Covid-19 Response in Prisons

Description
New Zealand has not yet reached the community transmission phase of COVID-19. Within Corrections we are therefore currently at an active planning phase. We will move to an operating response phase at the point the country has moved to community transmission. This will mean a new set of controls / settings.

At that stage we will introduce limitations etc. on visitors. We are currently preparing information / guidance for our frontline leaders (attached). We are also preparing collateral/information for prisoners. This is also attached and includes communicating hygiene awareness to prisoners.

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Additional Covid-19 resources are available at: http://bit.ly/2U0oKLG
If you would like to send us information about Covid-19, please fill in this form: http://bit.ly/2WngiRH
Minimising the risk of COVID-19 (Leaders Guide)

Purpose
This protocol dated 18 March 2020, is intended to provide guidance on the actions to be taken to minimise the risk of workplace infections of Coronavirus. This protocol will also assist in minimising disruption and uncertainty should any Department of Corrections site have a potential exposure risk or encounter a confirmed case of 2019 Novel Coronavirus (COVID-19) in the workplace.

This protocol will be updated when required.

Background
Coronavirus (COVID-19) is a respiratory illness caused by a new virus. Symptoms range from a mild cough to pneumonia. Some people recover easily, others may get very sick very quickly. There is evidence that it spreads from person to person. Good hygiene can prevent infection.

Mode of Transmission
Where person-to-person transmission occurs, it would most likely be through ‘close contact’ (see definition below) with infected individuals, by inhaling respiratory droplets and by contact with contaminated objects and surfaces.

Routine Prevention Activities
To protect from COVID-19 and other infectious agents, general health precautions should be maintained, with specific emphasis placed on:

- Wash your hands frequently with soap and water or hand sanitiser;
- Cover your mouth and nose if you cough or sneeze, dispose of used tissues immediately after use;
- Avoid touching your eyes, nose or mouth until you have washed your hands;
- Adhering to good food-safety practices;
- Maintaining good personal hygiene.

In addition, effective cleaning of offices and hard surfaces can also reduce the transmission of disease. This includes regularly wiping down items such as telephones, computer keyboards and mouse, desks, chairs, cabinets, printers, handrails, door handles etc. with sanitising wipes or a mild bleach solution at regular intervals.

All Department of Corrections’ sites should maintain sufficient supplies of hand sanitiser, disinfectant wipes and face masks (P2, P3 or surgical masks). Note - alcohol based hand sanitisers are considered most effective at present.

If any person is clearly unwell, coughing, sneezing, runny nose and/or running a fever, they should be advised to take sick leave in accordance with existing employment policies and remain away from the office until the symptoms have subsided or they provide a medical clearance. Advice should be sought from their Manager and/or HR Manager if the person does not have any available sick leave or if they feel that they do not need to take time off.

Risk of Exposure to COVID-19
The following guidelines apply to situations where personnel are thought to have been at risk of exposure to COVID-19 and wish to return to work. Where this is the case these directions must be followed, and the person must not return to work until they have clearance from an approved medical practitioner.
In the absence of direction from authorities the decision on return to work must be made on the level of risk. The table below provides some guidance for some common examples. If the circumstances make it difficult to determine the level of risk, then further guidance can be sought from your COVID-19 Regional Lead.

Where a situation has been determined to be of lower risk, personnel involved should be briefed on the circumstances, advised to monitor their health and to contact their supervisor and stay away from work if any symptoms arise. In higher risk circumstances, personnel involved should be asked to stay away from the workplace for at least 14 days from when they were last exposed to the risk and to seek immediate medical advice if they experience any symptoms. Higher risk cases should not return to work until they have clearance from an approved medical practitioner.

Any person from the higher risk category, who has been directed to stay away from work, may return to work after the 14-day period providing they have not experienced any symptoms. If symptoms were experienced, then the person should not return to work until all symptoms have passed or they have a clearance from a medical practitioner.

For guidance, examples of lower and higher risk situations are provided below.

