i>If well enough to work as usual, Working from Home or Special Leave</i>

¹ No symptoms

² Employee should be appropriately assessed/*tested* to confirm COVID-19

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Employee identified as vulnerable through occupational health assessment	Consideration given for redeployment to suitable patient care activities/location/work from home and would be on their Ordinary Pay (if they remain at work in line with the definition of special leave) or, where appropriate mitigations cannot be put in place, consideration will be given for Special Leave	Sick Leave Refer to relevant MECA/SECA/IEA
Employee wishes to stay away from normal duties due to concern about a vulnerable household member	Consideration given for: <ul style="list-style-type: none"> • redeployment to suitable role; • working from home; or • accommodation support Or Annual Leave or Unpaid Leave	Sick Leave Refer to relevant MECA/SECA/IEA
Employee decides to stay at home to look after child(ren)	Working from Home or Annual Leave or Unpaid Leave	Sick Leave if either Employee or Dependent becomes symptomatic and requires care. Refer to relevant MECA/SECA/IEA
Employee prevented from returning to the country through border controls.	Please contact your manager to discuss your leave options <i>Leave provisions in employment agreement apply e.g. Annual Leave, STIL or Leave Without Pay.</i>	Sick Leave

About Self-Isolation

I have had close contact with someone who is now self-isolating due to being a potential COVID-19 case – what do I do?

You do not need to take any action if you have had close contact with someone who has recently been requested to self-isolate due to potential exposure to COVID-19. However, if you develop symptoms you should contact Healthline (0800 358 5453) in the first instance or call your GP (please call ahead). You should not attend work before calling Healthline or your GP. You should also contact your manager before attending the workplace.

I have had close contact with someone with a confirmed case of COVID-19 infection in the last 14 days – what do I do?

You will be contacted by the Public Health team in your region and requested to follow their advice. If you develop symptoms you should contact Healthline (0800 358 5453) in the first instance or call your GP (please call ahead) and contact your manager before attending the workplace.

What should I do if I develop symptoms during self-isolation or have completed the period of self-isolation and then develop symptoms?

Tell your manager and then call Healthline (0800 358 5453) in the first instance or call your GP (please call ahead) for advice.

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Can I self-isolate without any medical guidance or advice from Healthline?

No, you must have received guidance to self-isolate before you isolate. Guidance can come from Healthline, your GP or the Emergency Department.

What happens if someone comes to work after being asked to self-isolate?

The request to self-isolate for 14 days 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.

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.

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.

About my Business and Personal Travel

WE ENCOURAGE THE USE OF ZOOM/SKYPE TO CONDUCT BUSINESS RATHER THAN FACE-TO-FACE MEETINGS

What are the current travel restrictions in place during level 3?

Regional level 3 restrictions have been introduced for regions of New Zealand experiencing community transmission of COVID-19. This means that, for regions under regional level 3 restrictions, movement in and out of these regions is restricted.

Therefore, the DHBs will not approve business travel into, and transiting through, level 3 restricted areas and anticipated travel should be rescheduled.

It is unlikely that you will be able to transit through a level 3 region. The DHBs therefore discourage travelling into level 3 restricted regions for personal travel, noting that there may be restrictions preventing DHB employees from leaving regions under level 3 restrictions.

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

All travellers entering New Zealand from 10 April 2020 are required to either go into 14 days quarantine in a government-provided managed isolation facility (hotel), or if symptomatic to go into quarantine facility (separate hotel).

A very small number of people may be eligible for an exemption from managed isolation, such as those with serious medical conditions that cannot be managed in the accommodation provided.

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As a general rule those granted an exceptional circumstance release must still complete seven days in managed isolation, have a negative COVID-19 test on or around day 3 and a full health assessment before they can leave. This is because of the increased public health risks that are present in the early stages of isolation. If you are already in managed isolation and want to apply for an exemption, due to a serious and unmanageable medical condition, you must discuss this with the facility management team at your hotel.

