



THE MANAGEMENT AGENCY
AMERICAN FOULBROOD NATIONAL PEST MANAGEMENT PLAN
Policy Document

Policy Number: AFB/22/0/11 - 045

Policy Title: AFB Training during COVID-19 alert level 2

Purpose: To ensure that trainers, beekeepers and the public are kept safe from COVID-19 during training courses.

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.

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. 	Minimize
Virus transmission through cough, sneeze or close contact	<ul style="list-style-type: none"> • Wear a face mask • Cough or sneeze into your elbow • Physical distancing, 1m or more • Keep records of all beekeepers attending the course • Limit attendee numbers to reflect COVID alert level requirements 	Minimize



Virus on contaminated surfaces	<ul style="list-style-type: none"> • Wash and disinfect hard surfaces after touching them (including tables & chairs). • Wash hands after touching potentially contaminated hard surfaces. • Avoid touching your face 	Minimize
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Procedures:

Training Coordinator

The Training Coordinator is required to undertake the following procedures.

1. Must not assign courses to trainers that have not signed a COVID-19 declaration.
2. Update the training course size to meet the Covid-19 alert level requirements for gatherings outside your home
3. Update the online training registration form to include a tick box declaration from beekeepers saying, they must not attend a course if:
 - a. They have any respiratory illnesses 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
 - d. Agree to stay 1 metre away from other people at all times during the course, and
 - e. They are aware that if they are unable to attend the course due to illness, they will be able to get a refund or reschedule their registration to a different date
4. Must keep a log of all beekeepers who attend the courses assigned to the trainer
5. Contact beekeepers the week of their course reminding them of their COVID-19 declaration and ask them to advise of any changes. Also advise beekeepers that catering will not be provided at the course and they must bring their own food and drinks for the day.
6. Must immediately suspend courses by trainers:
 - 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.
7. Must check the trainers contact lists are submitted as part of invoice approval.

Trainers

Trainers are required to undertake the following procedures:

1. Confirm with course venue that facilities can comply with physical distance requirements.
2. Cover the Covid-19 Health and safety requirements at the beginning of the course as part of health and safety and house rules.
3. Trainers with one or more of the following health conditions are not to take a course and must inform the Training Coordinator 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
- 4. Regularly wash their hands:
 - a. Surfaces that will be used by the beekeepers are wiped when they arrive and just before they leave.
 - b. Hand sanitiser should be made available to all work areas where beekeepers will be working, as well as at the entrance to the building (trainers will be reimbursed for all sanitisers and cleaning products purchased for training purposes).
- 5. Cough or sneeze into your elbow
- 6. Maintain physical distancing
 - a. Physical distancing requirements of 1 metre between people must be maintained during the presentation of your course
 - b. Break times and lunch times need to be managed effectively to ensure beekeepers remain separated
 - c. Physical distancing of 2 metres must be maintained outside of teaching.
- 7. Contact tracing
 - a. Trainers must keep a record of who they come in to contact with while working for us. This will enable efficient and effective contact-tracing, if required.
 - b. Trainers must return the list of beekeepers who attended the course immediately to the Training Coordinator after their course has concluded
 - c. Trainers will ensure students scan the venue QR code on arrival or do a manual entry via the tracer app if not code is available
- 8. Other personal protective equipment
 - a. A face mask must be worn at all times except for when presenting to the group. All students must be wearing a face mask except for when eating and drinking during the breaks.
- 9. Raising health and safety concerns – trainers that believe that it is not safe for them to work, or if they have concerns that their work could place another person at risk should contact the Training Coordinator.
- 10. References
 - a. <https://covid19.govt.nz/alert-system/alert-level-2/>

Appendix: AP2 COVID-19 Declaration

Effective Date: 13 September 2021

Review Date: 13 September 2021



Russell Marsh
Chairman AFB PMP Management Board

Date 13 September 2021



AFB Recognition Course Trainer COVID-19 Declaration

I _____ AFB Trainer for the AFB Management Agency declare that I have read, understood and will abide by the Management Agency's policy for trainers during COVID-19 alert level 2.

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 level 2.

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

Signature _____

Date: _____

Name

