

## Director-General of Health notice

### COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022

#### Critical workers delivering a critical health service who are confirmed or probable cases of COVID-19

Pursuant to clause 30 of the COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Amendment Order 2022 (“the Order”), I, Dr Ashley Bloomfield, Director-General of Health, specify that for the purposes of the Order, a person who is a critical worker in an critical health service as defined by this notice is exempt from the application of clause 9(2) of the Order while undertaking work as required by the health service they provide, or travelling to and from their place of self-isolation to undertake work of that type.

Under clause 27A(3) of the Order, I further specify that this exemption is granted under the conditions laid out in Appendix 1 to this order.

For the purposes of this notice, the following definitions apply:

**Critical worker** means somebody who works for a critical health service, in a role that:

- must be performed in person at the workplace; and
- requires a person with particular skills; and
- must continue to be performed to:
  - prevent an immediate risk of death or serious injury to a person or animal; or
  - prevent serious harm (social, economic or physical) to significant numbers in the community.

**Critical health service** means a service as approved by the Director-General of Health and listed as a critical health service on the Ministry of Health website at the following address:  
<https://www.health.govt.nz/system/files/documents/pages/appendix-critical-services-list-25-02.pdf>

The Critical Workers Director-General notice dated 4 March 2022 is revoked and replaced by this notice.



Dr Ashley Bloomfield  
Director-General of Health.

Dated at Wellington this 20<sup>th</sup> day of March 2022.

## Appendix 1: Management of critical workers delivering critical health services who are confirmed or probable cases of COVID-19

- a. Where service delivery is not at risk by their absence, workers should follow general public health advice for isolation, having informed their manager about their infection.
- b. **Table 1** outlines the recommended course of action, if their ability to work is critical to service continuity, and if the worker is asymptomatic or mildly symptomatic (i.e., they are not acutely unwell), and the worker has agreed to return to work (it must be clear to the worker that they are not required to work).
- c. **Table 2** outlines the recommended course of action, when all other options have been exhausted, for a worker to return to work on a COVID-19 ward from Day 0 of their isolation period, if the worker is asymptomatic or mildly symptomatic (i.e., they are not acutely unwell) and the worker has agreed to return to work (it must be clear to the worker that they are not required to work).

**Table 1: Management of critical workers delivering critical health services who are confirmed or probable COVID-19 cases, and who are asymptomatic or mildly symptomatic**

Vaccination status	Symptom status	Action	Required measures on Return to Work
Boosted, or primary course COVID-19 vaccination only	Asymptomatic or mildly symptomatic	Stand down for 3 days, and undergo a rapid antigen test (RAT) at day 3* If negative, test day 4 prior to shift. If both Day 3 and Day 4 RAT are negative, can return to work on Day 4 If RAT positive at Day 3, continue daily RATs until negative, then return to work the following day after a further negative RAT prior to shift (i.e. two negative tests 24-hours apart)^ A negative RAT will be required before any/each shift from the day the worker	Correct use of a well-fitting (advice on this is available) fluid resistant medical mask (Type IIR or Level 2-3)+ Practice other IPC measures (hand hygiene, maintain physical distancing) Be very careful if in shared breaks and eating areas Avoid public transport while commuting unless it is unmanageable to get to work otherwise (see further detail below) Outside of work, continue to follow public health instructions for community cases The worker is not under compulsion to work Consideration should be given to redeploying

		returns to work, until Day 6	staff to areas without especially vulnerable patients until 10 days after symptom onset
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\* Day 0 is either day of symptom onset, or day of first positive test if asymptomatic throughout

^ Any RAT undertaken to return to work should be done at home before going to work (not at work prior to starting a shift)

\* Please check with the supplier or IPC advisors regarding masks that meet this standard

**Table 2: Deployment to a COVID-19 ward / unit, of critical health care workers who are COVID-19 cases, and who are asymptomatic or mildly symptomatic, when all other options have been exhausted.**

Vaccination status	Symptom status	Stand-down from work	Required measures on Return to Work
Boosted, or primary course COVID-19 vaccination only	Asymptomatic or mildly symptomatic	Nil	<p>The worker will <b>only</b> work on COVID-19 wards or wards where patients are either COVID-19 positive or have recently recovered from COVID-19</p> <p>The worker and all other staff must wear appropriate PPE. An N95 must be worn and should be donned before entering the workplace</p> <p>Avoid public transport while commuting unless it is unmanageable to get to work otherwise (see further detail below)</p> <p>The employing organisation needs to consider:</p> <ul style="list-style-type: none"> <li>• food while working (either from home or provided to the ward/unit for the worker); sourcing food from staff cafeterias must be avoided</li> <li>• a place for the worker to take breaks separate from non-COVID-19 positive/recently recovered staff, and management of bathroom breaks or dedicated facilities (as people may take their mask off while in toilets)</li> </ul> <p>The worker should not attend in-person meetings, unless all other staff are positive or recently recovered</p> <p>Outside of work, continue to follow public health instructions for community cases</p> <p>The worker is not under compulsion to work. Daily check-ins should be undertaken with the worker to ensure their</p>

			wellbeing, and if symptoms worsen, they should be instructed to stand-down from work
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### Use of public transport

Getting to work is considered part of 'being able to work'. If workers need to use public transport to enable them to continue to work in their critical role, this is deemed part of their exemption. However, public transport should only be used as a last resort if no other transport options are available. Key considerations include:

- Where there is a required negative RAT, it should be done at home before using public transport (not once arriving at work)
- If using public transport, workers should be meticulous about the correct use of their mask, distancing from others, hand hygiene and recording their movements
- If private transport options are available, these should be used where possible, and staff should avoid commuting with other staff if using private transport (unless in a pre-arranged work bubble).