To seek a border exemption, please visit <https://www.miq.govt.nz/being-in-managed-isolation/exemptions-from-isolation/>

Who has to pay for managed isolation?

If you leave New Zealand after the regulations come into force, you will have to pay for your managed isolation unless you qualify for a waiver or are otherwise exempt.

New Zealanders who are currently overseas (that is, who left before 12.01am on 11 August 2020) will have to pay if they visit New Zealand for fewer than 90 days. New Zealanders are defined as New Zealand citizens (including those in the Cook Islands, Niue and Tokelau) and residence class visa holders, and Australian citizens and permanent residents who are ordinarily resident in New Zealand.

Temporary visa holders will have to pay, unless they left New Zealand on or before 19 March 2020, and were ordinarily resident in New Zealand as of 19 March 2020.

Everyone who is entering on a border exception as a critical worker will have to pay. We encourage you to discuss these costs with your employing DHB.

What are the charges for managed isolation?

\$3,100 for the first or only person in the room (whether that is an adult or a child) with \$950 for each additional adult and \$475 for each additional child (3-17 years old, inclusive) sharing that room, all GST inclusive. There will be no charge for children under the age of 3 if they are staying in a room with another person.

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 governments 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.

The DHB does not cover insurance for personal travel.

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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.

About Reimbursements

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

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.

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 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](#).

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 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.

About Students

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

The DHBs priority remains to keep staff, students and patients safe.

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

The DHBs have developed guidelines for managing student placements at all alert levels and will 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.

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About Contractors

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 Government directives in relation to precautions and self-isolation.

About 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 to be able to 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.

During Alert Level 3 payments were made to casual workers who were not being offered shifts at their usual DHB employer due to COVID-19. Will these payments be made now we're back in Alert Level 3?

DHBs are an essential service and will continue to operate normally regardless of whether they are in a level 3 restricted region or not.

About Accommodation

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.

If you work in a Category/ Zone 1 area [or Red Stream], 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.

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. The DHB will if required, provide accommodation on a case-by-case basis, using existing practises/thresholds, where you are redeployed to another location that is not within a reasonable distance to your home.

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 potentially temporary accommodation closer to your workplace.

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About ACC

If I contract COVID-19 am I covered under ACC?

If you are infected by COVID-19 due to exposure during work activities, an application to ACC should be made. ACC will determine whether you are covered.

My staff member has contracted COVID-19 due to exposure during work activities. What do I do?

The most important things to do are:

- 1) document all staff members (by name) have been told to view the video, attend training, have fit tests etc if required - this is part of RPP (Resp protection program) requirements and hazard management (all PPE)
- 2) document what the MoH/DHB guidelines were at the time and whether the department was giving similar advice
- 3) document whether the staff member had access to recommended PPE
- 4) document other hierarchy of controls used to reduce the risk prior to the reliance on PPE

About WorkSafe

Do we need to report cases of COVID-19 to WorkSafe?

There is no need to report COVID-19 cases to WorkSafe even if there is a possibility it was contracted through work. If a worker is diagnosed with COVID-19 a medical officer of health will notify WorkSafe of this, so we don't expect PCBUs or workers to make a notification.

As COVID-19 is a public health matter and the Ministry of Health is the lead agency for responding to COVID-19, WorkSafe does not anticipate taking direct action in any notifications they do receive.

More information can be found here: <https://worksafe.govt.nz/managing-health-and-safety/novel-coronavirus-covid-19/alert-level-4-whats-worksafes-approach/>

About Occupational Health

I'm on annual leave while waiting to be seen by Occupational Health and I cannot attend work until I've been assessed. What do I do?

In the first instance, no one should be on annual leave while waiting for an assessment – it would be special leave, or you should be at work or working from home. The decision to be on leave should be assessed on a case-by-case basis however there is a decision table to guide Occupational Health teams, e.g:

For vulnerable groups such as those over 70 and those with underlying health conditions

- Where that staff member has completed a risk assessment; and
- That staff member has identified an issue in that risk assessment, and
- The assessment is still waiting to be reviewed, and
- The staff member is concerned about their health.