<table>
<thead>
<tr>
<th>Lower Risk</th>
<th>Higher Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>• An individual living in the same apartment complex as a confirmed case, but no close contact.</td>
<td>• An international traveller who is required by authorities to self-isolate.*</td>
</tr>
<tr>
<td>• A person has had ‘casual contact’ (see definition below) with a person who is now a confirmed case but has no symptoms.</td>
<td>• An international traveller recently arrived in your country from a high-risk** location who has no symptoms. Person with an exposure risk and symptoms of respiratory infection.</td>
</tr>
<tr>
<td></td>
<td>• Person who has been in close contact with a confirmed case of COVID-19.</td>
</tr>
</tbody>
</table>

*At 16 March 2020 all international travellers arriving into New Zealand must self-isolate for 14 days irrespective of the location they have been to, or whether they are a tourist, New Zealand Resident, or New Zealand Citizen.

**High risk locations currently include Mainland China (not including Hong Kong, Macau or Taiwan), Iran, South Korea and Italy.

Confirmed Cases of COVID-19

It is important that plans are in place to respond to a situation where a person who has been working at a Department of Corrections’ work location reports that they have a laboratory confirmed case (confirmed case) of COVID-19. In many jurisdictions governments and Public Health Departments will implement standard protocols to identify people who have been in close or casual contact with the infected individual. These authorities will also determine any need for isolation or other responses.

We are regularly monitoring these public health and regulatory requirements. These regulatory requirements will be fully implemented following any notification of confirmed cases in the workplace.

Where regulatory requirements do not exist, the following actions should occur immediately:

- Contact your regional Health & Safety and HR teams to assist with obtaining specific advice and to provide support;
- Confirm and record the name of the individual who has been confirmed as having COVID-19, the onset date and symptoms of the illness;
- Identify and record the names of any individuals who may have been in ‘close contact’ with the affected person while they were not showing any symptoms;
- Identify and record any individuals who may have had ‘casual contact’ with the affected person while they were not showing any symptoms;
- Personnel who have been in close contact with the confirmed case should be provided medical support from an approved medical practitioner and advised about their risk and the symptoms of COVID-19. They should be directed to stay away from the workplace for at least 14 days from when they were last exposed and to seek immediate medical advice if they experience any symptoms. Close contacts should not return to work until they have a medical clearance;
- Personnel who may have had casual contact with the confirmed case should be provided with a briefing on COVID-19;
- Casual contacts should be asked to monitor their health for 14 days. If they develop any symptoms they should be advised to self-isolate immediately. They should also seek medical advice and notify their supervisor;
- Isolation from the workplace is not generally required for persons who were in casual contact with the affected individual, providing they do not experience any symptoms.

Note – The affected area (site or office location) must be isolated and personnel removed until cleaning activities are completed. The affected area will include all areas which were routinely accessed by the affected person, including communal areas such as kitchens, utility areas and bathroom facilities. If the extent of the affected area is unclear, i.e. large open plan office areas, multi floor office complexes, tunnel projects, outside work areas, mobile plant, etc. then advice must be obtained from an occupational physician.

Cleaning must be undertaken by cleaners who are experienced in disinfection processes. Cleaners must wear all appropriate PPE while cleaning activities are completed. Normal work may resume once the area has been cleaned.

If the circumstances make it difficult to determine what constitutes close or casual contact, then further guidance can be sought from your COVID-19 Regional Lead.

Definitions

For the purposes of this document the following definitions apply.

**COVID-19** 2019 Novel Coronavirus

**COVID-19 symptoms** Key symptoms to screen for to help determine if someone may be a suspected case (pending testing) include:
- Temperature of 38 or above, in addition to at least one of the following;
- Shortness of breath
- Cough, or
- Sore throat
- Or if they have a respiratory illness and been in contact with someone who has a suspected, probable or confirmed case of coronavirus.

**Suspected case** The patient is classified as a suspected case, pending further investigation, if they satisfy both the clinical (symptoms) and epidemiological (travel) criteria.

**Probable case** If testing is negative, but there’s a strong clinical suspicion based on the travel history and symptoms, then it becomes a probable case.

**Confirmed case** Testing confirms that an individual has COVID-19.

**Close Contact** Any person who has spent greater than 15 minutes in face-to-face contact with the confirmed case (while they were symptomatic) in any setting, or any person...
who shared a closed space such as an office area, meeting room, etc., where that person remained within 5m of the confirmed case for a prolonged period (e.g. more than 2 hours).

Examples include:

- living in the same household or household-like setting (e.g., in a hostel) as a confirmed COVID-19 case
- having spent two hours or longer in the same room as a confirmed COVID-19 case
- having been seated within two rows either side of a confirmed COVID-19 case on a flight, bus or train for two hours or longer
- having been face-to-face within two metres or less of the confirmed COVID-19 case for more than 15 minutes in any other setting not listed above.

