



THE MANAGEMENT AGENCY

AMERICAN FOULBROOD NATIONAL PEST MANAGEMENT PLAN

Policy Document

Policy Number: AFB/22/0/11 - 044

Policy Title: AP2 Inspections during COVID-19 alert levels 4, 3 and 2.

Purpose: To ensure that AP2 Inspectors, beekeepers and the public are kept safe from COVID-19 during AP2 inspections.

Background: **Hazard Analysis**

COVID-19 is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Due to its serious impact on human health the government response is actively seeking to eradicate COVID-19 from New Zealand.

The Management Agency is an essential service provider.

Potential sources of COVID-19 and the recommended approach to minimising COVID-19 hazards are described in the table below.

Source of hazard	Management	Type of Management
Virus on hands	<ul style="list-style-type: none">• Hygiene basics of hand washing and sanitizing• Keep hands clean, wash them regularly• Use hand sanitizer• Avoid touching face.• Don't drink or eat in public places.	Minimize
Virus transmission through cough, sneeze or close contact	<ul style="list-style-type: none">• Cough or sneeze into your elbow• Physical distancing, 2m or more• Communicating with beekeepers by phone and not face to face• Use face mask if not able to maintain physical distancing	Minimize



	<ul style="list-style-type: none"> • Keep records of all contacts 	
Virus on contaminated surfaces	<ul style="list-style-type: none"> • Wash and disinfect hard surfaces after touching them. • Wash hands after touching potentially contaminated hard surfaces. • Avoid touching your face 	Minimize
Spreading virus between geographic regions	<ul style="list-style-type: none"> • Limit travelling distance 	Eliminate

Procedures:

Operations Manager

The Operations Manager is required to undertake the following procedures. The Operations Manager:

1. Must not assign inspections to AP2s that have not signed a COVID-19 declaration.
2. Must allocate inspections to AP2s in the same regions as they reside to prevent travel between regions.
3. Must keep a log of all reports filed by AP2s
4. Must immediately suspend inspections by AP2s:
 - a. that report symptoms of respiratory disease, or
 - b. that are close contacts with suspect, confirmed or probable cases of COVID-19, or
 - c. that are suspect, confirmed or probable cases of COVID-19.
5. Must check the AP2 contact log as part of invoice approval.

AP2s

AP2s are required to undertake the following procedures:

1. AP2s with one or more of the following health conditions are not to perform inspections and must inform the Operations Manager as soon as practicable if they:
 - a. Have any respiratory illness including colds and flu
 - b. Are close contacts with suspect, confirmed or probable cases of COVID-19
 - c. Are suspect, confirmed or probable cases of COVID-19
2. Regularly wash their hands:
 - a. Carry alcohol based hand sanitiser in their truck/car
 - b. Sanitise clean hands after touching potentially contaminated surfaces both before and after entering the truck/car and before leaving the car/truck
 - c. Wash hands with gloves with soapy water after finding AFB and again at the end of each apiary inspection
3. Cough or sneeze into your elbow
4. Maintain physical distancing
 - a. When working as a single AP2
 - i. Contact the beekeepers by phone only and firmly advise that they should not be physically present during the AFB inspection.
 - In the event that the beekeeper insists on being present during inspections the beekeeper is to

- be instructed that they must maintain a 2-meter distance from the AP2 at all times.
- ii. You must request the beekeeper to inform the land owner/occupier that an AFB inspection is going to take place and that COVID-19 protocols will be adhered to.
 - You are able to complete the inspection if you are unable to contact the beekeeper or the beekeeper does not make contact with the land owner/occupier.
 - If you meet the landowner maintain at least a 2-metre physical distance
 - b. When working as a team follow all procedures for working as a single AP2 and
 - i. Only 1 person is allowed in the car/truck unless the other people are part of your home 'bubble'
 - ii. If required to work closer than 2-metres apart (for instance lifting AFB infected hives onto a truck) both people must be wearing a face mask unless the other person is part of your home 'bubble'.
5. Contact tracing – Keep a log of your daily itinerary from the time you leave your house until the time you return to your house. The log should include:
- a. A description of the places that you stopped, and
 - b. Any people that you interacted with.
6. Other personal protective equipment
- a. Safety glasses are not required for COVID-19 eye protection.
 - b. Use of masks is not required unless you are working as part of a team and cannot maintain physical distancing.
- Remember that the purpose of wearing a mask is to protect others from the person wearing the mask.**
7. Raising health and safety concerns - AP2s that believe that it is not safe for them to work, or if they have concerns that their work could place another member of their 'bubble' at risk should contact the Operations Manager.
8. References
- a. https://www.health.govt.nz/system/files/documents/pages/hp7353-ppe-ipc-poster-nonessential-final-28mar2020-v2_0.pdf
 - b. <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>

Appendix: AP2 COVID-19 Declaration

Effective Date: 23 April 2020.

Review Date: 23 April 2021



John Hartnell
Chairman AFB PMP Management Board

Date



AP2 COVID-19 Declaration

I AP2 for the AFB Management Agency declare that I have read, understood and will abide by the Management Agency's policy for AP2 Inspections during COVID-19 alert levels 4, 3 and 2 (AFB/22/0/11 – 044).

I declare that I understand that older people and those with existing medical conditions are at high risk of severe COVID-19 illness, and that the Management Agency is not requiring that I work during COVID-19 alert levels 2, 3 or 4.

I further declare that I have had adequate opportunity to seek medical advice prior to signing this declaration.

Signature _____

Date: _____

Name

