

Operations Framework

Managed Isolation and Quarantine Facilities

Version 9.0– current as of 23 December 2021

Note: This document is updated regularly. Printed copies may be out of date.



Document Management and Control

Revision History

Notable revisions made since V8.0R released on 25 November 2021. MIQ Operations hold the record for all changes to versions. The latest changes have been marked with a [Blue](#) line in the left margin.

Version	Date	Section/Appendix	Summary of Changes
Revisions by MBIE			
	8/12/2021	Section 11.4.1 Refusal to be tested on days 0/1 and/or 3	Removed unnecessary detail from implications of test refusal
	8/12/2021	Throughout	Formatting changes
	8/12/2021	Throughout	Replaced 'alert level' with 'COVID-19 Protection Framework'
	10/12/2021	Section 4.1.1 Requirement to be vaccinated to enter	Re-phrased for clarity and added sub-delegated authority for approval of some unvaccinated workers
	10/12/2021	Section 10.7.2 Transfer to another health facility	Added lines under clause 32P(1)(d)(ii) of the COVID-19 Public Health Response Act 2020 that allows the MIQF Manager to approve transfer for off-site medical care in urgent cases
	8/12/2021	Section 6.1.3 Proof required for entry	Added line to clarify that emergency services are exempt from standard entry requirements
Revisions by MoH			
	30/11/2021	Section 3 IPC	Updated to include door opening and facility movement Guidance signed out and COG and distributed to facilities. Includes reference to IPC audit.
	23/12/2021	Section 10.10 Access to the outdoors and exercise	Access to these areas recommended by cohort
	8/12/2021	Section 4 Staffing and section 12 Worker testing for COVID-19 in MIQFs	Included amendments to the Required Testing Order which change the frequency and available modality for surveillance testing of MIQF staff. Most notable changes include frequency of required testing and availability of saliva testing as a diagnostic tool.
	17/12/2021	Section 11.3.5.2. Close contacts of confirmed or probable cases of COVID-19 [<i>Testing requirements</i>]	Removed reference to specific testing regimes and referred to section 10.4 to avoid duplication errors.
	22/12/2021	Throughout	Amended mention of stay from minimum of 7 days to 10 days

	22/12/2021	Throughout	Removed any mention of self-isolation post 7 day stay
	22/12/2021	Throughout	Amend testing regime to days 01, 3, 5/6, 8/9
	22/12/2021	Section 10.4 Managing close contacts of confirmed or probably cases	Amended guidance for the management of different types of close contacts
	22/12/2021	Section 13.4.2 Public health advice on close contacts of a confirmed (or probable) case of COVID-19	Clarified the low-risk indicators for release for different groups of close contacts, based on the updated close contact management guidance in section 10.4
	22/12/2021	Section 13.6 Exit health check	Clarified the advice that returnees should be given upon departure to remove reference to self-isolation post-MIQ.
	22/12/2021	Section 11.4 Test Refusal and exemptions of viral testing	Updated flow chart to reflect new testing regime. For children (12 or under): Included consideration of whether child tested negative in previous tests in the facility and whether there are any other children who refused test in bubble
	22/12/2021	Section 13.4.1 People who have tested positive for COVID-19	Added footnote to outline length of stay for a case that is confirmed to be infected with the Omicron variant
	22/12/2021	Section 10.4 Managing close contacts of confirmed or probably cases	Clarified that flight close contacts are to receive blue bands upon receipt of negative day 0/1 test result

A note on document versioning history

Version	Release Date	Comment
1.0 to 1.2	03/08/2020	This document was originally authored by the MIQ (Health) Team, Ministry of Health that released versions 1.0 to 1.2
1.3	21/08/2020	From this version, overall authorship is MIQ Operations, with MoH retaining authorship of the health guidance sections
2.0	07/09/2020	Aligned versioning for both co-authors
2.1	21/09/2020	Minor updates including changes for dual-use facilities and to align with the MIQF Health Safety Wellbeing and Security Plan
3.0	05/10/2020	Major release on publication of the SOPs to remove procedural information and improve the structure of the document

Since version 3.0, each release increases the major version number (i.e. 4.0, 5.0). There have been no major structural changes to the document since 3.0 -- only content updates as described in the Revision History table in each version.

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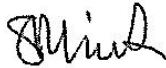

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1. Introduction

1.1 Purpose

The New Zealand Government has responded to the global COVID-19 pandemic with a range of measures to help control the spread of the virus into and within the country. One of the main ongoing risks to New Zealand is the importation of the virus from people newly arriving in the country. To minimise this risk, all people entering New Zealand must go through a period of isolation or quarantine prior to entering the wider New Zealand community.

'Managed isolation and quarantine facilities' (MIQFs) refers to three types of facilities:

Managed isolation facility (MIF)

Managed isolation facilities are lower-risk facilities designated by the Chief Executive (CE) of the Ministry of Business, Innovation and Employment (MBIE) for the purposes of accommodating people with a low-risk of transmitting COVID-19.

Generally, MIFs are for people who are asymptomatic, have not tested positive for COVID-19, and are not close contacts of confirmed or probable cases of COVID-19. MIFs may have people that are displaying symptoms but have tested negative for COVID-19.

Quarantine facility (QF)

Quarantine facilities are **higher-risk facilities** designated by the CE of MBIE for the purposes of accommodating people with a high-risk of transmitting COVID-19. QFs are for people who are confirmed or probable cases of COVID-19 and/or close contacts of confirmed or probable cases.

Dual-use facility

Some regions in New Zealand do not have a dedicated QF. Instead, some MIFs also have a separate area of the facility that is a designated Quarantine Zone of the facility. These facilities are referred to as dual-use facilities. There must be clear demarcation between the two parts of the facility, with no cross-over of returnees.

1.1.1 Agency responsibilities and accountabilities

MBIE is responsible for the planning and operation of the MIQ system. The Ministry of Health (MoH) is responsible for clinical governance and providing public health and IPC advice that informs policy and operational settings for MIQFs.

Each section of this document provides further detail on agency responsibilities and accountabilities as they relate to the relevant section.

1.1.2 Core objectives and responsibilities of MIQFs

MIQFs have the following core objectives and responsibilities to:

1. prevent the spread of COVID-19 (and other infectious diseases) between returnees at the facility, between returnees and staff, and between returnees and the wider public
2. ensure returnees remain in the MIQF for the duration of their stay
3. ensure returnees are tested for COVID-19 during their stay
4. ensure that returnees' health and wellbeing needs are met – including their mental and emotional wellbeing needs – for the duration of their stay.

1.2 How to use this resource

This document provides the minimum health and wellbeing requirements that MIQFs must meet.

A suite of **national standard operating procedures (SOPs)** was developed to enable the requirements set out in the MIQF Operations Framework to be operationalised. The SOPs are separate from the MIQF Operations Framework; however, they should be read in conjunction.

The **national SOPs** outline the minimum standard of activities at MIQFs. They have been developed nationally and do not outline site-specific procedures where these might vary between regions.

In some instances, there will be a need for **local area procedures (LAPs)** to outline detailed, site-specific activities. These will be developed locally (e.g. by the RIQCC or DHBs) in accordance with the requirements in the MIQF Operations Framework and the national SOPs.

All LAPs must be developed with the input and approval of the relevant Regional Health Team(s), and the Infection Prevention and Control team where applicable. It is critical that the Health Team(s) have oversight over all LAPs – whether related to 'health' or 'non-health' procedures – to ensure that any unintended health or IPC consequences can be effectively identified and mitigated.

Many of the requirements of MIFs apply to QFs as well. Where there are differences in requirements and guidance, these will be displayed in a yellow box like this one. Guidance in the yellow boxes applies to QFs, and/or quarantine zones of dual-use facilities.

Updates to the MIQF Operations Framework

The MIQF Operations Framework is a living document. Updates and changes made to the MIQF Operations Framework are released every six weeks.

Suggestions for updates to the **clinical and health guidance** in this document should be directed to COVID-19.MI.ops.framework@health.govt.nz

Suggestions for updates to other content should be directed to MIQ.OperationalSOP@mbie.govt.nz

1.3 Glossary

Affected worker	A person who carries out work in any role (whether paid or unpaid) at a MIF and is subject to mandatory COVID-19 testing under the Required Testing Order. Clause 7 provides the legal framework for specified groups to undergo routine mandatory testing
Air filtration unit	A device used to pull contaminants from the air and trap them within a filter system
BCMS	The Border Clinical Management System
Blue wristband (or equivalent)	Blue wristbands indicate that returnees are not under room isolation conditions and are permitted to leave their rooms for exercise and/or smoking etc. Note that in some regions other coloured wristbands are used for this purpose. Therefore, in this document the phrase 'blue wristbands (or equivalent)' is used. MIQF staff should be familiar with the meaning of the wristbands used at their facility.
Bubble(s)	A group of returnees who stay in the same room(s) and have close contact with one another. Typically, bubbles are made of couples and/or family units.
BiPAP	Bi-level Positive Airway Pressure machine
CBAC	Community Based Assessment Centers
Cohort	Returnees who arrive in NZ in a 96-hour period and are assigned to the same facility
Community case	A confirmed (or probable) case of COVID-19 that is not a returnee (i.e. is not subject to the Air Border Order 2021 or the Isolation and Quarantine Order 2020)
COVID-19	Infection caused by the novel SARS-CoV-2 virus
CPAP	Continuous Positive Airway Pressure machine
DHB	District Health Board
Dr	Doctor (medical doctor)
Dual-use facility	A facility with the capability to operate as a Managed Isolation Facility and a Quarantine Facility. A dual-use facility has a demarcated area specifically for returnees who require quarantine in the event of a positive case.
ESR Web Eclair	National repository of all COVID tests used for e-Ordering of COVID tests within the facilities and the community

Eclair COVID touch	Application on dedicated phones used for paperless collection of COVID tests
GP	General practitioner (doctor)
HCA	Health care assistant
Health practitioner	A person who is, or is considered to be, registered with an authority as a practitioner of a particular health profession under the Health Practitioners Competence Assurance Act 2003
Health protection officer (HPO)	A person designated by the Director-General as a health protection officer under the Health At 1956
Health staff	A person who works in a MIQF in a clinical capacity, including staff from DHBs
Health worker	A person who tests or examines a person for COVID-19 under the Required Testing Order
High-risk country	All countries not assessed as low-risk (refer to low-risk country definition below)
H&S	Health and safety
HPO	Health protection officer
IPC	Infection prevention and control
IQR	The all-of-government isolation, quarantine, and repatriation center
LAPs	Local area procedures. These are detailed, site-specific procedures that align with the requirements in the MIQF Operations Framework and associated national SOPs.
Low-risk country	A country assessed as low-risk for the transmission of COVID-19
Managed Isolation Facility (MIF)	This is a low-risk facility that hosts returnees who are (generally) asymptomatic and not COVID-19 positive, or close contacts of a confirmed or probable case of COVID-19.
Managed Isolation and Quarantine Facility (MIQF)	This term is used as a combined reference when requirements apply to all managed isolation facilities (MIFs), quarantine facilities (QFs) and dual-use facilities.
MBIE	Ministry of Business, Innovation and Employment
Medical face mask	A surgical mask that is flat or pleated and affixed to the head with straps that go around the ears or head (or both). Throughout this document, they are referred to as 'face mask(s)'.
MoH	Ministry of Health

MOoH	Medical officer of health
NBS	National Border Solution
NCTS	National Contact Tracing System
NITC	National Investigation and Tracing Centre at MoH
Non-health staff	A person who works in a MIQF but does not work in a clinical capacity -- including staff of the hotel, MBIE, NZDF, Aviation Security, and other non-health-based agencies
NZDF	New Zealand Defence Force
Particulate respirator	A type of face mask used as a physical barrier and filter to protect the wearer from inhaling airborne droplets smaller than 5 microns in diameter when there is a high probability of airborne transmission of diseases
Patient	A returnee may be referred to as a patient when undergoing a medical procedure or assessment by DHB (e.g. during regular health checks)
PHU	Public Health Unit
Physical distancing	The required distance between individuals outside of a 'bubble' to prevent spread of infection
PMS	Patient Management System
PPE	Personal protective equipment
Quarantine facility (QF)	A higher-risk facility that hosts returnees who are confirmed or probable cases of COVID-19, or are a close contact of a confirmed or probable case of COVID-19
Rapid antigen test (RAT)	A rapid diagnostic test suitable for point-of-care testing that directly detects the presence or absence of an antigen. This test type is different from the RT-PCR test and is generally taken with a front of nose swab. Though less sensitive, they offer a quick test result.
Regional Isolation and Quarantine Co-ordination Centre (RIQCC)	The regional management centre for MIQFs. The RIQCC reports directly to both MoH and MBIE.
Returnee	A person who has been checked into a MIQF including those being transferred between MIQF/Health facilities, until their release from a MIQF
Sites	Refers to MIFs and QFs in this document

SMIF	Sports MIF
SOP	Standard operating procedure
Unaccompanied Children and Young People (UCYP)	A person under the age of 18 years, who is neither accompanied by their legal guardian(s), nor by someone designated by their legal guardian(s)
Very high-risk country	A country listed in Schedule 3 of the COVID-19 Public Health Response (Air Border) Order (No 2) Amendment Order (No 3) 2021

2. Site requirements

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Procurement of MIQFs based on DHB/PHU assessment against site requirements. • Liaison with local government on organising outdoor exercise areas if required. • Training of all staff in de-escalation strategies. 	<ul style="list-style-type: none"> • Setting of IPC, Public Health, and other health related site requirements. 	<ul style="list-style-type: none"> • Inspection and assessment of potential MIQFs against the MIQF Operations Framework site requirements. This may also be conducted by the PHU.

The following sections describe the requirements and guidance for the physical MIQF site, including returnee rooms, bathrooms, access to kitchenette facilities, laundry facilities, outdoor areas, and smoking areas.

2.1 Managed isolation facilities

2.1.1 Secure site

The site must be secure and have physical boundaries that prevent returnees from exiting, or members of the public from entering, un-detected. The MIQF's **site security plan** must describe how it will prevent returnees from leaving the MIQF, and members of the public from entering the MIQF.

Further information can be found in **Section 6 Security and Safety**.

2.1.2 Rooms and bathrooms

Returnees, or bubbles of returnees (likely family units) must have their own rooms with adjoining private (individual) bathrooms. returnees from different bubbles may not share bathroom facilities, as shared facilities risk the spread of infection.

The MIQF should have a **room change LAP** for managing situations in which returnees must change rooms during their stay. This could be required if a room becomes uninhabitable, or if a bubble of returnees must be separated for the safety and/or wellbeing of one or more of the returnees.

2.1.3 Kitchenette

Returnee rooms with kitchenette facilities (e.g. an electric kettle, fridge) may be used. Kitchenettes must not be shared between returnees (i.e. shared kitchen facilities in common areas cannot be used by returnees). If MIQFs are using rooms with kitchenette facilities, steps taken to mitigate risks should be included in the risk register.

Regardless of whether returnees have kitchenette facilities in their room, the MIQF must meet its obligation to returnees regarding the provision of food (see **Section 10.12 Food and Beverage**).

2.1.4 Laundry facilities

Free laundry services must be provided to returnees. This service must be managed by MIQFs as returnees are not permitted to use laundry facilities themselves due to the Infection Prevention and Control (IPC) risks.

The MIQF must develop a plan for how laundry services will be made available to returnees. For further guidance on IPC requirements relating to the laundry process, please see **Section 3.6.4 Food handling, laundry and waste management**.

2.1.5 Exercise areas

2.1.5.1 Outdoor areas

Returnees must have access to a designated outdoor area that complies with the following physical distancing requirements:

- Returnees will maintain at least 2 metres physical distance from those outside their bubble and from members of the public while in the outdoor area.
- Returnees will maintain at least 2m from each other and from members of the public while moving between their rooms and the outdoor area.
- Returnees will not interact with other bubbles.

Note: Returnees from high-risk countries¹ are isolated to their room until they meet the requirements detailed in **Section 6.3**. During these periods of room isolation, returnees are not permitted to access outdoor areas. Refer to **Section 6.3: Managing returnee movement throughout the facility** for further guidance.

To support physical distancing, consideration should be given to establishing a one-directional flow of movement into, within, and out of outdoor areas.

An on-site outdoor area is the preferred option, as it minimises the risk of encountering the public and reduces the risk of transmission. Returnees can be taken off-site to exercise outdoors if:

¹ Refer to glossary

- the location allows for separation from the public
- the physical distancing requirements listed above are satisfied, and
- the requirements for transporting returnees are adhered to (see **Section 8.4** Transport to a managed facility). Plans for off-site exercise must be approved by the DHB (note that offsite exercise is not permitted for returnees in QFs/quarantine zones. See **Section 2.2** below).

For further guidance on the management of outdoor exercise during a returnee's stay, refer to **Section 10.10 Access** to the outdoors.

2.1.5.2 **Indoor exercise areas**

MIQFs must not provide indoor exercise areas for returnees. This includes hotel gyms, pools, and saunas. Exercise activities are to occur either in supervised outdoor areas or within the returnee's own room.

For further guidance around exercise within the returnee's room, refer to **Section 10.10 Access to the outdoors and exercise**

2.1.6 **Smoking areas**

MIQFs must provide a designated smoking area for returnees. The designated smoking area must be separate from the designated outdoor exercise area. The two areas could be separated either by way of two different designated areas (one for smoking, one for outdoor exercise), or by implementing designated times to ensure separation of the smoking area from the outdoor exercise area. Smoking areas would be best located in a well-ventilated outdoor area away from the public to minimise any risk of exposure to second-hand smoke from returnees.

The designated smoking area must meet the following physical distancing requirements:

- Returnees will maintain at least 2 metres from each other and from staff while in the smoking area.
- Returnees will maintain at least 2 metres from each other and from staff while transiting to and from the smoking area.
- Returnees will not interact with other bubbles.

Note that after case-by-case discussion with MIQF IPC Lead, Hotel Manager and MIQF Manager, returnees may be permitted to smoke on the balconies of their rooms where applicable.

For further guidance on smoking during a returnee's stay, including IPC requirements during smoking and the requirement to provide cessation services, please see **Section 10.11 Smoking, vaping and use of e-cigarettes**.

Note: Returnees from high-risk countries² are isolated to their room until they meet the requirements detailed in **Section 6.3**. During these periods of room isolation, returnees are not permitted to access smoking areas. Stop smoking support, including nicotine replacement therapy, must be made available to smokers. Refer to **Section 6.3: Managing returnee movement throughout the facility** for further guidance.

2.2 QF and dual-use facilities: site requirements

2.2.1 QF and dual-use facilities: site requirements

Exercise spaces

In addition to the site requirements in **Section 2.1** above, QFs **may not use off-site exercise spaces**. Returnees in quarantine zones of dual-use facilities also are not permitted to use off-site exercise spaces.

Additional site requirements

In addition to the site requirements in **Section 2.1** above, **dual-use facilities** must ensure that:

- The quarantine zone(s) of the facility are kept separate from the managed isolation zones, such as a separate quarantine floor or wing of a building.
- Quarantine zone returnees do not use the same hallways, lifts, and/or stairwells as managed isolation returnees. If this is not possible, hallways, lifts and/or stairwells that are shared between quarantine zones and managed isolation zones must be appropriately managed and supervised to ensure that MIF zone and quarantine zone returnees are not using the spaces at the same time and strictly adhere to IPC requirements (see **Section 3 Infection Prevention and Control** and the **SOP: IP**).
- There are separate exercise and smoking areas for quarantine zone and managed isolation zone returnees. If this is not possible, visits to exercise and smoking areas must be scheduled to ensure that quarantine zone returnees are not in the areas at the same time as managed isolation zone returnees.

2.2.2 Separation of areas for returnees in isolation and those in quarantine

Dual-use facilities should have processes in place to ensure that staff are aware of the areas within the facility where they may come in contact with returnees who are in quarantine (returnees with probable or confirmed COVID-19 infection) and what PPE is required dependent on the returnee zone and activity - refer to **SOP: IPC**. This may be achieved by signage, barriers, or housing the returnee with probable or confirmed COVID-19 infection on specific floors or areas of the MIQF.

² Refer to Glossary.

3. Infection Prevention and Control

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> Ensuring staff follow IPC guidelines. Enforcement of IPC requirement (including returnee physical distancing and mask use) Ensuring all non-health staff are trained in IPC requirements 	<ul style="list-style-type: none"> Setting of IPC requirements Ensuring national supplies of PPE and providing direction on alternatives to PPE if no or limited stock is available 	<ul style="list-style-type: none"> Ensuring all health staff are trained in IPC requirements Provision of an IPC Specialist to oversee IPC requirements

3.1 IPC principles

The principal goal of IPC is to prevent COVID-19 infection from spreading in New Zealand. The IPC measures outlined in this document take into consideration current knowledge of COVID-19 transmission risks at the border. This advice includes additional precautions to account for the risk that people who have recently returned from overseas may have been exposed to and/or develop COVID-19 and have the potential to transmit the virus to others while they have few or no symptoms. These measures help with the sustained efforts to prevent COVID-19 infection from spreading in New Zealand.

3.2 IPC plan

Each MIQF must have an **IPC plan** in place to prevent the spread of infection. The plan should cover the MIQF's procedures for:

- Hand hygiene
- Physical distancing
- Wearing a mask or a P2/N95 particulate respirator
- Staff training (both at induction and ongoing) on IPC practices
- Staff health
- Scheduled door openings
- Staff and returnee movement
- Provision, use, storage, and disposal of PPE
- Cleaning
- Waste management
- Laundry
- Food handling
- Transportation.

The plan must comply with IPC requirements below and the National **SOP: IPC**. The plan should be developed with input from IPC experts such as the local DHB IPC Team. It should include guidance on internal auditing of relevant IPC activities undertaken at the MIQF in alignment with the IPC procedures. The MIQF should have an IPC clinical governance framework in place including an IPC Specialist that oversees IPC requirements at each MIQF.

Refer to the **SOP: IPC** for further operational details regarding the fulfillment of the IPC requirements discussed below.

3.3 IPC procedures

All MIQF policies and procedures must include the IPC precautions below where appropriate and advice from the MIQF's IPC Lead.

3.3.1 Basic hygiene measures and IPC precautions

- **Physical distancing** – always maintaining a distance of at least 2 metres from others
- **Hand hygiene** – frequent hand washing with soap and warm water for a minimum of 20 seconds, then drying for 20 seconds. If soap and water is unavailable, an alcohol-based hand sanitiser containing at least 60% alcohol should be used. If using sanitiser, enough should be used to cover the hands and hands should be rubbed together until dry. Hand hygiene is the most essential hygiene measure that minimises transmission of infectious droplets from one person to another and to other surfaces.

Note: Hand sanitisers not supplied through the approved Ministry supply chain must be reviewed and approved by the IPC lead before use.

- **Vaccination** – Refer to **Section 4.1 Vaccination of MIQF workers**
- **Cough and sneeze etiquette** – sneezing or coughing into the crook of the elbow or covering coughs and sneezes with a tissue, then putting the tissue in a bin and cleaning hands immediately (as above)
- **Avoiding touching the face** – to reduce the likelihood of transmitting the virus
- **Cleaning** – Thorough cleaning of frequently touched surfaces to prevent transmission of infection between people and other surfaces. Refer to **Section 3.6.3 Cleaning**

3.3.2 Additional IPC measures

3.3.2.1 Use of medical face masks³

- The basic hygiene measures in **Section 3.3.1** above should always be followed irrespective of mask use.
- Medical face masks (referred to from this point forward as face masks) are to be worn by returnees both to protect themselves and others. (By reducing dispersal of exhaled infectious respiratory particles – this is known as source control).
- Face masks are to be worn by all staff, as identified by IPC Leads in areas and zones in which it is appropriate to do so. Refer to **SOP: IPC** for further information. This [Guide to Mask Use in Health Care Settings](#) provides further guidance on mask use.

³ Medical face masks are defined as surgical or procedure masks that are flat or pleated; they are affixed to the head with straps that go around the ears or head or both refer to [WHO advice on the use of mask in the context of COVID-19](#)

- Face masks must not be shared, and re-usable face masks are not permitted for returnees as their efficacy cannot be ensured. A medical face mask should be worn.
- Face masks should always be changed at least every four hours or earlier if they are damp, soiled, or damaged. See the **SOP: IPC** for further details on the safe use of face masks.

3.3.2.2 **Standard and transmission-based precautions**

Vaccination, Standard, Droplet and Contact and Airborne Precautions should be applied during all clinical care to a returnee.

3.3.2.3 **Use of P2/N95 particulate respirators**

P2/N95 particulate respirators are part of a range of PPE for all staff specific to the circumstances, activities, and zones. In indoor spaces such as corridors and lifts with poor ventilation, and close contact/conversation with returnees, the risk of transmission via small respiratory particles may be increased. IPC leads for MIQF should identify those areas within each facility in which a particulate respirator should be worn. Staff should be familiar with areas, zones, activities, and tasks that require the use of a particulate respirator. **Refer to SOP: IPC** for further advice.

Any worker who is required to wear a P2/N95 particulate respirator should have undertaken the requisite fit testing and be trained in fit checking. If fit testing has not yet been undertaken, refer to the interim guidance in Section 4.5 of the SOP: IPC.

Note: Any staff who have not yet been fit tested or have facial hair (i.e. beards and moustaches) should still wear a P2/N95 particulate respirator in areas/zones or for tasks as outlined in Table 2. Fit checking must still be done each time respirator is donned.

Refer to the **SOP: IPC** for further guidance regarding the use of P2/N95 particulate respirators in MIQFs, as well as a summary of PPE requirements for returnees, crew, drivers, and staff in MIQFs.

3.3.2.4 **Waste management**

All facilities should have procedures for the safe handling of waste to prevent transmission of infection to oneself, others, and the environment. Refer to **Section 3.6.4 Food handling, laundry, and waste management** and the **SOP: IPC** for further details.

3.3.2.5 **Management of laundry**

All facilities should have procedures for the safe collection of linen to be undertaken by MIQF staff. Returnees should be provided with bags to put used linen and towels into for collection. Refer to **Section 3.6.4 Food handling, laundry, and waste management** and the **SOP: IPC** for further details.

3.3.2.6 *If a person is feeling unwell*

- **If a returnee is unwell** – they must stay in their room and contact the health provider within the MIQF. Refer to **Section 10.3 Managing symptomatic returnees** for further guidance.
- **If a staff member is unwell** – they must stay at home and not go to work. If a staff member feels unwell while at work, they must notify their manager and go home. Unwell MIQF staff should be tested immediately and self-isolate while awaiting their test results. Refer to **Section 12 Worker testing for COVID-19 in MIQFs** for further guidance.

3.3.2.7 *Door openings and movement through facilities*

All sites should establish a priority activity list they can use to plan processes and procedures to manage door openings and movement of people. All activities should be organised using systems and processes that minimise:

- the overall frequency of door opening
- doors opening in the same corridor at the same time, or in rapid succession – particularly when these doors are close together (e.g. adjacent or opposite doors)
- foot traffic in the corridor while doors are open.

The plan should be a living document which can be amended based on daily requirements and the needs of the returnees and staff. Agency Leads should have daily communications to coordinate additional staff activities in line with these principles.

The development of these processes is to be coordinated by the IPC leads, in close collaboration with the health teams and other (non-health) operational leads. These plans have been included in the Ministry of Health Infection Prevention and Control audit schedule.

3.4 IPC requirements for returnees during their stay at the MIQF

Returnees must stay in their rooms, except when they are undertaking supervised activities (below are examples and risk mitigation advice).

3.4.1 Hand hygiene

Returnees should wash their hands frequently with soap and water or alcohol-based hand sanitiser. The MIQF and transport providers must provide appropriate facilities so that returnees can perform hand hygiene when required. For example, hand hygiene stations should be available to returnees in:

- lifts

- smoking areas
- outdoor areas
- medical examination rooms
- other shared spaces such as hotel foyers (if applicable).

Education, including pictorial signs around the facility and next to hand hygiene stations, should be provided to returnees to promote the importance of hand hygiene.

3.4.2 Physical distancing

Refer to **Section 6.3 Managing returnee movement throughout the facility** for guidance regarding when returnees can leave their rooms for supervised activities. When outside their rooms, returnees must maintain physical distance from those not in their bubble and from MIQF workers and hotel staff. The general rule for physical distancing is at least 2 metres.

The MIQF is responsible for ensuring returnees always adhere to physical distancing requirements including but not limited to when:

- passing other returnees/staff in the hallways/stairwells and/or lobby of the MIQF
- using the lifts (no mixing of bubbles may occur in the lifts)
- having a health check, or another appointment
- in the outdoor or smoking area
- returnees are arriving or departing the MIQF.

The MIQF's IPC plan must detail how physical distancing will be implemented, monitored, and enforced within the MIQF.

3.4.3 Medical face mask⁴ use for returnees

Basic hygiene measures should be followed throughout the stay at the MIQF (as outlined in **Section 3.3.1**). The use of a face mask, as an additional IPC measure, must be worn by all returnees **whenever they leave their rooms or open the door of their room leading into the facility hallway**.

Returnees should have a variety of educational material appropriate to them, on how to ensure their mask fits well, and they understand the importance of when to wear a mask.

The guidance in **Section 3.3.2.1 Use of medical face masks** and the **SOP: IPC** must be followed. Pictorial representation of face mask requirements should be posted at the MIQF.

⁴ Medical face masks are defined as surgical or procedure masks that are flat or pleated; they are affixed to the head with straps that go around the ears or head or both refer to [WHO advice on the use of mask in the context of COVID-19](#)

The MIQF will need to regularly provide new face masks to each returnee. A new face mask is required every time returnees are permitted to leave their room.

Note: To remove the risk of contamination of unused masks in the box, as well as contamination of the box itself, opened boxes of face masks **should not** be available in unsupervised returnee areas

3.4.3.1 *Exemptions for wearing face masks in MIQF facilities*

In a small number of instances, a returnee may be exempt from wearing a face mask for clinical or other reasons, as determined by the Medical Officer of Health (MOoH). Exemptions are assessed on a case-by-case basis. Returnees may request an exemption by speaking to the Health Team/ IPC Lead within the MIQF, who will escalate to an MOoH as appropriate.

Note: Children under 6 years of age are exempt from wearing a face mask. Their parent, guardian or care giver may provide them with a face mask to wear and they should be allowed to do so. However, these must be single-use face masks (not reusable cloth masks). Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents, guardians, or care givers should be encouraged to assist children to perform hand hygiene.

3.4.3.2 *Management of returnees who are unable to wear medical face masks*

Irrespective of whether a returnee is exempt from wearing a face mask, returnees who are not wearing face masks are not permitted to leave their room to smoke, exercise, or otherwise⁵. In addition, all health checks and swabbing must be conducted at the room door for returnees who are unable to wear face masks.

Note: If a returnee is unable to wear a face mask, Health staff are to remove the returnees' blue wristband (or equivalent). The returnee is not permitted to leave their room. To re-apply the wristband, health staff are to consult with an MOoH or appropriate delegate to determine if there is a public health risk. If the MOoH or delegate consider the public health risk is to be sufficiently low, the health staff may re-apply the wristband. However, permission by the MIQF Manager may be required to allow the individual to receive a new blue wristband. The MOoH or appropriate delegate may determine if further conditions are required when the returnee leaves their rooms (e.g. whether an escort is required).

This is due to the increased infection risk of moving through indoor spaces without a face mask, particularly in the context of evidence regarding the increased transmissibility of new variants of concern for COVID-19 in aerosol respiratory particles.

However, if an MOoH deems it necessary for an individual to leave their room **without a mask** due to severe mental or physical health concern based on the advice of a suitably qualified health practitioner⁶, the MIQF Manager – in consultation with the IPC Lead – may approve this. It will also need to be understood and made

⁵ This does not apply to children under 6 years of age who are exempt from wearing a face mask, per section 3.4.3.1.

⁶ Considerations may include serious mental distress or the need to be taken to hospital for treatment of mental or physical conditions.

clear what additional requirements are needed to enable outdoor exercise (e.g. escort required to ensure the safety of others).

In such instances, MIQFs must have a plan approved by the IPC lead, which allows an individual who is not wearing a face mask to access exercise and/or smoking areas. The plan must sufficiently minimise or eliminate risk to others in the MIQF and must only be used when operationally feasible to implement per the mitigations listed below:

- Any time outside of the returnee's room must be scheduled and escorted by MIQF staff (refer to the **SOP: IPC** for the PPE requirements for staff members when escorting returnees).
- The time must be scheduled to ensure that the returnee (and escort) are the sole occupants of lifts, corridors, and any other shared spaces when travelling to/ from exercise and/ or smoking areas.
- Returnees must be clearly identifiable when outside their rooms (e.g. with a lanyard or coloured wrist band that clearly distinguishes them from other returnees who are permitted to be outside their rooms for exercise and/or smoking) to assist with the monitoring of returnee IPC compliance (i.e. physical distancing, hand hygiene, feeling unwell).
- The returnee must follow all basic hygiene measures, including washing and drying their hands before leaving their room and sanitising their hands using the alcohol-based hand sanitiser on entry/exit to other areas of the MIQF for exercise or necessary activities.

Note: Returnees who have existing permissions to leave their rooms and/or the MIQFs continue to have these including the:

- ability to leave (escorted) to access medical or support services, where those services can't be provided in an isolation and quarantine Facility
- conditions imposed in any exemption to the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 granted by the Minister for COVID-19 Response or the Director-General of Health.

3.4.3.3 ***Additional support for returnees who cannot leave their room***

The MIQF must ensure there is additional Mental Health and Wellbeing support available to returnees who are unable to leave their room, such as access to additional Virtual Mental Health support. Refer to **Section 10.5 Wellbeing, psychosocial and welfare needs** for further guidance.

The frequency of regular Health and Wellbeing checks may need to be adjusted to ensure the returnee receives the appropriate level of support Refer to **Section 10.2: Regular Health and Wellbeing checks for returnees**.

3.4.4 IPC requirements during access to fresh air

Exercise in MIQFs must comply with the IPC principles outlined above to ensure that physical distancing, basic hygiene, and PPE use are implemented. Refer to Section 10.10 Access to the outdoor for further guidance.

3.4.5 IPC requirements in smoking areas

Smoking areas in MIQFs must comply with the IPC principles outlined above to ensure that 2-metre physical distancing, basic hygiene, and PPE use are implemented. Refer to **Section 10.11 Smoking, vaping, and use of e-cigarettes** for further guidance.

3.4.6 IPC requirements for pre-arranged appointments

Returnees must wear a face mask when travelling to and attending any pre-arranged appointments with MIQF staff (e.g. for COVID-19 testing).

Returnees may need to remove their masks during the appointment depending on the nature of care being provided or procedures being undertaken. A new mask must be provided for return to their room.

3.4.7 IPC requirements for the use of CPAPs

Continuous positive airway pressure therapy (CPAP) uses a machine to help a person who has Obstructive Sleep Apnoea (OSA) or other hypoventilation breathing disorders to breathe more easily during sleep. CPAP is considered an aerosol dispersing procedure and appropriate Infection Prevention and Control precautions must be taken by staff. The evidence regarding the risk of aerosolisation of SARS-CoV-2 when using such machines suggests that the risk is very low.

Figure 1: Recommended guidance for the use of CPAPs in MIQFs provides a summary of the guidance for the use of CPAPs in MIQFs.

3.4.7.1 *Clinical assessment*

Returnees who use Bi-PAP must receive early medical advice and support. It is important to establish whether the machine provides CPAP or Bi-level Positive Airway Pressure (Bi-PAP), which is usually used to manage respiratory failure. There is likely to be significant risk if Bi-PAP therapy is discontinued.

Returnees should have a clinical risk assessment on arrival at the facility to establish their clinical indications for CPAP and whether it would be safe to stop CPAP until their COVID-19 status is known (refer to **Section 3.4.7.4 Testing of returnees using CPAPs**), or for the duration of their stay in MIQF. The clinical risk assessment must be undertaken by a medical practitioner or registered nurse who will make the person's wellbeing the priority, and include the following steps:

- establish whether the person is using a CPAP or Bi-PAP machine. Bi-PAP should not be discontinued without input from a respiratory physician

- establish the health history including the reason the device was prescribed
- establish if the person has recently been off CPAP for 7 days or longer with no more than minimal symptomatic effects
- seek advice from a respiratory physician if in any doubt
- determine whether CPAP can be safely withheld until the first negative COVID-19 test (day 0/1 – refer to **Section 3.4.7.4** Testing of returnees using CPAPs)
- determine whether CPAP can be safely stopped for the duration of managed isolation
- where there is any doubt about the clinical safety of stopping CPAP, the decision should err on the side of clinical caution.

