

Information for Members: Further Update on COVID-19

Over recent weeks, we have been responding to a large volume of approaches from members on various, practical, Covid-19-related matters. This includes employment-related and professional issues. This update for members presents our position and or advice on a number of these issues.

OCCUPATIONAL CONTACT

- Our view is that nurses who are required to self-isolate because of a potential or actual occupational close contact should continue to be paid by their employer. Sick leave or annual leave should not be used in such cases.
- Any nurse who contracts COVID-19 occupationally will receive normal sick leave. Anticipated sick leave could be used where required. Arguably, an ACC claim might be an option in some instances.
- It is clear, and well recognised, that health professionals are at high risk. Health professionals are over-represented in the morbidity and mortality data across all jurisdictions to date.

GENERAL COMMUNITY CONTACT

- In the event of contracting COVID-19 infection from community contact, sick leave would also apply.
- However, nurses having to self-isolate from community contact are generally unlikely to be paid by their employer. Taking annual leave might be an option. Nonetheless, employers have good-faith obligations to consider reasonable requests from employees.

OVERSEAS TRAVEL & SELF-ISOLATION

- Nurses who have to self-isolate following non-employment-related international travel cannot expect to be paid by their employer. DHBs have already made this clear.
- Taking all factors into account, it would generally be prudent to defer non-essential overseas travel at this time. Aside from the need to self-isolate on returning to New Zealand, there are other considerations including (1) the possibility of having to self-

isolate overseas, (2) the lack of travel insurance cover and (3) whether the country or countries being visited would be able to provide appropriate care in the event of that being necessary. Moreover, unnecessary international travel risks spreading the virus.

WORKPLACE HEALTH & SAFETY

- Under the Health and Safety at Work Act 2015, employers have a duty of care to ensure, so far as is reasonably practicable, the health and safety of employees. This means that employers have to mitigate risk, such as by having appropriate protocols in place and, where appropriate, ensuring PPE availability, as well as adequate resourcing and such like.
- Can a nurse or other health professional refuse to provide care to a patient because of concerns over risk? We have been asked this question by a number of members. Provided that services have appropriate PPE available and sound protocols are followed, refusing to provide care generally should not arise and would not be justified. Circumstances would have to be very exceptional before refusal to provide care would be appropriate. That said, it is accepted that all health professionals have the right to remove themselves from a work situation that they have reasonable justification to believe presents an imminent and serious danger to their life or health.
- Moreover, there may be some cases where it could be appropriate for a nurse, in consultation with their manager, to limit or avoid potential contact with patients presenting as possible cases or those diagnosed with COVID-19. For example, nurses with personal health conditions that place them at extra or special risk. Employers would have a duty to mitigate risks in such cases.

PRESSURE ON HEALTH SERVICES

- Clearly a range of possible worst-case scenarios could eventuate in which resources (staffing, equipment and beds) are placed under impossible pressure. Resources are already inadequate to cope with normal seasonal influenza and other workload peaks, without the additional burden of COVID-19 cases.
- Italy has a well-developed national health service, and the region most affected by COVID-19 is one of the best-resourced parts of that country, but its health system has been unable to cope with the number of cases and it is currently faced with having to ration care and access to services such as ICU.

MINISTRY OF HEALTH & GOVERNMENT RESPONSE

- To date, arguably the response by the Ministry of Health here, as well as Government has been well considered and positive.

INFORMATION FOR HEALTH PROFESSIONALS

- The Ministry of Health has regular updates for [health professionals](#). These updates and guidelines are periodically revised. The World Health Organisation also provides useful updates including information and some apposite [guidelines](#).
- A considerable number of papers on COVID-19 have already been published, including experience from China, Italy and other hotspots. [PubMed](#) currently cites nearly 500 papers on COVID-19. Many are of these are from clinicians directly reporting on experience of managing COVID-19.
- As the situation is dynamic, advisories and information may well change to reflect developments.



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