Casual Contact

Casual contact is defined as passing contact, not exceeding the requirements for close contact, or sharing the same facilities such as meal rooms, etc.

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**Document Information**

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                 Position:          
                 Initial:          |
Minimising the risk of Coronavirus: Department of Corrections' sites

The following COVID-19 Management Plan outlines scenarios and the required actions for Department of Corrections sites. Contact your COVID-19 Regional Lead if you require any additional specific advice and/or support.

### Department of Corrections Coronavirus Management Plan

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Stakeholder</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimising the risk of Coronavirus</strong></td>
<td>All Corrections sites</td>
<td>1. Maintain an effective and ongoing schedule for cleaning of offices, including hard surfaces to reduce the transmission of disease; 2. This includes (but not limited to) regularly wiping down items such as telephones, computer keyboards and mouse, desks, chairs, cabinets, printers, doors, handrails, etc. with sanitising wipes or a mild bleach solution; 3. Enhance cleaning in residential units, functional spaces (e.g. interview room, yards, visiting rooms), and of ‘high-touch’ surfaces including radios, on body camera, distress alarms, OC spray, keys, handcuffs; 4. All sites should maintain sufficient supplies of hand sanitiser, disinfectant wipes and face masks (P2, P3 or surgical masks). 5. Ensure all people coming onto site and departing site use the provided hand sanitiser; 6. All people coming onto site to be health screened to detect for potential cases, and prisoners must be health screened upon arrival and before departing the site in the Receiving Office.</td>
</tr>
<tr>
<td><strong>In the event of ‘casual contact’ with a person who is now a confirmed case of Coronavirus.</strong></td>
<td>Custodial staff Non-custodial staff Prisoners Contractors / Suppliers Visitors</td>
<td>1. Above hygiene, enhanced cleaning practices and health screening must continue; 2. Staff who may have had casual contact with the confirmed case should be provided with a briefing on COVID-19 from their manager; 3. Prisoners who may have had casual contact with the confirmed case should be provided with a briefing on COVID-19 from the Health Centre; 4. Casual contacts should be asked to monitor their health for 14 days and if they develop any symptoms they should be advised to self-isolate immediately; 5. Double-bunking prisoners must jointly self-isolate; 6. Staff should also seek medical advice and advise their Manager and/or Supervisor; 7. Isolation from the workplace is not generally required for persons who were in casual contact with the affected individual, providing they do not experience any symptoms.</td>
</tr>
<tr>
<td><strong>In the event of ‘close contact’ with a person confirmed with Coronavirus.</strong></td>
<td>Custodial staff Non-custodial staff Prisoners Contractors / Suppliers Visitors</td>
<td>1. Above hygiene, enhanced cleaning practices and health screening must continue; 2. All individuals who’ve been in close contact with a confirmed case must self-isolate immediately for 14 days and contact Health Line 0800 611 116; 3. Prisoners must self-isolate on the direction or advice from Health staff and if double-bunked both prisoners must self-isolate for 14 days; 4. Close contacts should be provided medical support from a medical practitioner and counselled about their risk and the symptoms of COVID-19, this will be provided by Health Line and/or the Public Health Unit for staff, and Health Centre staff for prisoners; 5. Staff/Contractors/Suppliers/Visitors should be directed to stay away from the workplace for at least 14 days from when they were last exposed and to seek immediate medical advice if they experience any symptoms and must only return to work when 14 days has expired and they have a medical clearance; 6. Managers of staff must identify and record the names of any individuals who may have been in ‘close contact’ with the affected person while they were not showing any symptoms; 7. Health Centre staff must identify and record the names of any individuals who may have been in ‘close contact’ with the affected prisoner while they were not showing any symptoms.</td>
</tr>
<tr>
<td><strong>In the suspected case of Coronavirus</strong></td>
<td>Custodial staff Non-custodial staff Prisoners Contractors / Suppliers Visitors</td>
<td>1. Above hygiene, enhanced cleaning practices and health screening must continue; 2. If Staff/Contractors/Suppliers/Visitors presents at a Corrections’ site with any symptoms and they have had casual contact with a suspected case, they will be told by a Manager to return home; 3. If Staff have symptoms do not attend your place of work, notify their Manager and/or Supervisor and contact their medical practitioner or local Hospital and telephone ahead so appropriate precautions can be taken; 4. If a prisoner has had casual contact with a suspected case and has symptoms they must display their precautionary “feeling unwell” card to have a medical assessment; 5. It is important that suspected cases self-isolate and monitor their health to ensure early symptoms are detected. This includes observing for signs of illness such as a fever and flu like symptoms, someone from the Public Health Unit will make contact with you each day to check on you and answer any questions you might have; 6. Staff obtain a medical certificate from their medical practitioner and give a copy to their Manager and/or Supervisor, and obtain approval from their Manager and/or Supervisor before returning to the Corrections’ site; 7. Prisoners self-isolate until 14 days has expired and they have a medical clearance from Health Centre staff; 8. Any changes to staff usual working arrangements must be discussed with their Manager and/or Supervisor. 9. Maintain basic PPE i.e. hand sanitiser and gloves (PPE noted below).</td>