3.4.7.2 ***Returnees clinically safe to discontinue CPAP***

Where it has been clinically determined that the returnee does not require the CPAP during their time at the MIQF, appropriate clinical support should be offered including a full discussion with a Medical Practitioner and regular review of health status (at minimum every third day).

3.4.7.3 ***Returnees not clinically safe to discontinue CPAP***

Where a returnee is clinically assessed as not clearly safe to manage without use of their CPAP, an IPC risk assessment will be undertaken to mitigate risks of potential airborne transmission. (The actual risk is likely to be very low given the dilution effect of PAP airflow.) The risk assessment will include an assessment of:

- the ventilation at the MIQF (e.g. pressurisation of corridors relative to rooms)
- if fresh air can be introduced into the returnee’s room via open windows to dilute potential airborne virus (while following strict protocols for the timing of opening and closing windows to ensure air is not encouraged to move from the returnee’s room to the corridor upon opening the door)
- if portable air filtration units could be deployed to ‘clean’ the air in the returnee’s room
- if use of a non-vented mask, as well as machine end & user end filters, can be implemented to minimise potential aerosol spread.

The following risk mitigations should be considered and implemented where possible:

<i>Room placement and ventilation</i>	Returnees who require continuation of CPAP should be placed in rooms with windows that open to aid ventilation, or, where possible, have available a portable HEPA filtration unit. Their room should be located at the end of a corridor to minimise the risk of exposure to aerosols among returnees using the same corridor.
<i>Returnee responsibilities</i>	The returnee should be instructed to continue to practice routine hygiene measures when managing their CPAP machine including changing filters

	routinely; cleaning surfaces; cleaning mask and tubing; washing and drying hands regularly; and keeping filters and humidifier dry when not in use.
Equipment	Returnee should be supplied with a nightly face mask to wear over their CPAP mask to minimise potential aerosol spread/dispersion. Masks and machines must never be shared between returnees under any circumstances.

Note: If the airborne transmission risk cannot be appropriately mitigated within the MIQF, the returnee will be transferred to a negative pressure room at a hospital for further management while following existing protocols for transferring and managing returnees in hospitals (see **Section 10.7.2 Transfer to another health facility**).

3.4.7.4 **Testing of returnees using CPAPs**

COVID-19 testing of returnees using CPAPs should occur on day 0/1 regardless of whether a returnee has arrived from a high-risk or low-risk country to provide an early indication of their COVID-19 status. The Laboratory/Clinical Microbiologist should be notified in advance about the need for prompt testing.

The clinical assessment described in **Section 3.4.7.1** will involve an assessment of whether the returnee can safely forgo use of the CPAP for one or two nights while awaiting test results. If it is not safe to do so, the returnee will be enabled to use the CPAP provided the mitigations identified to reduce the airborne transmission risk are implemented.

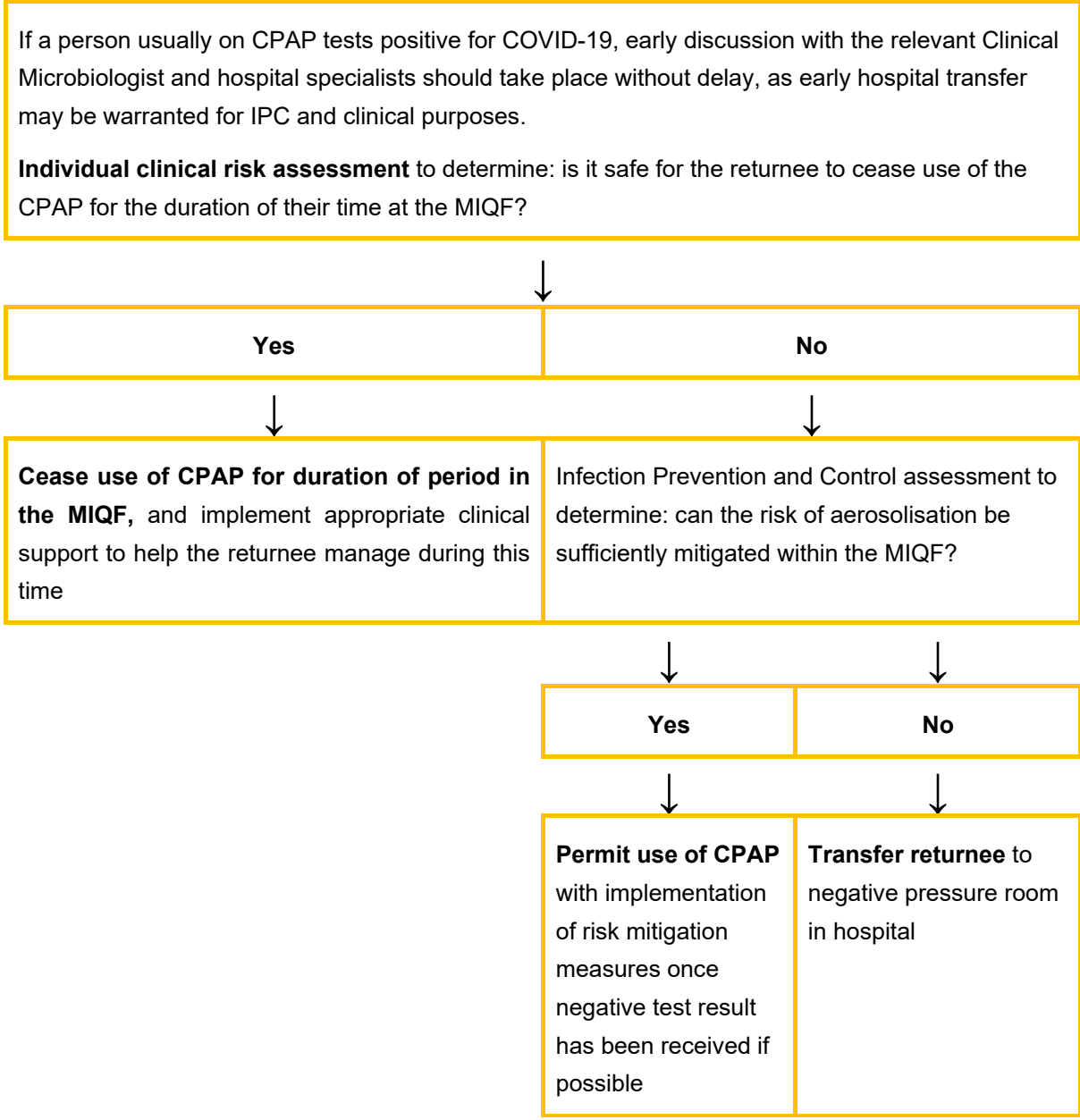


Figure 1: Recommended guidance for the use of CPAPs in MIQFs

3.4.8 IPC requirements for the use of nebulisers

The use of nebulisers for delivering medication is not permitted in MIQFs given that other alternative methods can be used (i.e. large volume spacer with metered dose inhaler). However, the use of nebulisers may be considered if:

- there is an urgent clinical need; and
- there are specific precautions in place while the returnee is transferred to hospital facility for ongoing medical treatment (refer to the **SOP: IPC** for guidance regarding the specific precautions required).

3.5 IPC requirements for MIQF staff

3.5.1 Staff education and training regarding IPC and use of PPE

During induction to the facility, **all** MIQF staff members (both health and non-health staff) must receive IPC education and training that is appropriate to the scope of their role and based on the IPC requirements stated throughout **Section 3 Infection Prevention and Control** and the **SOP: IPC**.

A standardised national IPC module in the Learn@MIQ training platform has been developed and is available to all MIQF workers. This training platform provides education on the basic IPC requirements when on-site or working in a MIQF. However, MIQF staff must be continually informed of and trained in any updates to IPC guidance disseminated in the **SOP: IPC** and/or in the **MIQF Operations Framework**.

DHBs are responsible for ensuring that all health staff are trained in the IPC requirements, while MBIE is responsible for ensuring all non-health staff are educated and trained in the IPC requirements. The IPC Lead maintains oversight of all IPC training and may want to provide additional training for non-health workforce, per the guidance below.

Regional/site-specific IPC training programmes may be used to supplement the Learn@MIQ IPC module. The content should be developed or reviewed by the IPC Site Lead or the local DHB IPC team. The IPC training program must include the importance of hand hygiene, the chain of infection, and how to prevent infections being transmitted to staff or between returnees.

Programmes may use existing IPC training programmes used by staff members' respective agencies, if appropriate and sufficient (e.g. the NZDF IPC training programme may satisfy the site's IPC training requirements and could therefore be used for NZDF staff).

The site must maintain an IPC training register that records the following information:

- names and role/organisation of staff members that have received IPC training
- date of IPC training
- location of IPC training
- role/organisation of IPC trainer
- content of IPC training.

The DHB is responsible for recording health staff training information in the IPC training register, while MBIE is responsible for recording non-health staff IPC training information in the IPC training register. Ideally, this information should be kept in a shared register.

A supportive team culture should be developed to facilitate effective collaboration, clear communication and a safe working environment for all staff working in the MIQF.

The DHB should ensure that support is provided for following best practice for all IPC activities, such as education and training for putting on and taking off PPE. This should include the use of a 'buddy' system in which staff prompt one another if they miss a step while putting on PPE or fail to perform hand hygiene when necessary.

3.5.2 IPC requirements in staff work areas

- Staff break rooms and handover/team meeting areas should be separate areas and large enough to ensure physical distancing can be maintained.
- Staff must maintain physical distancing during nursing handover and in staff break rooms.
- Face masks may be required in staff only areas/zones. This may be dependent on national or regional Protection Framework and agreed requirements by the IPC lead.
- Food and drink can only be consumed in staff break rooms/staff only zones (i.e. **not** in shared returnee/staff zones).
- Consideration should be given to the minimum number of people who are required to be physically present at rounds and handover for ensuring physical distancing requirements are maintained.
- Cleaning products must be available in staff break rooms, handover areas, and operations rooms to enable regular cleaning of frequently touched surfaces by staff who use these areas (e.g. tables, desk phones).

3.5.3 Non-health care staff

This includes housekeeping and cleaners, staff from NZDF, Police, Aviation Security, MBIE, transport staff who are delivering returnee luggage, other agencies, and any expected persons conducting business on-site (e.g. maintenance contractors). Staff must be clearly identifiable and distinguishable from returnees to ensure efficient monitoring of returnee face mask compliance. Facilities can determine the most appropriate method for staff identification to ensure their status is visible (e.g. through uniforms, name badges, or lanyards).

3.5.3.1 *Outside a returnee's room:*

Non-health care staff should always maintain the 2-metre physical distancing rule whenever possible (noting returnees will be wearing face masks when outside of their rooms) and follow hand hygiene and basic hygiene measures.

Non-health care staff must wear a P2/N95 particulate respirator in identified returnee facing zones.

Refer to the **SOP: IPC** for further details on safe use of PPE.

3.5.3.2 *Entering a returnee's room:*

Non-health care staff members must not enter a returnee's room while the room is in use by the returnee. All non-urgent maintenance/repair work should occur while the room is vacant between returnees. However, if

entrance to an occupied returnee room is required (e.g. for urgent maintenance/repair), the staff member must first discuss this with the IPC Lead or Health Lead to determine the appropriate PPE that is required, and the IPC measures that must be followed (e.g. returnee in exercise area, airing of room through window opening etc.) The returnee must not be present while the staff member is in the room. Refer to the **SOP: IPC** for further guidance (Consider a room transfer if uncertainty about time required for repair to be completed).

For staff who undertake specific on-site maintenance or repair of air conditioning units, a P2/N95 particulate respirator mask should be worn. Refer to the **SOP: IPC**.

3.5.4 Health care staff

If providing health care to any returnee (inside or outside of their room) in a MIQF, adherence to PPE requirements for Standard and Airborne Precautions must be undertaken.

Refer to the **SOP: IPC** for further guidance regarding the use of PPE for different clinical interactions.

Health care staff must wear a P2/N95 particulate respirator in any returnee areas or shared staff and returnee spaces. Staff must put on a P2/N95 particulate respirator prior to entering returnee areas within the MIQF (e.g. a hotel floor or wing). Refer to **SOP: IPC** and local LAP for identified zones and returnee areas. During clinical interactions, a P2/N95 particulate respirator must be worn. Refer to the **SOP: IPC** for further guidance regarding the correct protocols for donning and doffing PPE that must be followed.

3.6 IPC requirements in the management of the MIQF

3.6.1 Auditing of relevant IPC activities undertaken at the MIQF

A Ministry of Health audit programme is in place to ensure that staff and returnees adhere to Ministry IPC guidance. The IPC audit is based on the current IPC Standard Operating Procedures, including hand hygiene, PPE use, cleaning, environmental audits, and other practice areas identified to improve the work environment for staff and returnees.

3.6.2 Storage and resourcing of IPC stock

Facilities must ensure that PPE is stored in a room that cannot be accessed by the public or by returnees. PPE boxes must be:

- stored off the floor, such as on shelves, to prevent water or other damage
- stored safely to minimise the risk of injury to staff as they retrieve it (e.g. preventing stock from falling on staff)
- rotated to ensure older stock is used first.

Facilities must detail processes for ordering PPE in their IPC plan.

Facilities must ensure there are adequate supplies of PPE and hand hygiene stations, and appropriate receptacles for disposal of PPE that are readily available to staff. The appropriate receptacles must be scheduled for regular emptying to avoid spillage of used PPE.

3.6.3 Cleaning

The MIQF's IPC plan must detail cleaning protocol for all spaces and the frequency of cleaning.

A multi-pronged approach is required to ensure effective cleaning and reduce the risks of COVID-19 transmission, including training for housekeeping and cleaning staff in the use of PPE, regular monitoring of practice and feedback of cleaning and cleanliness, and display of guidance in areas visible to cleaning staff.⁷

MIQFs should have a detailed cleaning schedule and procedures in place to ensure cleaning staff receive training on the requirements according to the national **SOP: IPC**, including basic hygiene measures and the safe and appropriate use of PPE. Refer to the **SOP: IPC** for full cleaning instructions.

Advice and sign-off of additional chemicals and equipment for application of cleaning chemicals must be verified and have been signed off by the IPC team responsible for the MIQF.

3.6.3.1 Returnees' rooms during their stay

Returnees are responsible for cleaning their own rooms, including their bathrooms, during their stay. MIQF cleaning staff must not enter a returnee's room until after the end of the returnee's stay, except in extraordinary circumstances where the returnee cannot effectively clean their room. Refer to the **SOP: IPC** for further details.

Returnees must be provided with the materials they need to clean their room. Education on cleaning frequently touched surfaces in their rooms such as light switches and door handles must be provided in the cleaning packs. Once returnees have departed from the MIQF, the rooms must be cleaned to the specifications described in the **SOP: IPC**.

⁷ World Health Organization (WHO) 16 May 2020. Cleaning and disinfection of environmental surfaces in the context of COVID-19. [Cleaning and disinfection of environmental surfaces in the context of COVID-19](#) accessed 16 July 2020.

3.6.3.2 *Returnee rooms after a confirmed case of COVID-19 or a case under investigation*

MIF returnees who are a confirmed case of COVID-19 or are a case under investigation must stay in their room until they are transferred to a QF or quarantine zone of a dual-use facility. After departure, their rooms should be cleaned thoroughly to the same specification as that of a confirmed or probable case, as described in the **SOP: IPC**.

There is no substantial evidence to support the length of time a room should not be used for prior to cleaning and new occupancy. Therefore, when determining the appropriate stand down period before cleaning a room, the IPC lead should consider the length of time the returnee(s) spent in the room, and ventilation controls of the room and as aligned with hotel policy.

Facilities should have working knowledge of these controls and guidance for optimizing air flow before rooms are cleaned according to specifications in the **SOP: IPC**. The use of no-touch technologies for applying chemical disinfectants (e.g. vaporized hydrogen peroxide) is not necessary to achieve effective environmental disinfection of the room. Refer to the **SOP: IPC** for further information.

3.6.3.3 *Furniture and soft furnishings in returnees' rooms*

Where possible, furniture in the room should be non-porous and able to be wiped clean. Ideally, furniture covered in soft, porous fabric should be removed and replaced with furniture that is non-porous and wipeable. Soft furnishing such as cushions should be removed from the room or cleaned with an IPC Lead approved method

Following a confirmed or probable case of COVID-19, any soft furnishings that remain in the returnee's room **must** be cleaned after the returnee has vacated the room.

Refer to the **SOP: IPC** for cleaning following a probable or confirmed case of COVID-19.

3.6.3.4 *Testing rooms*

If the MIQF has a designated room where COVID-19 testing occurs, all frequently touched surfaces in this room must be cleaned. Chairs used for returnees must be of a washable/wipeable impervious material and must be cleaned between each returnee. Any equipment that was used needs to be cleaned and disinfected. All furniture in swabbing rooms (and if applicable, waiting areas) should be washable and wipeable.

Refer to the guidance on cleaning included in the **SOP: IPC**. The Testing Team – the Health Team conducting the tests and/or the administrative support staff – are responsible for cleaning the testing room.

3.6.3.5 **High-touch points in common areas**

MIQF cleaning staff are responsible for cleaning high-touch points in common areas in the MIQF at least twice per day.

Each MIQF must identify and develop a cleaning register of high-touch points in common areas. This register will assist in targeting and controlling areas for cleaning in the event of a positive case of COVID-19. The use of plastic coverings, including cling film, must **not** be used over panels, switches, or buttons (i.e. lift buttons). Consultation with the IPC Lead and Hotel Manager on the frequency of cleaning should be discussed to ensure this is maintained on a frequency need and basis and, takes into consideration of potential risk to staff needing to frequent areas for cleaning.

High-touch common areas include but are not limited to:

- hallways
- stairwells and bannisters
- lifts (buttons handrails)
- lobby/reception areas
- door handles.

Hallways that returnees do not access may be cleaned once daily if they are not frequently used. All other high-touch points in common areas should be cleaned at least twice daily.

3.6.3.6 **Vehicles**

When vehicles have been used to transport returnees, the vehicles must be cleaned following the guidelines in the **SOP: IPC**. This is the responsibility of the bus company staff member driving the vehicle.

3.6.4 **Food handling, laundry, and waste management**

The MIQF’s IPC plan must detail laundry, waste management and food handling protocols for the safe collection and handling of waste, linen, and food to prevent transmission of infection to themselves, others, and the environment.

Food handling	<ul style="list-style-type: none"> • Hand hygiene (wash with soap and water or if hands not visibly soiled use alcohol-based hand sanitiser) must be performed before food preparation and handling. • MIQF staff are responsible for delivery of food (including take out/Uber eats etc.). • MIQF staff are responsible for ensuring meal trolleys are cleaned and disinfected after use. • Disposable trays, cutlery, food containers are to be used where possible. Food waste should be disposed of per the waste disposal guidance below.
Laundry	<ul style="list-style-type: none"> • MIQFs must have policies and procedures for processing linen and laundry consistent with AS/NZS 4146:2000 Laundry Practice. • Regular laundry collection from returnee’s rooms should be undertaken by MIQF staff.

	<ul style="list-style-type: none"> • The returnees' personal laundry should be handled separately to the MIQFs' linen. It may be sent-off site to an accredited laundry provider or laundered on-site if there are proper facilities available, and if this has been approved by the MIQF IPC lead. It is the MIQF's responsibility to ensure that this service is available and to ease transfer of laundry to and from the laundry provider. Used linen should be 'bagged' at the location of use – returnees should be given bags to place linen in. Collection of returnee's linens should be from the same dedicated area as hotel linen if going off site. • Linen must not be left on the floor outside rooms. • All used linen should be handled carefully to avoid dispersal of microorganisms and appropriate PPE, if required, should be worn by staff during the handling of soiled linen (e.g. gloves, apron, mask, eye protection). • Hand hygiene should be performed after handling of used linen. • Linen does not need to be 'held' by the hotel before it is laundered (either on-site or off-site). • Physical distancing and cleaning requirements in between use of laundry rooms are extremely difficult and therefore, the laundry rooms must be closed and not used by returnees.
<p>Waste management</p>	<ul style="list-style-type: none"> • MIQFs must have policies and procedures for waste management consistent with NZS 4304:2002 Management of Healthcare Waste and aligns with local DHB requirements. • The MIQF's IPC plan (see Section 3.2 IPC plan) must detail specific waste disposal protocols that will be enforced. • Regular waste collection from returnee's rooms should be undertaken by MIQF staff wearing appropriate PPE. • If shared bins (e.g. in hallways) are used, they must be contactless (i.e. no lids are to be used and the bins must be open). All rubbish being disposed of in these bins must be sealed in a plastic bag prior to disposal. Hand sanitiser must be co-located at each bin with signage reminding returnees to sanitise their hands after placing rubbish in the bins. • General waste should be placed in a lined rubbish bin. • Rubbish bins should be available for used face masks in smoking areas. Hand sanitiser must be co-located with rubbish bins to ensure returnees and staff are able to perform proper hand hygiene measures when disposing of used masks. • All waste from general and communal areas should be collected by hotel housekeeping. • Large volumes of waste may be generated by frequent use of PPE; regular emptying of waste when the bin is $\frac{3}{4}$ full is required to avoid over-filled bins. • When $\frac{3}{4}$ full the bin liner (rubbish bag) should be closed and securely tied off, or otherwise sealed, and be placed in a general waste bin for collection by the rubbish collection service. • Face masks, gloves, and an apron should be worn by staff collecting waste; hand hygiene must be performed before and after glove use.

- Handling of a sealed rubbish bag should be minimised. The sealed rubbish bag should be placed in a general waste bin in a manner that is unlikely to result in the rubbish bag being torn, penetrated or otherwise damaged.
- Provision should be made for safe sharps disposal (e.g. syringes/needles used by returnees with medical conditions).
- Policies and procedures for disposing of Infectious Waste must meet NZS 4304:2002 Management of Healthcare Waste.

3.6.5 Unexpected returnee death in a MIQF

If a returnee dies while in a MIQF, staff should apply the same IPC principles as for living people. If there are other returnees in the room who are still in isolation or quarantine, they should be moved to a different room. Staff should wear the appropriate PPE and take precautions with the body and room as if the person had been infected with COVID-19 prior to their death.⁸

Refer to the **SOP: Stay in a MIQF** and any relevant LAPs.

When transporting the deceased, the body must be placed and secured in a leak-proof body bag to prevent leakage of body fluids. A deceased patient who was a confirmed or probable case of COVID-19 can be embalmed, cremated, or buried. PPE must be worn, and standard Infection Prevention and Control and Occupational Health and Safety guidelines should always be followed while handling and preparing the body. For further information, refer to: [Information for funeral directors](#).

The room must be cleaned following the guidance for cleaning a probable or confirmed COVID-19 returnee's room in **Section 8.4 of the SOP: IPC**.

3.7 IPC requirements during transport

The transportation of people from the port of arrival (airport or seaport) to a MIF must comply with the IPC principles outlined above to ensure that physical distancing, basic hygiene, PPE use and cleaning protocols are implemented. Refer to **Section 8.4 Transport to a managed facility** and the **SOP: IPC** for further guidance.

⁸ For further information refer to the WHO guidance - Infection Prevention and Control for the safe management of a dead body in the context of COVID-19

4. Staffing

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Management of non-health staff (hotel staff, security, site management, cleaning, interpreters etc.) • Training of all staff in non-health specific areas, including de-escalation • Management and circulation of the Staff Guide for all MIQF Staff • Conducting pre-employment health screen for all non-health staff • Ensuring all non-health staff are trained in IPC and other health 	<ul style="list-style-type: none"> • Setting health and wellbeing requirements for staff training and induction 	<ul style="list-style-type: none"> • Recruitment and management of health staff, including an IPC Specialist to oversee IPC requirements • Conducting the pre-employment health screen for all health staff • Training of all health staff in IPC and other health and wellbeing requirements • Conducting staff regular health checks

MIQFs must have adequate staffing to fulfil the requirements set out in this document.

The facility must have a **staffing plan** that includes the number of staff proposed to fill each role, and key staff members identified. This staffing plan must be available for MBIE or MoH to view if requested.

4.1 Vaccination of MIQF workers

4.1.1 Requirement to be vaccinated to enter

Under the **COVID-19 Public Health Response (Vaccinations) Order 2021**⁹, all MIQF staff and affected persons must be vaccinated against COVID-19 to enter a MIQF per the requirements in Schedule 3¹⁰ below:

List of approved vaccines

Doses of COVID-19 vaccine	Administration requirements
2 doses of Comirnaty (aka Pfizer/BioNTech)	Either— (a) both doses received before becoming an affected person or

⁹ <https://www.legislation.govt.nz/regulation/public/2021/0094/latest/whole.html>

¹⁰ <https://www.legislation.govt.nz/regulation/public/2021/0094/latest/whole.html#LMS573022>

	(b) 1 dose received before becoming an affected person and the second dose received within 35 days after becoming an affected person.
2 doses of AstraZeneca	Both doses received before becoming an affected person
2 doses of Moderna	Both doses received before becoming an affected person
1 dose of Janssen	Dose received before becoming an affected person
1 dose of AstraZeneca and 1 dose of Comirnaty	1 dose of AstraZeneca received before becoming an affected person and 1 dose of Comirnaty received within 35 days after becoming an affected person
1 dose of Moderna and 1 dose of Comirnaty	1 dose of Moderna received before becoming an affected person and 1 dose of Comirnaty received within 35 days after becoming an affected person

4.1.2 Availability of the newly approved vaccines

To date only a small number of New Zealanders have received the recently approved vaccines (AstraZeneca, Moderna and Janssen). For the most part these people are airline pilots working on international routes or NZ Defence Force personnel who were stationed overseas.

The recently approved vaccines are not expected to be available in New Zealand until early 2022.

4.1.3 MIQ workers who have been vaccinated overseas

An MIQF worker who has been vaccinated overseas with the Pfizer/BioNTech (Comirnaty), Moderna, AstraZeneca or Janssen vaccines must provide their employer (PCBU) with a record of the vaccination(s). The PCBU must then upload a copy of this record into the BWTR. The Ministry of Health will then enter the record and upload proof of the record into the CIR.

A worker must provide as much information on the vaccine as possible, this may include:

- type and brand (e.g. AstraZeneca)
- country where it was administered
- date(s) when one/both doses were administered. (Janssen is single dose)

4.1.4 Implications for new MIQF workers

A person must receive one dose of an approved vaccine BEFORE they can begin working in an MIQ facility. Currently, only the Comirnaty vaccine is available in New Zealand. New MIQF workers who want to receive one of the recently approved vaccines will need to defer starting work until they are able to have their first dose of an approved vaccine. It is NOT permitted to begin working at an MIQF with the intention of having a first dose of an approved vaccine at some later date.

4.1.5 Workers be vaccinated to enter an MIQ facility

Staff and workers are required to show evidence of COVID-19 vaccination and photo identification when they sign onto WhosOnLocation before entering the MIQF (Refer to section **6.1.3 Proof required for entry**).

However, under [Clause 9 of the COVID-19 Public Health Response \(Vaccinations\) Order 2021](#) certain people who have not been vaccinated may enter a MIQF:

- to preserve or protect another person's life, health, or safety in an emergency, or
- to carry out work that is unanticipated, necessary, and time-critical, cannot be carried out by a person who is vaccinated, and must be carried out to prevent the place from ceasing operations. A person in this category may be authorised to re-enter as many times as necessary to complete the work. However, authorisation to enter must be approved by the Regional Operations Manager. The MIQF Security Officer must complete the MIQF **Worker Entry - Vaccination Exception Form** to gain approval for entry.

Note: A person who is authorised or required to enter an MIQF by law may enter without requiring approval.

If unclear whether a person is required to be vaccinated to enter, contact MIQ Operations MIQOpsHQ@mbie.govt.nz.

Refer to **Section 4.3.1 Staff daily health checks in 48 hours following COVID-19 vaccination** below for guidance regarding daily health checks for staff in the 48 hours post-vaccination.

4.1.6 Operational arrangements for the implementation of the Vaccinations Order 2021

Operational responsibility for managing worker vaccination is as follows:

PCBU/Employer	<ul style="list-style-type: none"> • Meet MBIE requirements that all MIQ workers (called ‘affected persons’ in the Vaccinations Order, and typically means employees and contractors of the PCBU) provide proof of vaccination and photo identification as a pre-requisite to entering the facility. • Understand the distinction between workers who received one dose of the vaccine before 1 May 2021 and those who had not; what this means for working (or not) at a MIQF; and for workers getting their second dose (see 4.1 Vaccination of MIQF workers). • Identify all individual workers who would be required to enter a facility for work purposes and therefore need to be vaccinated. • Notify each worker subject to the Vaccinations Order they must meet the immunisation requirements as above. <p>Note: The vaccination records of individual workers are now automatically uploaded to the BWTR from the point of vaccination through NHI number matching. <i>PCBUs do not need to do this.</i></p> <ul style="list-style-type: none"> • Regularly monitor the vaccination status of their workers to see how many doses they have received and when. They can do this by: <ul style="list-style-type: none"> ○ viewing their worker’s records in the BWTR or ○ checking with the Ministry of Health directly by sending an email to COVID-19.privacy@health.govt.nz requesting access to that employee’s vaccination information. • Tell workers who appear to be non-compliant (e.g. no vaccination record or have not met their two-vaccination timeframes) that: <ul style="list-style-type: none"> ○ the PCBU has checked the worker’s vaccination status with the Ministry of Health and ○ they have a duty to be fully immunised. • Email MIQWorkforceTesting@mbie.govt.nz if a worker has evidence of vaccination despite it not showing in the BWTR. Include: <ul style="list-style-type: none"> ○ relevant personal information about the worker ○ a photo of their relevant COVID-19 Vaccine Receipt Card ○ a screenshot of the missing vaccination status in the BWTR
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	<ul style="list-style-type: none"> • not permit any unvaccinated worker to enter MIQ facilities unless the person falls within the exceptions specified in clause 9 of the Vaccinations Order • not task any unvaccinated worker or contractor to undertake work at a MIQF until they have received their first dose of the COVID-19 vaccine. They must have their second dose within 35 days of commencing work. • notify the Ministry of Health that a person they engaged or employed has ceased to be an affected person for the PCBU by entering that information into the worker's record in the BWTR • manage non-compliance with the Vaccinations Order through usual employment processes.
<p>MIQF Workers & Workers who must enter a facility to <u>handle affected items</u></p>	<p>Obligations to their PCBU/Employer</p> <ul style="list-style-type: none"> • Allow their PCBU to access any records regarding their COVID-19 vaccination status the Ministry of Health may have (including on the BWTR). • Provide accurate information at time of each vaccination, including: <ul style="list-style-type: none"> ○ Full name (confirm spelling) ○ Date of birth ○ Current residential address; and ○ NHI number (if they know it). • Notify their PCBU each time they received an injection, including the date. • Present to their PCBU the Vaccination Receipt Card they receive at the time of vaccination as evidence of receiving a vaccination dose. <p>Obligations when wanting to enter a MIQF</p> <ul style="list-style-type: none"> • Provide proof of vaccination and photo identification at a facility every time they wish to enter. • Acceptable evidence of proof of vaccination (only one is required) includes: <ul style="list-style-type: none"> ○ My COVID Record App ○ My Vaccine Pass ○ COVID-19 Vaccine Receipt Card - Named DHB (purple) COVID-19 vaccine card provided after vaccination ○ ManageMyHealth online portal or app – The worker can log on and demonstrate vaccination status ○ Letter from GP confirming vaccination - available on request ○ COVID-19 MIQ Vaccine Certificate - Based on the worker's record in the Border Workforce Testing Register and includes name, staff

	<p>ID, organisation and vaccination dates (amber indicates 1 dose and green 2)</p> <ul style="list-style-type: none"> • Acceptable photo identification (only one is required) includes: <ul style="list-style-type: none"> ○ MIQ or Employer Photo ID Card ○ Driver's License ○ Passport <p>CAVEAT - Workers who <u>handle affected items</u></p> <ul style="list-style-type: none"> • The above vaccination requirements do not apply to workers who <u>handle affected items</u> at a facility but do not have to enter a facility to do so. • Workers who handle affected items will still be required to be tested where they meet the criteria to do so (See Section 12.1.1; 12.1.3; and 12.1.4 of the Operations Framework).
<p>MIQF Site Security Manager</p>	<ul style="list-style-type: none"> • Prevent any MIQ worker (permanent and occasional) or affected person who has not been vaccinated to enter the facility. • Ensure all persons who enter a facility provide proof of vaccination and photo ID upon entry. • Acceptable proof of vaccination includes: <ul style="list-style-type: none"> ○ My COVID Record App ○ My Vaccine Pass ○ COVID-19 Vaccine Receipt Card - Named DHB (purple) COVID-19 vaccine card provided after vaccination ○ ManageMyHealth online portal or app – The worker can log on and demonstrate vaccination status ○ Letter from GP confirming vaccination (available on request) ○ COVID-19 MIQ Vaccine Certificate - based on the worker's record in the Border Workforce Testing Register and includes name, staff ID, organisation and vaccination dates (amber indicates 1 dose and green 2) • Acceptable photo identification (only one is required) includes: <ul style="list-style-type: none"> ○ MIQ or Employer Photo ID Card ○ Driver's license ○ Passport

DHB	<ul style="list-style-type: none">• Coordinates with the MIQF Manager to ensure everyone has been vaccinated.• If providing vaccinations, ensuring that accurate information is recorded for the worker in the BTWR, including the person's:<ul style="list-style-type: none">○ full name (confirm the correct spelling)○ date of birth○ current residential address○ correct NHI number <p>As a matter of good practice, include the person's confirmed NHI number on their Vaccine Receipt Card so their PCBU/Employer can check it against the person's BWTR record.</p>
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4.2 Staff training and induction

4.2.1 Pre-employment staff health screening

All MIQF staff (health and non-health) should be screened prior to commencing work at the MIQF to ensure they are not highly vulnerable to severe illness if they become infected with COVID-19, that they have appropriate understanding of general IPC and PPE guidelines, and that they comply with the vaccination requirements as detailed in **Section 4.1 Vaccination of MIQF workers** above. MIQF staff should also be provided with a code of conduct that outlines requirements related to professional behaviour in the workplace.

Existing MIQF staff (e.g. hotel staff) who will be working in the hotel while it is a MIQF should undergo upskilling on general IPC and PPE guidelines.

Health staff should sign a DHB confidentiality agreement prior to commencing work, particularly staff who have access to returnees' personal information.

4.2.2 Training of staff in IPC requirements

During their induction to the facility, all MIQF staff members (both health and non-health staff) must receive appropriate IPC training in the IPC requirements stated in **Section 3 Infection Prevention and Control** and **the SOP: IPC**.

Refer to **Section 3.5.1 Staff training regarding IPC and use of PPE** for further details regarding staff training in IPC requirements.

4.2.3 Staff briefings

Initial staff health and safety briefings will need to be tailored to the MIQF. Broadly, they should cover:

- IPC protocols including PPE use (according to zones/ areas e.g. staff areas vs guest zones)
- hotel/MIQF rules including security rules for staff and returnees
- daily health checks and testing requirements for staff

In addition to an initial in-person staff briefing, staff should be provided with a hard-copy of the **Staff Guide** prior to commencing work.

There should be regular staff briefings to raise any concerns, trouble-shoot any issues that have arisen, and ensure all staff have a current understanding of operational requirements. Minutes from staff meetings will be sought for audit purposes.

4.2.4 Addressing agitation, behavioural escalation or severe distress

All MIQF staff should receive training in strategies to support people in severe distress (for example, receiving MH101 and Addictions 101 training online). Other formal de-escalation strategies or core principles, such as Safe Practice Effective Communication (SPEC) training, should be made available to MIQF staff. Staff should know not to directly confront or inadvertently escalate an agitated or severely distressed person, and that distraction, calming, listening and other supportive strategies are to be employed.

4.3 Daily health checks for staff

Staff must undergo daily health checks at the beginning of each shift. Daily health checks for staff are to be carried out by a suitably qualified health practitioner on-site.

If a non-health staff member is conducting daily health checks for staff, the facility must have documented clinical oversight and escalation processes in place to ensure that any symptomatic staff members are appropriately escalated to an RN for further assessment.