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- Managers will discuss whether that person can stay at work (PPE or temp redeployment); or work at home; or be at home on special paid leave until their assessment is reviewed.

If managers require some guidance this could be:

- Person is over 70 or over 28 weeks pregnant – is working from home or on special leave until assessment done;
- Person who is immune compromised or has significant respiratory or cardiac conditions and works in category 1 -3 areas - can be working from home or on special leave;
- Person where above does not apply can have discussion with manager and refer any question to Occupational Health teams. Any advice on fitness for work is temporary and subject to review, especially when the country moves between alert levels or as more is understood about underlying prevalence and risk mitigations available in individual workplaces.

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 physicians 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.

Definitions

Special Leave: Paid leave granted during exceptional situations including the COVID-19 outbreak where the employee is not sick or injured 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.

Discretionary Leave:

"Employment Agreement" Discretionary Sick Leave: Some MECAs specifically allowing the application and granting of additional paid sick leave where an employee has exhausted their accrued paid sick leave entitlements. All MECAs prescribe the exact amount that may be granted, and some allow for the deduction of any leave given to be deducted from future entitlements. Please check the employee's relevant agreement to see the parameters around granting this.

"Non-Employment Agreement" Discretionary Sick Leave: Paid sick leave granted in addition to any contractual entitlements granted in exceptional circumstances in response to all

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relevant context including the exhaustion of the other leave types and where extreme hardship would be experienced by the employee if not granted.

IEA – Individual Employment Agreement

MECA – Multi Employer Collective Agreement

SECA – Single Employer Collective Agreement

Appendix 1: COVID 19 – FAQs for Employees who are Pregnant

Can COVID-19 cause problems for a pregnancy?

With what we know at the moment, pregnant women do not appear any more susceptible to the consequences of COVID-19 infection than the general population. Generally, pregnant women do not appear more likely to be severely unwell than other healthy adults if they develop the new coronavirus. It is expected the large majority of pregnant women will experience only mild or moderate cold/flu like symptoms.

If you think you may have symptoms of COVID-19 you should contact your community midwife or Healthline for further information and advice.

Can COVID-19 be passed from a pregnant woman to the fetus or newborn?

For women who are trying to conceive, or who are in early pregnancy, there is no evidence to suggest an increased risk of miscarriage with COVID-19. There is also no evidence that the virus can pass to developing baby while you are pregnant (this is called vertical transmission) or that the virus will cause abnormalities in your baby.

We do not yet know if COVID-19 can be passed from mother to baby in pregnancy, but we do know that babies get COVID-19 from their mothers if they have COVID-19. For this reason, we recommend a COVID-19 positive mother wear a mask when feeding or providing baby cares

How can I protect myself and others from COVID-19 during pregnancy?

We understand that you will feel worried. Take the opportunity to rest, eat well and maintain your interests and hobbies, where possible. Your baby has the best protection it will ever have so caring for yourself is important.

We recommend you follow the guidelines including:

- Regular hand washing with soap and water;
- Cover your cough (using your elbow is a good technique);
- Avoid people who are sick;
- Work from home where possible;
- Practice social distancing in your community and in workplace meetings and gathering with colleagues;
- Get the seasonal flu vaccine. This will protect you and your baby from the seasonal flu, but not from coronavirus.

What is the advice if I am a healthcare worker and pregnant?

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As a pregnant healthcare worker, it is not recommended for you to care for patients with suspected or confirmed COVID-19. Latest guidance recommends that pregnant women regardless of gestation and with no underlying health conditions should not work directly with COVID-19 patients (Category 1 work as defined by the National Guidance for Vulnerable Workers). You can continue to work in Category 2 work zones (patient facing clinical areas). When working in category 3 (non-clinical) work zones, they should follow the guidance on social distancing in the same way as the general population. Within the work environment, we recommend social distancing precautions in work meetings and other gatherings where possible.

What is the advice if I have an underlying health condition or a complicated pregnancy?