</tr>
<tr>
<td>In the event of a confirmed case of Coronavirus</td>
<td>Custodial staff</td>
<td>Non-custodial staff</td>
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<td>-----------------------------------------------</td>
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<tr>
<td></td>
<td>Prisoners</td>
<td>Contractors / Suppliers / Visitors</td>
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<td>1. Above hygiene, enhanced cleaning practices and health screening must continue;</td>
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<td>2. Confirmed case to self-isolate and monitored by Health (for prisoners) or remain at home (for staff/contractors/suppliers/visitors);</td>
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<td>3. Managers to identify and record any individuals who may have had casual contact with the affected person while they were not showing any symptoms;</td>
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<td>4. Managers to identify and record any individuals who may have had close contact with the affected person while they were not showing any symptoms;</td>
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<td>5. Health staff to do the same for prisoners;</td>
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<td>6. Engage the Ministry of Health and the district health boards who will then lead the contact tracing from information provided to track down people who may have been exposed following a confirmed case;</td>
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<td>7. Social distancing in place to minimise potential spread and wherever possible minimum 2 metres distance must be maintained between individuals and review all BAU activities to determine if these need to continue and/or what can be modified and/or stopped to minimise the potential spread;</td>
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<td>8. People who have been in close contact with the confirmed case should be provided medical support from a medical practitioner and counselled about their risk and the symptoms of COVID-19;</td>
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<td>9. They should be directed to stay away from the workplace for at least 14 days from when they were last exposed and to seek immediate medical advice if they experience any symptoms;</td>
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<td>10. Prisoners self-isolate until 14 days has expired and they have a medical clearance from Health Centre staff;</td>
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<td>11. Close contacts should not return to work until they have obtained a medical certificate from their treating medical practitioner and seek immediate medical advice if they experience any symptoms;</td>
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<td>12. People who may have had casual contact with the confirmed case should be provided with a briefing on COVID-19;</td>
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<td>13. Medical and psychological support should be provided to all affected parties where requested or deemed as required;</td>
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<td>14. Discuss with the COVID-19 Regional Lead what other actions may be appropriate in relation to the impacted prison site.</td>
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<td>15. When in close contact with a confirmed case use standard droplet and contact precautions (PPE noted below), limit contact time as well as ensure non-essential staff stay away from confirmed case.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>In the event of multiple confirmed cases of Coronavirus</th>
<th>Custodial staff</th>
<th>Non-custodial staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prisoners</td>
<td>Contractors / Suppliers / Visitors</td>
</tr>
<tr>
<td></td>
<td>1. Above hygiene, enhanced cleaning practices and health screening must continue;</td>
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<td>2. Confirmed cases to self-isolate and monitored by Health (for prisoners) or remain at home (for staff/contractors/suppliers/visitors);</td>
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<td>3. Managers to identify and record any individuals who may have had casual contact with the affected persons while they were not showing any symptoms;</td>
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<td>7. People who have been in close contact with the confirmed cases should be provided medical support from a medical practitioner and counselled about their risk and the symptoms of COVID-19;</td>
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<td>8. They should be directed to stay away from the workplace for at least 14 days from when they were last exposed and to seek immediate medical advice if they experience any symptoms;</td>
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<td>14. When in close contact with a confirmed case use standard droplet and contact precautions (PPE noted below), limit contact time as well as ensure non-essential staff stay away from confirmed case.</td>
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</tr>
</tbody>
</table>
Using PPE for COVID-19