The following information must be recorded during staff daily health checks:

- Name
- Date
- Position
- Contact details
- Sore throat (Y/N)
- Cough (Y/N)
- Headache (Y/N)
- Shortness of breath (Y/N)
- Loss of smell (Y/N)
- Loss of taste (Y/N)
- Fatigue (Y/N)

- Body aches (Y/N)
- Self-report fever/chills (Y/N)
- Sneezing/runny/blocked nose (Y/N)
- Nausea/vomiting/diarrhoea (Y/N)

Note: If a staff member reports 'yes' to any of the questions and/or displays clinical symptoms consistent with COVID-19, they should immediately don a face mask (if not wearing already) self-isolate (this includes self-isolation if living on-site), undergo testing, and inform the MIQF Manager and/or the Health Lead/CNM.

If a staff member develops any symptoms of concern at work after their health check, they should immediately cease work, put on a face mask, physically distance from others, and inform their Manager before leaving work to self-isolate and get tested.

The Health Lead/CNM must notify the MOoH/PHU using agreed local processes. There must be a documented local process detailing roles, responsibilities, and processes for following up to ensure that the worker remains self-isolated and undergoes testing as required.

A staff member should be 24-hour symptom free before returning to work, regardless of returning a negative COVID-19 test. If a staff member tests negative for COVID-19 but continues to experience ongoing symptoms consistent with COVID-19 for 48 hours or more after testing negative, they must inform the facility Health Lead/CNM and the MOoH/PHU should be consulted to determine whether re-testing and/or other actions are appropriate.

The correct use of physical distancing and PPE should be emphasised as a preventative measure for infection transmission. Daily health checks for staff are another necessary tool for early identification and management of potential cases.

4.3.1 **Staff daily health checks in 48 hours following COVID-19 vaccination**

Some reactions to COVID-19 vaccinations are like some of the symptoms of COVID-19 infection. This includes fatigue, headache, and muscle pain.

In the 48 hours after receiving the first or second dose of **any vaccine**, MIQF staff should self-isolate and be referred for testing if they have 1 or more of the following symptoms:

- temporary loss of smell or taste
- respiratory symptoms (e.g. sore throat, cough, shortness of breath, sneezing/runny or blocked nose)
- generalised muscle aches that are worsening with time
- a fever of 38°C or higher

4.4 Health staff resourcing

DHBs will need to identify health staff resourcing needs and rostering based on the configuration of their MIQF and the level of need across different areas.

4.5 Expectations of MIQF staff when not at work

If IPC protocols are strictly followed, the risk of virus transmission to staff is low (per **Section 3 Infection Prevention and Control** and the **SOP: IPC**). However, this does not mean that there is no risk. All staff in a MIQF should follow the principle of 'low-risk but not no risk' to keep themselves, their whānau, and their communities safe. This means that when off-duty, all MIQF staff (including hotel staff, health staff, NZDF staff etc.) should be encouraged to:

- Download and use the NZ COVID Tracer app or otherwise keep a thorough written record of where they go and who they meet with outside of their work in a MIQF.
- Continue to maintain physical distancing where possible and practice good hand hygiene outside of work.
- Wear a mask while on domestic flights, public transport, or in crowded public places where physical distancing cannot be maintained.
- Self-monitor for symptoms of COVID-19 when not at work.
- If experiencing any symptoms of COVID-19, arrange for a test as soon as possible and self-isolate while awaiting test results (as per the higher index of suspicion criteria). All symptomatic people (including MIQF workers) should stay home and away from public places while they are unwell.

4.5.1 Requirements if staff become symptomatic when not at work

If staff develop symptoms consistent with COVID-19 while they are not at work (refer to **Section 4.3 Daily health checks for staff**), they should immediately self-isolate, undergo testing, and inform the MIQF Manager (and their line manager) and/or the Health Lead/CNM. They should not come into work. The Health Lead/CNM notifies the MOoH/PHU using agreed local processes. There must also be a documented local process detailing roles and responsibilities for following up to ensure that the worker remains self-isolated and undergoes testing as required.

5. Risk management

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Management of a MIQF risk register, and incident register • Recording and management of non-health related risks and incidents 	<ul style="list-style-type: none"> • Clinical governance 	<ul style="list-style-type: none"> • Recording and management of health-related risks and incidents • Input into MIQF risk register and incident register

All risks related to running a MIQF must be actively managed. MIQFs must develop Health and Safety plans, complete with a risk register and action plan(s) that identify and appropriately mitigate health, safety and wellness risks to individuals involved in any Managed Isolation and/or Quarantine. The **risk register** must be kept up to date.

MIQF risks exist in two broad areas:

- the establishment and operation of the MIQF and
- care for people in the MIQF.

The preferred approach to risks is *elimination*. This approach follows the Health and Safety at Work Act 2015.

Risks with an average or higher likelihood rating and a high-risk overall rating should be covered by a Health Action Plan¹¹ (developed regionally by DHBs) that mitigates both the consequence and likelihood of the event. The risks identified in the following list should be considered. This list is not exhaustive and there will be additional risks depending on the site/building and the needs/demographics of the returnees in the MIQF.

Incidents/adverse events must be recorded in an **Incident Register** to ensure that the appropriate people are kept informed of events that effect the operation or reputation of the MIQF. Incidents should be reported to the MIQF Manager. Where necessary, the Police and/or other relevant authorities must be contacted. An incident register must be kept up to date by the MIQF. Reportable incidents could include, but are not limited to:

- bubble and/ or PPE breaches and/or body blood fluid exposure (BBFE) incidents
- security breaches (i.e., a member of the public has entered the MIQF)
- a returnee has absconded from the MIQF
- an injury to a returnee and/or staff member
- abusive and/or other anti-social behaviour (whether from returnees or staff members).

¹¹ A scenario-based plan for managing people, such as through archetypes.

Incidents in the register should be used to inform the continuous updating and improvement of the risk register, health action plan(s), IPC plan, and other relevant policies and procedures.

5.1 Health and Safety at Work Act obligations

Each MIQF has a duty of care for the health and safety of their own workers. As the lead agency, MBIE has overall responsibility to ensure the health and safety of people working at any MIQF (including contractors) and the returnees in these facilities. To ensure that MIQFs satisfy health and safety requirements, MIQFs must develop (and continually improve) a health and safety plan that:

- identifies, assesses, and controls all risks to staff as reasonably practicable
- provides staff with the information, equipment, and training to work safely
- ensures the workplace is free from risk to workers **and** other people within the workplace (such as the occupants) as reasonably practicable
- includes assessment and mitigation of risks to mental health and wellbeing

Although MBIE is the lead agency, as a Person Conducting a Business or Undertaking (PCBUs) under the Health and Safety at Work Act (2015), any agencies or organisations operating and managing a MIQF have a responsibility to ensure the safety of those within their workplaces. All PCBUs with overlapping duties have a duty to consult, co-ordinate and co-operate with the other PCBUs. In practice, this means all agencies and organisations involved in this operation will need to:

- Share information about risks that may affect the other PCBUs.
- Agree to how shared risks will be managed and who will be responsible.
- Keep other PCBUs informed about any emerging issues.

5.2 Continuous quality improvement

MIQFs should continually update and improve their health and safety plans, and associated documentation, in response to incidents and lessons from their own MIQF and other facilities.

A quality improvement approach to risk management should be taken. Auditors will seek evidence that risks are being frequently reviewed and actively managed through continuous quality improvement.

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none">• Recruitment and management of all security and safety staff• Management of MIQF security and safety activities, including the management of people who leave the facility without authorisation• Development of a Site Security Plan• Training of all staff in de-escalation strategies	<ul style="list-style-type: none">• Setting Public Health and IPC requirements	<ul style="list-style-type: none">• Reviewing evacuation events to determine any IPC breaches

6. Security and safety

MIQFs are responsible for the safety of returnees, and for ensuring that returnees remain in the MIQF and comply with physical distancing and hygiene requirements. The following sections describe the roles and responsibilities for the security and safety of returnees.

MIQFs must develop a **Site Security Plan** that describes how the following security responsibilities will be met:

- preventing entry of members of the public
- minimising returnee movement throughout the MIQF
- monitoring and enforcing physical distancing between returnees, and between returnees and staff/other non-returnees at all times
- supervision of outdoor and smoking areas
- preventing and responding to absconding events
- maintaining returnee safety

Note: For the health and safety of staff and returnees and to ensure compliance with the Arms Act 1983, firearms are prohibited in all MIQFs. NZ Police will collect and store any firearms that arrive in NZ with returnees and those that enter from the community. Upon completion of isolation the returnee can liaise with NZ Police to arrange return of the firearms. For a list of other prohibited items, refer to **Section 5.8** of the **Stay SOP: Prohibited Items/Fire Risk Assessment**.

6.1 Ensuring that the MIQF is secure

6.1.1 Signage

A MIQF must display clear and prominent signage explaining that it is unlawful to enter the grounds without authorisation by the MIQF Manager, and the consequences of unauthorised entry. These signs should be visible from the outside of the secure MIQF area and placed along fences or other potential access points. All entries and exits must have signage that alerts site workers to sign in at the main entry.

6.1.2 Fencing

Fencing around the exercise and smoking areas at a MIQF should meet the MIQF Perimeter Fencing Standards. Wherever possible, these areas should be completely enclosed by two lines of fencing with a gap of at least 2 metres. The interior line of fencing must at least 1.8 metres high; and the exterior line of fencing must be at least 2 metres high. One line of fencing (and preferably both) must be wrapped in a manner that makes

observation through the fencing impossible. Fixed or movable items in the exercise area that allow individuals to easily scale one or both lines of fencing are prohibited (e.g. landscaping feature, shrubs).

6.1.3 Proof required for entry

All staff and workers (regardless of agency or uniform) must produce government-issued photo identification, proof of vaccination and sign in with WhosOnLocation at the MIQF primary entry before entry. Refer to Section 4.1.2 **Operational arrangements for the implementation of the Vaccinations Order 2021** for guidance if a worker cannot produce evidence of vaccination. Failure to produce evidence of vaccination and photo identification must be reported to the RIQCC.

Expected workers undertaking business on-site must have site specific induction in IPC protocols including:

- appropriate PPE requirements and use
- hotel/MIQF rules including security rules for staff and returnees
- daily health checks and testing requirements for staff

Note: Emergency services such as NZ Police, Fire Emergency New Zealand and ambulance services must be allowed entry without delay and without sign-in requirements or site induction.

6.2 Preventing entry by members of the public

To reduce the risk of COVID-19 spreading in New Zealand, members of the public -- including media -- must be prevented from having contact with returnees and should be prevented from entering the MIQF.

However, returnees may talk to members of the public through the perimeter fences if:

- the 2-metre physical distancing requirement is maintained
- the returnee wears a face mask per **Section 3.4.3 Medical face mask use for returnees**
- the member of the public stays outside the exterior fence, and the returnee stays behind the interior fence.

MIF staff must not allow the member of the public through the fence or into the MIQF under any circumstances. If the member of the public is compliant with these rules, they are not required to sign into WhosOnLocation.

Situations in which long standing residents live at the hotel while it operates as an MIQF is undesirable. This type of facility will only be approved if there are robust measures in place to prevent any contact between returnees and members of the public.

The facility's **Site Security Plan** must detail how the MIQF will prevent members of the public entering, and how the MIQF will respond to and address situations where unauthorised members of the public gain access to the MIQF.

To deter entry, the facility must as a minimum have a perimeter fence that meets the MIQ Perimeter Fencing Standards (minimum 2 metre height) and always have security staff posted at each entrance.

6.3 Managing returnee movement throughout the facility

A fundamental principle in the management of returnees in MIQFs is that returnees should be assumed to be potentially infectious for the duration of their stay at the facility. Accordingly, to reduce the risk of transmission of COVID-19 within the facilities, returnees must not move freely throughout the MIQF.

Returnees must stay in their rooms, except for when they are undertaking approved and supervised activities (e.g. while accessing the exercise or smoking areas). Returnees who can exit their room to undertake approved and supervised activities are identified by a blue wristband (or equivalent). These wristbands should only be applied and removed by health staff. Further guidance for the application and removal of wristbands in different scenarios is provided throughout this document, and in the relevant SOPs.

Note: In addition to the scenarios detailed throughout this document, blue wristbands (or equivalent) should be removed by health staff in any circumstance where returnee(s) are isolated to their room. In these circumstances, blue wristbands (or equivalent) are only to be re-applied in consultation with a MOoH or appropriate delegate to determine if there is a public health risk. If it is determined that the reason for the room isolation has no public health risk, permission of MIQF Manager may be required to allow the individual to exit their room.

This includes the collection of items delivered to the MIQF for the returnee – these must be delivered to the returnee's room by MIQF staff (refer to **Section 10.8.1 Deliveries for returnees**).

The facility must have security cameras installed with a view of all room doors to monitor returnee movement from their room.

6.3.1 Managing the movement of returnees from high-risk countries

Upon arrival to the MIQF, returnees from **high-risk countries**¹² and **members of their bubble** are to be isolated to their room until the MIQF Clinical Team confirms they meet all the following conditions:

- a negative day 0/1 test (refer to **Section 11.3 Testing of returnees**)

¹² Refer to Glossary

- two consecutive health checks which confirm no symptoms suggestive of COVID-19 infection (refer to **Section 10.2 Regular health and wellbeing checks for returnees**).

Returnees are not permitted to exit their room to smoke, exercise, or otherwise during these periods of room isolation. Stop smoking support, including nicotine replacement therapy, must be made available to smokers. When the above conditions have been met, health staff can provide returnees with a blue wristband (or equivalent) to identify them as able to exit their room.

Some exceptions to isolation requirements apply during periods of room isolation including:

- to leave their rooms to preserve or protect their own or another person's life, health, or safety in an emergency
- to leave (escorted) to access medical or support services, where those services can't be provided in an MIQF
- to visit the room of a fellow resident if in the same travel bubble, in accordance with existing operational procedures

If a suitably qualified health professional deems it necessary for an individual to leave their room due to severe mental or physical health concern, the MIQF Manager may approve this. However, the risk to staff and returnees should be assessed; and approval also granted by the MOoH. (Escort should be provided).

Room isolation should not exceed 48 hours. Any extension to room isolation beyond 48 hours must be approved by the CE MBIE, or designated delegate, under advice from a MOoH.

6.3.2 Managing the movement of returnees from low-risk countries

Returnees from **low-risk countries**¹³ are not subject to day 0/1 testing, and therefore are not required to be isolated to their room upon arrival. These returnees may receive their blue wristbands (or equivalent) upon arrival to the facility. The principle that returnees are to stay in their rooms (except for when they are undertaking supervised activities) continues to apply, and these returnees must continue to abide by the IPC requirements detailed in **Section 3: Infection Prevention and Control** and in the **SOP: IPC** when outside their rooms.

Some existing permissions to exit their rooms will continue to apply during these periods of room isolation, as detailed above in **Section 6.3.1 Managing the movement of returnees from high-risk countries**.

¹³ Refer to Glossary

6.3.3 Guarding facilities

Security staff must guard the MIQF primary entry/exit at all times, and any secondary entry/exit when in use if it is unable to be locked. Emergency fire exits are not to be locked and do not require guarding if they are alarmed or covered by CCTV.

The entry/exits to the exercise area and the smoking area are to be guarded when in use. Returnees moving into the exercise or smoking area are to sign out in a register and sign back in. Between the hours of 2000 and 0600 returnees are not to be outside for longer than 15 minutes.

All staff should be vigilant for returnees who are outside their rooms without reason. The interior of the MIQF should be patrolled no less than every hour between 0600 and 1800, and no less than every two hours between 1800 and 0600. Where there is a CCTV system for the entire MIQF this may be reviewed in lieu of the roving patrol.

6.3.4 Distinguishing between returnees from low-risk countries and returnees from high-risk countries

MIQFs must implement a process to ensure that returnees from **low-risk countries**¹³ and returnees from **high-risk countries**¹³ are visually distinguishable (e.g. through the use of coloured wristbands). This is critical to supporting easy identification of returnees that are and are not allowed to exit their room for supervised activities like exercise or smoking.

For example, one approach could involve returnees from **low-risk countries**¹³ being given a blue wristband that indicates that they are exempt from day 0/1 testing and therefore not subject to room isolation awaiting test results. Under such an approach, returnees from **high-risk countries** would not be given a blue wristband until they receive a negative day 0/1 test result. This would enable MIQF staff to easily identify returnees from **high-risk countries**¹³ who are outside their room when they should be isolated to their room awaiting day 0/1 test results, as they would not have a blue wristband.

6.4 Monitoring and enforcing physical distancing

Returnees must maintain at least 2 metres physical distance from those not in their bubble, from staff members, and from others who are in the MIQF to perform work (e.g. maintenance contractors). The MIQF must ensure that returnees always adhere to physical distancing requirements.

Staff must follow strict PPE protocol if the 2-metre physical distancing requirement cannot be maintained between themselves and returnees per **Section 3 Infection Prevention and Control** and the **SOP: IPC**.

6.5 Preventing and responding to absconding events

Returnees must remain at a MIQF for the duration of their isolation or quarantine period. Returnees may only leave the MIQF to go on supervised exercise excursions, in the case of a medical emergency, or if they have been granted an exemption from Managed Isolation from MBIE. Returnees that leave the MIQF outside of these circumstances are absconding and must be returned to the MIQF as soon as possible.

Returnees who abscond from the MIQF (including from smoking areas or off-site outdoor exercise areas) are in breach of:

- The COVID-19 Public Health Response (Air Border) Order (No 2) 2020 (the Air Border Order No 2)
- The COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020 (the Maritime Border Order No 2)
- The COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 (the Isolation and Quarantine Order)

The MIQF Site Security Manager is responsible for ensuring that appropriate security measures are in place to prevent and respond to absconding events. **Section 6.1 Ensuring that the MIQF is secure** outlines minimum security measures.

If a person attempts to leave a MIQF without authorisation, an enforcement officer has the power to issue directions under the COVID-19 Act to stop any activity that is likely to contravene an order issued under section 11 of the Act or give direction to take any action to prevent or limit the extent of the person's non-compliance.

Under the COVID-19 Act, Medical Officers of Health and NZ Police constables are enforcement officers. Aviation Security (AVSEC) Officers and members of the Armed Forces who are providing support to MIQF have also been authorised by the Director-General of Health to have certain functions and powers of enforcement officers (including the power to issue directions).

However, only NZ Police have the legal authority to detain returnees and return them to the MIQF. When exercising their powers under the COVID-19 Act, NZ Police do not need further instruction or authority to detain returnees and return them to the MIQF.

Incidents of returnees absconding from the MIQF must be recorded in an incident register and reported to the MIQF Manager, as per **Section 5 Risk management**.

6.6 Maintaining returnee safety – preventing and responding to violence and abuse

MIQFs are responsible for the safety and wellbeing of returnees. This includes checking that returnees are safe from violence and abuse for the duration of their stay at the MIQF, with the support of local Police where required. It also includes taking steps, where appropriate, to support returnees who may be at risk of abuse once they leave the MIQF.

6.7 Evacuation

In the event of an evacuation, follow the MIQF's evacuation plan. Ideally, returnees will have put on a face mask before leaving their room. If this is not the case, face masks must be distributed to returnees (and to staff, if required) by designated Fire Wardens who are wearing the appropriate PPE in the designated evacuation meeting point. Physical distancing of at least 2 metres should be maintained where possible. Staff must also wear face masks.

Fire evacuation plans at dual-use MIQFs should consider establish exclusive areas in the evacuation meeting points to separate returnees from the quarantine zones and managed isolation zones.

The evacuation should be reviewed by health staff and the PHU if required to determine whether any IPC breaches occurred during the evacuation -- and if so, the resulting risk to returnees and/or staff.

If a breach occurred, the low-risk and high-risk bubble breach principles and processes discussed in **Section 10.1.4 Bubble breaches** should be applied to determine the appropriate response, including whether any returnees require an extension of stay in the MIQF, or whether any additional testing might be required.

6.8 QF and quarantine zones of dual-use facilities: security and safety requirements

COVID-19 positive returnees: In addition to the requirements in section 6.1 to 6.7, COVID-19 positive returnees may not leave their room unless escorted by a MIQF staff member. The returnee and MIQF staff member must wear appropriate PPE as detailed in **Section 3 Infection Prevention and Control** and the **SOP: IPC**.

Close contacts: In addition to the requirements in section 6.1 to 6.7, close contacts of a confirmed or probable case are only to leave their room for supervised exercise/smoking at an allocated time and in accordance to colour of wristband status, to ensure no crossover of returnees. Close contacts must be wearing appropriate PPE when leaving their room. If the close contact is symptomatic, refer to **Section 10.3 Managing symptomatic returnees** for further guidance.

Processes for easily identifying and distinguishing between COVID-19 positive returnees and close contacts, and/or quarantine zone returnees from managed isolation zone returnees should be implemented. This could include the use of colour-coded wrist bands or lanyards.

Refer to **Section 2.2 QF and dual-use facilities: site requirements** for further detail regarding managing exercise and smoking areas in QFs and dual-use facilities.

7. Data management

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Management of all non-health related data and information (registration, non-compliance, welfare, etc.) • Ensuring that a data management plan is developed and managed 	<ul style="list-style-type: none"> • Setting requirements of management and reporting of health data and information 	<ul style="list-style-type: none"> • Management of all health-related data and information • Reporting of health data and information to the Ministry of Health

All data about returnees, staff, and/or the management and operation of the MIQF must be managed appropriately and stored securely by the MIQF. MBIE must produce **a data management plan** demonstrating how they will ensure data is managed and stored in accordance with the [Health Information Privacy Code 2020](#).

Information will be collected from returnees at different points throughout their time at the MIQF, such as:

- on arrival at the border
- on arrival at their allocated MIQF
- during regular health and wellbeing checks
- during preparation for departure from a MIQF

7.1 Health record storage

DHBs should decide how they will store physical records (such as paper forms collected from returnees containing health information). This might be stored offsite, or by scanning and filing the records digitally in their Document Management System. Private providers may be used.

If offsite storage is used, then secure seals must be placed on each box of records. Records should be retrievable within 24-48 hours of a request for the physical copy.

Choosing to scan and file records in a Document Management System may be dependent on the volume of records the DHB is managing.

Records must be managed as agreed under DHB Disposal class 1/0 and 1/1 class instructions. Under the DHB Retention & Disposal Class 1.0/1.1, DHBs must store health records created in MIQF for 10 years and then destroy them subject to written approval by section staff on the due date.

If the full and accurate details of a physical record have been transferred into an appropriate electronic database (e.g. scanned or manual input of information), the duplicate physical records do not need to be retained. Note that if information is being manually transferred into electronic database, particular care must be given to ensure the accurate transfer of information if the original physical record will not be retained.

7.2 Digital health record requirements for MIQF health care services

A Patient Management System (PMS) appropriate for returnees accessing health care in the MIQF context should meet the below requirements:

- separate from systems developed for border management, IPC processes including testing, or MIQF logistics
- a consistent digital health record platform/framework across all MIQFs
- use existing provider primary care digital health record systems with the following functions:
 - NHI linked
 - online registration with general practice/s providing service to MIQF if not currently registered with a practice
 - contemporaneous clinical notes
 - electronic prescribing
 - laboratory test ordering and reporting
 - referral to and communication with DHB specialist services and systems
 - transfer of care to other General Practices
 - compliant with Health Information Privacy Code and accepted clinical standards and practice
 - remote access from MIQFs

7.3 Border Clinical Management System

The Border Clinical Management System (BCMS) is a bespoke software platform that was developed to facilitate the health and welfare care and workflow present within the MIQFs.

Key functions include:

- automated linkage with the National Border Solution (NBS, Salesforce application) through:
 - NHI as the unique identifier for a person
 - BHR number as the unique identifier for the stay
- linkages with MOH identity team to ensure verification of guest identity prior to any laboratory testing

- role-based access to different levels of health information
- full health, social and wellbeing assessments on arrival, and management of the identified needs during their stay in the facility including:
 - internal communication and referrals to the appropriate agencies
 - external communication and referrals to the appropriate facilities to ensure ongoing health and welfare needs
- point of care note taking for regular Health and Welfare checks
- closed loop completion of all scheduled and ad-hoc COVID tests using the ESR paperless e-Order and Eclair COVID touch paperless collection module
- electronic, signature-exempt prescriptions with ability to document administration of on-site pharmaceuticals
- online ordering of other laboratory test with result management with inboxes and guest context
- dashboard level access to results with easy identification of positive result or when a recollection is necessary
- task and filters to facilitate workload
- workload summary and forecast
- summary level data to facilitate rapid review to ensure all health and testing requirements met for MOoH discharge

The software is delivered as a full Software as a Service (SaaS), thus accessible via a browser on a provided facility device. A full cloud risk assessment, security and penetration testing and full Privacy impact assessment has been performed on the software. Access to the software is controlled by whitelisting of facility IP addresses to facilitate its usage without 2 factor-authentication when full PPE is required. The Personally Identifiable Information (PII) is encrypted at rest and in transit and all access to the records is fully auditable.

8. Arrival at the Border

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Management of exemptions process, including decision making and continuous improvement • Management of the transfer process, including transporting of people from the border to MIQFs • Training of transportation staff in IPC requirements 	<ul style="list-style-type: none"> • Provision of health advice to MBIE regarding exemptions criteria and management • Issuing of NHI numbers to arrivals at the border who do not have an NHI number • Setting of public health and IPC requirements relating to transportation of people to and from MIQF. 	<ul style="list-style-type: none"> • Support of exemptions process through clinical assessments (including testing) and provision of PPE to returnees leaving facilities • Provision of clinical support to people who have travelled to their region under an exemption • Ensuring arrivals undergo a health screen for COVID-19 related symptoms • Entering returnees' information into the NBS at the border • Provision of PPE for transport

8.1 Exemptions at the border

8.1.1 Medical exemptions

Some returnees may arrive at the border or at a MIQF with health conditions, which might be declared prior to travel -- or they might present an undisclosed health condition.

A returnee can apply for a medical exemption if they:

- have an urgent medical condition requiring hospital-level care
- have a medical condition that cannot be addressed at the MIQF and need to isolate in a hospital or an approved location
- need to attend a medical appointment that cannot wait until after completing the required period of isolation or quarantine

More information on medical exemptions, including how to apply for a medical exemption, can be found on the MIQ website: [Exemptions from managed isolation](#).

8.2 Border Screen

All people who enter New Zealand undergo a screen at the border. Where they require follow-up, they will undergo a health screen for COVID-19 related symptoms at the airport before they can depart to an MIQF. The health screen at the border involves a COVID-19 symptom check and an assessment of the returnee's temperature, which are recorded in the NBS. If a returnee is from a low-risk country¹⁴ that does not require day 0/1 testing, health staff will provide a blue wristband (or equivalent) to the returnee to identify them if they meet all other requirements of the border screen.

All returnees are transferred to a MIQF, unless they are in urgent need of hospital-level medical care. In this case, they are transferred directly to hospital following urgent medical transport procedures.

If a returnee displays symptoms of COVID-19 during the health screen, the RIQCC and DHB will determine the most appropriate facility (whether MIF or QF) to send symptomatic returnees. This determination may include consideration of capacity requirements in the region. If a symptomatic returnee is sent to a MIF, refer to **Section 9.3 Managing the arrival of symptomatic returnees** for further requirements upon arrival to the MIF.

8.3 National Health Index

Returnees' NHIs should be automatically loaded into the NBS prior to their arrival in New Zealand. If their NHI number cannot be automatically identified, the MoH or DHB will manually locate or issue a new NHI number for the person and input it into the NBS.

This NHI number will be sent to the BCMS for use during their stay in a MIQF. If a duplicate NHI is discovered after the fact, the first NHI that was allocated will be used. The MoH NHI team will merge the two NHIs after the returnee's stay is completed.

8.4 Transport to a managed facility

8.4.1 IPC requirements during transportation

The transportation of people from the port of arrival (airport or seaport) to a MIQF, or between MIQFs, must comply with the IPC principles outlined in **Section 3 Infection Prevention and Control**, in the **SOP: IPC** and in the sections below.

¹⁴ Refer to glossary.

8.4.1.1 *Transport to a MIQF that involves a vehicle*

Passenger measures

All passengers should have been provided with a face mask at the airport and they must wear the face mask for the duration of the journey unless they are exempt.¹⁵

For longer journeys, a supply of face masks should be available in the vehicle in the event a passenger needs to replace their face mask. In this instance, the mask change should be undertaken at a rest stop in the fresh air while maintaining 2-metre physical distancing from those not in their bubble. Refer to the **SOP: IPC** for how to wear a face mask safely. Hand hygiene (i.e. alcohol-based hand sanitiser) must be available for passengers to use before entering the vehicle.

2-metre physical distancing should be maintained before entering and on exiting the vehicle, as well as in the vehicle. Hand hygiene should be performed at entry and upon exit from the vehicle.

Minimal movement around the vehicle and basic hygiene measures should be followed throughout the journey including hand hygiene, cough and sneeze etiquette and avoiding touching the face, nose, and eyes.

Passengers should continue to wear face masks until they are in their room at the MIQF.

Drivers, Crew and Cleaner measures

All Drivers of a bus or minivan must:

- wear a P2/N95 particulate respirator and eye protection. Refer to the **SOP: IPC** (Note: Eye protection is not required when driving.)
- be separated from returnees by way of a fixed clear plastic screen
- maintain 2-metre physical distancing from passengers
- perform hand hygiene at entry and exit -- as well as after handling any luggage
- board last when loading and be the first off when unloading
- follow basic hygiene measures throughout the journey including hand hygiene, cough and sneeze etiquette and avoiding touching the face, nose, and eyes.

If transporting a confirmed or probable case of COVID-19, the Driver and any Crew should refer to the **SOP: IPC** for further guidance regarding the PPE required during transport.

Bus and minivan operators should:

- Ensure that all loose/optional internal items such as floor mats, seat covers, and decorations are removed before operating vehicle.

¹⁵ Those who are exempt includes passengers with medical conditions that prevent them from wearing face masks, young children under 6 years of age or anyone who is unable to remove a face mask without assistance. Although children under 6 years of age are exempt from wearing a face mask, their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so. Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents or care givers should be encouraged to help children to perform hand hygiene.

- Where practical, keep two clear rows (no passengers) behind the driver.
- Arrange for vehicles to carry:
 - additional face masks for passengers
 - hand sanitiser containing at least 60 percent alcohol (provided by central MoH supply)
 - information pamphlets with pictorial representation of the process that explains how to safely put on, take off and dispose of face masks (as per the instructions in the **SOP: IPC**)
 - hospital grade disinfectant surface wipes
 - bottled water
 - First Aid box

Luggage and passenger loading

Where practical, secure a loading zone that excludes the public from exposure to passengers.

Doors and luggage compartments need to be open before passengers enter the loading zone (maintaining 2-metre physical distancing from other passengers, driver and crew) and place luggage in luggage compartment and board.

Where expertise is required for loading or where passengers cannot reasonably load themselves (due to medical condition, disability, or age) passengers should place luggage in a designated area and then board the vehicle. Once all passengers have boarded, the driver or crew can enter the luggage area and load.

Drivers or designated staff who handle returnee luggage are required to wear a P2/N95 particulate respirator and eye protection (only worn when loading luggage on and off outside of bus, not during driving). They are not required to wear gloves. However, they must perform hand hygiene immediately after handling luggage. The use of long sleeve gowns¹⁶ or aprons may be considered if they need to handle large bulky items close to body to reduce physical injury.

Passengers should board by using the rear or side door rather than the driver's door if possible.

Drivers and crew need to secure the doors and board the vehicle after passengers are loaded (last on, first off).

Operating the vehicle

Ventilate the vehicle to the outside while operating (open windows if practical, don't use mechanical ventilation on the recycle setting).

If any on-board behaviour problems or emergencies arise while operating the vehicle, stop the vehicle and call 111. Inform operator that there is a potential risk of COVID-19.

¹⁶ Non-clinical gowns available for this use. If used must be disposed of safely, hand hygiene performed before alighting vehicle.

Luggage and passenger drop-off

Where practical, a separate secure drop-off zone should be established to remove the risk of newly arriving passengers to others at the facility.

Passengers remain on board at arrival. Driver and crew to open doors, exit vehicle, remove luggage onto ground, then walk out of the drop-off zone before passengers exit the vehicle.

Drivers or designated staff who handle returnees' luggage are required to wear a P2/N95 particulate respirator and eye protection (only worn when loading luggage on and off outside of bus, not during driving). They are not required to wear gloves. However, they must perform hand hygiene immediately after handling luggage. The use of long sleeve gowns¹⁶ or aprons may be considered if needing to hold large bulky items close to body to reduce physical injury.

Passengers should be advised to not take off their face masks until they are in their rooms.

Passengers should disembark from the front of the vehicle first then work to the rear (first on, last off).

Passengers should not exit via driver's door if possible, rather using the rear or side door.

Once vehicle and secure drop-off area are empty, Driver and Crew then secure vehicle.

8.4.1.2 Transport to a MIQF that involves a domestic flight

A domestic flight transferring new arrivals to a MIQF must not have other passengers on board (i.e. passengers should be in the same cohort and there should be no members of the public on board). Any transport of passengers by bus or minivan to or from a domestic airport should follow advice as outlined above.

Passenger measures

All passengers must wear a face mask for any air transportation unless they are exempt.¹⁷ Refer to the **SOP: IPC** for how to wear a face mask safely. Passengers must be provided with a means of performing hand hygiene prior to putting a mask on and after removing and safely disposing of a mask.

2-metres physical distancing should be maintained before entering and on exiting the plane. Hand hygiene should be performed at entry and upon exit from the plane.

Minimal movement around the plane and basic hygiene measures should be followed throughout the flight including hand hygiene, cough and sneeze etiquette and avoiding touching the face, nose, and eyes.

Passengers should continue to wear face masks for onwards transport until they are in their room at the MIQF.

Aircrew measures

Crew on flights with recent arrivals into New Zealand that are being transported to MIQFs should wear face masks whenever in passenger areas of the plane and perform hand hygiene.

¹⁷ Those who are exempt includes passengers with medical conditions that prevent them from wearing face masks, young children under 6 years of age or anyone who is unable to remove a face mask without help. Although children under 6 years of age are exempt from wearing a face mask, their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so. Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents or care givers should be encouraged to help children to perform hand hygiene.

Use normal processes for dealing with any unwell passengers, including appropriate PPE.
All Crew must always practice regular and thorough hand hygiene and IPC measures.

Cleaning measures for domestic flights

Cleaning of domestic planes must occur for recently arrived returnees who have not completed time in a MIQF. Plane is to be empty of people before cleaning starts.

Clean the plane as soon as possible after use.

Cleaners to wear appropriate PPE as described in the relevant IPC border guidance document (below)¹⁸ and any other protective items recommended by the manufacturer of the cleaning products.

Bathrooms should be cleaned following each use by passengers and staff.

Refer to IPC border document for red zone flights

8.4.2 IPC requirements for rest stops during transportation

Transferring people by approved transport between selected locations within New Zealand may involve a risk to the public when a rest-stop is required. There is a need to provide a safe and secure environment for all involved, including the public, and to ensure the risk of transmission of COVID-19 infection is mitigated.

8.4.2.1 Stop location

A rest-stop location needs to meet the following requirements:

- away from major traffic routes
- illuminated for night-time stops
- confirmed with local authorities for use
- space available for the number of vehicles in use and manoeuvre at any time
- an area for smoking that can accommodate at least 2 metres physical distancing between non-bubble smokers
- have a receptacle for used face masks that is not used by the public, to be used in the event that returnees and/or staff must change their face mask at the rest stop (e.g. a small re-sealable plastic bag). Refer to the **SOP: IPC** for further guidance regarding the safe use of face masks.
- Male/female/assisted ablution facilities
- Securing the rest-stop facility site until cleaning is conducted
- an agent organised for cleaning at the rest-stop
- staff available to monitor physical distancing during the stop

¹⁸ https://www.health.govt.nz/system/files/documents/pages/ipc_guidance_for_the_air_border_-_red_zones_18.05_-_sm_signed.pdf

8.4.2.2 *IPC principles during transport and at rest-stops*

Hand hygiene is essential to minimise transmission of infectious droplets from one person to another and to other surfaces.

Passengers should be encouraged to cough and sneeze into the crook of the elbow.

Physical distancing requirements of at least 2 metres must always be followed.

If the driver/security personnel need to use the bathroom at the rest stop, they should do so first, before returnees use the bathroom. This removes the risk to the driver and crew and aids the cleaning process after the departure of the returnees.

8.4.2.3 *Supervision of rest stops and public exclusion*

Members of the public must not have access to bathrooms and rest-stop areas while they are in use by returnees, or before they have been cleaned and disinfected. Staff must supervise rest stop areas and prevent entry by members of the public. Signage must be displayed at rest stop bathrooms to clearly identify that people in Managed Isolation are using the rest stop area.