If you have an underlying health condition such as significant heart or lung disease or other significant complications of pregnancy those issues should be taken into account as part of your occupational health assessment.

We encourage you to discuss your individual circumstances with your manager and your local Occupational Health team to seek opportunities to work flexibly in a different capacity and to avoid working directly with patients.

Should I attend my antenatal appointments?

Attending antenatal appointments when you are pregnant is really important to ensure the wellbeing of you and your developing baby. How you receive antenatal care may change. Your community midwife may reduce the number of antenatal clinic visits and provide some phone consults instead. When you attend antenatal appointments, or your community midwife visits you at home you will be asked not to have anyone else with you during the appointment or visit.

Antenatal investigations, ultrasounds, maternal and fetal assessments will continue to be organised by your community midwife. Care should be taken to maintain social distancing in the community, waiting rooms or other health centre environs. While it will not have any effect on COVID-19 infection, it is recommended that you have whooping cough and influenza vaccination when appropriate.

What should I do if I think I have COVID-19 or have been in close contact with someone who has symptoms?

If you have symptoms of possible coronavirus infection or are in close contact with someone who has symptoms, you should contact your community midwife. Your community midwife will:

- Advise you on local screening centres and assess how unwell you are
- If you only have minor symptoms antenatal visits may be postponed until after you are well.
- If you are unwell and require hospital care or assessment your community midwife can make the appropriate referrals to the hospital

Who can I talk to if I have concerns about my pregnancy?

If you have any concerns, you will still be able to contact your community midwife in the usual way.

Will it be safe to birth my baby in hospital?

Discuss with your community midwife the most appropriate place for you to have your baby. If you are healthy and your pregnancy is going well, you may prefer to have a home birth or birth at a primary maternity unit. If you do need to have your baby in the hospital your community midwife

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will advise you of any local arrangements that have been put in place to minimise your contact with any patients with COVID-19. It is important to emphasise that a woman's experience of labour and vaginal birth or caesarean section, should not be significantly impacted.

Is it safe for me to breastfeed my baby or express milk?

Women who wish to breastfeed their babies should be encouraged and supported to do so. Currently there is no evidence that the virus is carried in breast milk and, therefore, the well-recognised benefits of breastfeeding outweigh any potential risks of transmission of COVID-19 through breast milk.

If you have coronavirus and you are caring for your baby, you will be encouraged to breastfeed as normal taking care to:

- Wash your hands properly before touching your baby or any breastfeeding equipment like pumps or bottles;
- Wear a facemask if you are breastfeeding your baby or providing other cares to your baby;
- If your baby is being bottle-fed, the person bottle-feeding should wear a facemask;
- If family members are providing cares to your baby, they should wear a facemask.

Can I have visitors whilst I am in hospital?

The number of support people you can have with you during the labour will be limited and should be from within your household unit. There are currently strict limits on visitors to the hospital at all other times.

Will my midwife visit me once I have had my baby?

Your community midwife will discuss the arrangements for postnatal care and visits with you. This will include a mix of phone consults and visits. Your midwife will ask you not to have any other family members present in the room if they visit you at home. If you are in hospital following the birth of your baby visitors will be limited.