The following table is based on the Ministry of Health guidelines and puts in place guidelines for using protective equipment at the Department of Corrections.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Workplace setting</th>
<th>Hand hygiene</th>
<th>Social distance</th>
<th>Cough and sneeze etiquette</th>
<th>Adequate ventilation</th>
<th>Masks</th>
<th>Gloves</th>
<th>Eye protection</th>
<th>Overalls/owns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower/Medium</td>
<td>People who can maintain more than 2 metres contact distance from a person with potential COVID-19 who utilise clear perspex screens or can implement other protective measures e.g. front line workers, receptionist, front counter staff.</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
</tr>
<tr>
<td>Medium</td>
<td>People who due to the nature of their job may be unable to maintain more than 2 metres contact distance from a person with potential COVID-19 e.g. front line police, prisoner processing. Sudden death procedures with person who have died from COVID-19.</td>
<td>Green</td>
<td>Green</td>
<td>Green</td>
<td>Surgical/N95</td>
<td>N95</td>
<td>Goggles/Face Shields</td>
<td>In extreme cases</td>
<td></td>
</tr>
<tr>
<td>Higher</td>
<td>People who due to the nature of their job cannot maintain at least 2 metres contact distance from a person with potential COVID-19 AMD have a high likelihood of potential contact with secretions by engaging in activities such as restraining people who are known or suspected to have COVID-19.</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
<td>Red</td>
</tr>
</tbody>
</table>

**NOTE:** basic principles: Hand hygiene, social distancing, safe cough/sneeze etiquette, and good ventilation constitute the basic principles for the prevention of COVID-19 spread. Additional measures (i.e. the wearing of masks, gloves, overalls/aprons and eye protection) should be subject to prudent workplace hazard od risk assessment.

**Types of PPE masks**

A range of masks offer protection to workers in medium to high risk situations. These vary in the degree of protection offered but essentially there are three options for masks and goggles/face shields.

<table>
<thead>
<tr>
<th>Type</th>
<th>Purpose</th>
<th>Example</th>
<th>Fit testing required</th>
<th>Disposal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical mask</td>
<td>Designed primarily to contain droplet spread from the wearer, but offering a degree of protection from external infection.</td>
<td><img src="surgical_mask.png" alt="surgical mask image" /></td>
<td>No</td>
<td>Disposable. Discard after each patient encounter.</td>
</tr>
<tr>
<td>P2 or N95 mask</td>
<td>Provide a higher degree of filtration to protect the respiratory tract when appropriately worn.</td>
<td><img src="N95_respirator.png" alt="N95 respirator image" /></td>
<td>Yes</td>
<td>Ideally should be discarded after each patient encounter and after aerosolgenerating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing</td>
</tr>
</tbody>
</table>
Face shield/goggles

Designed for use when confirmed by a person who is suspected of suffering from an influenza like illness and is non-compliant.

The appropriate level of protection should be chosen for the degree of risk of infection remaining after other control measures have been taken. In the workplace is very hard to assess the appropriate level of protection due to all the various factors that come into play, such as the degree of exposure to infection, however well the mask fits, hand contact, how well the mask the wearer face and so on. Use TENR to assess risk of exposure to COVID-19.

**Putting on PPE**

PPE should be put on in the following order:

- long sleeved fluid resistant, disposable gown/overalls
- surgical or P2/N95 mask (see note re use of P2/N95 vs surgical mask above)
- eye protection (goggles or a face shield)
- gloves which should be pulled over the cuffs of the gown/overalls.

and taken off in the following order:

- gloves and gown/overalls, being careful to avoid contaminating clothing
- perform hand hygiene
- remove the goggles/face shield
- perform hand hygiene
- remove the mask being careful not to touch the front of the mask
- perform hand hygiene to elbows
- hand hygiene may be performed using either soap and water or alcohol-based hand rub
- dispose PPE in clinical waste
- no change in clothing worn under PPE is required unless that clothing has become contaminated.¹

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Here are several scenarios to guide managers on responding to COVID-19-related situations:

[This guidance is in line with the advice being provided by the Ministry of Health, www.moh.govt.nz]

**From 1 am, 16th March onwards: Staff should self-isolate for 14 days if they have arrived back in NZ, or have been in contact with a confirmed COVID-19 case.**

**Scenario 1**
- Anna has been overseas* and has arrived back in NZ after 1am, 16th March 2020.
- Anna should stay home from work, contact the dedicated COVID-19 Healthline for advice, and work from home if possible.