Where applicable, rest-stop facility management are to be notified in advance that the rest-stop will be used by passengers, to allow for adequate time to forewarn members of the public that the rest-stop will be used, and to implement appropriate cleaning arrangements as outlined below. Staff must also supervise the rest stop area to ensure that all returnees/passengers are maintaining physical distancing requirements (at least 2m) while waiting to use the bathroom.

8.4.2.4 *Smoking at rest stops*

If passengers wish to smoke at a rest stop, they must:

- Follow the 2-metre physical distancing rule.
- Perform hand hygiene.
- Unhook their face mask before they begin smoking.
- Perform hand hygiene after smoking.
- Readjust face mask and perform hand hygiene again.
- If a new mask is required, these must be available and the process for removing, disposing, and replacing facemask must be followed. (Refer to the **SOP: IPC** for further guidance regarding the safe use of face masks).

8.4.2.5 *Cleaning requirements for rest-stop bathrooms*

Bathrooms should be cleaned immediately after the bus/minivan departs the rest stop. It is sufficient to clean and disinfect the bathrooms after each bus/mini-van load, unless there is a toileting accident in the bathroom, in which case it will need to be cleaned for the next occupant.

Hospital grade cleaning and disinfection products should be used when cleaning the bathrooms.

Members of the public must not have access to the bathroom facilities before they are cleaned.

Those cleaning the bathroom(s) should be present for the duration of the rest stop in the event the bathroom(s) need to be cleaned in between occupants (e.g. if there is an accident) and to ensure cleaning takes place promptly before bathrooms are re-opened for public use.

Rest-stop bathrooms should be cleaned according to the general cleaning principles outlined in the **SOP: IPC**.

Those cleaning rest-stop bathrooms must be trained in the correct usage of PPE and cleaning guidance. Further guidance can be found on the Ministry of Health website:

- [COVID-19: Cleaning FAQs](#)
- [Cleaning following a confirmed or probable case of COVID-19.](#)

Resourcing

Bathroom supplies (soap, toilet paper, disposable hand towels) should be restocked in between each bus/mini-van load.

Staff and equipment resourcing to implement these processes will need to be commissioned by the service provider.

Providing an on-going community service may need to be considered.

Local level planning with the NZ Police is recommended for high-risk transport. NZ Police have PPE guidelines in place. DHB/PHU/NZ Police interventions with high-risk people are business as usual activities.

9. Arrival at the facility

Upon entry to the MIQF, key information about returnees must be captured, they must be provided with a Welcome Pack and undertake an Initial Health and Wellbeing Assessment. Consider interpretation services for those returnees whose primary language is not English and prioritising the processing of older returnees, families with young children and those with physical needs.

Further details about these and other requirements at the point of returnee entry to the MIQF are provided below.

9.1 Returnee information

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> Ensure returnee information is captured in NBS, or in paper form if NBS is unavailable 	<ul style="list-style-type: none"> Development and management of NBS/BCMS 	<ul style="list-style-type: none"> Entering returnees' details into the NBS/BCMS upon arrival, where appropriate

The MIQF Manager must ensure that all returnees' information is accurately captured in the NBS. If the NBS is not available, a Returnee Information Form must be completed for each incoming returnee upon arrival to the MIQF.

Staff should collect information from returnees verbally while the form is being filled out to reduce handling of paper. Returnees should not fill out their own forms.

MIQF staff are responsible for interviewing returnees and accurately recording the information in the NBS or on the paper returnee information form. MBIE, MOH, and/or DHB employees or contractors can use NBS. Any MIQF staff can enter information onto the paper returnee information form (including hotel staff with MIQF Manager over-sight). Any staff involved in collecting returnee information should be briefed on the relevant Privacy Act provisions.

Refer to the **SOP: Entry to a MIQF** for more details on returnee information at the point of entry to a MIQF.

Note: If returnees are symptomatic, refer to **Section 9.3 Managing the arrival of symptomatic returnees** for further guidance. Standard IPC precautions should be followed where appropriate. Refer to **Section 3 Infection Prevention and Control** and the **SOP: IPC** for further guidance regarding IPC procedures.

9.1.1 Questions not required for non-standard groups of returnees

Some people have special arrangements in place for charging liability for their stay in the facility or onward travel when they leave the facility, so those questions do not need to be asked during the returnee information interview on entry to the MIF.

Group	Questions required?	Comments
Maritime workers	No	<p>MIQFs are not required to ask maritime workers the questions but must ensure that the Charge Exempt Reason is marked as “maritime” in NBS.</p> <p>The shipping agent (who is reimbursed by the employer) covers the charges incurred by maritime workers. A separate process is in place for this.</p>
Overseas-based aircrew	No	<p>MIQFs are not required to ask aircrew the questions but must ensure that the Charge Exempt Reason is marked as “Aircrew” in NBS.</p> <p>The employers of aircrew cover the charges incurred. A separate process is in place for this.</p>
Individuals who test positive in the community	Partial	<p>Individuals who test positive while in the community and are required to come into a MIQF are not liable for charges, therefore they do not need to be asked the charge liability question.</p> <p>Their onward travel (or permanent address and how they will get back there) should be captured, and the Charge Exempt Reason must be marked as “COMMUNITY” in NBS to ensure they aren’t invoiced.</p>
Others	Yes	<p>This depends on whether they are liable for charges, whether an arrangement has been made for payment, or whether they are in NZ for a specific purpose (e.g. an international sports team). The questions should be asked unless there has been a direction not to.</p> <p>If the questions are not asked, then a reason must be entered in the Charge Exempt Reason in NBS.</p>

9.2 Initial Health and Wellbeing

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> Assist in ensuring compliance with IPC requirements while awaiting the Arrival Health and Wellbeing Screen 	<ul style="list-style-type: none"> Setting requirements for the Arrival Health and Wellbeing Screen 	<ul style="list-style-type: none"> Conduct the Arrival Health and Wellbeing Screen Link with local providers to ensure culturally appropriate care is provided Ensure returnees who require post-departure social and welfare support are linked up with local providers well before they are due to leave

On the day of arrival, the health team must contact each returnee to:

- Verify their NHI.
- Verify contact phone details.
- Determine whether NRT is required.
- Identify any immediate issues requiring attention such as disability support, small children, elderly, frailty, psychological anxiety, or distress.
- Inform the returnee that if they develop symptoms consistent with COVID-19 at any time during their stay, they should contact the on-site Health Team immediately and not wait until their next regular health check.
- Inform the returnee how to contact the Health Team 24/7.
- Inform the returnee of the testing procedure for day 0/1 test.

Within 48 hours of arrival, returnees must undergo an Initial Health and Wellbeing Assessment. At a minimum, the assessment must include a COVID-19 symptom check, Public Health COVID-19 and vaccination questions, and questions around non-COVID-19 related physical health, mental health, addiction, and welfare needs.¹⁹ Queuing in a common area for the Initial Health and Wellbeing Assessment should be avoided.

If the day 0/1 nasopharyngeal swab is to take place before the Initial Health and Wellbeing Assessment, then a Regular Health Check must be done beforehand to assess for any symptoms. Initial Health and Wellbeing Assessments are conducted by registered nurses by phone or video call, unless an in-person face-to-face

¹⁹ Welfare needs include income support (benefit), schooling, support to find housing, accommodation costs, childcare assistance, support to find employment, and grants to help people meet urgent or unexpected costs.

assessment is clinically indicated. There should be staff available who are fluent and culturally competent in te reo Māori and Pacific languages to support Māori and Pacific whānau/families when conducting the Initial Health and Wellbeing Assessment. Returnees whose primary language is not English must have access to a health interpreter during the assessment if required.

Note: During a surge in workload, such as during a community outbreak, when health workload suddenly exceeds health workforce capacity, the Clinical Lead of a MIQ region may seek agreement from the DHB COVID Health Lead to temporarily apply a waiver to the requirement for the Initial Health and Wellbeing Assessment to be conducted only by registered nurses. In these instances, the Initial Health and Wellbeing Assessment may be conducted by a delegated member of the wider health team, under the supervision and oversight of the registered nurse.

The information gathered in the Initial Health and Wellbeing Assessment is used to assign a Complexity Acuity Resource Toll (CART) score which will inform a management plan for that returnee, based on a clinical guideline. The CART score is reassessed during regular health checks and the guideline adjusted according to changing health and wellbeing needs. Returnees can raise any Health and Wellbeing concerns during regular health and wellbeing checks.

Health staff input the required information directly into the BCMS.

9.3 Managing the arrival of symptomatic returnees and returnees from high-risk countries

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> Supporting the arrival of returnees at a MIQF 	<ul style="list-style-type: none"> Setting health requirements for managing symptomatic returnees and returnees from high-risk countries 	<ul style="list-style-type: none"> Testing symptomatic returnees and returnees from high-risk countries Monitoring symptomatic returnees and clinical escalation pathways where symptoms do not resolve

All symptomatic returnees sent to a MIF (as per **Section 8.2 Border Screen**) and all Returnees **from high-risk countries**²⁰ should immediately be isolated to their room and tested for COVID-19.

²⁰ Refer to glossary

All administrative arrival processes – including collecting returnee information for NBS/filling out the returnee information form and conducting the Initial Health and Wellbeing Assessment – should be conducted virtually if possible (e.g. over the phone), or in their room/from the doorway of their room. Any further follow-up clinical assessments should also be conducted from their room (or the doorway of their room where possible) following appropriate IPC procedures. Refer to **Section 3 Infection Prevention and Control** and the **SOP: IPC** for further guidance.

Returnees from **high-risk countries** will be isolated to their room until they meet the requirements detailed in **Section 6.3 Managing returnee movement throughout the facility**.

9.3.1 Symptomatic returnees

If the test result is **negative**, the person will remain in their room until advised by an attending medical professional (refer to **Section 10.3 Managing symptomatic returnees** for further guidance). They are still subject to testing requirements on or around days 3 and 6 of their stay.

If the test result is **positive** and the person is in a MIF, the person (and their bubble) must remain in their room and be transferred to a QF or quarantine zone of a dual-use facility.

9.4 Welcome Pack

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none">Development and provision of the Welcome Pack to returnees	<ul style="list-style-type: none">Provision of advice about health considerations within the Welcome Pack	<ul style="list-style-type: none">Provision of region-specific operational health service information for the Welcome Pack

The MIQF will be provided with a Welcome Pack for returnees when they arrive at the MIQF.

The Welcome Pack, including several translated versions, can be found on the MIQ website [here](#).

It is the MIQF Manager's responsibility to ensure that all returnees receive a Welcome Pack upon entry to the MIQF.

10. During a returnee's stay

10.1 Bubbles

Bubbles are groups of people who are isolating together. In MIQFs, they are likely to be family groups or small groups of people who have been travelling together, and who wish to complete their time in managed isolation together.

When assessed against the low-risk indicators required for release from a MIF (see **Section 13 Exit from a MIQF**) the entire bubble is assessed collectively. This means that if one person in the bubble is not considered low risk, the entire bubble may be required to extend their stay.

This collective assessment is also applied if a member of the bubble tests positive for COVID-19, or if a member of the bubble becomes symptomatic. See below for further information.

To guide the management of bubbles, the following principles should be applied:

Bubble size: Smaller bubbles are advantageous from a Public Health perspective, as larger bubbles extend the potential chains of transmission and heighten the risk of new infections to take place within the bubble during their stay in the facility. Therefore, if a bubble member tests positive for COVID-19, this is likely to extend the length of stay for the whole bubble.

Proximity: Bubbles spread across two rooms (see below) should be in adjacent (next door or opposite) rooms to minimise the distance bubble members travel to interact where at all possible.

Wellbeing of returnees: The time in MIQF can be highly stressful for some people, especially if they are travelling for bereavement, have left difficult circumstances in another country, or are facing uncertainty once they join the community in New Zealand. Some bubble arrangements may be beneficial for their wellbeing, and some bubble arrangements may add stress. Therefore, where possible, and with consideration of the principles above and IPC requirements, returnees' preferences for bubble arrangements should be considered.

10.1.1 Splitting a single bubble across multiple rooms

Splitting a bubble across multiple rooms should be minimised where possible. If required, a bubble can encompass two rooms, maximum. The two rooms should be directly adjacent (next door or opposite) to each other. If a bubble is spread across two rooms, the returnees in each room can interact with each other without the need to wear face masks or maintain physical distancing while inside the rooms. However, they must wear face masks and practice hand hygiene when outside their room to travel between the rooms, as required in **Section 3.4 IPC requirements for returnees during their stay at the MIQF** and the **SOP: IPC**. For the purposes of risk assessments as described above, the two rooms will be considered collectively.

If a bubble is too large to be accommodated in two rooms, it should be split into separate bubbles. These separate bubbles cannot enter each other's rooms, and must maintain physical distancing and wear face masks when outside of their rooms, as per the IPC requirements in **Section 3 Infection Prevention and Control** and the **SOP: IPC**.

10.1.2 Introducing new bubble members

Bubbles may combine only if:

- approved by MOoH (in consultation with IPC lead),
- returnees in each bubble arrived at the facility within 24 hours of each other; **and**
- the resulting bubble is no larger than the capacity of two rooms, as per **Section 10.1.1** above.

In exceptional circumstances (e.g. compassionate reasons), bubbles can combine if they arrived within 48 hours of each other, and if the resulting bubble is no larger than the capacity of two rooms, as per **Section 10.1.1** above.

Any bubbles that arrived over 48 hours apart cannot combine.

10.1.3 When one member of a bubble is symptomatic or tests positive for COVID-19

Using current Ministry of Health clinical guidelines, if a returnee becomes symptomatic, they should be immediately isolated in their room, and a test for COVID-19 arranged. Refer to **Section 10.3 Managing symptomatic returnees** for further guidance, including the management of the symptomatic returnee's asymptomatic bubble members.

If a member of a bubble tests positive for COVID-19, all members of the bubble will be considered close contacts and will be moved to a QF/quarantine zone.

10.1.4 Bubble breaches

When a bubble breach occurs between returnees in a MIQF, a risk assessment should be undertaken and the MOoH and IPC lead informed to ascertain the risk level of the bubble breach. The risk level of the bubble breach should be assessed based on the characteristics of the individuals involved in the breach. The process for managing both low and high-risk bubble breaches, and the potential implications of breaches, should be clearly explained to returnees upon arrival to the MIQF.

10.1.4.1 Low-risk bubble breach

A **low-risk bubble breach** is a breach in which the risk of transmission is low. Low-risk bubble breaches usually involve asymptomatic returnees or asymptomatic close contacts. Examples of a low-risk bubble breach

could include a returnee failing to maintain 2 metres distance for a short period of time or opening their room door without a face mask.

Managing a low-risk bubble breach

There is a graduated approach to responding to low-risk bubble breaches. This begins with a verbal warning from MIQF staff. Upon a second low-risk bubble breach, a police officer will issue a formal warning, and an MOoH notified. If a third breach occurs then the MOoH should consider undertaking a risk assessment to review whether it is a low-risk breach, whether any further testing is required and/or whether the returnee's stay needs to be extended.

10.1.4.2 High-risk bubble breach

A **high-risk bubble breach** is a breach in which the risk of transmission is high. This generally includes any scenario:

- where there is contact at less than 2 metres distance without PPE or
- that involves a confirmed case of COVID-19, symptomatic returnees, or symptomatic close contacts.

Examples of a high-risk bubble breach include a returnee entering the room of another bubble, or sharing food, drinks, or cigarettes/vaping devices with a person from another bubble.

Managing a high-risk bubble breach

Returnees who have committed a high-risk bubble breach cannot automatically satisfy the low-risk indicators for release under the Isolation and Quarantine Order after 10 days in a MIQF.

High-risk bubble breaches should be referred for a Public Health risk assessment to the local MOoH. The MOoH will assess the risk and provide guidance on whether more testing is needed, when it should be done, whether the returnees' blue wristbands (or equivalent) should be removed (i.e. whether they are required to be isolated to their room) and when they should be re-applied, and whether the returnee's stay in the MIQF needs to be extended.

In high-risk bubble breaches where a returnee becomes a close contact of a confirmed case of COVID-19, the close contact returnee should continue isolating for a further 10 days from the bubble breach.

A MOoH may consider if an extension of stay is needed but may not extend the stay to be more than 20 days due to a high-risk bubble breach.

Where appropriate, a MOoH should provide returnees with a formal letter detailing the date of the breach and the need:

- to be retested

- to remain in isolation until the test results are known
- for further testing should they become symptomatic
- to review the date of exit from the MIQF

A flow diagram detailing the process for managing bubble breaches is provided in the **SOP: Stay in a MIQF**.

10.2 Regular health and wellbeing checks

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Setting the requirements for regular health and wellbeing checks 	<ul style="list-style-type: none"> • Conducting the regular health and wellbeing checks. • Reporting regular health and wellbeing check data and information to the Ministry of Health.

MIQFs are required to conduct regular health and wellbeing checks on people in MIQF. Regular health and wellbeing checks must be conducted by registered nurses or delegated health staff. The purpose of the checks is to detect any COVID-19 symptoms as early as possible, so that people displaying symptoms can be quickly isolated from others and provided with the care they need. Regular health and wellbeing checks also offer the opportunity to identify and address other (non-COVID-19) related physical health, mental health, addiction, and wellbeing concerns.

Note: Returnees must be informed that if they develop symptoms consistent with COVID-19 at any time during their stay, they should contact the on-site Health Team immediately and not wait until their next health and wellbeing check. Refer to **Section 10.3 Managing symptomatic returnees** for further guidance.

Section 10.2.1 provides the minimum requirements for a 'regular health and wellbeing check', which covers a symptom check, observations where clinically indicated, and a wellbeing check.

A registered nurse will assess the clinical and psycho-social needs of each returnee (including determining if the returnee is clinically/psycho-socially vulnerable²¹) to determine the appropriate Health and Wellbeing Plan for them. This is done at the Initial Health and Wellbeing Assessment and reassessed during regular health checks. Digital technologies should be used for health and wellbeing checks. In-person (i.e. face-to-face) assessments are only done if clinically indicated or if done concurrently with another required face-to-face interaction such as swabbing or giving a wristband (see **Section 10.2.2 Location of health and wellbeing checks**).

Some returnees who are assessed by the Health Team as being clinically/psycho-socially vulnerable may require more frequent in-person clinical interactions if clinically indicated.

Section 10.2.3 Regular health and wellbeing check frequency requirements below is a summary of the health and wellbeing check requirements for returnees.

10.2.1 Content requirements for comprehensive health and wellbeing checks

At a minimum, the following information must be recorded during a regular health and wellbeing check:

Section 1: Returnee details:

(These details will be in the Border Clinical Management System (BCMS) via NBS, or if using a hard-copy form, can be pre-filled and do not need to be asked at the beginning of each check. However, the RN or delegated health staff member conducting the Health and Wellbeing check must take reasonable steps to ensure they are speaking to the correct returnee at the beginning of each check.)

- Name
- DOB
- Ethnicity(s)
- Room number
- Correct cell phone and email details (for receiving lab results and contact tracing)
- NHI number (Verify the returnee's NHI, which is required for testing purposes.)
- Day of health check (e.g. day 1).

²¹ Clinically/psycho-socially vulnerable returnees could include but are not limited to returnees that:

Are elderly,
Are pregnant,
Are immunocompromised,
Require additional support for their cultural, social, emotional, and/or mental wellbeing,
Are unaccompanied minors,
Have co-morbidities that increase risk of severe illness if they contract the SARS-COV-2 virus, and/or co-morbidities that increase their need for frequent face-to-face monitoring.

Clinical vulnerabilities should be identified when returnees enter the MIQF during their arrival health and wellbeing screen.

Section 2: Symptom Check:

- Sore throat (Y/N)
- Cough (Y/N)
- Headache (Y/N)
- Shortness of breath (Y/N)
- Loss of smell (Y/N)
- Loss of taste (Y/N)
- Fatigue (Y/N)
- Body aches (Y/N)
- Self-report fever/chills (Y/N)
- Sneezing/runny/blocked nose (Y/N)
- Nausea/vomiting/diarrhoea (Y/N) – If yes, which?

Section 3: Clinical Assessment (only if clinically indicated)

- Temperature above 38°C (Y/N)
- Heart rate
- Respiration rate
- Oxygen saturations
- Blood pressure
- Blood sugar levels.

Section 4: Wellbeing Check:

Returnees should also be asked if they have any other (non-COVID-19 related) physical health, mental health (e.g. mood or anxiety issues) and general wellbeing or welfare concerns they wish to discuss with the nurse. Health staff may input the required information directly into the BCMS.

10.2.2 Location of health and wellbeing checks

Email health and wellbeing checks are sent to each returnee automatically unless switched manually to receive a phone or face-to-face assessment if clinically indicated.

It is recommended that in-person health and wellbeing checks are minimised to:

- reduce the number of close-proximity interactions between returnees and health staff
- prioritise resources for returnees who are clinically/psycho-socially vulnerable, and/or who are experiencing deterioration in their Health/Wellbeing or symptoms.

Technologies with video capability are preferred for virtual health and wellbeing checks. Refer to **Section 10.2.3** for further guidance.

If a returnee presents a symptom or other health issue, this is shown in the BCMS dashboard. A member of the Health Team then follows this up with a phone call to further assess the issue and establish a plan of care.

When assessments are conducted in person, they must be conducted at the doorway²². Nurses and/or delegated health staff must wear the appropriate PPE (refer to **Section 3.5 IPC requirements for MIQF staff** and the **SOP: IPC**). Returnees must wear a face mask during the health and wellbeing checks unless medically exempt.

If conducting multiple in-person health and wellbeing checks on one floor, a protocol of visiting non-sequential (i.e. alternate) rooms should be implemented as an additional IPC risk mitigation measure where returnees' doorways are close together, according to local guidelines.

The information gathered in the initial health and wellbeing assessment is used to assign a Complexity Acuity Resource Toll (CART) score which will inform the clinical guideline for that returnee. The CART score is reassessed during regular health and wellbeing checks and the guideline adjusted according to changing health and wellbeing needs. Returnees can raise any health and wellbeing concerns as they arise throughout their stay during regular health and wellbeing checks. Health staff must document the plan for health checks in BCMS.

MIQFs must have adequate staffing of registered nurses and delegated health staff to accommodate health and wellbeing checks of every returnee, alongside provision of any additional health/wellbeing support returnees may require.

10.2.3 Regular health and wellbeing check frequency requirements

The frequency and mode of regular health and wellbeing checks is determined by the registered nurse based on the initial health and wellbeing assessment and CART score. Those with CART score between 1 and 3 will be mostly managed using Guideline A (see table below), which describes the minimum expectation for regular health assessments. Those with higher needs (CART score 4 or above) will be commonly managed according to clinical need, as determined by the RN during the initial and regular health check. Depending on the clinical and wellbeing needs of the returnee, registered nurses will use clinical judgement to determine the appropriate frequency of in-person versus virtual health and wellbeing checks (e.g. whether the frequency or mode of health checks should increase or change).

Examples of considerations to inform this judgement are set out below.

²² This may not be operationally feasible (e.g. if returnees' doors open into an outdoor space, making it impractical to conduct health and wellbeing checks from the doorway, particularly during winter). Facilities will make a site-specific determination, in consultation with the IPC lead and Health lead, as to the most appropriate location for in-person health and wellbeing checks. If a designated room within the facility is used for the in-person health and wellbeing checks, protocols must be in place to control and minimise the movement of returnees and prevent cross-over/congestion of returnees in shared spaces. This protocol/process must be reviewed and approved by the IPC lead.

The Guideline selected for each returnee is documented in BCMS in the Initial Assessment and subsequently in the Regular Health checks.

Type and Frequency of Symptom and Health/Wellbeing Assessments

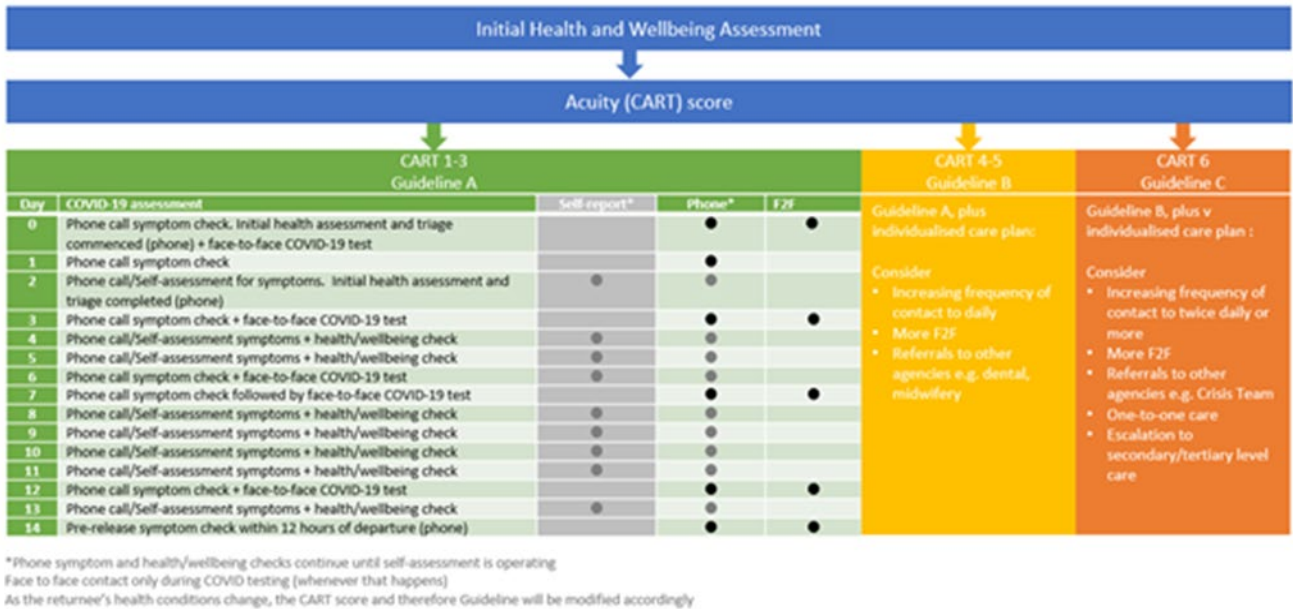


Figure 2 Type and Frequency of Symptom and Health/Wellbeing Assessment

10.2.4 Returnees with symptoms consistent with COVID-19

If a returnee answers 'yes' to any of the symptom questions in **Section 2: Symptom check** of the regular health and wellbeing check (refer to **Section 10.2.1** above), they should be isolated to their room and tested as soon as practicable. Refer to **Section 10.3 Managing symptomatic returnees** for further guidance.

If the returnee tests positive for COVID-19, they should be transferred to a QF/quarantine zone as soon as practicable. Refer to the regular health and wellbeing check requirements for COVID-19 positive returnees in **Section 10.2.3** above.

10.2.5 Refusal of regular health checks

Undergoing health checks is a requirement under the Isolation and Quarantine Order (referred to in the Order as 'medical examination'). Refusal to submit to health checks is therefore an offence under the Order.

If a returnee refuses to undergo regular health and wellbeing checks, all reasonable steps should be made to offer them alternative arrangements that would make these more comfortable for them.

If a returnee continues to refuse regular health and wellbeing checks, they will not be prosecuted under the COVID-19 Public Health Response Act. However, because their symptom status cannot be determined, they

should be treated as if they are symptomatic. Refer to **Section 10.3 Managing symptomatic returnees** for further guidance, including the additional supervision requirements during exercise and/or smoking.

10.3 Managing symptomatic returnees

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> Managing and supervising exercise and smoking areas to ensure symptomatic (but COVID-19 negative) returnees can safely exercise/smoke while adhering to IPC requirements 	<ul style="list-style-type: none"> Setting the health requirements for the management of symptomatic returnees 	<ul style="list-style-type: none"> Conducting regular health checks on symptomatic returnees Testing symptomatic returnees Monitoring symptomatic returnees and clinical escalation pathways where symptoms do not resolve within 48 hours

If a returnee develops symptoms consistent with COVID-19 during their stay, they should contact the on-site Health Team immediately. The returnee must be immediately isolated to their room and a COVID-19 test arranged as soon as practicable²³. The laboratory should be informed to (if possible) prioritise the test result following the local process. Refer to **Section 10.3.3 Managing bubbles with a symptomatic case** below for further guidance regarding the management of the asymptomatic bubble members of a symptomatic returnee.

Note: Symptomatic returnees are to be isolated to their rooms until they receive a negative test result. During this time, the returnee is not permitted to exit their room to smoke, exercise, or otherwise. Health staff must remove symptomatic returnees' blue wristbands (or equivalent) and only re-apply the wristbands after receiving a negative test result and symptoms resolve, or after receiving negative test results if approved by the Health Lead in consultation with a Medical Officer of Health or appropriate delegate.

Stop smoking support, including Nicotine Replacement Therapy, must be made available to smokers. Some existing permissions for returnees to leave their rooms and/or the MIQFs will continue to apply during this period of room isolation while awaiting test results, as detailed in **Section 6.3.1 Managing the movement of returnees from high-risk countries**.

If the symptomatic returnee returns a negative test result, refer to **Section 10.3.1** for further guidance regarding the management of the returnee. If the returnee **tests positive** for COVID-19, refer to **Section 11.5.4 Result notification** for further guidance on result notification and subsequent actions.

²³ This test, and any testing of the symptomatic returnees' bubble members while the person is still symptomatic, must be conducted from the returnees' doorway – not from a designated swabbing room within the facility. Refer to **Section 11.5.5** for further guidance.

10.3.1 Managing symptomatic COVID-19 negative returnees within a MIF or dual-use facility

If a symptomatic returnee returns a negative test result, the returnee must be managed in accordance with the guidance below until they are no longer symptomatic, or until advised otherwise by an attending medical professional or other suitably qualified Health Professional.

Symptomatic (but COVID-19 PCR negative) returnees must still be offered opportunities for outdoor exercise and/or smoking, subject to the following conditions:

- Approval has been given by an attending medical professional or MOoH for the returnee to leave for supervised exercise or smoking.
- A designated time/place must be arranged for exercise/smoking so that a symptomatic (but COVID-19 PCR negative) returnee can exercise/smoke while maintaining at least 2 metres physical distance from returnees who are not in their bubble.
- The returnee is directly supervised by MIQF staff (who will wear appropriate PPE, as detailed in **Section 3 Infection Prevention and Control** and the **SOP: IPC**) while exercising/smoking to ensure compliance with IPC requirements.
- The returnee adheres to the IPC requirements detailed in **Section 3 Infection Prevention and Control** and the **SOP: IPC**, including physical distancing, PPE, and hand hygiene requirements.
- The symptomatic returnee will continue to undergo regular health checks with clinical staff to monitor their symptoms. The returnee should also be encouraged to contact on-site health staff should their symptoms worsen or change.

A flow chart depicting the process for managing symptomatic returnees can be found in **SOP: Stay in a MIQF**.

10.3.2 Escalation where COVID-19 negative returnee has prolonged symptoms

If the returnee's symptoms do not resolve within 48 hours after receiving a negative COVID-19 test result, the attending medical professional should clinically review the returnee and determine if consideration of other potential diagnoses is appropriate, if re-testing for COVID-19 is appropriate, and if the ongoing isolation and conditions for exercise/smoking detailed in **Section 10.3.1** above remain appropriate. Further escalation to a MOoH/PHU may be appropriate if the symptoms are prolonged or to support decision-making.

10.3.3 Managing bubbles with a symptomatic case

Note: Asymptomatic bubble members of a symptomatic returnee are to be isolated to their room while awaiting the test results of their symptomatic bubble member. During this period of room isolation, they are not permitted to exit their room to smoke, exercise, or otherwise. Health staff are to remove the asymptomatic bubble

members' blue wristbands (or equivalent) and may re-apply the wristbands after the symptomatic bubble member receives a negative test result.

If the symptomatic bubble member tests negative, the asymptomatic bubble members will no longer be isolated to their room, nor will they be subject to the conditions detailed in **Section 10.3.1**. However, they must continue to follow the usual IPC guidelines for physical distancing and PPE use when they leave their room.

If the symptomatic bubble member tests positive for COVID-19, refer to **Section 11.5.4** for further guidance on result notification and subsequent actions.

10.4 Managing close contacts of confirmed or probable cases

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Manage and supervise outdoor and smoking areas to ensure adherence to IPC requirements • Communicating any changes to the length of isolation 	<ul style="list-style-type: none"> • Setting IPC and health requirements for the management of close contacts of confirmed or probable cases • Arranging notification of close contacts in MIQFs 	<ul style="list-style-type: none"> • Conducting regular health checks for close contacts

If a returnee is identified as a close contact of a confirmed or probable case of COVID-19, they will be notified by on-site health staff or the National Investigation and Tracing Centre (NITC). Prior to initiating contact tracing calls, the NITC Triage Team will advise relevant RIQCC points of contact.

10.4.1 General management of close contacts

Regardless of whether they became close contacts at the MIQF or in transit to New Zealand (e.g. on a flight), returnees who are close contacts are to be managed according to the following guidance:

- regular health check requirements in **Section 10.2.3 Regular health and wellbeing check frequency requirements**
- all the following room isolation, exercise/smoking supervision, and PPE requirements:
 - health staff are to remove close contacts' blue wristbands (or equivalent) and may re-apply wristbands in accordance with guidance from the MOoH or appropriate delegates

- if in a MIF or dual-use facility, approval has been given by an MOoH or other suitably qualified health practitioner for the returnee to leave for supervised exercise or smoking
- a designated time/place has been arranged for exercise/smoking so that the close contact can exercise/smoke while maintaining at least 2 metre physical distance from returnees who are not in their bubble
- the returnee is directly supervised by MIQF staff (who will wear appropriate PPE, as detailed in **Section 3 Infection Prevention and Control** and the **SOP: IPC**) while exercising/smoking to ensure compliance with IPC requirements
- the returnee adheres to the IPC requirements detailed in **Section 3 Infection Prevention and Control** and the **SOP: IPC**, including physical distancing, PPE, and hand hygiene requirements.

The IPC requirements for close contacts are detailed throughout the **SOP: IPC**, which includes:

- the PPE requirements for the close contact and for staff who interact with close contacts, and
- the cleaning and waste disposal guidance for close contacts.

If the close contact is in a MIF or dual-use facility, they are not required to be moved to a QF or quarantine zone of a dual-use facility, unless determined necessary by the on-site health team and/or MOoH.

Summary of Public Health advice on close contact management:

<p>Bubble close contacts who have ongoing contact with case -- irrespective of vaccination status</p> <p>This is the situation where someone is in and remains in a bubble with a confirmed positive case.</p>	<ul style="list-style-type: none"> Isolate case immediately until they have recovered. Test immediately when case is identified and on case's day 5. Isolate for an additional 10-days immediately after (i.e. the public health advice is that a person's 10 day stay in MIQ resets from the point of exposure). Test on days 5th and 8 of the 10-day isolation. If symptoms develop at any time, immediately get an additional test. Release after 10 days isolation post case release, provided no new or worsening symptoms AND negative day 8 test. General management as per section 10.4.3 of the MIQF Operations Framework <p>Once MoH advises the MIQ decision-maker that a person is a close contact, they must inform the person. The decision-maker, if required, will decide whether to extend the person's isolation period per cl 10(1)(b) based on the advice from MoH. The maximum period a person can be required to remain in MIQ is 20 days from their start time under the Isolation and Quarantine Order 2020. If an MOoH considers a further period is required from a public health perspective, please consult the MBIE legal team.</p>
<p>Bubble close contacts without ongoing contact with case -- irrespective of vaccination status</p> <p>Non-bubble close contacts (e.g. exposure event during stay in a MIQF such as IPC breach): unvaccinated and all children under 12 years</p> <p>(i.e. no dose, one dose or <7 days since second dose of Pfizer vaccine)</p>	<ul style="list-style-type: none"> Isolate for 10 days post last exposure Test immediately and on days 5 and 8/9 after exposure If symptoms develop at any time during the 10 days, get an additional test immediately General management as per section 10.4.3 of the MIQF Operations Framework Released after 10 days of isolation post exposure, provided no new or worsening symptoms AND negative day 8/9 test <p>Once MoH advises the MIQ decision-maker that a person is a close contact, they must inform the person. The decision-maker, if required, will decide whether to extend the person's isolation period per cl 10(1)(b) based on the advice from MoH. The maximum period a person can be required to remain in MIQ is 20 days from their start time under the Isolation and Quarantine Order 2020. If an MOoH considers a further period is required from a public health perspective, please consult the MBIE legal team.</p>

<p><u>Non-bubble close contacts (e.g. exposure event during stay in a MIQF such as an IPC breach): vaccinated</u></p> <p>(≥7 days since second dose of Pfizer vaccine)</p>	<ul style="list-style-type: none"> • Recommend that these close contacts are considered for release at 7 days post-last exposure to the infectious case (noting that under the Isolation and Quarantine Order 2020, they must also have been in the facility for at least 10 days in total), provided no new or worsening symptoms AND negative day 5/6 test of reset isolation period* • General management as per section 10.4.3 of the MIQF Operations Framework <p>*If day 5/6 test of reset isolation period falls prior to day 8/9 test of original 10-day isolation period, then a negative result from a test taken on day 8/9 of original day 10 isolation period is required for release.</p> <p>Once MoH advises the MIQ decision-maker that a person is a close contact, they must inform the person. The decision-maker, if required, will decide whether to extend the person's isolation period per cl 10(1)(b) based on the advice from MoH. The maximum period a person can be required to remain in MIQ is 20 days from their start time under the Isolation and Quarantine Order 2020. If an MOoH considers a further period is required from a public health perspective, please consult the MBIE legal team.</p>
<p><u>Flight/bus close contacts: irrespective of vaccination status</u></p>	<p>No impact on overall length of stay. Isolation/Quarantine period to commence upon arrival into New Zealand, as detailed in cl 10(2)(a) Isolation and Quarantine Order 2020 and does not need to be reset until time of arrival at the facility (some hours later) as there is no material impact on risk from a public health perspective.</p> <p>Flight/bus close contacts are to remain in the facility for 10 days, as are all returnees:</p> <ul style="list-style-type: none"> • Test as other returnees (day 0/1, 3, 5/6 and 8/9). • If symptoms develop at any time during the 10 days, get an additional test immediately. • General management as per section 10.4.3 of the MIQF Operations Framework. • Considered for release after 10 days of isolation, provided no new or worsening symptoms AND negative day 8/9 test.

