

FINAL 2 FEBRUARY 2022 UPDATE **#2**

Allied Health sector update re the Omicron Strategy

Kia ora koutou,

This second sector update contains substantive information to a lot of the questions asked during the Webinar last week. The purpose of these updates is to point you to relevant information as it is released, and a way to respond to your specific questions and concerns.

Responding to Omicron: we are at Phase 1

There are some cases in the community, but we continue to stamp it out

COVID-19				
	Omicron in the community: wh	at this means for you	January 2022	
	Phases for response to Omicron			
	Phase One There are some cases in the community but we continue to stamp it out	Phase Two Cases have spread in the community so we need to minimise and slow further spread and assist our vulnerable communities	Phase Three There are thousands of cases per day: most people will self- manage and health and social services focus on families and communities that have the highest needs	
Things you can do to protect yourself at ALL phases:	Get your COVID Booster shot 5-11 year olds first vaccination	Continue to Mask, Scan and Pass wherever you go	Good hygiene, physical distancing and stay home if unwell	
Testing	PCB text for people that have symptoms and close contacts at GP or Community Testing Centre PCR texting for international arrivals Find testing sites closest to you here: Healthpoint.co.nz	 Rapid Antigen Tests (RA)1 may be used in addition to PCR testing for symptomatic people and choice contacts Test to return if needed for asymptomatic healthcare and critical workforce who are close contacts using RATs. PCR testing to confirm diagnosis if positive RAT. 	 Due to on many cases per day, focus of PCR testing is on priorby populations Symptomatic speepide or priority populations may use a PAT for diagnosis RATs available at OPs, Pharmacies, Community Testing Centres or workplaces for symptomatic corrical workers Test to return for asymptomatic healthcare and critical workforce who are close contacts using RATs. 	
Case investigation and contact tracing	Case: contacted as usual. Case: I - Identified via positive PCR test - Notified by phone call and phone based case investigation Contact: - Active management of close contacts - Close contacts notified by phone call - Push notifications (R8 samning), Bluetooth and locations of interest used to identify contacts.	Digital technology is utilised more as cases grow – text via mobile phone and information via small. Support for those not digitally enabled. Cases: • Identified via positive PCR test = • Notified by text and directed to online self-investigation • Self-investigation tool increasingly targeting high-risk exposures (events or locations) • Phone based interviews where negrized • Symptomatic household contacts will become a probable case for management purposes. • Contacts: • Contacts: • Contacts: • Contact for analoging Bluetooth and Locations of Interest used to identify contacts end-inanaging • Push notifications (CR scanning). Bluetooth and Locations of Interest used to identify contacts.	Digital technology continues - a self-serve model – with cases supported to self- notify close contacts. Focus on support for those not digitally enabled. Contentied variable VRR. RNI comparison of the self-investigation tod - Self-investigation tool targets very high-risk exposures, narrowing the numbers of contacts identified - Symptomatic household contacts a probable case, test not required. Contacts: - Contacts automatically notified from online self-investigation and option for cases to self-notify their contacts. - Only highest risk contactions, locations of interest or illustroth - Test to return for contacts who are health and critical infrastructure workers.	
Isolation & Quarantine	Cases: • Isolate for 14 days Contact: • Isolate for 10 days • Extra support in place for health and critical workforces.	Cases: I locite for 10 days Contacts: I locite for 7 days Extra support in place for health and critical workforces.	Cases: • Isolate for 10 days Contact: • Isolate for 7 days • Extra support in place for health and critical workforces.	
Health and social support - Care in the Community	Begin shift to self-service - text/online Some positive cases using self-service tools, such as online contact forms Cincia care will be delivered by primary care teams, supported by the local care coordination hub. All stops taken to support positive cases to isolate in their usual place of residence, with alternative accommodation options across the regions.	Cases using self-service where possible, ensure those with greatest need are being met Support by local care coordination hub for those with a need for ongoing clinical care. Other people with lower clinical risks, may contact external providers. Support for moti positive cares to locate in their usual place of residence. Alternative accommodation options across the regions are still available.	 Majority of positive cases are soft-management. Clinical care is focused on anyone with high-needs. Wraparcund health and welter support services will focus on those who need it most. Support for positive cases to isotate in their usual place of residence and unlikely there will be alternative accommodation capacity available for cases that are unable to safely isolate at home. 	
Teckinamings a Actarna New Zaland Government				

We hope the drop-in session yesterday was useful. Below are responses to the questions raised at our first drop-in session and any updated information. Please be aware that this guidance may be amended in future updates, so encourage you to look to the website.

Торіс	Response
Critical health services in	The most recent guidance is now available (last
Omicron – is Allied Health	updated 2 February 2022).
included?	



