

# **Practice Guide for NZOHNA – including Spirometry**

June 2022

Disclaimer: This information is intended as a guide only. It is based on professional frameworks and standards at time of writing. Each member is responsible in own professional due diligence which considers the changing impact and response to COVID-19 management in Aotearoa NZ.

### Introduction

Our Association goal is supporting our members to determine the best and safest way to respond to business COVID-19 related health & wellbeing needs based on some key factors. This includes the impact on service delivery, likely trajectory of the virus and the community protection response (considering the varying levels of vaccination status). We value the importance that your workplace health & wellbeing services continue to be delivered at all levels, with the least restrictions, and in a safe environment. With Covid 19 endemic in the community and vaccination preventing serious illness, but not infection, time to move forward.

This table aims to guide OHNs in decision making for service delivery based on the COVID-19 Protection Framework (Traffic Light System). The primary focus is on health monitoring, but this approach should be applied to all areas of normal workplace health & wellbeing services such as health support/rehabilitation, training and onsite workplace task analysis. The traffic light system has been introduced as we move to a predominantly vaccinated workforce within N7.

	LIFE AT GREEN	LIFE AT <u>ORANGE</u>
Service	<ul> <li>Assume normal services with low level additional controls.</li> <li>If accessed as a close-proximity business, record-keeping</li> <li>Continue to be alert and consider additional controls depending on risks relating to workplace risks and local conditions.</li> </ul>	<ul> <li>Safe staged transition to normal services with additional controls required depending on risks relating to workplace risks and local conditions.</li> <li>Does risk to worker/staff outweigh the risk to worker by test defer?</li> <li>New client/baseline test</li> <li>Periodic health monitoring testing: in general, delay physical testing if there are high numbers of community cases/ evidence of effective exposure control.</li> <li>Vulnerable workers should be completed prior to others or consider if they need to be delayed, if so complete questionnaires.</li> <li>Document how the risk will be managed</li> <li>Schedule appointments to allow for thorough decontamination cleaning between clients.</li> <li>Keep a record of people seen</li> <li>Maintain physical distancing during appointment and testing, If within 1 metre during testing</li> <li>Room ventilation is essential to minimise persistent aerosol exposure. While a minimum of 6 air changes per hour is recommended for patient care areas, 12 air changes per hour are recommended for rooms where aerosol generating procedures occur. In the absence of adequate ventilation, strategies such as leaving rooms unoccupied between tests or use of HEPA filtration systems to</li> </ul>



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		<ul> <li>supplement room ventilation are strongly encouraged</li> <li>How surfaces of equipment and environmental touch points will be cleaned</li> <li>Requirement for RAT for provider and client</li> <li>Cost and impact of controls</li> </ul>
Vaccination Status	(Note: it is important to remain respectful and non-discriminatory for all clients. However, it is necessary to adjust OHN approach based on vaccine risk assessment)  • Maintain > 1 metre distance.  • Opportunity for vaccine conversation	Note: it is important to remain respectful and non-discriminatory for all clients. However, it is necessary to adjust OHN approach based on vaccine risk assessment)  Check Covid infection status including vaccination both Covid and Flu prior to starting  • Client wear surgical mask except during spirometry  • Provider wears an N95  • Maintain > 1 metre distance.  • Opportunity for vaccine conversation
Administra tion	<ul> <li>Inform and prescreen all clients and business visitors to detect those who are infected, symptomatic, and heightened risk of transmitting disease.</li> <li>The questionnaire should elicit any history of exposure to COVID-19 within the past 2 weeks, exhibiting any COVID-19 symptoms, and/or recent exposure risks.</li> <li>Note: There remains a risk that asymptomatic clients may be infectious.</li> </ul>	<ul> <li>Inform and prescreen all clients and business visitors to detect those who are infected, symptomatic, and heightened risk of transmitting disease.</li> <li>Clients should be screened with a questionnaire on arrival.</li> <li>The questionnaire should elicit any history of exposure to COVID-19 within the past 2 weeks, exhibiting any COVID-19 symptoms, and/or recent exposure risks.</li> <li>If heightened risk identified, the appointment may need to be deferred, and /or alternative assessment options explored (e.g., tele-consult)</li> <li>Note: There remains a risk that asymptomatic clients may be infectious.</li> </ul>
Pre-Site Visit - Risk Assessment	Consider risks relating to:  Work environment -e.g., community location, room setup, air flow and ventilation.  Is tracing required tracking.  Health declaration e.g., vaccination status of workforce, individual exposures.  Additional testing controls if applicable.  Consider additional service costs.	<ul> <li>Consider risks relating to:         <ul> <li>Work environment -e.g., community location, room setup, air flow and ventilation.</li> <li>Visitor or service requirements e.g. people movement tracking.</li> <li>Health declaration e.g., vaccination status of workforce, individual exposures</li> <li>Additional testing controls if applicable</li> <li>Consider additional service costs.</li> </ul> </li> </ul>
Care of Your Team	<ul> <li>Regularly consider individual OHN competency, capability, and professional support requirements.</li> <li>Provide access to appropriate resources such as RAT, PPE, hand sanitiser, evidence-based information.</li> <li>Regularly consider own and team wellbeing and resilience needs.</li> </ul>	<ul> <li>Regularly consider individual OHN competency, capability, and professional support requirements.</li> <li>Provide access to appropriate resources such as N95 masks, gloves, hand sanitiser, evidence-based information.</li> </ul>