10.4.2 Length of isolation/quarantine period for flight close contacts

Because a flight close contact's last exposure to the infectious case occurred prior to arrival at the MIQF, the overall length of their isolation/quarantine period is unlikely to be affected, nor is their testing regime.

The returnee is required to complete the 10 days isolation/quarantine after arrival in the facility required under the Isolation and Quarantine Order.

The returnee is to receive a blue band upon receipt of their negative day 0/1 test result.

At the point of the returnee's departure, per cl 10(1)(a)(ii) the decision-maker must be satisfied, on the advice of a suitably qualified health practitioner, that the returnee meets the low-risk indicators.

If the decision-maker does not consider the returnee satisfies the low-risk indicators, refer to **Section 13.3 Criteria to leave a MIF**.

10.4.3 Length of isolation/quarantine period for bubble close contacts (irrespective of vaccination status), and other unvaccinated non-bubble (non-flight/bus close contacts)

A person is at real risk of having or transmitting COVID-19 if they have been in a place of isolation or quarantine with another person who tests positive for COVID-19 (i.e. they are in a bubble), irrespective of whether they continued to have contact with the case after they tested positive.

Public health advice at 22/12/2021 is that irrespective of vaccination status, based on the higher risk of infection, these returnees will be at risk of having or transmitting COVID-19 at day 10. Therefore, the public health advice is that the decision-maker should exercise their power under cl 10(1)(b) Isolation and Quarantine Order 2021 to extend the returnee's stay for 10 days from the last point of exposure.

A person is also at real risk of having or transmitting COVID-19 if they have been in a high-risk exposure event with another person who tests positive for COVID-19 (e.g. there is an IPC breach). Public health advice at 22/12/2021 is that unvaccinated people who have been in high-risk exposure event with a COVID-19 case, based on the higher risk of infection, will be at risk of having or transmitting COVID-19 at day 10. Therefore, the public health advice is that the decision-maker should exercise their power under cl 10(1)(b) Isolation and Quarantine Order 2021 to extend the returnee's stay for 10 days from the last point of exposure.

Public health advice is that in the circumstances described above, a returnee should be then reconsidered for release 10 days following their last exposure to the infectious case (refer to the summary table in Section 10.4), if they return a negative day 8/9 test (of this reset 10-day period) and satisfy the other low risk indicators.

10.4.4 Length of isolation/quarantine period for other non-bubble (non-flight/bus) close contacts who are vaccinated

Public health advice is that a person is at real risk of having or transmitting COVID-19 if they have been in a high-risk exposure event with another person who tests positive for COVID-19.

Public health advice at 22/12/2021 is that vaccinated people who have been in high-risk exposure event with a COVID-19 case, based on the higher risk of infection, will be at risk of having or transmitting COVID-19 at day 10. Therefore, the public health advice is that the decision-maker should exercise their power under [10\(1\)\(b\) Isolation and Quarantine Order 2021](#) to extend the returnee’s stay for 7 days.

Public health advice is that in the circumstances described above, a returnee should be then reconsidered for release 7 days following their last exposure to the infectious case (refer to the summary table in Section 10.4), if they return a negative day 5 test (of this reset 7-day period) and satisfy the other low risk indicators.

However, note that all returnees are still required to complete at least 10 days in a MIQF under the Isolation and Quarantine Order 2020. For instance, if the high-risk breach occurs on the second day of a returnee’s stay, they must remain in the facility until day 10 (and not be released on day 9, which would be 7 days after the breach event). It also means that if the day 5 test of reset 7-day isolation period falls before the day 8/9 test of the returnee’s original 10-day isolation period, then a negative result from a test taken on day 8/9 of original day 10 isolation period is required for release.

10.5 Wellbeing, psychosocial and welfare needs

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> Liaison and management with MSD on provision of welfare services 	<ul style="list-style-type: none"> Provision of guidance to MBIE and DHBs regarding psychosocial support requirements 	<ul style="list-style-type: none"> Ensuring returnees have access to mental health and wellbeing services as needed Directing returnees to welfare service provider where necessary

10.5.1 Wellbeing, mental health, and addiction needs

Anxiety and distress are normal responses to stressful situations. Separation from loved ones, loss of freedom, boredom, disruption, uncertainty over disease status and a challenging media environment can have an impact on the mental health and wellbeing of returnees, who may not have access to their usual supports and coping strategies. There may also be distress, loss and grief related to the circumstances of repatriation, uncertainty regarding re-establishment in New Zealand and exacerbation of existing mental health and addiction issues.

All returnees will benefit from wellbeing checks and support. Some will need urgent mental health and addiction assessment and treatment, or more intensive support from specialist services. It is important to maintain a normalising and non-pathologising approach to returnees’ wellbeing needs. Distress may also be related to welfare needs, including access to income support and accommodation, which should be addressed by the appropriate agencies. Returnees can be directed to the Welcome Pack which includes guidance for returnees

around income, housing, and employment support early in their stay. Referrals can be made for returnees for assistance with income support, and support to find employment and/or housing.

MIQFs must provide a range of wellbeing supports including, but not limited to:

provision of information about wellbeing resources on arrival (including access to free online self-help resources such as Getting Through Together, Melon and Mentemia apps, and Staying on Track e-therapy)

access to activities and online educational resources for children and support for parents

advice and support on managing boredom, engaging in activity, establishing routines within the facility including sleep routine and good sleep hygiene

advice on how to seek help for mental health and addiction issues and general wellbeing support within the facility

encouraging access to online self-help resources and to virtual counselling and brief intervention support via National Telehealth Services 1737, Depression Helpline, Alcohol and Other Drugs Helpline, Gambling Helpline referral to MSD as required for assistance with income support, and support to find employment and/or housing

If concerns about mental health and/or addiction issues are identified, health staff must provide timely access (by phone, AVL or face to face), depending on level of need, to:

further assessment by clinicians and development of treatment plan

review by a GP

further assessment and intervention from a suitably qualified mental health or AOD clinician (including a Detoxification Nurse if indicated)

consultation support to Facility Health Team staff (including GP) by specialist mental health and addiction service clinicians

referral to specialist mental health and addiction services, where eligibility criteria are met, for co-management within facility

Specialist Mental Health and addiction service crisis response, including transfer to hospital if required

It is important to be aware that returnees may not necessarily recognise they have issues with alcohol or other substances prior to coming into a MIQF where they may experience reduced access to supply. Alcohol withdrawal syndrome can lead to life threatening complications. Any withdrawal from alcohol must occur under the guidance of the local DHB Community Alcohol and Drug Detoxification Service and/or a general practitioner.

Existing services and DHB integrated teams should be used for specialist mental health and addiction response.

All mental health and addiction clinical records relating to care provided to returnees should be recorded within the general facility health record (BCMS), and accessible to the Facility Health Team except for individual cases where this is clearly inappropriate.

10.5.2 Contact with others (virtual)

Returnees must have access to free Wi-Fi that enables them to contact their loved ones. The MIQF must develop a Wi-Fi plan outlining how they will meet this requirement. MIQF must ensure that any devices provided to returnees be cleaned appropriately when returned, before being used by another returnee.

10.5.3 Supporting the viewing of a funeral procession

If a returnee is bereaved before or during their stay in an MIQF, they can request to view the funeral procession and/or the hearse.

For a returnee to view the passing of a funeral procession, the following guidelines must be followed:

The MIQF Manager must request approval from the OIC.

The MIQF Manager must advise the RIQCC and all agencies of the request for the purposes of approval, planning, and coordination.

Advise MIQF staff on-site of the event and the requirement to show respect and offer support where required. The Wellbeing/Guest Support and Site Nursing Team must also be ready to offer support and to record/document any actions through the BCMS, even if an offer of support is refused by the returnee. (Refer to the Operations Framework, **Section 10.5 Wellbeing, psychosocial and welfare needs.**)

Advise MIQ Communications (media@mbe.govt.nz) before the event that media may be present. Refer to the Staff Guide for guidance on interacting with the public and the media.

The funeral procession must not enter the grounds of the MIQF.

All applicable IPC protocols must be followed throughout the returnee's movements outside their room. This includes maintaining physical distancing, following cough/sneeze etiquette, and the use of a face mask. (Refer to **Section 3.4 IPC requirements for returnees during their stay at the MIQF** and the **SOP: IPC.**)

10.6 Access to care

10.6.1 On-site health care

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Setting of care requirements 	<ul style="list-style-type: none"> Provision of on-site services Management of referral to off-site services Partnership with community-based primary care providers

MIQFs are to provide an urgent medical assessment on an as-needed basis, with referral to specialist service support and community-based primary care providers as required. This includes facilitating connections with Kaupapa Māori services and Pacific service providers.

This means that all urgent²⁴ health care needs (including COVID-19 related needs) will be met within the MIQF, unless hospital admission or attendance is required.

Where non-urgent health needs that do not require acute management within the MIQF are identified, these needs should be detailed within the returnee's (or community case/contact's) discharge summary.

The discharge summary represents the handover of duty of care from the MIQF health team to the returnee's primary care provider. It should outline the recommended actions and next steps to be discussed at a post-isolation/quarantine follow-up visit with their primary care provider. The discharge summary should be communicated to the primary care provider in line with local processes and guidelines, to ensure the returnee (or community case/contact) receives the appropriate follow-up and support after leaving the facility.

If returnees (or community cases/contacts) do not already have a regular primary care provider, the MIQF health team should support/encourage them to engage with an appropriate community-based one.

MIQFs must have access to a registered nurse 24/7. This may be either on-site or off-site. If there is no RN presence onsite, there must be an RN immediately available at least by phone. The need for RN presence on-site overnight is determined by the Health Lead.

The health team(s) have the following responsibilities:

conducting regular health and wellbeing checks (refer to **Section 10.2**)

conducting clinical assessments and planning care with the medical/nurse practitioner (NP) team as indicated

²⁴ Urgent health care needs are defined as health care needs that risk deterioration if not actively managed within the person's isolation/quarantine period.

providing over-the-phone health advice to returnees, community cases and contacts

providing minor, urgent procedures that cannot wait until after the returnee (or community cases and contacts) leaves the MIQF (e.g. minor wound dressing)

facilitating access to other services such as GPs, mental health and addiction services, maternity care providers, etc.

During the returnee's stay, a GP/NP service must be available on-call to provide health care where needed either by phone or in person, or to provide support and advice to the MIQF Registered Nurse(s). The MIQF health teams should strive to work in partnership with community-based primary care providers where possible, to support the health needs of returnees (and community cases/contacts) in the facility, and in preparation for release.

The MIQF must have processes in place to ensure returnees (or community cases/contacts) have access to the medicines they need, as prescribed by the on-site/on-call GP/NP and LAP, or as prescribed by their usual physician. Further guidance on procuring medicines from a pharmacy on returnees' (or community cases/contacts) behalf is provided in **Section 10.8.3 Medicine supply, delivery, payment, and medicine counselling**.

10.6.2 Referral to off-site health services

In most instances, urgent health and wellbeing of returnees (or community cases/contacts) should be addressed on-site.

Exceptions where this is not possible, and where the returnee (or community cases/contacts) will be transported offsite to receive care, include if a person has an urgent medical or mental health condition that cannot be managed at the facility and requires further assessment or hospital level care, in which case they will be transferred to an appropriate healthcare facility.

MIQFs must develop an off-site referral pathway and LAP for transferring returnees (or community cases/contacts) to off-site care facilities. All transfers must follow the requirements outlined in **Section 10.7** Transfer of returnees during their stay at a MIQF.

10.6.3 Additional Health and Wellbeing services

MIQFs are responsible for supporting the holistic health and wellbeing needs of returnees (and community cases/contacts) that are identified during their stay, either during health checks, self-identified, or at other times (see **Section 10.2 Regular health and wellbeing checks for returnees**). Depending on the needs of returnees (and community cases/contacts), the following is a non-exhaustive list of services that the MIQF may be required to provide or facilitate access to during their period of isolation/quarantine:

mental health services

addiction services

specialist physical health services

Kaupapa Māori services

Pacific Health services

maternity care

MIQFs must provide a health and wellbeing service referral plan and LAP for connecting returnees (and community cases/contacts) with services and support they require.

10.7 Transfer of returnees during their stay at a MIQF

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Management of the transportation of returnees to and from a MIQF • Coordination between MIQFs and destination locations 	<ul style="list-style-type: none"> • Setting of Public Health and IPC requirements relating to transportation of people to and from MIQFs 	<ul style="list-style-type: none"> • Assessment and approval for transfer of returnees for clinical reasons • Provision of PPE for transportation • Supervision of staff/returnee to ensure no breaches in PPE

There are some instances in which a person needs to be transferred to another location during their stay at a MIQF including:

- returnees who have tested positive for COVID-19 and are transferred to a QF or quarantine zone of a dual-use facility
- bubble members of a confirmed case of COVID-19 who are transferred to a QF or a quarantine zone of a dual-use facility
- close contacts of a confirmed (or probable) case of COVID-19, **IF** they have been directed to be transferred to a QF or quarantine zone of a dual-use facility by the On-site Health Team and/or MOoH (Refer to **Section 10.4 Managing close contacts of confirmed or probable cases** for further guidance)
- a person who requires urgent medical care or who has an approved medical exemption
- transport of a support person if required

All facilities must have a **Transfer of Returnee Plan** that includes LAPs (and health action plans, if appropriate) for each of the above scenarios.

In each of the above scenarios, where transportation of returnees in a vehicle is required, transportation must follow the IPC principles outlined in **Section 8.4 Transport to a managed facility** of the **SOP: IPC**, and the **SOP: MIQF Transport** to ensure appropriate physical distancing, basic hygiene, PPE use, and cleaning measures are implemented.

10.7.1 **Transfer from a MIF to a QF or a quarantine zone of a dual-use facility**

During their stay at a MIF, if a returnee tests positive for COVID-19 or is identified as a bubble member of a confirmed or probable case of COVID-19, they will be transferred from a MIF to a QF or a quarantine zone of a dual-use facility. Note that non-bubble member close contacts are not required to be moved to a QF or quarantine zone of a dual-use facility, unless determined necessary by the on-site health team and/or MOoH.

The following steps should be reflected in each MIQF's LAP for transfer of a returnee from a MIF to a QF or quarantine zone of a dual-use facility:

An assessment must be undertaken on the returnee.

Following the assessment, a health professional overseeing the QF or quarantine zone of a dual-use facility must be notified of the need for a transfer and a transfer plan for the returnee arranged.

The RIQ Health Lead and IPC Lead must be informed of any returnee transfer.

Transportation must be arranged between destinations (if applicable) by the MIQF Manager.

The returnee must be informed of the need to transfer to a QF or quarantine zone of a dual-use facility, including the reason why they must be transferred.

All close contacts or people in the same bubble of the returnee going to a QF must also be transferred. The close contacts/bubble should be informed of the need for, and reason behind, their transfer.

All returnees to be transferred must wait in their room with their luggage until a health staff member collects the returnee(s) to escort them from their room. Returnees are not to wait in the hotel lobby.

- **For dual-use facilities**, health staff are to escort the returnee(s) to the quarantine zone of the facility. The corridors must be clear of people and all other returnees must remain in their rooms while the transfer is in process.
- **For separate QFs**, health staff are to escort the returnee(s) to the pickup location for transportation via vehicle.

All returnees to be transferred must wear a face mask for transfer.

Refer to the **SOP: IPC** for the PPE requirements for health and non-health staff while escorting returnees.

Returnee medical records should be transferred with the returnee.

Returnees who are transferred to a QF **cannot** return to a MIF. Returnees should only be moved from low-risk facilities to high-risk facilities, not from high-risk facilities to low-risk facilities.

10.7.2 Transfer to another health facility

Medical emergency or urgent care

Returnees who develop an acute life-threatening illness or are seriously injured and need urgent medical care **DO NOT** need an MBIE medical exemption to leave the facility via ambulance or approved transport. Approval for a person to leave under these circumstances is subject to [clause 32P\(1\)\(d\)](#) of the COVID-19 Public Health Response Act.

The following steps must be followed:

Contact appropriate medical services immediately.

Inform emergency services operator/medical facility that the returnee is in an MIQF, of the returnee's current test and symptom status, and that PPE (gloves, P2/N95 particulate respirator, gown, eye protection) will be required by health staff.

The RIQ Health Lead must be informed of any returnee medical emergencies.

The MIQF Manager must provide authorisation based on the advice of a suitably qualified health practitioner.

Planned healthcare admission or appointment for returnees with an exemption for medical needs

Some returnees with pre-existing medical conditions that cannot be treated at an MIQF are granted [exemption for medical needs](#) prior to their arrival for treatment off site.

The following requirements should be reflected in each MIQF's LAP for a planned admission or appointment:

Health staff should complete a referral to the appropriate health facility as per standard local DHB pathway.

Transportation must be arranged between destinations by the MIQF Manager.

During transportation, all IPC requirements must be followed as outlined in **Section 8.4** in the **SOP: IPC**, and the **SOP: MIQF Transport**.

Returnee support person if within a MIQF bubble

Returnees who require or wish to have a support person (from their bubble) with them during their planned healthcare admission or appointment should be accommodated. This could include a parent or caregiver accompanying an infant or child.

An MIQF must develop a separate transport plan for the support person if the transport to and from the health facility is not in the same vehicle as the returnee.

The transport provider and receiving healthcare facility must be informed that the support person is in a MIQF, of the support person's current test and symptom status, and that PPE will be required for the transfer. Support people must follow the same PPE requirements as the returnee.

10.7.3 Discharge back to a MIF

On leaving the hospital or other healthcare facility, if the returnee's required isolation period is not complete, the returnee will return to a MIF. Returnees can be transferred back to their previous designated MIF or MIF zone of a dual-use facility to carry out the remainder of their 10 days of isolation if:

- the person has not shown COVID-19 symptoms and has returned a negative COVID-19 test result or
- the person has shown COVID-19 symptoms and has returned a negative COVID-19 test result. For continued management of a symptomatic but COVID-19 negative returnee, refer to **Section 10.3 Managing symptomatic returnees**.

The following requirements should be reflected in each MIQF's LAP upon discharge from a hospital or other healthcare facility to a MIF:

- The returnee must not return to the MIF by private taxi or other transportation that is not arranged by the MIF.
- Transportation from the hospital to the MIF should be arranged by the MIF.
- During transportation, all IPC requirements must be followed as outlined in **Section 8.4** of the **SOP: IPC**, and the **SOP: MIQF Transport**.

10.7.4 Discharge back to a QF

On leaving the hospital or other healthcare facility, if the returnee's required quarantine period is not complete, the returnee will return to the designated QF or quarantine zone of a dual-use facility to carry out the remainder of their quarantine period.

Returnees who have returned a positive COVID-19 test during their admission to another healthcare facility must be transferred back to a QF or quarantine zone of a dual-use facility upon discharge.

Follow the same requirements as **Section 10.7.3** above.

10.8 Essential Items

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Setting and management of the process for buying and receipt of essential items • Establishment of a process for ensuring returnees can access essential items in the event they cannot fund themselves 	<ul style="list-style-type: none"> • Setting the requirements around returnee access to essential items 	<ul style="list-style-type: none"> • Ensuring returnees have access to prescription medication • Provision of medication counselling to returnees

Returnees must have mechanisms to purchase essential items. The full cost of essential items falls on returnees. Some examples of essential items are provided below. The MIQF is responsible for ensuring returnees have access to essential items.

MIQFs have discretion to set a policy for purchasing essential items, which should include processes for procurement of the items, and if necessary, which items are considered 'essential'. MIQF staff must deliver items to returnees' doors.

What is an essential item?

This grouping includes:

baby-care items such as nappies, powders, feeding bottles, infant formula

sanitary item

medications (prescription and over the counter)

religious texts

personal hygiene items such as dental care products, deodorants, shaving products, shampoo, etc.

special dietary needs

clothing

In principle, this category includes items that are related to physical, mental, emotional, and spiritual wellbeing. This list is deliberately not exhaustive and leaves scope for the MIQF to exercise some discretion about what they believe is essential for the overall health and wellbeing of a returnee. There is nothing inherently wrong with returnees purchasing non-essential items. However, large volumes of deliveries of non-essential items may be un-manageable for MIQFs. Expectations around the ordering and delivery of non-essential items should be clearly communicated to returnees.

The local DHB is responsible for ensuring that returnees have access to essential medication. Further guidance on this is provided below in **Section 10.8.3 Medicine supply, delivery, payment, and counselling**.

For returnees who are unable to fund their own purchases of essential items, MSD can provide grants in some cases to help people meet urgent or unexpected costs. Direct returnees to the following website to check what they might be eligible to receive (check.msds.govt.nz).

10.8.1 Deliveries for returnees

Although a person in MIQF cannot accept deliveries in person, they are permitted to receive mail and parcels. All acceptable deliveries must be delivered to the person's door by MIQF staff. There are no grounds to refuse a delivery unless the item poses a Health and Safety risk or is illegal. If there are reasonable grounds to believe a package contains an item that will create a health and safety risk, the delivery may be refused by staff and/or given to NZ Police depending on the circumstances.

NZ Police are the only agency in MIQF who have search and seizure powers, which can be exercised for law enforcement purposes. MBIE, hotels and other agencies in MIQ do not have statutory powers to search and confiscate items or deliveries. Routine searching of a person's property is unlawful. MIQF Staff must not open any parcel delivered to the facility without having first obtained permission from the intended recipient.

When assessing a delivery that may contain a risk item, MIQF Staff should consider the size and shape of the parcel, where it has been delivered from, and any labelling or markings that indicate it may contain items such as those listed in *MIQFs – Prohibited Items/Fire Risk Assessment* in the **SOP: Stay in a MIQF**. This should be done before accepting the parcel and must be documented in the Delivery Event Register. When it is necessary to confirm the contents of a parcel (i.e. it is not obvious that the parcel contains a risk item), MIQF Staff must go to the door of the person's room, seek their consent to open the parcel, and conduct an examination of the parcel in full view of the person while maintaining 2-metres physical distancing requirements.

People must be notified when a delivery is refused by MIQF for the above conditions. If an item does not meet compliance requirements—except in the case of suspected illegal items—it must be securely stored until their departure date and recorded in the Delivery Event Register.

Note: People in MIQF must be informed about the types of items that are restricted (i.e. undeliverable) through appropriate signage, the returnee's Welcome Packs and/or newsletters.

10.8.2 Sending returnee's items out of MIQFs

If a returnee wishes to send essential items out of the MIQF during their stay, or have an essential item collected from the MIQF by a nominated person, this must be considered and approved on a case-by-case basis by the MIQF Manager and MIQF IPC Lead. Any returnee item that is approved to be sent from a MIQF

must be managed in accordance with the storage and cleaning requirements included in the **SOP: IPC**, and with the oversight of the IPC Lead.

If returnees leave belongings behind at the MIQF after they leave, the same storage and cleaning requirements included in the **SOP: IPC** are to be followed prior to returning the item(s) to the returnee (e.g. via courier).

10.8.3 **Medicine supply, delivery, payment, and medicine counselling**

MIQFs must have LAPs for medicines supply, delivery, payment, and counselling. Medicine counselling should be provided as a high percentage of people in MIQFs who take medicines will be receiving either a different brand of medicine or in some instances a different medicine.

It would be assumed that any prescription medicine would be considered essential, however there are a range of medicines that are provided on prescription that are not technically prescription medicines. A principles-based approach to determining which items are considered 'essential' should be taken.

Suggested options for ensuring returnees have access to essential medicines are provided in Table 1 below. MIQFs can determine which options are the most appropriate for their location, staffing, and capacity. Having whānau/friends deliver items must not be offered as the sole option for accessing essential items, as many returnees will not have whānau/friends available to deliver items.

Table 1: Suggested options for providing returnees with access to essential items

Method of ordering	<ul style="list-style-type: none"> primary or secondary healthcare team members organise a prescription for the relevant medicines. The person is asked which pharmacy they wish to get their medicines from (as required under the Health and Disability Commissioner Patient Code of Rights) and the prescription is sent to that pharmacy following usual processes and procedures. <p>returnee needs to be notified that the prescription has been processed and arrived at the pharmacy.</p> <p>returnee makes arrangement with the pharmacy for delivery charges, if there are any, and makes arrangement for follow up medicines counselling if required.</p>
Method of payment	<ul style="list-style-type: none"> returnees pay for medicines (prescription co-payment) and any associated delivery charges with their own debit/credit cards direct to the chosen pharmacy. <p>MIQF staff must not take EFTPOS or credit cards and PIN numbers from returnees to purchase items on behalf of the returnee. This is because it exposes the staff member to professional and personal risk as well as breaking the terms of issue for those cards from the returnees banking services provider.</p>

Method of collection	<ul style="list-style-type: none"> • MIQFs deliver the medicine to the returnees' rooms. <p>Another option is for whānau/friends to deliver items to the MIQF on returnees' behalf (e.g. deliver the items to the MIQF gate). This should be arranged with the MIQF. Whānau/friends who are providing items must not deliver the items directly to returnees. and the supplying pharmacy needs to receive confirmation that the whanau/friend have the returnee's consent.</p> <p>Whānau/friends must not enter the MIQF.</p>
Method of consultation	<ul style="list-style-type: none"> • MIQFs require a process to enable follow up consultation with the dispensing pharmacist (e.g. booking system/telephone/Zoom). Some returnees who are taking regular medicines may either need to take a different brand, or due to global supply chain disruptions or business as usual non-availability in New Zealand, take a different medicine. This will be a key focus for returnee medicine counselling and is unlikely to be adequately covered during general practice service provision. • The Māori Pharmacist Association has a free 0800 support line to provide culturally safe medicine counselling to whānau. If requested call 0800 664 688 a Māori Pharmacist will call back for a kōrero. There is a range of medicines related information on <ul style="list-style-type: none"> ○ Health Navigator in a range of Pacific languages that may be of use (URL: www.healthnavigator.org.nz/medicines/) and ○ My Medicines -- with some medicines sheets available in Te Reo Māori (URL: mymedicines.nz/cdhub)

10.8.3.1 Prescription Medicine

Returnees should be encouraged to contact their usual GP practice for all non-urgent and repeat-prescription matters (note that the doctor may need to be advised of the nearest pharmacy so that any prescriptions can be delivered or collected in a timely manner). All consultations with the patient's own doctor and resulting prescription costs (including dispensing and courier costs) will be at the patient's or their legal guardian's expense.

If the returnee does not have a usual GP, a local GP should be contacted for a tele-consultation. Regional nurse coordinators can support on-site nurses to find local GPs, or returnees can arrange this themselves. This will be paid for by the returnee, including all prescriptions.

If neither of the above are possible (such as on weekends/public holidays, or in the event of an acute health event), an on-call GP can be called to visit the hotel for consultation.

In all the scenarios above, prescriptions can be faxed or emailed to the closest local pharmacy or generated via the e-Prescribing function in the BCMS, for pick up by health staff or delivered to the hotel where possible. This will be paid for by the returnee, including all prescriptions.

10.8.3.2 *Managing situations where the returnee does not have funds*

Ideally, the Initial Health and Wellbeing Assessment will identify returnees that are unlikely to have cash or credit sufficient to cover their essential needs during their time at the MIQF. This should provide some warning when essential items are ordered without the ability to pay for it. Discretion will need to be applied where a returnee claims that they can't pay for the items they need. Where possible, contact should be made with the returnees' whānau/family to see whether they can pay for what is needed. Most MIQFs should be able to take payment of the account on behalf of the returnee either by phone or internet banking.

10.9 Returnee Rights

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Management of complaints process • Referral of returnees to advocacy services • Provision of translation services and translation of written material 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Provision of Health and Disability Code of Rights to returnees • Referral of returnees to advocacy services

10.9.1 Right to advocacy

Returnees have the right to an advocate who can support them and/or advocate on their behalf virtually (e.g. via phone, email, video conferencing, and/or other digital means of communication). returnees may desire advocacy support during complaints processes, during health checks, while receiving medical advice, and/or when considering or undergoing testing.

Advocates include whānau/family, friends, community members, legal representatives, and/or independent advocates from organisations like the Nationwide Health and Disability Advocacy Service²⁵.

The MIQF is required to inform returnees of their right to advocacy.

10.9.2 Provision of the Code of Health and Disability Services Consumers' Rights (the Code)

Every person receiving health services in New Zealand has the rights included in the Code. This means that returnees have the right:

- to effective communication (Right 5, the Code)
- to be fully informed (Right 6, the Code)

²⁵ <https://advocacy.org.nz/>

- to complain (Right 10, the Code)

to make an informed choice and give informed consent (Right 7, the Code)

to support (Right 8, the Code)

Health service providers are responsible for taking action to inform patients of their rights and enable patients to exercise their rights.

The Code should be available to returnees when they are receiving health services in the MIQF. If a testing/consultation room is used in the facility, the Code should be displayed on the wall. If people receive health services from their room, the Code could be provided in the **Welcome Pack** that remains in the returnees' rooms.

The following note may be added to the Code wherever it is displayed in MIQFs to clarify its application in the MIQF context:

Kia ora,

Whenever you receive health services, you have rights that must be upheld. These rights are described in this Code. There are two important things to be aware of:

- 1. The COVID-19 Orders which require you to be here at this facility also require you to be tested for COVID-19. Because testing is required by law, some aspects of the Code are limited.*
- 2. The Code applies to the health services you receive in this facility. It does not apply to other aspects of being in the facility, or to the requirement to stay in this facility for 7 days.*

Please read through them and contact the health staff at your facility if you have any questions, or contact the following numbers for independent advice:

The Nationwide Health and Disability Advocacy Service: 0800 555 050

The Health and Disability Commissioner: 0800 11 22 33

10.9.3 Returnee rights under the Bill of Rights Act 1990

The New Zealand Bill of Rights Act ('NZBORA') protects the civil and political rights of all people in New Zealand. It applies to MIQF because they perform a public function – protecting public health by preventing the re-entry and spread of COVID-19. Everyone working in a MIQF needs to fulfil their role in a way that upholds the human rights of returnees and other guests under NZBORA.

People in facilities are not allowed to leave which is a significant restriction on their Human Rights. Under NZBORA, people being detained, for whatever reason, must be treated with humanity and dignity -- for

example, ensuring people have daily exercise (subject to health and safety requirements and operational constraints).

NZBORA covers other rights that are relevant in MIQF including:

- the right to be free from unreasonable search and seizure (which includes medical examination, searching people's property, person, or room)
- the rights to freedom of movement and expression (e.g. moving around MIQFs, and expression through clothing, opinions and information)
- the right to be free from discrimination.

Returnees are also entitled to seek legal advice about the requirement for them to stay in a MIQF.

The SOPs address specific scenarios where those human rights are engaged and how the scenarios should be handled. It is important that procedures are followed because they set out how best to balance peoples' human rights with our objective of keeping COVID-19 out of our community. This means staff can be confident that human rights concerns are addressed adequately and reduces the risk of legal challenge.

10.9.4 Communication with returnees

Returnees have the right to clear, accurate, and consistent communication from the MIQF throughout their stay. The returnee **Welcome Pack** is an important first source of communication and information for returnees and should be comprehensive and easy to read so that returnees can quickly identify the information they need.

MIQF staff should also be readily available to returnees to answer questions and provide support, including access to interpreting and translations services.

Translators/Interpreters

To meet these standards of the Code, it is important to have a formal process of offering a translator or interpreter for those with language difficulties.

MIQFs should consider pre-booking the services of interpreter(s) where large flights from non-English speaking countries are anticipated.

Note: Translation applies to written text, from one language to another, while interpretation applies to spoken language, usually bi-directionally. The New Zealand Bill of Rights Act 1990 also provides for the rights of minorities to use their language (i.e. should have an interpreter if desired).

10.10 Access to the outdoors and exercise

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Provision of security staff to supervise outdoor activities and ensure compliance with IPC requirements • Management of outdoor areas, including transport of returnees • Management of outdoor area booking system • Ensuring that facilities have an exercise plan 	<ul style="list-style-type: none"> • Setting Health and Wellbeing and IPC requirements for outdoor areas and activities 	<ul style="list-style-type: none"> • Supplying PPE to returnees and security staff that supervise outdoor activities

10.10.1 Outdoor area

Access to an outdoor area is important for the wellbeing of returnees. Returnees will be provided with an opportunity to go outside once per day to the extent that this can be accommodated, while considering health and safety requirements and operational constraints. Reasonable efforts should be made to ensure returnees can regularly access the outdoor area.

Where operationally feasible, access to the outdoor and smoking areas should be organized by cohort. Note that this is not a requirement, but is recommended in the interest of public health.

Note: Returnees from high-risk countries²⁶ are isolated to their room until they meet the requirements detailed in **Section 6.3**. During these periods of room isolation, they are not permitted to access outdoor areas. Refer to **Section 6.3: Managing returnee movement throughout the facility for further guidance**.

While using the outdoor area, all returnees must comply with all IPC requirements as outlined in **Section 10.10.1.1** below, including wearing appropriate PPE and practicing hand hygiene.

Note: Refer to **Section 10.3** for the management of exercise for symptomatic returnees and their bubble members.

10.10.1.1 IPC requirements while accessing outdoor area

Returnees must perform hand hygiene (wash hands or use alcohol-based hand sanitiser) on leaving their room and on entry/exit to the outdoor area.

Returnees must always wear a face mask when moving from their rooms to and from outdoor areas and during light exercise (e.g. walking).

²⁶ Refer to glossary

Physical distancing of at least 2 metres from others (excluding those people in their own 'bubble') must be maintained while outdoors.

All outdoor spaces are to be supervised by MIQF staff to ensure correct PPE usage, physical distancing, and hand hygiene measures are undertaken by returnees.

MIQFs will determine the appropriate person-limit required in each outdoor space to ensure adequate physical distancing.

Drinks and food are not permitted in the outdoor area, as their consumption would require removal and replacement of face masks.

10.10.1.2 *Managing the flow of returnees in outdoor areas*

MIQFs should make considerations on the directional flow of returnees' movement in outdoor areas. This could include considering a one-way directional flow of movement in an outdoor area to maximise physical distancing between returnees using the outdoor area.

Returnees must be signed in and out of the designated outdoor area.

MIQFs must have a booking or allocation system for the outdoor area to:

- control the movement of returnees to and from outdoor areas – including ensuring that returnees always wear a face mask when outside of their room, maintain at least 2 metres physical distance from those not in their bubble for the entire time when transiting to/from the outdoor area, and prevent congestion of returnees in shared spaces while travelling to/from the outdoor area
- control the outdoor area environment – including ensuring that returnees wear face masks and maintain at least 2 metres physical distance from those not in their bubble -- for the duration of their time in the outdoor area
- ensure that the person-limit in the outdoor area is not exceeded.

