

Thursday 26 March 2020

To Whom It May Concern

Re.: Information, PPE & Equitable Access for Disability Service Delivery

Whilst lockdown is now a reality in Aotearoa New Zealand, an even more startling, although not unexpected, reality is evident. This message is from the National Disability Nurses Branch, Te Ao Māramatanga, New Zealand College of Mental Health Nurses.

In preparation for lockdown, community disability providers across the country have, and are making significant attempts to prepare services, including staff and the people they support, to ensure they can continue to provide safe and responsive services to people with intellectual, developmental, neurological, physical and sensory impairments. This includes not only in residential settings, but those who provide support to people through SIL (Supported Independent Living Situations), EGL (Enabling Good Lives), ST (System Transformation) as well as personal carers and domestic assistance,

These attempts have included approaching the MOH, local DHB, Public Health, Healthline for example to access PPE (Personal Protective Equipment). **It is inevitable that PPE will be urgently required at short notice across the disability sector in the very near future.**

However, some staff are advising employers they will not work if they do not have access to appropriate barriers and equipment. It is frustrating that support workers do not need to wear masks unless supporting someone with a COVID-19 diagnosis – by which time it may be too late. Furthermore, if a person with IDD is diagnosed with COVID-19, would they be able to be hospitalised if needed and meet the vulnerable criteria? – As we know that this can be a challenge in the absence of a pandemic.

- This places significant pressure on services to operate and support staff and/or the person with a disability with suspected COVID-19. In this case – isolation will be fruitless and increases the risk of transmission to the community from an essential service
- Entering lockdown, whilst Support Workers could potentially self-isolate from their family to reduce the risk of transmission into the workplace, many will not have the means to do so.
- Equally, if potentially infected Support Workers are sent home to self-isolate and new staff are brought in, this also increases the risk.
- In addition, in a residential setting, facilities may have limited resource to isolate the person with impairment themselves, some of whom may have complex co-morbidities and presentations that challenge – given behaviour specialist services have been deemed a non-essential service.

It is imperative that disability services nationwide are provided with advice and information in regard to the above as well as access to PPE. Whilst they can communicate with their respective CRM (Contract Relationship Manager), it is important that what they receive is consistent and equitable as they continue to support some of the most vulnerable in our Aotearoa – New Zealand Community

Kind regards

Henrietta



Henrietta Trip | RN, PhD | Senior Lecturer, Centre for Postgraduate Nursing Studies
University of Otago, Christchurch | Te Whare Wānanga o Ōtago ki Ōtautahi
Level 3 / 72 Oxford Tce, Christchurch | Ōtautahi | PO Box 4345, Christchurch 8140 | New Zealand | Aotearoa

Tel/Waea | + 64 364 3857
Email/Īmera | henrietta.trip@otago.ac.nz
Website/Pae tukutuku | www.uoc.otago.ac.nz

PLEASE NOTE My usual days of work are Monday - Thursday

Co-Chair, Canterbury Disability Provider's Network, Christchurch, New Zealand

Chair, National Disability Nurses Network | IASSIDD Health SIRG Committee Member



Te Ao Māramatanga
New Zealand College of Mental Health Nurses



International Association for
the Scientific Study of Intellectual
and Developmental Disabilities

