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To: AHANZ Members, Allied Health Responsible Authorities

Kia ora katoa

To say we live in unprecedented times is overused, and yet still wholly appropriate. As we collectively look to how we live with COVID-19, there is a need to adapt our approaches to meet the current environment.

As Allied Health Practitioners we have been working collectively to look at how we provide service under changing Alert Levels. Last year we commissioned a survey of the sector to look at how we could manage any transitions between Alert Levels in the future. This led to the establishment of a working group from the sector that looked at appropriate guidance for Allied Health practitioners when we moved up to Alert Level 4, and in turn into Alert Level 3. Thankfully this advice was available when we did most recently go from Alert Level 4 to Alert Level 3.

This work has always been premised on finding a balance between protection of the public and seeking to maintain wellness wherever possible to do so. As we have remained at higher Alert Levels for a continued period, especially in Auckland, a third factor came more to the fore which highlighted the effect on people's livelihood where their business model was based largely in providing privately accessed services.

The sector working group continued to work through how to find a balance between these three priorities in the guidance developed by the Ministry. Over the last week, we have had to balance the Ministry guidance with communications from Responsible Authorities, with the need to ensure access to Allied Health services, and while not losing focus on the need to balance the risk of operating in an environment where there is active COVID-19 spread.

Taking this into account and aiming for greater consistency, the following changes have been made:

- reference in the guidance for access to Allied Health services under Alert Level 3 being tied to urgent care has been removed
- references in the guidance around criteria for access to services have been updated to remove the criteria of 'a condition which is life or limb threatening', and 'treatment required to maintain the basic necessities of life'.

What remains in the guidance for Allied Health Practitioners under Alert Level 3 in non-DHB settings:

 retaining active consideration for telehealth services where this is an appropriate clinical modality

- conducting patient screening and associated COVID-19 risk assessment before offering an appointment
- querying if other services could address the need for service to minimise patient travel
- encouraging vaccination of all staff
- consideration of having facilities with adequate ventilation
- ensuring health practitioners have a high level of competence around infection prevention and control, as well as use of appropriate personal protective equipment
- maintaining appropriate and consistent physical distancing in any common areas
- using appropriate contact tracing controls, including QR codes.

Making these changes removes many of the barriers to accessing Allied Health Services under Alert Level 3. What it does not remove is the responsibility of practitioners to ensure they are undertaking all practicable steps to mitigate the risk of becoming a transmission vector for COVID-19. I know much good work has already been undertaken by Responsible Authorities to provide specific advice to their specific professional groups. I encourage that this advice is continually reviewed to ensure it remains current, just as the Ministry will continue to refine the advice we provide.

Lastly, I would reinforce that there is still much work to do in this space, to enable our practitioners from our various professions to manage the risk of COVID-19 ably, while improving access to services. I reinforce my commitment to continue to work with you all collaboratively as we look towards the next steps we need to navigate.

My personal thanks for the efforts from everyone to date, which I know will continue. I do not think any of us imagined this would be such a focus within our careers, and I am heartened that we can look at collectively solving the next problem that presents itself.

Ngā mihi nui

Martin Chadwick

Chief Allied Health Professions Officer

Ministry of Health