IPC input must be sought for development and implementation of the booking or allocation system to ensure that key elements of IPC protocols are incorporated.

This booking or allocation system must have sufficient security measures to ensure the privacy of returnees, and that personal details (such as names) are kept securely. MIQFs must also provide returnees with information about how to use the booking or allocation system.

10.10.2 Supervision of outdoor area

Returnees must be supervised by MIQF staff while outside to ensure compliance with physical distancing and PPE requirements, and ensure that returnees stay within the boundary of the outdoor area.

Exercise equipment and other items are not allowed to be used in the outdoor area or in any area outside of the returnees' rooms. This includes, balls, skipping ropes, weight-lifting equipment (i.e. dumb bells), scooters, bikes, trikes and rackets.

10.10.3 Heavy exercise

Returnees may undertake heavy exercise (any exercise that is likely to cause heavy breathing) in their room following consideration of the ventilation configuration.

Heavy exercise can only be undertaken outdoors if the MIQF is approved by the GM Operations, based on endorsement by the RIQCC and the local MOoH, in consultation with the MIQF Manager and the MIQF IPC Lead. For approval, the MIQF requires:

- sufficient space and/or configurations (e.g. some have large lawn areas)
- staff capacity to supervise the returnees' exercise and cool-down

In instances where approval is granted for heavy exercise:

- Those undertaking heavy exercise in outdoor areas must always maintain physical distancing of at least 2 metres from others outside their bubble.
- They must complete a minimum of 10 minutes cool-down period as part of their allotted exercise time before re-entering the facility. MIQF staff must continue supervision during this period.
- Face masks are required during heavy exercise and when travelling to and from exercise spaces.
- Adherence to hand hygiene must be observed.

Note that teams with an exemption to train are permitted to train on-site at the MIF (see **section 15.3 Training**).

10.10.4 Indoor exercise

MIQFs must not provide additional indoor exercise areas to returnees due to the IPC risks. Specifically:

- Gymnasium facilities within the MIQF cannot be used.
- Pools, saunas, and spas within the MIQF cannot be used.

Returnees must be advised that heavy exercise activities are to occur either in supervised outdoor areas (see **section 10.10.3**) or within the returnee's own room.

10.10.4.1 *In-room exercise equipment*

Returnees may have large specialist exercise or training equipment (e.g. exercise bike) in their room only with the prior permission of the MIQF Manager and the Hotel Manager. Delivery of equipment without permission may be refused and is at the discretion of the MIQF Manager.

A returnee may also have smaller pieces of equipment (e.g. Swiss balls or stretch bands) if there is sufficient room space. If being delivered, these should be transported as one package to reduce facility workload.

The following must be considered when granting permission for large equipment:

- ability of staff to deliver to and remove from the returnee's room door
- space in the room. (**Note:** Furniture cannot be removed from a room to accommodate this equipment.)
- weight of the equipment, which may pose a health and safety risk for MIQF staff or exceed floor loading
- use of equipment must not disturb other returnees (e.g. loud tread on a running machine).

There is a limit of one item of large equipment per room. This limit also applies to sports teams with an exemption to train while in MIQ (approved at Ministerial level).

Once equipment has been requested and installed, it cannot be swapped for a different type of equipment. Exercise equipment (large or small) is not to be used outside the returnee's room, shared between rooms, or moved to another room. Only returnees in the same room may use that equipment.

Following public health advice, MIQF staff will deliver equipment to the returnee's room door, then leave. When they have left, the returnee must move it into the room and set it up. At the end of the returnee's stay they must arrange for collection, dismantle the equipment, and put it outside their door. MIQF must remove the equipment and ensure it is cleaned ready for collection by the hire company.

Health and safety guidelines and IPC guidance for equipment in the **SOP: IPC** must be followed during delivery, installation, use, removal, and cleaning of the equipment.

10.10.5 Exercise plan

The MIQF must create an exercise plan that describes:

- the location of returnees' outdoor area (e.g. a park, a private garden, a car park)
- the plans for supervising returnees when they are outside, including the number of supervisors that will be used for each group of returnees
- the management system that will be used to allow returnees to book outdoor time
- the procedures to follow to ensure adequate physical (*at least 2 metres*) distancing between returnees (of different bubbles wearing a face mask), and between returnees and the public
- the protocol and processes for escorting returnees to and from their outdoor activities, if applicable.

10.10.6 QF and dual-use facilities: exercise

In addition to the requirements in **Section 10.10.1 to 10.10.5**, QFs and dual-use facilities must manage outdoor areas in accordance with **Section 2.2 QF and dual-use facilities: site requirements** and **Section 6.8 QF and quarantine zones of dual-use facilities: security and safety requirements**.

10.11 Smoking, vaping, and use of e-cigarettes

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> Management of designated smoking areas, including security and enforcement of IPC requirements 	<ul style="list-style-type: none"> Setting of Public Health and IPC requirements relating to smoking areas 	<ul style="list-style-type: none"> Provision of smoking cessation services Provision of PPE for smoking areas

MIQFs must provide a monitored and supervised designated outdoor area for returnees for smoking, vaping, or e-cigarette use. The MIQF is likely to have a designated smoking area already. As noted in **Section 2.1.6**, the designated smoking area must be either physically separate from the designated outdoor area or separated by implementing designated times for outdoor activity or smoking to occur. Smoking areas would be best located in a well-ventilated outdoor area away from the public to minimise any risk of exposure to second-hand smoke from returnees. Smoking will be permitted in small groups that can maintain physical distancing requirements.

Numerous cigarette waste bins must be provided in the smoking area to ensure smokers are not using the same waste bins at the same time (i.e. the cigarette waste bins should be spaced to enable each smoker to remain at least 2 metres from others not in their bubble when using the waste bin).

Note: Returnees from high-risk countries²⁷ are isolated to their room until they meet the requirements detailed in **Section 6.3**. During these periods of room isolation, returnees are not permitted to access smoking areas. Stop smoking support, including Nicotine Replacement Therapy, must be made available to smokers. Refer to **Section 6.3: Managing returnee movement throughout the facility** for further guidance.

While using the smoking area, returnees must comply with all IPC requirements as outlined below in **Section 10.11.1**, including wearing appropriate PPE and practicing hand hygiene.

²⁷ Refer to glossary

Returnees must be signed in and out of the designated smoking area, and the maximum number of smokers permitted in each MIQF's smoking area must be displayed.

MIQFs should have a booking or allocation system for the smoking area to:

- control the movement of returnees to and from the smoking area – including ensuring that returnees wear a face mask and maintain at least 2 metres physical distance from those not in their bubble for the entire time when transiting to/from the smoking area, and prevent congestion of returnees in shared spaces while travelling to/from the smoking area
- control the smoking area environment – including ensuring that returnees use the register to sign in and out of the smoking area, and adhere to the IPC requirements for the smoking area detailed below in **Section 10.11.1 IPC requirements in smoking areas**
- ensure that the person-limit in the smoking area is not exceeded.

IPC input must be sought for development and implementation of the booking or allocation system to ensure that key elements of IPC protocols are incorporated.

This booking or allocation system must have sufficient security measures to ensure the privacy of returnees, and that personal details (such as names) are kept securely. MIQFs must also provide returnees with information about how to use the booking or allocation system.

10.11.1 IPC requirements in smoking areas

Returnees must perform hand hygiene (wash hands or use alcohol-based hand sanitiser) on leaving their room and on entry/exit to the smoking area.

Returnees must always wear a face mask when moving between their rooms and the smoking area.

Returnees may remove their face mask to smoke. Once in a designated smoking area, returnees may either:

- Perform hand hygiene (use an alcohol-based hand sanitiser) prior to un-hooking one ear loop for the duration of smoke; then readjust the mask and perform hand hygiene on exiting the smoking area; or
- Bring a new mask with them to use after smoking session has ended. In this instance, the returnee must perform hand hygiene (i.e. using an alcohol-based hand sanitiser), remove their face mask and dispose of it safely, perform hand hygiene again (before they begin smoking), put on the new face mask after they finish smoking, and then perform hand hygiene upon exiting the smoking area.

A person must be able to access a new clean mask within the smoking area via security or person supervising this activity. All above options should be aligned with IPC principles and process signed off by IPC lead for facility.

Physical distancing of at least 2 metres from others (excluding those people in their own 'bubble') must always be maintained while smoking. All above options should be aligned with IPC principles and process signed off by IPC Lead for the facility.

10.11.2 Supervision of smoking areas

Returnees must be supervised while attending smoking areas to ensure they comply with physical distancing and PPE requirements, and to ensure that returnees do not abscond from the smoking area. MIQFs will determine the appropriate person-limit required in each exercise space to ensure adequate physical distancing.

10.11.3 Information on smoking and smoking cessation support

MIQFs must ensure that smoking cessation services are available to returnees.

People who smoke or vape should be offered a supply of nicotine replacement therapy (NRT) on arrival to help make their stay in MIFs more comfortable, especially for periods when they are unable to smoke or vape (e.g. when subject to room isolation requirements).

Upon arrival, a standard issue of an oral NRT product should be provided to tide people over until a full health assessment is complete. In such situations the supply of nicotine lozenges (2mg) is suitable. Note that in general, people will require around 12 lozenges per day. Information about NRT-use must be provided to returnees alongside the provision of lozenges on arrival (e.g. the **MIQ NRT Information Sheet**). Following the full health assessment, NRT can be better tailored to need (for example, a combination of patch and gum/lozenge may be indicated).

The main purpose of providing NRT to returnees is to help support people to abstain from smoking/vaping when they are in situations where they cannot smoke/vape (i.e. not long-term smoking cessation). However, there are likely to be some circumstances where people use this as an opportunity to quit and other (local or national) 'quit smoking' support can be used.

MIQFs may choose to prepare further arrival information packages for returnees. This could include:

- acknowledgement that returnees may smoke to alleviate anxiety and stress
- reassurance that the returnee will be able to smoke during their stay
- information and suggestions on how the returnee could make steps to quit smoking or reduce the frequency of their smoking while in the MIQF

- the rules around smoking areas
- a reminder that returnee cannot smoke, vape, or use e-cigarettes in their rooms; this is only permitted in designated smoking areas. (**Note:** Some people may be permitted to smoke/vape/use e-cigarettes on the balconies of their rooms or elsewhere upon approval by the MIQF IPC Lead, the MIQF Manager and the hotel manager.)

In addition to the requirements in **Section 10.11.1 to 10.11.3**, QFs and dual-use facilities must manage smoking areas in accordance with **Section 2.2 QF and dual-use facilities: site requirements** and **Section 6.8 QF and quarantine zones of dual-use facilities: security and safety requirements**.

10.12 Food and beverage

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Procurement and management of food and beverage 	<ul style="list-style-type: none"> • Setting IPC requirements for food delivery 	<ul style="list-style-type: none"> • N/A

MIQFs must provide returnees with at least three meals per day that meet returnees’ dietary requirements. This could include but is not limited to providing returnees with meals upon request that are:

- Gluten free
- Dairy free
- Egg free
- Halal
- Other cultural/religious requirements
- Vegetarian
- Vegan
- Nut free
- Soy free.

Where returnees are experiencing problems with their meals (such as provision of meals that do not meet their dietary requirements), this should be remedied as soon as practicable. Meals suitable for children (including infants) must also be available if there will be children staying in the MIQF.

Returnees’ dietary requirements, including allergies, intolerances, preferences, and/or cultural/religious considerations, should be identified at the point of entry to a MIQF (see also the **SOP: Entry to a MIQF**).

Where returnees have kitchenette facilities in their room, the MIQF must still provide at least three meals per day. Meals can be prepared on-site or catered and delivered. All food procurement, preparation, and storage must comply with current New Zealand food safety standards.

The MIQF must provide a meal plan describing the plan for procuring food and the capability of the facility to meet returnees' dietary requirements.

For guidance on alcohol, refer to **Section 10.13 Alcohol**.

10.12.1 Ordering food from external sources

Returnees must be able to order additional food and supplies from supermarkets and/or delivery services, at their own cost. Details of the provision and management of these services should be included in the essential items plan (see **Section 10.8 Essential Items**). External food orders must be delivered to returnee's door by MIQF to reduce non-essential returnee movement throughout facility.

10.13 Alcohol

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> Setting and management of the process for buying and receipt of alcoholic products Ensuring MIQFs adhere to facility host responsibility and alcohol licencing requirements 	<ul style="list-style-type: none"> Provision of public health advice relating to consumption of alcohol 	<ul style="list-style-type: none"> Provision of services relating to addiction support

10.13.1 Public health risks and host responsibilities in the sale and supply of alcohol within MIQFs

All MIQFs operate under the Sale and Supply of Alcohol Act 2012. To ensure the safety of returnees and staff, there are additional public health risks to consider when providing alcohol in a MIQF setting. Intoxication is a risk to:

- infection control, as intoxicated returnees' ability to adhere to critical IPC measures may be affected, such as their ability to adhere to physical distancing, refrain from entering the rooms of other returnees, and wear a face mask when outside of their room
- the health and wellbeing – including mental health – of intoxicated returnees, those in their bubbles, children, and other returnees in the MIQF
- the occupational health and safety of staff working in MIQFs.

10.13.2 Alcohol delivery and consumption policy

MIQFs must have an alcohol policy that is consistent with the **Delivery to Facilities** steps in the **SOP: Stay in a MIQF**, the hotel's liquor license, and that addresses the public health risks that alcohol consumption and intoxication present in a MIQF environment. The alcohol policy must determine:

- how returnees aged 18 years and over can access alcohol (including whether returnees can order alcohol to the facility from external providers)
- how much alcohol returnees can access within a given period
- how [Host Responsibilities](#) will be upheld (including the requirement to provide food to patrons while they are consuming alcohol and the provision of non-alcoholic drinks)
- how the risks associated with alcohol consumption will be managed

When developing the alcohol policy, the facility must remember that overly restrictive or relaxed alcohol policies could encourage negative behaviour in returnees. The alcohol policy should also be included in the facility's risk register and alcohol-related incidents should be recorded in the facility's incident register (see **Section 5 Risk management**).

In managing the public health risks in alcohol sale and supply within a MIQF presents, MIQFs should consider discussing with all staff and agencies involved in the MIQF operation the reasons why extra measures regarding alcohol sale and supply are important during this time, and ensuring that bar staff involved in the sale and supply of alcohol within the facility receive appropriate training and support regarding their [Host Responsibilities](#) and the public health and IPC risks that intoxication in a MIQF environment presents.

Intoxication must not compromise a returnee's ability to adhere to health procedures, respond appropriately to reasonable instructions by staff or to respond in emergencies such as a fire evacuation. If intoxication is suspected staff should advise the on-site NZ Police as soon as possible to address the problem. Additionally, staff should not endanger themselves by engaging in any physical altercation and monitor the situation until NZ Police arrive. If it is an emergency evacuation or the like treat the individual as an incapacitated returnee for the purposes of the MIQF fire evacuation plan.

The Ministry of Health has guidelines on daily consumption aimed at reducing your risk of injury on a single occasion of drinking. This is a maximum of four standard drinks per woman and a maximum of five standard drinks for men. To reduce long term health risks the recommendation is a maximum of two standard drinks a day and no more than 10 per week for women. For men the recommendation is a maximum of three standard drinks a day and no more than 15 per week.

Te Hiringa Hauora (the Health Promotion Agency that was created with the merger of Alcohol Advisory Council and Health Sponsorship Council) has the same recommendations. Within the MIQF environment there is a need to balance the health and safety of returnees and staff, the risk presented by COVID and individuals rights.

To do this a 'reasonable quantity of alcohol for delivery' that maintains this balance. A reasonable quantity for delivery, per adult (18 or over) per day, within an MIQF is:

- Six pack (330ml) of beer (6-9 standard drinks), or
- One bottle of wine (7-8 standard drinks), or
- Four pack (330ml) of RTDs (7-8 standard drinks)
- **Spirits will not be accepted.**

Note: This quantity includes alcohol that is delivered and alcohol that is purchased at the facility.

The quantity for specific individuals can be increased based on medical advice. MIQF Health staff can approve this increase to a limit required to meet medical needs. At no time is alcohol to be delivered or purchased by minors (17 years old or younger).

MIQF staff can refuse to complete the delivery of an incoming package containing alcohol if the contents would exceed the reasonable quantity and creates a risk to Health and Safety. If a delivery is refused the intended recipient must be given an opportunity to demonstrate the contents of the delivery does not contain alcohol that exceeds the reasonable quantity (e.g. by allowing the package to be inspected).

Note: Some external food and beverage delivery services may require proof of photo ID to complete the delivery of alcohol. However, because returnees cannot retrieve deliveries directly from the delivery persons, it may not be possible to order alcohol from some food and beverage delivery services.

Before accepting or completing a delivery staff must assess if there are reasonable grounds to believe package contents exceeds the defined reasonable quantity of alcohol.

In making this assessment MIQF Staff should consider the size, shape, and weight of the parcel, where the parcel has been delivered from, any labelling or markings on the parcel that indicate it may contain alcohol, if the delivery person declares it contains alcohol or if the delivery has a packing slip showing it contains alcohol. This assessment will then allow a determination to be made as to whether the delivery contains more than the reasonable quantity of alcohol. This assessment will also allow Staff to ensure the person receiving alcohol is of legal age.

Staff must document the event including, when (date and time), who the staff and returnee were, what led staff to believe the delivery contained more than the reasonable quantity of alcohol, whether the returnee wanted to prove delivery did not contain more than the reasonable quantity of alcohol (or not), if any items were discovered and how the items were managed (held or returned to person making the delivery).

An additional Staff member should countersign the document to provide assurance for both staff member and returnee.

Each facility is to have a single register to document these events. This register is to be overseen and reviewed periodically by the MIQF Manager. DHB alcohol licensing teams and PHUs can provide further local guidance

on risk management, assistance in developing or revising the alcohol policy, and advice regarding alcohol licensing.

Additionally, the following resources are available to both MIQF staff and returnees:

- [Alcohol use during COVID-19](#);
- [Advice on standard drinks](#);
- [Is your drinking OK?](#)

10.14 Exemptions during a returnee's stay

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none">• Managing exemptions process, including decision making and continuous improvement	<ul style="list-style-type: none">• Supplying health advice to MBIE regarding exemptions criteria and management	<ul style="list-style-type: none">• Support of exemptions process through clinical assessments (including testing) and provision of PPE to returnees leaving MIFs• Supplying clinical support to people who have travelled to their region under an exemption

A small number of people may be exempt from managed isolation or quarantine as per the Isolation and Quarantine Order 2020. Exemptions may be considered for:

- joining a person in MIQ
- transiting through New Zealand
- medical needs
- exceptional circumstances

Applications for exemptions from managed isolation are considered on a case-by-case basis. Exemptions will only be approved where there is confidence that the risk of transmission is very low.

No exemption will be possible for returnees in QFs or quarantine zones of dual-use facilities.

More information on the above exemptions, including how to apply for an exemption, can be found on the MIQ website: [Exemptions from managed isolation](#).

10.14.1 IPC requirements during exemption journeys

In some exemption cases, a returnee is granted an exemption to temporarily leave a MIF. They will be escorted to the approved location. Returnees are not permitted to drive themselves to this location.

When transporting the person from the MIF to the approved location of their self-isolation, the transport requirements in **Section 8.4 Transport to a managed facility** and the **SOP:IPC** must be followed, including:

- the PPE requirements for staff and passengers
- physical distancing requirements
- management of rest-stops
- vehicle cleaning guidance.

11. Returnee testing for COVID-19 in MIQFs

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Setting of testing requirements for returnees 	<ul style="list-style-type: none"> Provision of testing equipment Conducting testing of returnees Management and reporting of testing data and information to the Ministry of Health

Testing in MIQFs is critical, as people arriving from other countries present a heightened risk of reintroducing the COVID-19 virus into New Zealand communities. All returnees at MIQF meet the higher index of suspicion (HIS) criteria. The testing strategy includes the following components relevant to returnees in MIQFs:

- testing of asymptomatic returnees
- testing of returnees who meet the clinical criteria

DHBs will develop LAPs to enable those objectives to be achieved.

The testing requirements for QFs and/or quarantine zones of dual-use facilities are largely the same as the requirements for MIFs. However, where testing requirements differ between facility types, requirements for QFs/quarantine zones will be highlighted in a yellow box or in a table.

11.1 Legislative framework

Testing requirements for people arriving in New Zealand are outlined in the following:

- The Air Border Order (No 2) requires all people entering New Zealand via air to report for and undergo medical examination and testing for COVID-19.
- The Maritime Border Order (No 2) requires all people entering New Zealand via sea to report for and undergo testing and medical examination if directed by an MOoH or HPO, at any time during their period of isolation and quarantine.
- The Isolation and Quarantine Order requires returnees to report for and undergo medical examination and testing for COVID-19 at any time throughout their period of isolation or quarantine as directed by an MOoH or PHO.

The Isolation and Quarantine Order also requires a person to meet the following **low-risk indicators**²⁸ prior to leaving the MIQF. Medical examination and testing are key measures used to assess whether a returnee is at low-risk of having or transmitting COVID-19.

Refer to **Section 13 Exit from a MIQF** for further guidance on exit requirements from MIQFs.

11.2 Testing for COVID-19 infection

11.2.1 Testing methods

A test that demonstrates presence or absence of the SARS-CoV-2 virus is the gold standard testing method. These tests must be performed using a validated method at an IANZ accredited laboratory.

The most accurate test method presently is nucleic acid amplification test using a viral swab from the nasopharynx (a nasopharyngeal viral swab).

A viral swab from the nasopharynx will be used to collect the sample for the nucleic acid amplification test as this is the most sensitive way of detecting the presence of the SARS-CoV-2 virus.

If a person has physical or other needs that preclude nasopharyngeal sampling as determined by the MIQF GP or the MOoH, the MOoH will exercise their clinical judgement to determine whether there is an acceptable alternative.

Where a returnee's request for an alternative form of testing is declined, this should be documented with reasons that set out clearly why the risks are too high to allow an alternative form of testing.

Exemption from viral testing may be approved by the MOoH in a limited number of situations, but a medical examination must be completed to ensure:

- No clinical signs or symptoms of acute respiratory infection (via symptom check and chest auscultation)
- Temperature <38°C.

²⁸ Refer to the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020; <https://legislation.govt.nz/regulation/public/2020/0241/latest/LMS401667.html>

11.2.2 Who must be tested?

<i>Asymptomatic people from low-risk²⁹ countries</i>	All asymptomatic returnees (adults and children) from low-risk countries who are staying at a MIQF must undergo routine testing on or around days 3, 5/6 and 8/9.
<i>Asymptomatic people from high-risk countries²⁹</i>	All asymptomatic returnees (adults and children) from high-risk countries who are staying at an MIQF must undergo routine testing on or around days 0/1, 3, 5/6 and 8/9 their isolation period.
<i>Symptomatic people</i>	All symptomatic returnees must be tested. Refer to Section 11.3.4 Returnees who become symptomatic outside routine testing days.
<i>Foreign nationals</i>	<p>Temporary visas issued since 18 March 2020 have been subject to a condition requiring the holder to comply with instructions from an MOoH relating to a notifiable or quarantinable disease. This requirement also applies to everyone who applies for a visa on arrival including Australians and visa waiver nationals arriving as visitors.</p> <p>The Air Border Order (No 2) and the Isolation and Quarantine Order require all people entering New Zealand to report for and undergo medical examination and testing for COVID-19 including foreign nationals on temporary visas. Foreign nationals who refuse testing may be deported.</p>
<i>Diplomatic staff</i>	Diplomatic staff arriving at the border are exempt from testing and Managed Isolation and Quarantine. However, they are strongly encouraged to voluntarily (and/or with the agreement of their Government) enter a MIF or self-isolation and comply with testing.
<i>Returnees who have been granted conditional exemption notices for early departure from the MIF</i>	In exceptional circumstances, a returnee may be granted an exemption for early departure from a MIF. Those who are granted exemptions must have a negative test prior to exiting the MIF and must complete scheduled tests on or around days 0/1 (if applicable), 3, 5/6 and 8/9 even if they occur after exiting the MIF. If these returnees refuse testing, their exemption will be revoked.

²⁹ Refer to glossary

11.3 Testing of returnees

11.3.1 Routine testing

All returnees (adults and children) are required to undergo testing for COVID-19:

- a) On **day 0/1** (i.e. within 24 hours of arrival into a MIQF), unless the returnee has been solely in a jurisdiction that is exempt from day 0/1 testing³⁰ for the two weeks prior to departure, or is an international transit passenger, or is an overseas-based aircrew member. These test results will be prioritised and where possible made available within 24-48 hours.

AND

- b) On or around **day 3**

AND

- c) On or around **day 6**³¹

AND

- d) On or around **day 8/9**³²

11.3.2 Day 0/1 testing and room isolation conditions

Returnees who are subject to day 0/1 testing must isolate in their room until the result of their day 0/1 testing and two consecutive asymptomatic health checks are received. Returnees are not permitted to exit their room to smoke, exercise, or otherwise during this time. If a returnee returns a negative day 0/1 test result, has two consecutive asymptomatic health checks and all members of their bubble also meets these conditions, health staff can provide them with a wristband that identifies them as able to exit their room. Refer to **Section 6.3: Managing returnee movement throughout the facility**, and **Section 10.10: Access to the outdoors and exercise** for further guidance.

³⁰ See list of day 0/1 testing exempt countries here: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-advice-travellers#arrivals>

³¹ It is strongly recommended that this test is conducted on day 6. However, health teams in MIQFs can use their discretion to determine whether testing is conducted on day 5 or 6 in relation to their workload and testing capacity at the facility on those days, and with consideration of lab turnaround times and the ability to return test results prior to exit on day 7.

³² It is strongly recommended that this test is conducted on day 9. However, health teams in MIQFs can use their discretion to determine whether testing is conducted on day 8 or 9 in relation to their workload and testing capacity at the facility on those days, and with consideration of lab turnaround times and the ability to return test results prior to exit on day 10.

11.3.3 Children under 6 months

Infants under 6 months of age are exempt from nasopharyngeal testing if they are asymptomatic and are not close contacts of a confirmed or probable case. A medical examination (symptom check, temperature check, chest auscultation) may be used instead. A parent or guardian may request that the infant undergo viral testing.

11.3.4 Returnees who become symptomatic outside routine testing days

Returnees who become symptomatic for COVID-19 at any time during their MIQF stay must be isolated to their room and tested as soon as possible. Refer to **Section 10.3** for further guidance.

11.3.5 QF and quarantine zones of dual-use facilities: testing requirements for returnees

11.3.5.1 *People who have previously tested positive for COVID-19*

If a person tests positive for COVID-19 during their stay in MIQF, no further viral testing is required during the quarantine period. This is because there is good evidence that transmission does not occur more than 10 days after infection and the laboratory test may detect traces of inactive viral particles for weeks after a person is not infectious. A medical examination is required to determine a COVID-19 positive returnee as 'low-risk' for the purposes of exiting the QF/quarantine zone of a dual-use facility.

11.3.5.2 *Close contacts of confirmed or probable cases of COVID-19*

Refer to the summary of requirements for close contacts in Section 10.4 Managing close contacts of confirmed or probable cases for further detail regarding the testing requirements for close contacts.

Refer to **Section 13.4 Criteria to leave a QF** for further guidance on exit criteria for cases and close contacts.

11.4 Test refusal and exemptions of viral testing

Informed consent is required for all persons undergoing viral testing. Refusal to be tested must not disadvantage a returnee's access to health or welfare services while in the MIQF. However, it may result in extension of their stay if low-risk criteria are not met.

Every opportunity should be taken to encourage returnees to have a viral test on day 0/1 (where applicable) and around days 3, 5/6 and 8/9.

11.4.1 Refusal to be tested on days 0/1 and/or 3

The purpose of testing on days 0/1, 3 and 5/6 is early identification of infection so that these cases are transferred to a quarantine zone/facility and managed appropriately.

Asymptomatic and symptomatic returnees who refuse a test are managed as symptomatic returnees. Refer to **Section 10.3 Managing symptomatic returnees** for further guidance. Written advice by an MOoH will be sought – including the rationale for any recommended actions – and the matter referred to the Chief Executive of MBIE, or designated delegate, for a decision on actions to take. Any test must be reported to MIQ Ops using the standard incident reporting process.

If a person (or parent/guardian in the case of a child) refuses nasopharyngeal testing around days 0/1, 3 or 5/6, a reasonable effort should be made to understand the reason(s) for the refusal. An educational approach should be taken to remind the returnee of the benefits of testing, the requirement to undergo medical examination and testing under the Isolation and Quarantine Order 2020, and the following potential implications of their refusal:

- Test refusal can impact the length of isolation.
- The choice to refuse a test can affect others.
- Refusal to test is a violation of the Isolation and Quarantine Order.
- Test refusal has room isolation implications for them and their bubble members.

11.4.1.1 **Room isolation requirements for returnees and their bubble members who refuse testing on days 0/1, 3 and/or 5/6**

Due to the increased transmissibility of the Delta variant of SARS-CoV-2--and the associated public health risk posed by allowing returnees who have not returned a negative test on days 0/1,3 and/or 5/6 test result to move through shared spaces in MIQFs--returnees who refuse testing must be managed as symptomatic returnees. Refer to **Section 10.3 Managing symptomatic returnees** for further detailed guidance.

This means that they must have their blue wristbands (or equivalent) removed per the guidance in **Section 6.3 Managing returnee movement throughout the facility**, until they receive a negative test result. This applies to all returnees (children and adults) who refuse days 0/1, 3 and/or 5/6 testing.

The bubble members of returnees who refuse days 0/1, 3 and/or 5/6 testing must also be managed in accordance with the guidance in **Section 10.3 Managing symptomatic returnees**. This means that the bubble members of returnees who refuse any of these must also have their blue wristband (or equivalent) removed per the guidance in **Section 6.3 Managing returnee movement throughout the facility**--until that returnee returns a negative test result.

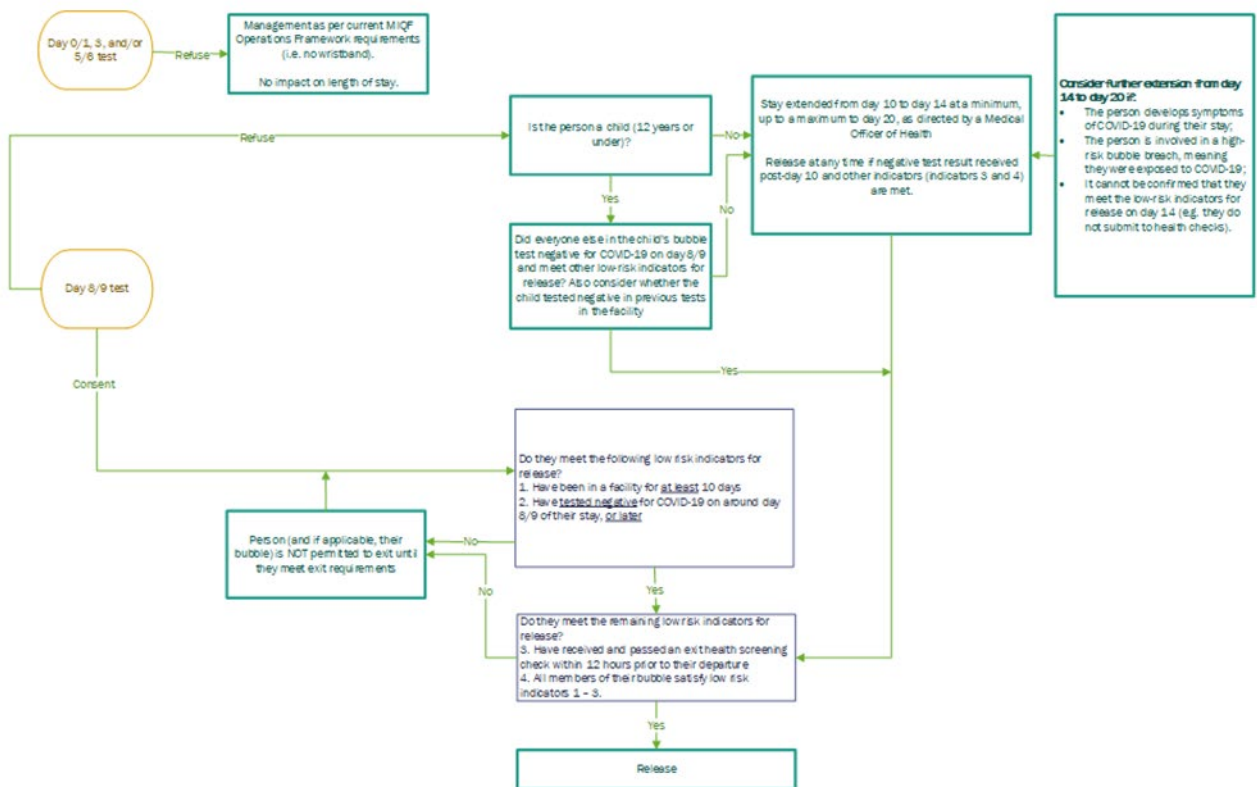
Where operationally feasible, returnees and their bubble members should still be offered access to fresh air and/or smoking in accordance with the guidance in **Section 10.3.1 Management of symptomatic COVID-19 negative returnees within a MIF or dual-use facility**.

Note: On a case-by-case basis, an MOoH (or delegate) may exercise their clinical judgement to determine if any alternative (or additional) conditions/risk mitigations to the above should be applied to a returnee and/or their bubble members when a test is refused. The site IPC Lead must be consulted as appropriate.

11.4.2 Refusal to be tested around day 9 and impact on exit assessment

The purpose of testing on or around day 9 is identification of cases and to ensure that returnees who test positive are not released into the community while infectious on day 10.

Refusal to undergo viral testing on or around day 6 is likely to result in the MOoH being unable to approve that the low-risk criteria are met at day 10. Following the guidance below, this is likely to require an extension of the managed isolation period from day 10 to day 14 – but up to a maximum to day 20 -- until the Chief Executive of MBIE, or their delegate, based on advice from a suitably qualified health practitioner -- is satisfied the person meets the low-risk indicators.



11.4.3 Asymptomatic foreign nationals who refuse testing

Section 11.2.2 Testing for COVID-19 infection above outlines the testing requirements. These apply equally to foreign nationals. If a foreign national refuses testing, a graduated approach should be employed, which may include:

- recording the refusal in the returnee's health check notes. (Contact the RIQ Health Lead to discuss the specifics of the situation)
- escalating the issue to the MIQ Operations Team at MBIE or the MIQ Team at MoH
- as a final measure the Immigration NZ can be contacted to discuss proceedings for deportation

The foreign national will continue to be accommodated in the MIQF until they are deported and must have access to the same level of health and welfare services as other returnees. It should be made clear to foreign nationals that they can request a test at any time while their deportation arrangements are being made.

11.4.4 All symptomatic returnees who refuse testing

If a **symptomatic** returnee refuses nasopharyngeal swabbing, an MOoH will exercise clinical judgement to determine if there is an acceptable alternative. If the returnee still refuses viral testing and meets clinical criteria for COVID-19, they must be considered a probable case. They and their close contacts (those within their bubble) will be transferred to a QF or quarantine zone of a dual-use facility (following usual procedures for transferring returnees).

11.5 Testing Process

11.5.1 Who is responsible for conducting tests?

The DHB where the MIQF is located will conduct swabbing and liaise between MIQF and laboratory regarding testing logistics.

11.5.2 PPE requirements during testing

All members of the Swabbing team must use appropriate PPE according to Ministry of Health PPE guidance for taking COVID-19 nasopharyngeal/combined oropharyngeal/anterior nares swabs³³ and the **SOP: IPC**.

If returnees leave their room for testing, they are required to wear face masks (see **Section 3 Infection Prevention and Control** and the **SOP: IPC**).

³³<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-workers/personal-protective-equipment-use-health-and-disability-care-settings>

11.5.3 Communications with returnees

Information on testing requirements (asymptomatic and symptomatic) is provided in the Welcome Pack that returnees receive on arrival at a MIQF. Prior to the test, returnees should be informed of their testing slot. This could be during their regular health check, or while verifying their NHI. The testing team should conduct a conversation over the phone with returnees, to provide information, answer questions, and to obtain returnee informed consent. Consent is documented in BCMS for each test.

11.5.4 Result notification

The clinician ordering the test is responsible for notifying the returnee of a positive or negative result as soon as practicable. The processes for notifying returnees of test results must be developed by the relevant DHB.