#### New Zealand Occupational Health Nurses Association - Spirometry Guidance Infection Promote and practice key control messages: In addition to GREEN approach, • Allow for additional time between clients for Control If unwell with COVID symptoms, stay at cleaning. home RAT completed Removal of clutter/items that can become When required, wear an appropriate contaminated mask (MOH general mask information Clients and staff to wear appropriate masks. and health care worker mask advice ) Maintain physical distancing during appointment Perform regular hand hygiene and testing, If within 1 metre during testing and Practice respiratory hygiene and cough dependent of activity risk assessment, wear etiquette appropriate PPE such as gloves, mask, face shield Avoid touching your face or eye protection, and disposable apron. Regularly clean high touch surfaces N95 fit tested masks (or higher level of filter Maintain physical distancing where protection) may be required rather than surgical. possible and practical Thorough environmental and personal hygiene Optimise ventilation for indoor spaces routine is required between each client. Clean equipment between clients Dispose of used equipment (especially respiratory filters) safely Healthline for advice 0800 611 116 Ventilation Consider airflow and ventilation. Prior to testing -consultation room: Ensure air conditioning units have • Ensure effective ventilation/negative pressure. appropriate air flow, and appropriately Preferably meets standards for airborne infection isolation rooms (AIIRs) - advises 12 air maintained including regular check/change of (preferably HEPA) changes/hour. Negative pressure may be achieved by modifying Opening a window is an alternative the balance of source and return air in the HVAC effective measure to improve air flow. system. Such adjustments may require engineering professional support. Spirometry Business as usual based on the current Test procedure recommendation: Specific ATS/ERS standard. Only undertaking spirometry testing if essential. OHN is required to be competent in Spirometry safety procedures must be followed. Scheduling – If a spirometry test is necessary (e.g., device setting and maintenance, mandatory pre-placement for firefighters) spirometry testing, respiratory consider testing time such as end of workday to assessment, and result interpretation. facilitate effective ventilation and cleaning regime. Validated single-use anti-viral filter use At least 30-minute space between the next client is always required. is required. Physical distancing must be always performed. Physical positioning should be carefully planned to keep OHN out of the direct plume of exhaled air. To protect the patient from inhaling any virus particles in the room, a nose clip is recommended, Inline filter according to advice and manufacturer recommendations • Instruction - inhale maximally through the filter. Keep the filter in mouth, and forcefully exhale through the filter, so that any virus particles in lungs will not be blasted into the testing space. (In most cases, the spirometer can be configured for

added).

the usual testing protocol that is performed at the clinic, 6 even if inhalation through the sensor is

• Clients should wear a mask in between tests. Follow manufacturer instructions for cleaning the

• Exercise testing, nebulisation, bronchial challenge

sensors during COVID-19



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	tests, and other aerosol generating procedures should be limited to specific equipment and testing rooms.  Outdoor testing: consider portable spirometers environmental shelter protection (e.g. from wind).  Ensure safe disposal of contaminated waste.  Allow at least 15 minutes to ventilate the room (open windows, closed doors)