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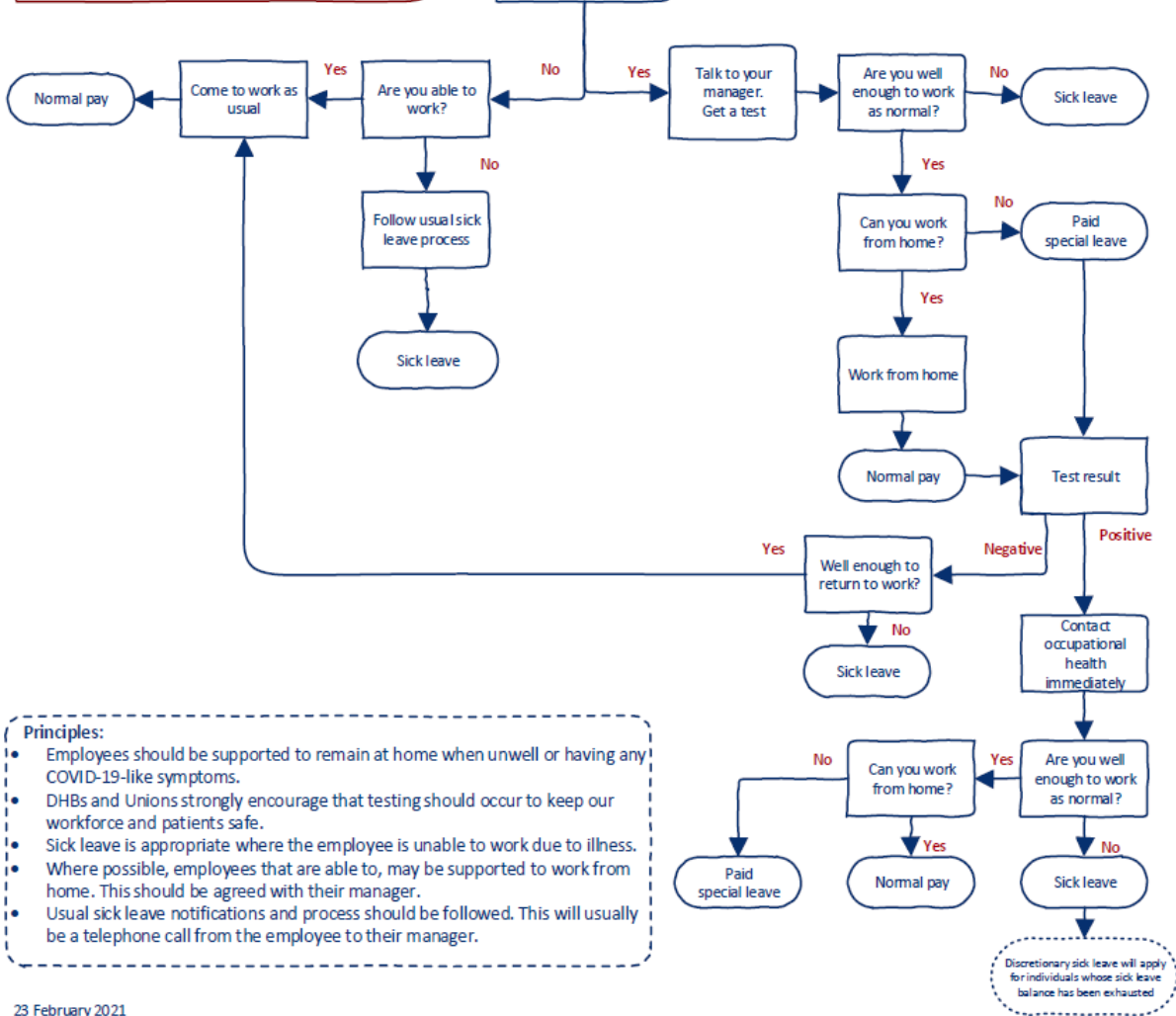
Appendix 2: Special Leave Flowchart

COVID-19 employee Covid symptom screening and leave type Flow chart

This is in recognition of the unique circumstances that New Zealand is facing with respect to the COVID-19 pandemic. The conditions will be that this document will be reviewed every 6 months or as the situation evolves.

Symptom Screening Tool: Do you have any of the following symptoms? [list all covid symptoms]

- A new or worsening cough
- A fever of at least 38°C
- Shortness of breath
- Sore throat
- Sneezing and runny nose
- Temporary loss of smell



- Principles:**
- Employees should be supported to remain at home when unwell or having any COVID-19-like symptoms.
 - DHBs and Unions strongly encourage that testing should occur to keep our workforce and patients safe.
 - Sick leave is appropriate where the employee is unable to work due to illness.
 - Where possible, employees that are able to, may be supported to work from home. This should be agreed with their manager.
 - Usual sick leave notifications and process should be followed. This will usually be a telephone call from the employee to their manager.

23 February 2021