11.5.4.1 *Negative result*

A returnee is required to complete the 10-day isolation period even if viral test results are negative throughout their stay. Returnees should be reminded that if they develop symptoms in the days following the test (regardless of their test result), they should contact the on-site health staff.

11.5.4.2 *Positive result*

If a returnee tests positive for COVID-19, they must be notified immediately. The returnee (and close contacts of the confirmed case) must then be moved to a QF or quarantine zone of a dual-use facility as per the transfer protocols outlined in **Section 10.7 Transfer of returnees during their stay at a MIQF**.

Note: Following a case interview, if the returnee is suspected to be an historical case, the MOoH can consider allowing them to remain in their current room / facility while further investigations are pending.

11.5.5 Logistical considerations of testing

The following logistical considerations of testing are to be determined locally by DHBs:

Location of testing

The testing location is determined by the MIQF Management Team, with oversight and approval from the IPC lead. Options could include mobile testing teams, at the door of returnees' rooms, and/or a designated testing room in the MIQF (e.g. a conference room).

Note: Swabbing of symptomatic returnees and their bubble members must occur at the doorway of their room (i.e. they are not to travel to a designated swabbing room within the facility).

Location	IPC Considerations	Mitigations
At the doorway of returnees' rooms	<ul style="list-style-type: none"> • PPE requirements for returnees and staff (refer to the SOP: IPC) • Implementing a process for sessional use of P2/N95 particulate respirators, eye protection, and fluid resistant gown • Ensuring availability of the items and documentation required to perform swabbing. • Site-specific ventilation strategies to maximise protection of staff and other returnees 	<ul style="list-style-type: none"> • In consultation with the IPC Lead, consider implementing a protocol of visiting non-sequential (and non-adjacent)/distantly spaced rooms if corridors are narrow and doorways are close together • Ensuring donning and doffing of PPE occurs in designated areas, approved by the site IPC-Lead responsible for the facility • Point of testing equipment, consumables, and cleaning equipment are on hand • Adherence to waste management requirements (refer to the SOP: IPC) • Ensure site-specific ventilation strategies are implemented (e.g. implementing window/balcony door opening and closing protocols prior to opening returnee doors or use of air purifying units, where applicable)
Designated swabbing room	<ul style="list-style-type: none"> • PPE and physical distancing requirements for returnees and staff (refer to the SOP: IPC) • Process for mask removal by returnees • Availability of hand sanitiser for staff and returnees • Implementing a process for sessional use of P2/N95 particulate respirators, eye protection, and fluid resistant gown • Site-specific ventilation strategies to maximise protection of staff and other returnees • Cleaning and disinfection requirements • Items in room should be washable/wipeable 	<ul style="list-style-type: none"> • Ensure site-specific ventilation strategies are implemented (e.g. passive ventilation requirements within the room, air changes are adequate, use of an air filtration unit if applicable) • A system must be in place to manage returnee swabbing times to: <ul style="list-style-type: none"> ○ Prevent overlap of returnees moving throughout the facility for other purposes (e.g. for exercise) ○ Prevent congestion of returnees in corridors, lift lobbies, and/or other shared spaces • Cleaning and disinfection processes to be followed in between returnees and at end of session

Interpreters and information in returnee's own language

Returnees whose primary language is not English must have access to a Health Interpreter during the testing, if required. Returnees must also have access to a testing information sheet written in their own language, where possible. Health Interpreters are to be arranged by MIQF management as per existing protocols.

Transport of test swabs to labs

Test swabs must be labelled, securely stored, and safely and securely transported to the local IANZ accredited laboratory with SARS-CoV-2 testing capacity according to agreed laboratory protocols. Delay in transport should be avoided.

Facility staffing requirements

The MIQF will need sufficient staff to perform testing and track which returnees are due for day 0/1, 3 and 6 testing, are exempt from testing, have refused tests, or require tests for exemption purposes. Delegated roles must be assigned to:

- manage the testing schedule and database
- generating request forms and labels (if BCMS is not available at the facility)
- perform the sampling (nasopharyngeal/oropharyngeal swabbing)
- following up on results
- entering results into national database (if BCMS is not available at the facility).

Each role within both the Testing Team and Results Team needs to be staffed appropriately to ensure efficiency of the testing programme and prevent backlogs. MIQFs should be prepared to scale up their Testing Team staffing as required to maximise testing capacity.

IT requirements

DHBs will need an appropriate IT solution to manage the testing information above for the MIQFs in their region (e.g. BCMS). If BCMS is not available, the testing staff will update the national database with testing results.

12. Worker testing for COVID-19 in MIQFs

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> Monitor whether dual-use facilities are operating as a MIF or a QF for the purposes of implementing worker testing requirements 	<ul style="list-style-type: none"> Set testing requirements for workers 	<ul style="list-style-type: none"> Provide testing equipment Conduct worker testing Manage and report testing data and information to the Ministry of Health

12.1 Routine surveillance testing

The [COVID-19 Public Health Response \(Required Testing\) Order 2020](#) requires workers in all MIQFs to be tested for COVID-19 at the following frequency:

Table 1: Required Testing Order - Testing for MIQF workers

Worker [Including health practitioners and all types of health worker (whether defined as a 'health worker' or not)]	Testing frequency for all modalities
MIF workers who are onsite twice a week or more	Twice a week, with each test being at least 2 days apart.
QF workers who are onsite twice a week or more	Every day they are onsite
Dual-use facility workers	Every day there is an active case at the facility; twice a week when there are no active cases

Worker	Testing frequency for nasopharyngeal or oropharyngeal swabs, or saliva samples
Occasional workers who are onsite (whether at a MIF or QF) less than twice a week	Twice within 7 days of working at the facility, at least two days apart.
Workers who transport persons required to be in Isolation or Quarantine under any COVID-19 order to or from a QF	Twice within 7 days
Workers who transport persons required to be in Isolation or Quarantine under any COVID-19 order to or from a MIF	Once every 14 days
MIQF health staff – see 12.1.2.1	Once every 7 days
Workers who transport persons required to be in Isolation or Quarantine under any COVID-19 order to or from a QF	Intermittent or once every 14 days depending on the frequency of their ‘affected items’ work.

Note: Reference to ‘oropharyngeal swab’ above means *‘oropharyngeal (throat) with bilateral anterior nares swab’*.

Note: Tests do not need to be completed at work, but they must be completed on the required day or within the required timeframe. For example, for managed quarantine workers, a test must be completed on the same day that the person has worked onsite.

Saliva testing

MIQF workers who choose to provide a sample of their saliva:

- must provide a saliva sample in accordance with requirements for the type of facility they work at (see Table 1 above)
- must submit the sample to a designated collection/testing place
- where they must provide a saliva sample at least twice a week, wait at least 2 days before producing and submitting the second sample in their 7-day cycle.

Workers who want to switch from swab testing to saliva testing should follow existing processes for opting in. Once they have done so, they can undertake either saliva testing or swab testing to meet their obligations and

may discontinue saliva testing if they have produced and submitted at least 2 consecutive saliva samples to a designated collection/testing place. If they discontinue, they must notify their PCBU/employer that they have chosen to resume undergoing nasopharyngeal testing (or oropharyngeal with bilateral anterior nares testing).

12.1.1 Distinguishing between required and voluntary testing

Distinct from voluntary testing offered at QFs and dual-use facilities, required testing must be either

- (a) A nasopharyngeal swab; or
- (b) An oropharyngeal (throat) and bilateral anterior nasal passage swab
- (c) Saliva-based testing

(see **Section 12.3 Test modalities for required testing (routine surveillance for asymptomatic workers)**).

Using saliva samples for both required and voluntary testing uses saliva-based reverse transcriptase polymerase chain reaction (RT-PCR) testing (see **Section 12.4 Voluntary saliva testing at quarantine facilities and dual-use facilities**).

12.1.2 Who must be tested under the Required Testing Order?

Everyone who works at a MIQF must be tested, irrespective of what they do and whether the work is paid or voluntary. The term “worker” is used rather than “employee”, or similar, to avoid there being a need for a relationship of employment.

The acceptable testing methods are described in **Section 12.3 Test modalities for required testing (routine surveillance for asymptomatic workers)**

A worker can obtain an exemption from testing if they have physical or other needs that a health practitioner at the testing site determines would make it inappropriate for them to be tested. Despite that, if they undertake swab testing (as opposed to saliva testing) they must still report for medical examination in accordance with their testing and medical examination cycle. Refer to **Section 12.1.10.3** for further guidance.

The following workers must be routinely tested:

MIQF workers

- All people who perform work at an MIQF, including hotel staff, security staff, health workers, government employees (e.g. NZDF and MBIE staff), contractors and their employees, and anyone else that enters the facility for a work-related reason, even if on a one-off or intermittent basis; and
- Workers who transport people required to be in isolation or quarantine to or from a MIQF

Workers who handle ‘affected items’

- Any worker who handles ‘affected items’ (an item removed for cleaning, disposal, and/or re-use from a MIQF) if:

- They handled the *affected item* within 72 hours of its removal from the facility, **and**
- Had contact with a facility worker required to be tested under the Required Testing Order, **and**
- Both are working at the time of their contact with one another.

“Contact with” means:

- Having face-to-face contact within 2 metres of each other for 15 minutes or more; or
- Being in a confined space within 2 metres of each other for 15 minutes or more.

Workers are not within scope of affected items testing if:

- They (Worker 1) only have contact with a worker (Worker 2) who has become an affected worker because of handling an affected item within the time threshold and meets the ‘contact’ criteria; **but**
- Worker 1 has not themselves had contact with a worker at either a MIF or QF who is already required to be tested, while both are working.

Examples:

- (1) *A MIF worker takes some documents (‘affected items’) from a MIF to a meeting with colleagues who are off-site and spends more than 15 minutes in a meeting room with them.*
 - If no colleagues handled any of the documents at the meeting, they would not need to be tested
 - Any colleague who does handle any of those documents would need to be tested within 14 days of that meeting as they handled an ‘affected item’.
 - If any of the colleagues then hand any of those documents to someone who was not in the meeting with the MIF worker, the latter individual would not be required to be tested.
- (2) *A worker from an external laundry services provider picks up laundry from outside of a MIF and interacts with a worker of the MIF for 5 minutes while doing the pick-up outdoors. Because the laundry service worker did not enter the MIF and did not interact with the employee for more than 15 minutes, this worker does not need to be testing, although they have handled an affected item.*

PCBUs must ensure any employee or contractor who meets the ‘affected items’ testing criteria is entered on the BWTR and meets testing requirements. Whether they need to be tested on an ongoing basis will depend on how often they meet the ‘affected items’ handling and MIQF worker contact criteria.

12.1.2.1 **Testing requirements for Health Practitioners and Health Workers at MIFs**

Health practitioners and health workers at MIFs must be tested every 7 days with a nasopharyngeal swab, an oropharyngeal and bilateral anterior nasal passage swab, or via saliva testing.

12.1.2.2 *Workers in transport roles*

Workers in MIQF-related transport roles are required to be tested regularly (every 7 days for quarantine facility roles, and every 14 days for managed isolation facility roles) because of the nature of their work and their interaction with potentially infectious persons.

12.1.3 **Timing of testing for persons who routinely fall under the Required Testing Order**

Under the Required Testing Order workers must be tested by a nasopharyngeal (NS) swab or combined oropharyngeal and bilateral anterior nasal passage (OS), or by providing a saliva sample either:

- Every day, for all managed quarantine facility workers (other than occasional workers)
- Twice every 7 days, for all managed isolation facility workers (other than occasional workers)
- Once within 8 days of a worked day at an MIQF facility, for all occasional workers
- Once every 7 days, for all health practitioners and health workers at managed isolation facilities and for workers who transport persons to or from managed quarantine facilities
- Once every 14 days for workers who transport people to or from MIQFs

The time between tests must not exceed the length of the relevant testing cycle.

- For workers who are subject to weekly or fortnightly testing, a period longer than 7 days or 14 days (whichever applies) between NS, OS or saliva sample consecutive tests is prohibited.
- If workers are absent from their workplace at the required testing time (for example, they are on holiday or not rostered to work during the required testing period), they must still comply with their testing obligations by getting tested at another location, such as a community testing centre or a medical practice.

Routine testing should be evenly spaced to maximise the value of the testing as a detection measure and for testing monitoring purposes.

There is some flexibility for workers to be tested **prior to day 7 and 14** where there is a reasonable excuse or reason, which could include:

- The worker is not scheduled to work on day 7 or 14 (e.g. they are on leave or not rostered to work).
- There are operational testing requirements that reasonably justify testing prior to day 7 or day 14 (e.g. there are scheduling constraints or testing resource issues; some workers may need to be tested earlier in their testing period to ensure all workers at the facility can comply with their testing cycle requirements).

However, this should not be routine. All reasonable efforts must be made to test workers at evenly spaced intervals and as close to day 7 or day 14 as practicable.

Note: Any worker who develops symptoms consistent with COVID-19 should immediately get tested, irrespective of when their last routine test was.

Testing periods relate to when the worker **was last tested**. If a worker is tested prior to day 7/day 14 (as applicable), their next testing period starts from the day they were last tested, not the 7th or 14th day of their original cycle.

Example:

A MIF transport worker is required to be tested no later than 8 October. They are scheduled to go on leave from 7 – 9 October, and so are tested on 6 October to ensure they comply with the Required Testing Order. They are next required to be tested no later than 20 October, which is 14 days after their test on 6 October.

12.1.4 Choosing saliva testing for mandatory tests

Workers who opt into saliva testing as an alternative to NS or OS swab tests must produce and submit a saliva sample with the same frequency that they would have had an OS or NS test. They can produce the saliva sample either at work, Saliva testing can be undertaken by workers at or away from work.

They must drop off their sample at a designated collection/testing place at their facility or at another approved collection/testing place to which they have access (all designated drop-off sites are listed in the 'Site roll out' section of the [Saliva testing for border workers](#) page on the Ministry of Health's website).

Workers who have opted into saliva tests will be notified of the test results in the same way as with NS or OS swab tests – via text message for a negative result, and a call from the local Medical Officer of Health.

Where a worker receives a positive result from a saliva tests, they will be required to undergo NS or OS testing with a medical examination, for diagnostic purposes, to confirm the positive saliva test result.

Prior to 25 November 2021, where a person required to be tested every 7 or 14 days chose saliva testing, they needed to produce saliva sample twice a week. This is no longer the case. If a person chooses saliva testing, they now need to produce a sample with the same frequency that they would have been tested via a NS or OS swab.

12.1.4.1 Discontinuing saliva testing

Workers who have chosen saliva testing for their mandatory tests can also later choose to discontinue saliva testing and revert to NS or OS swab tests. To discontinue saliva tests, they must have completed two consecutive tests.

It is not recommended that workers switch between testing modalities frequently.

12.1.5 Application of the testing requirements for persons who fall under the Required Testing Order on a one-off, or intermittent basis

The following applies to all persons who:

- perform work at a MIQF on a one-off or intermittent basis, or
- do not work at a MIQF but meet the 'handling affected items' testing threshold (see **Section 12.1.2**). To support test scheduling, all workers who enter a facility (MIF, QF or dual-use) are required to be checked in by the MIQF Site Security Manager (see **Section 12.1.6**). This includes workers who undertake work on a one-off or irregular basis and those who enter the facility to remove affected items.

Note: The check-in requirement does not apply to external workers, such as couriers or delivery people, who deliver items to the gate of a facility or uplift affected items without needing to physically enter the facility, and do not have contact with workers or returnees. Nor are they required to be tested under the Required Testing Order.

- External workers, such as couriers or delivery people, are required to be tested within 14 days if they meet the affected item criteria (also see **Section 12.1.2** above and **Section 12.1.6** below).

Those who work at a facility on a one-off basis and are on a NS, OS or saliva sample testing regime must be tested within 7 days after working at an MIQF

Anyone expecting a worker at a facility on a one-off basis must provide them the MIQF induction form prior to their arrival, which outlines their testing requirements based on the status of the facility.

To maximise the value of testing as a surveillance measure, the test should occur between days 5 and 7 after working at the facility, regardless of whether the facility is a QF or MIF or meeting the 'affected item' criteria. This is because the optimal time to test for COVID-19 is 5 – 7 days after potential exposure. The test must be within either 7 or 14 days under the Required Testing Order.

All intermittent and one-off workers should be reminded to remain vigilant for symptoms after their visit to the site or meeting the 'affected item' criteria. They should get tested if they feel unwell. If a worker develops symptoms following their required test, they should be tested again.

12.1.5.1 *Timing of testing for workers who fall under the Required Testing Order on a one-off or on an intermittent basis*

Workers who fall under the Required Testing Order on a one-off basis

If someone falls under the Required Testing Order on a one-off basis, their requirement to be tested is also one-off. They must get tested within 7 days of working at an MIQF, or within 14 days of meeting the 'affected item' criteria (see **Section 6**). This test should ideally occur between days 5 and 7. Further testing is not triggered until the worker performs work at a facility on another occasion.

Workers fall under the Required Testing Order on an intermittent basis

Workers who undertake work at a QF or MIF or who meet the ‘affected item’ criteria (see **Section 6**) on an intermittent basis need to be tested no later than the 7th (for QFs and the quarantine part of a MIQF) or 14th day (for MIFs and the isolation part of a MIQF or meeting the ‘affected item’ criteria) after beginning work.

Other than the initial test, the requirement to be tested does not continue during periods if the individual is not working at a MIF or QF, or if the individual does not meet the ‘affected item’ criteria (see **Figure 3: Example testing period for a worker who performs work in a MIQF on an intermittent basis**).

For example:

A worker works at a QF on the 1st, 2nd and 3rd days of the month. They do not work again at the QF until the 17th of the month. The worker is required to be tested no later than the 8th of the month, being 7 days after they commenced work at the QF. This meets the requirement to be tested every 7 days. Although it is not a requirement of the Required Testing Order, it is strongly recommended from a public health perspective that they also be tested no later than the 15th of the month (which is 7 days after their first test). As they do not work again until the 17th, the next time they need to be tested is no later than the 24th of the month (the 7th day after recommencement of work at the QF).

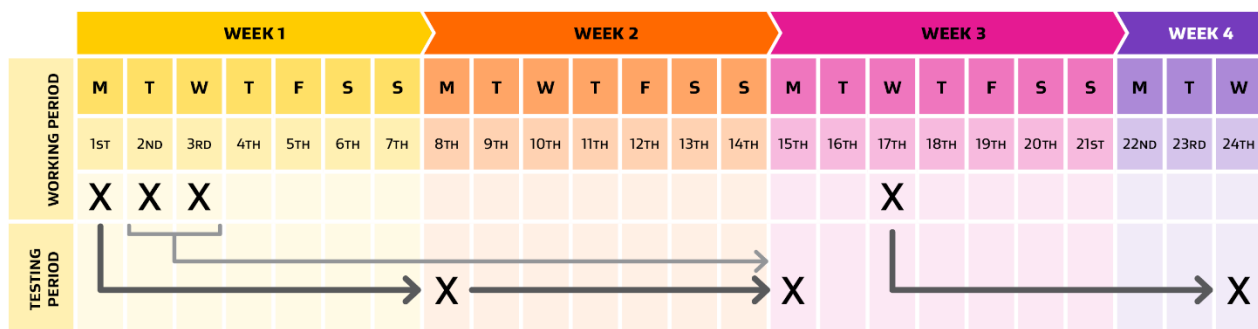
12.1.6 Timing of testing for persons in the ‘affected items’ criteria

Workers who meet all three ‘affected items’ criteria (see **Section 12.1.2** above) must be tested once every 14 days, subject to how often they perform tasks that bring them into the testing framework. The following table assists decisions on testing requirements and frequency:

The Activity of Handling Affected Items

	Activity frequency	Meets all 3 criteria	Testing frequency
1.	Continuous	At least once a week	Routinely once every 14 days
2.	Continuous	Once in 14 days	Routinely once every 14 days
3.	Continuous	Less than once in 14 days	At least once from when all 3 criteria are met
4.	Intermittent (including one-off occasion)	Occasion specific	At least once from when all 3 criteria are met

Figure 4: Example testing period for a worker who performs work in a MIQF on an intermittent basis and are on a NS or OS testing regime



12.1.7 Testing requirements for off-boarding workers

A worker’s requirement to be tested does not necessarily stop when they cease working in an affected. Even if they cease employment, they remain an ‘affected person’ until they complete the final test of their cycle.

The PCBU/employer must notify the off-boarding worker of their requirement to get tested and keep track of whether the worker has done so.

The testing requirement ceases once this final test is completed. Although not a requirement of the Required Testing Order, it is strongly recommended from a public health perspective that they complete an additional test 5-7 days following their final day of work.

Examples:

- (1) *A QF worker who is on a 7-day testing cycle and whose last test was on a Tuesday ceases employment with their employer on a Sunday. They are required to get one test by the following Tuesday under the Required Testing Order and the employer must note this information in the BWTR. From a public health perspective, this worker is also strongly recommended to get another test 5 to 7 days after their last day of work (Sunday), but this is not required under the Required Testing Order.*
- (2) *A MIF worker who is on a 14-day testing cycle and whose last test was on a Tuesday ceases employment with their employer on the immediately following Sunday. The now former worker gets a test the following Friday. This test meets their obligation for a final test under the Required Testing*

Order and the public health recommendation for a test 5 to 7 days following their last day of work. The PCBU/employer must note this test information in the BWTR.

12.1.8 Operational arrangements for the implementation of the Required Testing Order 2020

Operational responsibility for managing worker testing is as follows:

<p>PCBU/ Employer</p>	<ul style="list-style-type: none"> • Notifies each affected worker employed or engaged by the PCBU/employer of the requirement to undergo testing and the testing; • Does not prevent any affected worker from being tested during their working hours if testing is available during those hours; • Keeps the following records for assessment of the affected worker’s compliance: <ul style="list-style-type: none"> ○ The worker’s full legal name and date of birth ○ The worker’s telephone number ○ The testing period that applies to the worker ○ The dates on which the worker has undergone testing and medical examination ○ If the worker has been given a testing exemption, the testing period to which the exemption relates (this does not require the collection of health information about the reason for the exemption). • PCBUs/employers are required to enter specified records into the BWTR and must make them available as soon as practicable to an enforcement officer if requested.
<p>Worker</p>	<ul style="list-style-type: none"> • Checks into facility each day with the MIQF Site Security Manager. This provides a record of work within the facility for test scheduling purposes; • Provides employer with their specified testing information that will enable their employers to perform their duties set by the Required Testing Order, as follows: <ul style="list-style-type: none"> ○ The worker’s full legal name and date of birth ○ The worker’s telephone number ○ The testing period that applies to the worker ○ The dates on which the worker has undergone testing and medical examination, ○ If the worker has been given a medical exemption. ○ The worker must provide this information, or access to the information, as soon as practicable.

	<ul style="list-style-type: none"> • Either presents for nasopharyngeal (or combined oropharyngeal and bilateral anterior nasal passage) swab testing, or undertakes saliva testing, according to their required testing frequency (refer to Table 1 above)
MIQF Site Security Manager	<ul style="list-style-type: none"> • Sends employee site check-in data to DHBs for test scheduling purposes;
DHB	<ul style="list-style-type: none"> • Using the site check-in data, coordinates with the MIQF Manager to schedule tests, and ensures testing is available on-site as required by the testing schedule;
MIQF Manager and workers	<ul style="list-style-type: none"> • Manages test refusal and non-compliance with the Required Testing Order through usual employment processes. • Informs BWTR Workforce Testing Team of any status changes to dual-use facilities.

Asymptomatic worker testing should be provided either:

- at the MIQF, or
- through referral to a community-based testing facility, or
- through another healthcare facility (such as the worker's GP).

The obligation to meet the testing frequency requirements applies whether the worker is at work or not.

Employers should encourage their workers to undertake swab testing during work time (i.e. not in their personal time). However, if a worker cannot do so before the end of their testing cycle, they must still be tested away from work using an approved testing facility. A period longer than 7 days or 14 days (whichever applies for the worker) between consecutive NS or OS swab tests is prohibited.

Asymptomatic workers participating in the testing regime do not need to self-isolate while awaiting test results and can continue to work. Refer to **Section 12.2** for managing testing of symptomatic workers.

12.1.9 Testing at dual-use facilities

Note: The MIQF Manager must notify the BWTR Workforce Testing Team when a dual-use facility changes status from a MIF to a QF and vice versa to maintain correct worker profiles. MIQworkforcetesting@mbie.govt.nz

Dual-use facilities operating as QF

If there is a confirmed or probable case of COVID-19 in the quarantine zone of the facility, or where it has been less than 14 consecutive days since any confirmed or probable case of COVID-19 last occupied the quarantine zones of the facilities. As a result, when dual-use facilities are operating as QFs, all workers in dual-use facilities

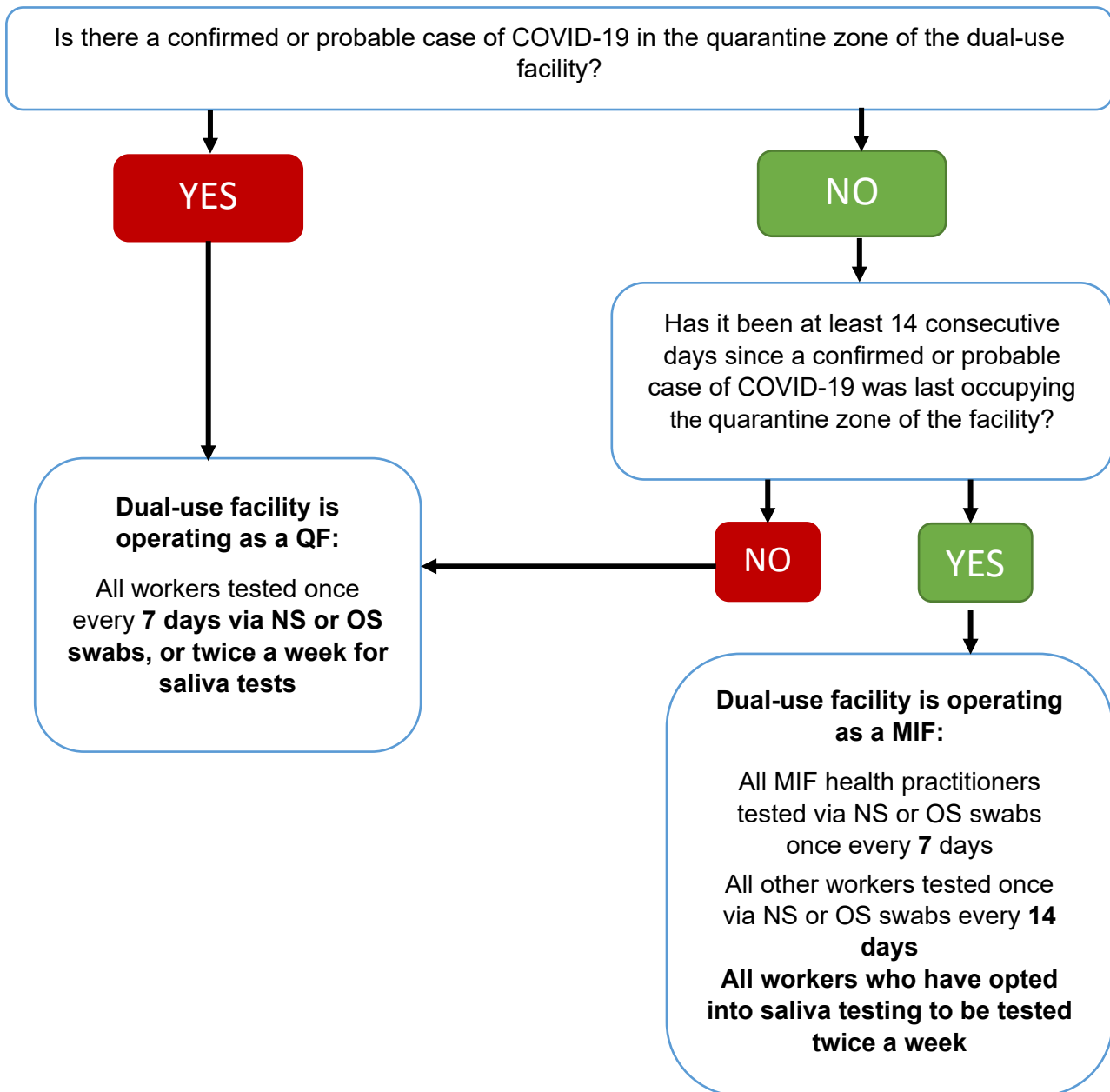
must adhere to the QF worker testing frequency. This includes workers who do not enter the quarantine zones of the facilities.

Dual-use facilities operating as MIFs:

If it has been at least 14 consecutive days since any confirmed or probable case of COVID-19 last occupied the quarantine zones of the facilities. As a result, when dual-use facilities are operating as MIFs all workers in the dual-use facilities are to adhere to the MIF worker testing frequency of once every 7 days or twice a week.

With the support of the on-site health team and/or RIQCC, the MIQF Manager is responsible for monitoring whether dual-use facilities are operating as QFs or MIFs using the above guidance, and accordingly are responsible for determining the correct testing frequency for workers in dual-use facilities at a point in time. The flow diagram provided in **Figure 6** below can be used to support this determination. MIQF Managers are to liaise with DHBs and employers to coordinate test scheduling and ensure workers in dual-use facilities adhere to the appropriate testing frequency.

Figure 5: Flow diagram for determining whether a facility is operating as a MIF or QF for worker testing purposes



12.1.9.1 *Managing worker testing when dual-use facilities transition from operating as a MIF to operating as a QF*

When a confirmed or probable case moves into the quarantine zone of a dual-use facility that has been operating as a MIF (i.e. the facility has not had a confirmed or probable case in their quarantine zone for at least 14 consecutive days and has therefore been testing workers at a MIF frequency), the dual-use facility must immediately transition to operating as a QF. Accordingly, the workers in the dual-use facility must be tested at the QF frequency of once every 7 days.

For the purposes of test scheduling, day 1 of the new 7-day worker testing period should be the day the or a confirmed or probable case **entered** the facility. For example:

A returnee enters the facility on 5 October. They test positive on 7 October, which was their day 3 test. The dual-use facility is now operating as a QF and must therefore transition to a QF -daily worker testing cycle.

12.1.9.2 *Managing worker testing when dual-use facilities transition from operating as a QF to operating as a MIF*

When a dual-use facility that is operating as a QF meets the criteria for operating as a MIF as outlined above in **Section 12.1.9**, the facility (*other than an “occasional worker”*) can immediately transition to a twice every 7 days testing cycle.

12.1.10 Workers who are not tested during a required testing period

Workers who have not been tested within their required testing period should not work on-site in a MIQF, or transport persons required to isolate at a MIQF to or from a MIQF, until after they are tested.

If a worker does not comply with their mandatory testing requirements and has not been exempted on medical grounds by a suitably qualified health practitioner, they breach clause 7 of the Required Testing Order and would be liable to an infringement notice of \$300. Alternatively, a Court could impose a fine of up to \$1000.

Employers are expected to follow up with those of their workers who do not comply with their mandatory testing obligations or the requirement to provide information. If the worker still fails to comply with the Required Testing Order, their case can be referred to the Ministry of Health or WorkSafe.

A complaint about non-compliance can be made as set out below, and an investigation would be commenced:

- Via email to H&SConcerns@worksafe.govt.nz
- Via the 105 police non-emergency reporting line, or
- (Anonymously) via the Ministry of Health’s Integrity Line (0800 424 888).

Enforcement under the Required Testing Order is undertaken by enforcement officers appointed under the COVID-19 Public Health Response Act 2020. This includes:

- For individual workers specific Ministry of Health staff authorised as under section 18 of the COVID-19 Public Health Response Act 2020; and
- For PCBUs - WorkSafe inspectors (authorised under section 18 of the COVID-19 Public Health Response Act 2020 to carry out the functions and powers of an Enforcement Officer in workplaces regulated by WorkSafe).

Agencies are taking a graduated approach to enforcement of the Required Testing Order. In the case of non-compliance by a PCBU or a worker, the focus is on encouraging compliance through education.

12.1.10.1 **Workers who are absent from work at the required testing time**

The following testing requirements apply for MIQF workers (*other than an “occasional worker”*) while they are absent from work (e.g. on holiday or not rostered to work at the time),

- QF workers are not required to get tested while they are absent from work on leave. However, they are strongly recommended to get one more test within 5 to 7 days of ending work.
- MIF workers will need to get a test during leave if they had not completed both tests in their 7- day cycle before leaving work.
 - A worker’s current testing cycle start date and end date can be checked by the PCBU in the Border Workforce Testing Registry.
 - The PCBU can also see what date tests were taken to determine if MIF workers have completed both tests within their cycle.
 - Whether they have completed their cycle or not before going on leave, they are also strongly recommended to get one more test within 5-7 days of ending work.

If workers are absent from work and are not tested during the required testing period, they breach clause 7 of the Required Testing Order (see **Section 12.1.7**).

12.1.10.2 **Workers who refuse testing**

Workers should note that failure to complete a required test will show on their BWTR record. Failure to comply with the Required Testing Order without reasonable excuse is an infringement offence under clause 15 of the Required Testing Order for the purposes of section 26(3) of the COVID-19 Public Health Response Act 2020.

Note: MIQF workers can request an oropharyngeal (throat) and bilateral anterior nasal swab or nasal testing as an alternative testing method if they struggle to tolerate nasopharyngeal testing (pending local availability of the appropriate relevant swabbing materials or availability of saliva testing at their facility). Refer to **Section 12.3** for further guidance.

As above, workers who refuse to be tested should not work on-site in a MIQF or in transport associated with a MIQF. Their employers should manage this through their organisation’s usual employment processes.

12.1.10.3 **Medical or other legitimate exemptions from worker testing**

If a worker has physical or other needs that a health practitioner at the testing site determines would make it inappropriate for them to undergo testing and medical examination, they are exempted under clause 8 of the Required Testing Order.

Medical examination may involve taking the person's temperature, carrying out chest auscultation, and seeking and obtaining information about symptoms.

[Clause 8](#) applies to nasopharyngeal (or combined oropharyngeal and bilateral anterior nasal passage) swab testing and medical examination and saliva testing.

If a worker is exempted from testing *but not medical examination*, they must still report for medical examination in accordance with their testing and medical examination cycle.

Where a worker is exempted, employers should seek public health input to assess the risk – both to the worker and to public health – of the worker continuing to work in a MIQF without undertaking regular surveillance testing. Mitigations should be put in place where feasible and employers should also consider what other measures, such as redeployment, may be available under the employment agreement.

12.1.10.4 **Workers who the BWTR shows as overdue for testing**

If a worker wants to enter a MIQF when the BWTR shows them as overdue for testing:

- There is no requirement to screen workers entering a facility to determine if they comply with the Required Testing Order.
- If during their WOL sign-in a worker indicates it has been over 14 days since their last test, they should be queried about when that test occurred. If they do not have evidence available, they can still be allowed on-site but at the discretion of the MIQF Manager or appropriate delegate.
- The MIQF Manager (or delegate) contacts the relevant Workforce Testing Advisor and informs them that a worker who may not be compliant was allowed on-site by and that the Advisor may need to follow up with the employer/employee directly.
- If the worker advises that the non-compliance is NOT due to a data or reporting error and cannot provide proof of testing, the issue is escalated to MIQ GM Operations for an enforcement decision.
- The decision is recorded in a central register and the employer, the MIQF and the RIQCC will be notified that the worker is not allowed into the facility.

12.2 Testing of symptomatic workers

The Required Testing Order provides for routine surveillance testing of workers and is not intended to address testing requirements for symptomatic workers.

Workers who are symptomatic should immediately self-isolate and be tested as soon as practicable. This is an operational health and safety requirement separate to the Required Testing Order and must be complied with irrespective of whether the individual has met their obligations under the Required Testing Order.

If a worker refuses to be tested, they may be required to stay in self-isolation, as directed by the on-call GP and/or MOoH. If the first swab is negative but a high degree of suspicion remains, the MOoH can require a repeat swab(s).

12.2.1 Workers who are close contacts of a confirmed or probable case

Workers who are classified as close contacts of a confirmed or probable case are expected to self-isolate for 10 days and comply with any requirements imposed by an MOoH. They must complete their 10 days of self-isolation even if their first swab result is negative. For the definition of a close contact and/or casual contact, please see the [Ministry of Health's contact tracing guidance](#)³⁴.

Family members or close contacts of workers who are deemed close contacts of a confirmed or probable case will be notified by the relevant local public health unit of any further action that is required, such as testing and/or self-isolation.