# **Directory:**

Focus Point		
Overarching strategy		
General Approach	<ul> <li>Our COVID-19 response – what you need to know   WorkSafe</li> <li>Operating safely – what you need to think about   WorkSafe - includes Safety Plan</li> <li>Te Puni Kokiri (Māori health focus)</li> <li>Ministry for Pacific Peoples</li> <li>Immunisation Advisory Centre (IMAC)</li> <li>https://www.hasanz.org.nz/gm-safety-forumliving-with-covid-principles/</li> <li>Healthline COVID-19 line (0800 358 5453)</li> </ul>	
Business	<ul> <li>https://www.business.govt.nz/covid-19</li> <li>False or misleading information can be reported to CERT NZ:         https://www.cert.govt.nz/individuals/common-threats/covid-19-vaccine-scams/report-covid-19-vaccine-scams-or-misinformation/     </li> </ul>	
Vaccination	Nurses are required to be fully vaccinated by 1 <sup>st</sup> January 2021 (unless exempt) : Mandatory Vaccination Order for Nurses (nursingcouncil.org.nz).	
Long COVID	<ul> <li>Guidance for the rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand <a href="https://www.health.govt.nz/publication/guidance-rehabilitation-people-or-recovering-covid-19-aotearoa-new-zealand">https://www.health.govt.nz/publication/guidance-rehabilitation-people-or-recovering-covid-19-aotearoa-new-zealand</a></li> <li>COVID-19 rapid guideline: managing the long term effects of COVID-19: <a href="https://www.nice.org.uk/guidance/NG188">https://www.nice.org.uk/guidance/NG188</a></li> <li><a href="https://www.goodfellowunit.org/events/chronic-conditions-and-possibility-covid-illness">https://www.goodfellowunit.org/events/chronic-conditions-and-possibility-covid-illness</a></li> </ul>	
Spirometry	<ul> <li><u>Pulmonary Function Testing during SARS-COV2 Outbreaks Preliminary Guidance from TSANZ ANZSRS - January 2022.pdf</u></li> <li><u>COVID-19 Infection Control Measures in Occupational Health Settings.pdf (som.org.uk)</u></li> </ul>	

# **Workplace Health Service Provision**

In applying the COVID-19 Protection Framework (traffic light system), our risk assessment process should consider:



- **PEOPLE**: such as visitor screening for COVID-19 prior to interaction (e.g., asymptomatic, vaccine status, recent exposure risks), community outbreak status, and effective personal hygiene management.
- PLACE: (work environment) such as own premises set-up, different workplace location/s and related risks. Environmental controls to support infection control such as ventilation, cleaning and waste disposal.
- **PROCESS**: such as technical changes to clinical practice, people flow management, record keeping, access to information and signage, and additional PPE requirements.

There are many opportunities for OHNs to coach and support PCBU's. Examples include:

- Strategy and action plan for reducing transmission risk, e.g., personal and environmental hygiene, safe PPE use, physical distancing.
- Business communication plan to support worker understanding, partnership, compliance and engagement.
- Case management –early detection, risk assessment, self-isolation, contact tracing, deep clean of work area.
- People care delivery models including support for vulnerable people, different ways of working and mental wellbeing/resilience.
- Individual Health Support including Long Covid rehabilitation and general absence management.
- Meeting governmental and legislative requirements/standards including worker privacy.
- Vaccination promotion and delivery (including seasonal influenza and COVID-19 booster access).
- COVID 19 testing e.g., PCR, RAT.
- Training provision- must consider traffic light systems for events including number of attendees, physical spacing, and vaccine status evidence.

All OHNs must be competent (or operate under supervision) in assessing COVID-19 related risks and implementing a robust safety plan relating to community status, the type of service they provide, and the customer related risk (type of business, worker profile).

## **Risk Assessment**

A discussion and documentation with the PCBU to discuss the risk to workers of infection, on workers who have been identified as vulnerable workers and the requirement to do spirometry.

Risk assess spirometry that is high priority and relates to high-risk activity versus nice to do.

There needs to be agreement about time required, how this will impact on the PCBU operations and review of process.

Risk Assessment considerations:

- National and community status
- PCBU requirements
- PCBU facility or provider faculty suitability for completing the task
- Infection Control Protocols Provider vulnerability and risk of spread of infection
- Worker's vaccination, Covid 19 infection status
- Vulnerable workers requirements and exceptions

Infection Control guidance <u>COVID-19 Infection Control Measures in Occupational Health Settings.pdf</u> (som.org.uk)