Link on website: <u>https://www.health.govt.nz/our-</u> <u>work/diseases-and-</u> <u>conditions/covid-19-novel-</u> <u>coronavirus/covid-19-information-</u> <u>health-professionals/guidance-</u> <u>critical-health-services-during-</u> <u>omicron-outbreak</u>	The critical worker list is service based, not profession based. However, most Allied Health providers are expected to sit under 'Primary Care Clinics - including private Allied Health clinics"; "Acute care services" or DHB services". It is important to note that the purpose of this guidance is in relation to workforce exposure, periods of self-isolation and Rapid Antigen Tests (RATs) as a 'test to return' strategy.
What happens if me or a staff member is exposed to COVID- 19?	The most recent guidance is now available (31 January 2022).
Link on website: <u>Guidance for</u> <u>healthcare workers who are</u> <u>COVID-19 cases or contacts during</u> an Omicron outbreak	There are several controls in healthcare settings which mean the risk of COVID-19 transmission in our workplaces is considerably less than in general community settings.
Link on website: https://www.health.govt.nz/our- work/diseases-and- conditions/covid-19-novel-	When this guidance is applied, the transmission risk in the community setting will be high and will be the most likely place HCWs will acquire COVID- 19 infection.
coronavirus/covid-19-information- health-professionals/guidance- critical-health-services-during-	However, the guidance applies regardless of where someone is infected or potentially infected.
<u>omicron-outbreak</u>	This guidance has been developed based on international recommendations, which note the need for a pragmatic approach, balancing risks and the limited evidence about the options proposed. It is divided into two sections and applies to all healthcare workers, across the health sector, who have been exposed to COVID-19 or may actually have COVID-19 i.e. contacts and COVID-19 positive healthcare workers, in the context of an Omicron outbreak.
What will Rapid Antigen Testing 'test-to-return' look like?	Critical workers who are close contacts will be able to return to work early, provided they return a negative Rapid Antigen Test every day that they are at work throughout their required isolation period, or as otherwise appropriate to their work setting. They will only be allowed to go to work – not anywhere else.
	Rapid Antigen Tests are less sensitive at detecting cases than a PCR test, so it is possible that your worker may have and be able to spread COVID-19, even if they return a negative Rapid Antigen Test.
	Critical businesses should assess whether the test- to-return scheme is needed on a worker-by-worker



	basis, and allow critical workers who are close
	contacts to self-isolate instead wherever possible. You should also ensure that business continuity plans are in place for if a critical worker tests positive and needs to isolate.
	If a critical business does determine that test-to- return is needed for a critical worker, the business should ensure, as far as reasonably practicable, that safety protocols are maintained.
Rapid Antigen Testing: Access & Supply to Allied Health Private	A system will be up and running in 2 weeks.
Providers We are expecting further Cabinet decisions, with further information available by the end of the week. We will circulate as soon as possible.	This will identify and provide a register of New Zealand's Critical Businesses with Critical Worker numbers by location in order to be used to allocate Rapid Antigen Tests (RATs) and other support to ensure the continued operation of the critical areas of New Zealand's economy.
	In the meantime, Government agencies have been identifying key organisations that will be proactively contacted over the coming days.
Masks: Access & Supply to Allied Health Private Providers	The guidance for private providers re: PPE have not changed.
COVID-19: Personal Protective Equipment Central Supply Ministry of Health NZ	As per the <u>Principles of Supply</u> from the Ministry of Health's National PPE supply, private providers are to use their own networks to source and purchase PPE, unless identified by their DHB as requiring assistance for the provision of urgent* health services within their region.
	*urgent in this context refers to acute patient services such as emergency out-of-hours services
Masks: Allied health workers required to wear particulate respirator masks?	The Ministry's National <u>Infection</u> , <u>Prevention and</u> <u>Control guidance</u> recommends that a medical mask provides adequate protection for most interactions.
Link on website: <u>https://www.health.govt.nz/our-</u> <u>work/diseases-and-</u> <u>conditions/covid-19-novel-</u> <u>coronavirus/covid-19-information-</u>	At all levels of the Omicron response, a certified medical mask -Type II R or Level 2 – 3 (a three- layer surgical mask) is part of the operational response for general health workers.
<u>coronavirus/covid-19-information-</u> <u>specific-audiences/covid-19-</u> <u>personal-protective-equipment-</u> <u>central-supply/covid-19-infection-</u> <u>prevention-and-control-</u> <u>recommendations-health-and-</u> <u>disability-care-workers</u>	An N95 particulate respirator is recommended for higher risk health workers or border staff when a person has COVID-19 or they have COVID-19 related symptoms and have been identified by the contact tracing service as a close contact.
recommendations-health-and-	



In general, Allied Health Private Providers would be considered a general health worker within the Omicron response.
Assessment of risk can be found at https://www.health.govt.nz/system/files/documents/ pages/guidance-for-healthcare-workers-who-are- covid19-cases-or-contacts-during-an-omicron- outbreak-31jan2022.pdf
The Ministry does not routinely provide N95s outside of the principles of supply.

We will keep everyone informed as much as possible, and hear what is top of mind for you:

- Our office will hold drop-in sessions to provide information

 The next drop-in session is: 11am, Friday 4 February 2022
- You can expect regular weekly updates during the initial Omicron response
- Please feel free to email our office at <u>Sophie.oliff@health.govt.nz</u>or <u>Caitlin.Yeoman@health.govt.nz</u>

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