**Leave Action:**
- If Anna can’t work from home, grant Special Leave.

**Scenario 2**
- Jane has just travelled from or has passed through a Category Two country.**
- If Jane shows no signs (fever, cough or difficulty breathing), Jane should come to work and inform her manager.

**Leave Action:**
- No leave required.

**Scenario 3**
- Sarah shows signs (fever, cough or difficulty breathing), so she should call the COVID-19 Healthline, stay home from work and inform her manager.

**Leave Action:**
- Grant Sick leave.

**Scenario 4**
- David lives with someone who is self-isolating.
- If the traveller shows no signs (fever, cough or difficulty breathing), David should come to work.

**Leave Action:**
- No leave required.

**Scenario 5**
- Rose lives with someone who is self-isolating.
- If the household member shows signs (fever, cough or difficulty breathing) Rose should call the COVID-19 Healthline, stay home from work and inform her manager.

**Leave Action:**
- If Rose is directed to self isolate and can’t work from home, grant Special Leave (until the illness is confirmed or ruled out).

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**TO CONTACT THE COVID-19 HEALTHLINE**

0800 358 5453

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*All countries except the Pacific Islands.*

**Category Two Countries: Pacific Islands (Check Ministry of Health website for full list of specific countries.)*
Hand Washing
Washing your hands is the most effective way to keep you from getting sick.

Wash hands for 20 seconds. Dry hands for 20 seconds.

1. Wet your hands under clean running water. Use warm water if available.
2. Put soap on your hands and wash for 20 seconds. Liquid soap is best.
3. Rub hands together until the soap makes bubbles.
4. Rub on both sides of both hands...
5. and in between fingers and thumbs...
6. and round and round both hands.
7. Rinse all the soap off under clean running water. Use warm water if available.
8. Dry your hands all over for 20 seconds. Using a paper towel is best (or a clean dry towel).
9. Always wash and dry your hands

Before
- Eating or preparing food

After
- Sneezing, coughing or blowing your nose (or wiping children’s noses)
- Gardening
- Having contact with animals
- Going to the toilet or changing nappies
- Looking after sick people
Class 1 (Serious harm, Notifiable or High Potential incident) happens within Asset project

Project Manager informed by contractor

Project Manager informs Director/s AMD / AMP and General Manager Safety and Wellbeing

Director AMD / AMP call ‘Safety Pause’ meeting for all team members (irrespective of project) within 72 working hours of incident (48 working hours for fatality, amputation or other very serious permanent harm event)

Director AMD / AMP (supported by H&S Advisor) lead ‘Safety Pause’ session (ideally face-to-face; AVL if some genuinely can’t attend)

PMs confirm to Director/s AMD / AMP on discussions they have had with contractors about event, risk, etc and what checks contractor/s are doing on relevant critical risk / control

Director AMD / AMP (supported by GM Safety & Wellbeing) provide verbal update of ‘Safety Pause’ at subsequent Infrastructure and Facilities PGC

Further guidance in ‘Minimum Reporting Standards for Health and Safety’

Should cover what happened (that is known), refresh on what ‘good’ could look like for that risk (e.g. critical and supportive controls) and actions they want team members to take (e.g. discussions with partners, contractor H&S checks, etc)
Attention Visitors

Help us stop the spread of COVID-19

Please do not visit if:

You might have been exposed to COVID-19 (coronavirus)

You have:
- a high temperature
- a cough
- trouble breathing
- sore throat

You have returned to NZ from overseas since 1am on Monday, 16 March 2020

For COVID-19 advice call Healthline 0800 358 5453.
Attention Visitors

Help us stop the spread of COVID-19

Please do not visit if:

You might have been exposed to COVID-19 (coronavirus)

You have:
- a high temperature
- a cough
- trouble breathing
- sore throat

You have returned to NZ from overseas since 1am on Monday, 16 March 2020

Please don’t come in.

If you are here as part of a sentence or order condition, contact your Probation Officer or phone the site on to avoid any non-compliance actions.