12.2.2 Workers who test positive for COVID-19

Workers who test positive for COVID-19 must immediately comply with any directions of an MOoH. Following notification of a positive test result, the relevant local public health unit will contact the worker and identify any close contacts. All close contacts must be isolated for 10 days in case they develop COVID-19 infection.

12.3 Test modalities for required testing (routine surveillance for asymptomatic workers)

Nasopharyngeal swabbing is the preferred testing method for required testing due to its higher sensitivity at detecting the presence or absence of the SARS-CoV-2 virus. However, given MIQF workers undergo regular testing at high frequencies – on 14 (MIF) or 7 (QF) day cycles – MIQF workers can request an oropharyngeal (throat) and bilateral anterior nasal passage swab as an alternative to nasopharyngeal testing. The same swab must be used in both passages (throat followed by nasal passages). Since 11 August 2021, they have also been able to choose saliva testing instead of either nasopharyngeal or oropharyngeal with nasal passage swab testing.

For further guidance regarding oropharyngeal and bilateral anterior nasal swabbing, refer to the [Ministry of Health COVID-19 Instructions on specimen collection](#)³⁵ and for saliva testing refer to the Information for Border Workers: Introduction to saliva testing pages on the Ministry of health's website.

³⁴ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19>

³⁵ https://www.health.govt.nz/system/files/documents/pages/covid-19-instructions-on-specimen-collection-15oct2020_0.pdf

Although the oropharyngeal and bilateral anterior nasal swab option is not as effective at detecting the SARS-CoV-2 virus as the nasopharyngeal swab or saliva sample, this risk is offset by the increased and ongoing frequency of routine testing that MIQF workers undertake.

Note: Given affected workers who fall under the Required Testing Order on a one-off or intermittent basis are not required to undergo regular ongoing testing (see **Section 12.1.5.1**), the nasopharyngeal swab option is strongly preferred for these workers. This is because the slightly reduced sensitivity of the oropharyngeal and bilateral anterior nasal swab is not offset by regular testing in this group of workers.

13. Exit from an MIQF

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Ensure returnees do not exit the facility prior to DHB health approval • Ensure returnee have satisfied non-health requirements for exit • Confirm that key information has been captured in NBS prior to returnee departure • In partnership with MSD, ensure returnees who require post-departure social and welfare support are linked up with the local providers well before they are due to leave • 	<ul style="list-style-type: none"> • Set departure health check and exit requirements 	<ul style="list-style-type: none"> • Conduct the health check • Confirm a negative test result has been received on or around day 9 before a returnee exits a facility • Provide overall health approval that the returnee has satisfied health and wellbeing requirements for exit (Medical Officer of Health or delegate) • Transfer of relevant medical information to returnee's primary care provider(s)

13.1 Purpose

This section outlines the requirements for approving people to depart MIQFs following their period of isolation or quarantine. Health leads will implement health exit screening with the support of health professionals and the MIQF Manager. MIQFs are responsible for ensuring returnees satisfy current Ministry of Health requirements for exit from an MIQF.

13.2 Required period of isolation or quarantine

Clause 10 of the Isolation and Quarantine Order states that the **required period of isolation or quarantine** of a person is:

- a) *The period ending at the same time of day as, but on the 10th day after, their start time if the Chief Executive of MBIE is satisfied that the person meets the low-risk indicators, as determined –*
 - *As close as is reasonably practicable to the end of that period; and*
 - *Based on the advice of a suitably qualified health practitioner; or*
- b) *Any longer period needed to satisfy the Chief Executive of MBIE, based on the advice of a suitably qualified health practitioner, that the person meets the low-risk indicators, but no longer than the period ending at the same time of day as, but on the 20th day after, their start time.*

The Isolation and Quarantine Order states that the **start time of a period of isolation or quarantine** is:

- a) *The time and date of the person's arrival in New Zealand (for example, 3:30pm on 15 September 2020), unless paragraph (b) applies:*
- b) *The start time that applies to the person under the COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020.*

However, if another person joins them in their room at their place of isolation or quarantine (becoming their fellow resident), the person's start time becomes the time and date of the other person's joining them, unless the other person is a caregiver (Refer [to clause 15 \(2\)\(c\)\(i\) of the Isolation and Quarantine Order](#) for further details).

No person will be permitted to leave a MIQF until the Chief Executive of MBIE on the advice of a suitably qualified health practitioner, is satisfied they have met low-risk indicators for having or transmitting COVID-19.

13.2.1 Circumstances in which the start time of the required period of isolation or quarantine is re-started

In accordance with section (b) of clause 10 of the Isolation and Quarantine Order, if a person becomes a close contact of a confirmed or probable case during their time in a MIQF, their time in isolation or quarantine can be extended. Therefore, the start period for a close contact's 10-day period of quarantine re-starts from the last point of contact with the assumed infectious person.

13.3 Criteria to leave a MIF

A person may leave a MIF if they have completed the required period of isolation, and on the advice of a suitably qualified health practitioner that the person meets the following **low-risk indicators**³⁶:

- a) *The person –*
 - (i) *Has undergone the medical examination and testing required to assess whether they have COVID-19, with a negative result; or*
 - (ii) *Has been determined by a Medical Officer of Health or Health Protection Officer to have physical or other needs that make it inappropriate for them to undergo medical examination and testing; and*
- b) *Other medical tests or information relating to the person (if any) indicate that the person is at low-risk of having or transmitting COVID-19.*

³⁶ Refer to the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020; <http://legislation.govt.nz/regulation/public/2020/0241/latest/whole.html#whole>

In practice, a person can be released from a MIF if they meet all the following criteria:

1. Have been in managed isolation for at least 10 days; and
2. Have tested negative for COVID-19 on or around day 9 of managed isolation; and
3. Have received and passed an exit health screening check within 12 hours prior to their departure; and
4. All members of their bubble (the people they have been isolating with) satisfy indicators 1 – 4.

If all the above criteria are met – and after consultation with the on-site health practitioner -- the MIQF Manager may approve a person's release on behalf of the Chief Executive of MBIE.

Refer to **Appendix 1** for a process flow chart for people exiting MIFs.

13.3.1 Early departure from a MIF

In some circumstances, returnees in a MIF submit an urgent request to leave the MIF shortly before their required 10-day period of isolation or quarantine ends.

Permission for early departures from MIFs are based on the following:

- Circumstances are urgent and important; or
- There is unreasonable inconvenience (cost and/or time); and
- Alternative transport arrangements are not possible.

Returnees must inform MIF staff of the need for an early departure as soon as possible. Upon entry to the MIF, returnees are required to provide details of their intended travel plans. Near the end of a returnee's stay in managed isolation (ideally 2-3 days before departure), MIF staff must follow up with the returnees to confirm their intended travel plans upon departure, including whether the returnee requires an early departure.

13.3.1.1 *Departure up to three hours early*

If a returnee requests departure from a MIF up to three hours early, this request must be approved by the MIQF Manager. The MIQF Manager has the authority to end a person's period of isolation or quarantine no more than three hours early if:

It is a practical time for the person to leave the MIF.

The person meets the low-risk indicators, based on the advice of a suitably qualified health practitioner.

The MIQF Manager may decline a request for an early departure if the departure time would place an unreasonable expectation on MIF staff to process the person or group of people either very late or very early in the day (e.g. during the hours from 8 pm to 7 am).

13.3.1.2 *Departure more than three hours early*

If a returnee requests to leave a MIF more than three hours early, they must apply through the [MIQ website](#). The request must be submitted as early as possible, and the exemption must be approved by the Exemptions team.

13.4 Criteria to leave a QF

People admitted to a QF/quarantine zone under the Air Border Order (No 2) and Isolation and Quarantine Order can be permitted to leave if they meet the low-risk indicators (below), as determined by a suitably qualified health practitioner. The low-risk indicators are as follows:

- a) *The person –*
 - (i) *Has undergone the medical examination and testing required to assess whether they have COVID-19, with a negative result; or*
 - (ii) *Has been determined by a medical officer of health or health protection officer to have physical or other needs that make it inappropriate for them to undergo medical examination and testing; and*
- b) *Other medical tests or information relating to the person (if any) indicate that the person is at low-risk of having or transmitting COVID-19.*

13.4.1 **People who have tested positive for COVID-19**

Low-risk indicator (a): requiring a negative test from people that have previously tested positive for COVID-19 is not required as traces of inactive (non-infectious) viral particles may be detected in a nasopharyngeal swab after a person has recovered and is no longer infectious. People that have previously tested positive for COVID-19 will be assessed for release from quarantine against low-risk indicator (b), as follows.

Low-risk indicator (b): In practice, low-risk indicator (b) requires people who have tested positive for COVID-19 to meet the following criteria, unless they are designated a historical case by an MOoH (refer to **Section 13.4.1.1**):

- 1) Have spent at least 14 days in a QF/Quarantine Zone of a dual-use facility if partially vaccinated or unvaccinated³⁷, or at least 10 days in a QF/Quarantine Zone of a dual-use facility if fully vaccinated³⁸, since either:
 - a. Testing positive for COVID-19 if the person has remained asymptomatic, OR
 - b. Since the onset of symptoms, and
- 2) Been 72 hours symptom-free, and
- 3) Receive approval from a suitably qualified health practitioner.

Refer to **Appendix 2** for a process flow chart for previously COVID-19 positive people exiting a QF.

13.4.1.1 **People designated as historical cases of COVID-19**

If a person is designated as a historical case of COVID-19 by an MOoH, they must meet the following criteria to satisfy low-risk indicator (b):

- Have spent at least 7 days total in a managed facility (if they have been transferred to a QF/quarantine zone of a dual-use facility, their time in a MIF will count towards this), and
- Receive approval from a suitably qualified health practitioner.

13.4.2 **Public health advice on close contacts of a confirmed (or probable) case of COVID-19**

<p>Bubble close contacts with ongoing contact with case <u>(irrespective of vaccination status)</u></p>	<p>Low-risk indicator (a): Close contacts must satisfy low-risk indicator (a) and test negative for COVID-19 on or around day 8 of their 10-day stay in quarantine (of their re-set isolation period) to be released from a QF/Quarantine Zone.</p>
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³⁷ Unvaccinated refers to people who have not received any dose of an approved COVID-19 vaccine. ‘Approved COVID-19 vaccines’ are those that have been approved by a government health authority or approval authority. Partially vaccinated refers to people that have received only one dose of an approved COVID-19 vaccine (if that approved vaccine requires more than one dose), or it has been <7 days since they received their second dose of an approved COVID-19 vaccine.

³⁸ A person is considered fully vaccinated if it has been >7 days since they have completed a full course of an approved COVID-19 vaccine. Note that some approved vaccines only require one dose.

	<p>Low-risk indicator (b): In practice, low-risk indicator (b) requires close contacts to meet the following criteria:</p> <ul style="list-style-type: none"> • Have spent at least 10 days in quarantine since their last known contact with an assumed or confirmed infectious person (refer to Section 10.4 for detailed guidance regarding when the isolation period is reset for bubble close contacts with ongoing exposure to a case), and • Have tested negative for COVID-19 on or around day 8 of their re-set 10-day quarantine period, and • Have received and passed a health screening check within 12 hours of their departure (confirming they have no new or worsening symptoms), and • All members of their bubble (the people they have been isolating with in the QF) satisfy indicators 1 – 3.
<p>Bubble close contacts with no ongoing contact with case <u>(irrespective of vaccination status)</u></p> <p><u>Other non-bubble close contacts (e.g. exposure event during stay in a MIQF): unvaccinated</u></p> <p>(no dose, one dose or <7 days since second dose of Pfizer vaccine) and includes all children under the age of 12 years</p>	<p>Low-risk indicator (a): Close contacts must satisfy low-risk indicator (a) and test negative for COVID-19 on or around day 8 of their re-set 10-day stay in quarantine to be released from a QF/Quarantine Zone.</p> <p>Isolation/Quarantine period to commence upon arrival at point of arrival location, as detailed in the Isolation and Quarantine Order 2020, and does not need to be reset until time of arrival at the facility (some hours later) as there is no material impact on risk.</p> <p>Low-risk indicator (b): In practice, low-risk indicator (b) requires close contacts to meet the following criteria:</p> <ul style="list-style-type: none"> • Have spent at least 10 days in quarantine since their last known contact with an assumed or confirmed infectious person, and • Have tested negative for COVID-19 on or around day 8 of their re-set 10-day quarantine period, and • Have received and passed a health screening check within 12 hours of their departure (confirming they have no new or worsening symptoms), and

	<ul style="list-style-type: none"> All members of their bubble (the people they have been isolating with in the QF) satisfy indicators 1 – 3.
<p><u>Other non-bubble close contacts (e.g. exposure event during stay in a MIQF): vaccinated</u></p> <p>(≥7 days since second dose of Pfizer vaccine)</p>	<p>Low-risk indicator (a): Close contacts must satisfy low-risk indicator (a) and test negative for COVID-19 on or around day 5 of their re-set 7-day isolation period post-exposure to the case, or on day 8/9 of their original 10-day isolation period (whichever occurs later) to be released from a QF/Quarantine Zone.</p> <p>Low-risk indicator (b): In practice, low-risk indicator (b) requires close contacts to meet the following criteria:</p> <ul style="list-style-type: none"> Have spent at least 10 days in quarantine in total, including at least 7 days since their last known contact with an assumed or confirmed infectious person, and Have tested negative for COVID-19 on day 8/9 of their 10-day quarantine period, or day 5/6 of post-exposure to the case (whichever occurs later), and Have received and passed a health screening check within 12 hours of their departure (confirming they have no new or worsening symptoms), and All members of their bubble (the people they have been isolating with in the QF) satisfy indicators 1 – 3.
<p><u>Flight/bus close contacts: irrespective of vaccination status</u></p>	<p>Refer to section 13.3 for the low-risk indicators.</p>

For all people exiting QFs/Quarantine Zones, approval to exit can be granted if all the applicable above low-risk indicators and criteria are met. This will be considered by the MIQF Manager, in consultation with a suitably qualified Health Professional, on the delegation of the Chief Executive of MBIE.

Refer to **Appendix 3** for a process flow chart for people who have not previously tested positive for COVID-19 to exit QFs.

13.5 Implication of COVID-19 test refusal on ability to depart a MIQF

Low-risk indicator (a) requires people to undergo a 'test' for COVID-19, and for the result of that test to be negative, to be released from a MIF. As discussed in **Section 11.2.1**, the preferred test method presently is nucleic acid amplification test using a nasopharyngeal viral swab. Refer to **Section 11.4** for guidance regarding test refusal and consideration of alternative testing methods.

If a person refuses their final test on or around day 9, their stay will be extended from day 10 to day 14 at a minimum, and up to a maximum to day 20, as directed by a MOoH. If the person submits to testing during their extended stay and tests negative, they will be released as per current practice.

Close contacts in QFs or Quarantine Zones

As per **Section 11.3.5.2**, close contacts that have been transferred to a QF/Quarantine Zone re-start 10 days of quarantine. From this new start date, close contacts must undergo viral testing on or around days 3, 6 and 8 of their stay in the QF/Quarantine Zone.

If a person refuses nasopharyngeal testing, they may be **required to stay at the MIF until day 14, but up to day 20 as directed by a medical officer of health**. Refer to the guidance in **Section 11.2.3 Refusal to be tested around day 9 and impact on exit assessment** for further information about the implications of test refusal.

If a person refuses viral testing but submits to another form of testing as defined in the Isolation and Quarantine Order (symptom checking, temperature checking, and/or chest auscultation), although they will have satisfied the requirement to be 'tested' under the Order, it is unlikely that they will be able to be deemed 'low-risk' after 10 days in a MIF. This is because these alternative (non-nasopharyngeal swab) 'testing' methods are unlikely to identify asymptomatic cases of COVID-19.

If a returnee is symptomatic, they are only allowed out of their rooms on an escorted **basis if they have tested negative** (and are still symptomatic). Symptomatic people who have not yet been tested or not yet received a result should be isolated in their rooms.

The rationale for requiring people to remain in the MIF for up to day 20 aligns with the criteria for release from isolation for a mild confirmed case of COVID-19. Mild confirmed cases must remain in a QF for at least 14 days following the onset of symptoms, or since they tested positive (whichever is later), including 72 hours symptom-free.

The person should be offered nasopharyngeal testing each day during their extended stay. If they submit to testing at any point after spending 10 days in the MIF, and test negative, they should be released immediately (provided they meet the other exit criteria).

A person who intentionally fails to comply with a requirement under an order is committing an offence under section 26(1) of the COVID-19 Public Health Response Act 2020 (the COVID-19 Act).

For more information on what to do when people refuse testing, refer to the full testing guidance outlined in **Section 11.4 Test refusal and exemptions of viral testing.**

13.6 Exit health check

As per criteria (3) above, returnees must receive and pass an exit health check within 12 hours prior to their departure. This must be completed during the final regular health check.

The exit health check must involve a suitably qualified health professional checking for symptoms consistent with COVID-19.

For returnees that had previously tested positive, to pass the exit health check the person must have been symptom free for the preceding 72 hours.

A MOoH or delegate is responsible for providing approval that returnees have satisfied health requirements for exit.

During the exit health check, the health professional conducting the check should also verbally advise returnees to:

- Continue to be aware of New Zealand's traffic light system settings and abide by any requirements including PPE use and physical distancing.
- For the next week following departure from a MIQF, it is recommended that they do not attend large gatherings and that they should wear a mask if travelling on a plane, using public transport, or are around vulnerable people.
- Because they have completed at least 10 days in the MIQF and met the low-risk indicators for release, they should not be subject to any further restrictions prior to returning to or commencing work unless otherwise advised (e.g. they should not be required to undergo further isolation before attending their place of work, unless they are advised otherwise by Public Health Officials).
- Get vaccinated against COVID-19 as soon as possible unless they already are vaccinated
- Continue to practice good hand hygiene (frequently washing hands and/or using alcohol hand sanitiser).
- If they or their whānau/close contacts develop any symptoms of COVID-19, immediately contact Healthline or their GP, get tested immediately, and continue to self-isolate while awaiting test results.
- Download and use the NZ COVID Tracer app with the Bluetooth functionality enabled or keep a written record of where they go if they don't have a smartphone.

The advice above is also included in the Departure Letter supplied to returnees upon exit from the MIQF. Refer to **SOP: Exit from a MIF** for further information on the activities involved in the exit health check.

Note: All returnees exiting the facility following health check and approval must still wear a face mask until they have physically left the building.

13.6.1 People displaying symptoms upon exit health screening check

If the person displays any of the following symptoms during the exit health check, they must submit to further examination and must not be permitted to exit:

- Cough
- Sore throat
- Difficulty breathing or shortness of breath
- Runny nose
- Changes in taste or smell

Note that some people may present with symptoms such as only: fever, diarrhoea, headache, myalgia, nausea/vomiting, or confusion/irritability. If there is not another likely diagnosis, then they should have a swab test.

If a returnee from a MIF displays symptoms, then the MIQF protocols for unwell people are to be applied for further assessment to take place, and potential transfer to a QF/Quarantine Zone of a dual-use facility.

The authority to assess the person against the above criteria and approve their exit from the MIQF is delegated to the on-call MOoH or the on-site health professional.

For people departing from a QF/Quarantine Zone, the person (and if applicable, their bubble) will not be released from the QF/Quarantine Zone until they meet the relevant low-risk indicators, which includes being symptom-free for 72 hours.

13.7 Bubbles

As per criteria 4, the low-risk indicators apply to all members of a bubble (a group of people isolating together). This means that if one person in a bubble does not meet the low-risk indicators for release from a MIQF and are subsequently required to extend their stay in a MIQF, their entire bubble may also be required to remain in the MIQF until they collectively satisfy the low-risk indicators. This is because the person cannot be deemed to be low-risk of having or transmitting COVID-19 if they are in close contact with someone who is not deemed low-risk. The low-risk assessment considerations discussed in **Section 11.4.3** and in **Figure 2** will be applied to determine if a person and/or bubble is required to extend their stay in a MIF.

13.8 Departure letter

People that satisfy the low-risk indicators and are approved for release from a MIQF are to be provided with a departure letter. Further information about issuing the departure letter can be found in the **SOP: Exit from a MIQF**.

13.9 Confirming returnee information in NBS

Prior to departure from the MIF, staff who have access to the NBS should ensure that key information about returnees has been recorded in the NBS. This information is necessary to enable the follow-up health check after departure for contact tracing if returnee required after they have departed a MIQF. The following information is considered key information that is required to facilitate any necessary follow up:

- Returnee name, date of birth, contact phone number and email address
- NHI number
- Returnee ethnicity, if a translator is required, and preferred language
- If the returnee was an unaccompanied child or young person
- Details of the facility (e.g. hotel name, location)
- Details of the returnees:
 - Expected isolation or quarantine period end date and time; or
 - Actual departure date and time
 - Date of the returnee's last COVID-19 swab.

13.10 Accommodation support

Returnees who do not have accommodation should be identified early during the initial health and wellbeing assessment or other welfare checks to ensure arrangements can be made for temporary accommodation.

MIQFs are not responsible for securing temporary accommodation for returnees, however, MIQFs are responsible for ensuring returnees have access to Social Workers (or those with a similar role such as Community Connectors, Wellness Coordinators, etc.) and/or other services that can support them to secure temporary accommodation:

MSD can assist with income support and with finding employment and/or housing. In some cases, MSD can also provide grants to help people meet urgent or unexpected costs (such as transport costs from the facility).

The MSD Community Connector is the first point of call for referrals from returnees who need accommodation support upon exit from the MIQF. The [Access to Accommodation flowchart](#) shows who to contact in various circumstances. **Note:** TAS is no longer providing accommodation unless a state of emergency is declared.

MSD provides emergency housing for those who have nowhere to stay and assists people to apply for public housing. MSD can also support people to meet accommodation costs, for example the Accommodation Supplement and winter energy payment.

The Welcome Pack outlines services and sites available to support the search for employment. MSD has an online job search site and advice as well as a dedicated Job Search Contact Centre.

Some returnees may require support from the MIQF to arrange suitable transport to their accommodation following discharge. Again, welfare assessments should identify this need early.

13.11 Transfer of care

On departure from the MIQF, all returnee health data, including all data on regular health checks, testing, and other health services that the returnee accessed during their stay at the MIQF, should be transferred to the returnee's primary health care provider if requested.

14. Children in MIQFs

14.1 IPC requirements for children

As mentioned in **Section 3 Infection Prevention and Control**, children under 6 years of age are exempt from wearing a face mask. Their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so, however face masks should not be worn by children less than 2 years of age because of safety concerns.

Parents or care givers should be encouraged to assist children to perform hand hygiene and they should be responsible for the handling of personal items belonging to the child such as bottles, dummies and toys.

14.2 Provision of food and beverage for children

As mentioned in **Section 10.12 Food and Beverage**, MIQFs must provide returnees with at least 3 meals per day. MIQFs must provide meals suitable for children (including infants) if there will be children staying in the MIQF.

14.3 Wellbeing and psychosocial needs

As mentioned in Section 10.5 Wellbeing, psychosocial and welfare needs, all returnees, including children, will benefit from wellbeing checks and support.

Along with other requirements outlined in **Section 10.5**, MIQFs must provide a range of wellbeing supports including, but not limited to:

- Access to activities and online educational resources for children and support for parents.
- Advice and support on managing boredom, engaging in activity, establishing routines within the facility including sleep routine and good sleep hygiene.

14.4 Unaccompanied children and young people

For information on how to care for unaccompanied children and young people in MIQFs, refer to the **SOP: Unaccompanied Children and Young People**.

14.5 Testing of children

The testing process is generally the same for children as it is for adults. Refer to **Section 11 Returnee testing for COVID-19 in MIQFs** for full guidance on testing for both children and adult returnees.

14.5.1 Testing frequency

Children are required to undergo testing for COVID-19:

day 0/1, unless from a low-risk country

AND

on or around day 3

AND

on or around day 6

AND

on or around day 9.

Note: All returnees who were required to take a day 0/1 test are required to isolate in their rooms until a negative result has been returned.

14.5.2 Testing methods

As discussed in **Section 11.2.1**, the preferred test method presently is Nucleic Acid Amplification Test using a nasopharyngeal viral swab. This is the preferred method including for children unless they have physical or other needs that an attending physician or MOoH determines should preclude them from nasopharyngeal testing.

If a child has physical or other needs that preclude them from nasopharyngeal testing (as determined by the attending physician or MOoH), then an oropharyngeal viral swab is an acceptable alternative. An oropharyngeal sample has slightly reduced sensitivity compared to a nasopharyngeal sample and thus an oropharyngeal sample is less optimal in asymptomatic children.

Infants under 6 months of age are exempt from nasopharyngeal testing provided they are asymptomatic and are not close contacts of a confirmed or probable case. A medical examination (symptom check, temperature check, chest auscultation) may be used instead. A parent or guardian may request that the infant undergo viral testing

14.6 Testing refusal

14.6.1 Children who refuse testing on days 0/1, 3 and/or 5/6

The purpose of testing on days 0/1, 3 and 5/6 is to rapidly identify COVID-19 cases so that they can be transferred to a quarantine zone/facility and managed appropriately as soon as possible.

Asymptomatic and symptomatic returnees who have refused a test on days 0/1, 3 and/or 5/6 will be managed as symptomatic returnees. Refer to **Section 10.3 Managing symptomatic returnees** for further guidance. MOoH advice will be sought, and the matter will be referred to Chief Executive of MBIE, or designated delegate, for a determination on actions to be taken. Refusal to consent to a test is to be reported to MIQ Ops using the standard incident reporting process.

14.6.2 Children who refuse day 8/9 testing

To leave a MIQF, a person must be deemed 'low-risk' by a MOoH. Testing on or around day 8/9 – whether nasopharyngeal swabbing (the preferred testing method) or another clinical examination described in **Section 11.2.1** – is one consideration in assessing if a person is low-risk. However, there are other considerations that include (but are not limited to):

- Whether the person tested negative for COVID-19 on or around day 5/6 of their stay in the MIF.
- Exposure risk to the SARS COV-2 virus (including in the country they have travelled from, while transiting through airports during their travel to New Zealand, and any close contacts they may have had at the MIF).
- Bubble size while in the MIF (due to length of potential chains of transmissions).
- Whether or not other members of the bubble have been tested for COVID-19 (particularly day 8/9).

If a child 12 years or under refuses a day 8/9 test, refer to the flow diagram in **Section 11.2.3 Refusal to be tested around day 8/9 and impact on exit assessment** for further guidance, and to determine whether an extension of stay is required.

15. Sports teams in MIQFs

RESPONSIBILITIES OF AGENCIES

MBIE	MoH	DHBs
<ul style="list-style-type: none"> • Provide advice to ministers about the feasibility of accommodating teams in MIQ and its impact • Key point of contact for sporting codes prior to arrival in NZ • Negotiate contracts with NZ hosts of incoming sports teams • Obtain information required to assess exemption from relevant sporting codes / teams as advised by MoH • Identify potential issues with sports exemptions on a case-by-case basis and advising MoH • Support the operational planning for sports teams (e.g. training programmes, procuring training facilities, confirming MIF capacity, etc) 	<ul style="list-style-type: none"> • Provide advice to the Minister for COVID-19 Response on whether to grant an exemption to sports teams under the Isolation and Quarantine Order • Set the health, wellbeing, and IPC requirements for sports teams • Approving bubble sizes (DG of Health responsibility) • Assess potential variations to sports exemptions on a case-by-case basis and advise Minister for COVID-19 Response if required 	<ul style="list-style-type: none"> • Provide health and wellbeing services to team members, • IPC service is responsible for ensuring activities by team members comply with IPC requirements • Escalate IPC and health/wellbeing concerns to MoH including requests for variations to standard MIQ conditions • Identify potential issues with sports exemptions on a case-by-case basis and advising MoH

In some rare cases, the Minister for COVID-19 Response may grant an exemption for sports teams to train while undertaking their isolation period. The advice below applies to teams that have been granted such an exemption and not to other sports teams or individual sports people in MIQFs.

Sports teams in MIFs are subject to the requirements set out in this MIQF Operations Framework and the applicable National SOPs. This includes:

- IPC requirements (as set out in **Section 3 Infection Prevention and Control** and in the **SOP: IPC**), that all team members must follow to keep themselves and others safe, including:
 - frequent hand hygiene – before leaving and returning to room; before and after training
 - avoid touching their face
 - physical distancing
 - cough and sneeze etiquette
 - cleaning – exercise equipment and frequently touched surfaces and objects
 - keeping to the agreed bubble
 - face mask use – wearing a medical face mask that has been provided by the facility, as appropriate in zones where team members may encounter people from outside their bubble
- transport requirements in **Section 8.4** (also refer to the **SOP: MIQF Transport**)
- regular health and wellbeing check requirements set out in **Section 10.2 Regular health and wellbeing checks**

- oversight of IPC plan by MIQF IPC Lead
- the exit requirements set out in **Section 13 Exit from a MIQF**
- access to the Health and Wellbeing services, essential items, and smoking areas as set out throughout **Section 10 During a returnee's stay**.

The only ways in which the conditions for sports teams in MIQF differs from those of others in MIQF relates to:

- an enhanced testing regime where appropriate, and
- the ability to train in designated bubbles on-site at the MIF and off-site at a SMIF within strict parameter if team members are assessed by a MOoH as being at low-risk of having or transmitting COVID-19.

Any request to vary from the above conditions must be approved by the Ministry of Health, or the Minister for COVID-19 Response, if an amendment to the exemption is required.

It is expected that any requests for variations be sought well in advance of the team's arrival to New Zealand to allow for appropriate consideration and planning. Requests for variations sought throughout the team's stay will only be considered in exceptional circumstances. Requests will only be granted where it is safe to do so and where the request mitigates or eliminates a risk to player health and wellbeing.

15.1 Enhanced testing regime

Where possible, sports teams will undergo a serology blood test soon after their arrival at the MIQF and are also required to undergo nasopharyngeal testing on days 1, 3, 6 and 9 of their stay, as a condition of their exemption.

15.2 Forming training bubbles

Teams can train in designated bubbles after they meet low-risk indicators as assessed by a health practitioner. Bubble sizes and when training can commence are determined on a case-by-case basis by the Director-General of Health who considers factors such as training requirements and the risk profile of the team's country of origin.

So far as practical, training staff should not be included in training bubbles and remain at least 2 metres physically distant from each bubble. Where this is not practical and training staff are assigned to designated bubbles, the designated bubbles must be preserved until the isolation period has ended.

Note: Team members must only interact with their bubble members during approved training activities (see below). They may not enter each other's room or socialise outside of these approved training activities. MIQF rules regarding PPE use, physical distancing, accessing smoking areas (these will be separate from other returnee smoking areas), and not entering other people's rooms continue to apply at the MIQF.

15.3 Training

Shortly prior to enactment of the exemption to train with approval from the MOoH, the RIQ, MIQF IPC lead, Health lead, Security Manager and SMIF Manager should confirm that:

IPC protocols are in place

all test results and health checks are confirmed as meeting the low-risk indicators

there are no unresolved breaches or compliance issues.

15.3.1 In-room training

Team members will remain in isolation in their individual rooms until they have met low-risk indicators as assessed by a health practitioner around day 4, or later as determined by the Director General of Health. During this period of individual isolation, they may use training equipment within their rooms, as agreed with MIQF staff. This training equipment must remain in their room and not be swapped out for alternative exercise equipment for the duration of their isolation period and cannot be shared with team members or other returnees.

15.3.2 Additional IPC requirements for on-site and off-site training

In addition to the IPC requirements set out in Section 3 Infection Prevention and Control and the **SOP: IPC**, the following additional IPC requirements apply to both on-site and off-site training:

Training equipment	All facility training equipment, including balls, must be wiped down with disinfectant by the user following use. So far as possible, each bubble should have its own equipment, but if this is not practical then the equipment must be thoroughly cleaned between different bubble-groups.
Cleaning	All high touch surfaces and floors where training occurs must be thoroughly cleaned with hospital grade cleaning and disinfecting products after each training session to prevent cross-contamination. Refer to Section 3 and the SOP: IPC for further cleaning guidance.
Managing injuries	Should a team member be injured while training, the Team Health Professional (e.g. Doctor or Physiotherapist) will provide treatment. The Team Health Professional and player must both wear appropriate PPE if they are not part of the same bubble. For players, this includes a face mask if practical, and for the Team Health Professional(s) this includes PPE that minimises the player's breath, sweat or blood depositing directly on the person supplying the treatment (mask, gloves, apron and eye protection). If hospital treatment is required, the team member will be transported following usual transport procedures (refer to Section 8.4 , the SOP: MIQF Transport , and the SOP: IPC). If required, an ambulance will be called.

<p><i>Toilet and bathroom facilities in training areas</i></p>	<p>Toilet and hand-washing facilities must be provided for players and staff. There must be a minimum of one toilet per bubble that is not accessible to those outside the bubble. The toilets, basins, taps, handles, hand driers (if on-site) etc. must be thoroughly cleaned after the training sessions with hospital grade cleaning and disinfecting products. Teams must shower in their hotel rooms.</p>
<p><i>Waste disposal in training areas</i></p>	<p>At the end of their session, team members must ensure they take all items including water bottles, towels, tissues, clothing, taping and bandages etc. with them and that waste is disposed of according to the waste management guidelines set out in Section 3 and in the SOP: IPC.</p>
<p><i>Blood and bodily fluids</i></p>	<p>The players must not spit or expel nasal secretions/ snot at any time. If the player has foreign matter or an obstruction in their nose or mouth, then this must be expelled into a tissue that is immediately disposed of in a suitable rubbish bag and the player must perform hand hygiene immediately.</p> <p>If a player has an injury that causes them to bleed, the person providing treatment/first aid must wear appropriate PPE. The area must be cleaned and disinfected, and all waste must be disposed of in accordance with the waste management guidelines set out in Section 3 and in the SOP: IPC.</p>

15.3.3 Requirements for on-site weight and resistance training

As per Section 2.1.5.2 Indoor exercise areas, the hotel's gymnasium, sauna, and pools are not to be used.

If permitted by the Minister for COVID-19 Response, team members can undertake weight and resistance training in their designated bubbles once team members are assessed by a MOoH as being at low-risk of having or transmitting COVID-19.

Weight and resistance training can take place in a designated space with free-flowing fresh air (e.g. a covered space with a maximum of one wall). Equipment must either be reserved for exclusive use by a single bubble group, or very thoroughly cleaned and disinfected before and after each session by team members using the equipment. Only team members from the same bubble can undertake weight and resistance training at the same time.

Duration of training sessions will be dependent on capacity in the designated space and number of separate bubbles wishing to use facilities. Team management will be responsible for the scheduling of training facility use in agreement with MIQF management, ensuring that adequate time is allowed between sessions for thorough cleaning.

15.3.4 Off-site training

If permitted by the Minister for COVID-19 Response, once all team members are assessed by a MOoH as being at low-risk of having or transmitting COVID-19., team members can undertake training off-site in a sport MIF in their designated bubble. Team bubbles will be transported to an off-site training facility (sport MIF), according to the schedule set in place by MIQF staff, in consultation with team management. Usual transport procedures must be followed, including the handling of sporting equipment/luggage. Refer to **Section 8.4**, the **SOP: MIQF Transport**, and the **SOP: IPC**.

MIQ Operations should notify local emergency services (Police, Ambulance and Fire) that the training facility is to be designated as a SMIF and used for training by a sports team currently in managed isolation before any training takes place.

Training can occur in either **outdoor training facilities**, or **indoor training facilities**, that are designated as a SMIF and will be sole use (not publicly accessible). Further to the additional IPC requirement for on-site and off-site training provided in **Section 15.3.2**, the following requirements apply to off-site outdoor and indoor training facilities:

<i>Outdoor facilities</i>	<p>Fields should be fully fenced or have other natural boundaries that prevent public access.</p> <p>Those involved in the training must stay at least 2 metres away from the boundary.</p> <p>Depending on the size of the outdoor facility, several bubbles can undertake training at the same time provided they always maintain a distance of at least 2 metres from each other.</p> <p>Separate areas for training bubbles must be clearly demarcated.</p> <p>Training must be arranged so that there is minimal risk of sporting equipment (e.g. balls) going over the outer boundary. If this is a risk, the staff allocated to recover the ball should return it to the training area and perform hand hygiene immediately after retrieval.</p>
<i>Indoor facilities</i>	<p>Ideally, a separate entrance should be used.</p> <p>Depending on the size of the indoor facility, several bubbles can undertake training at the same time, provided there is good ventilation, they maintain 2 metres physical distance from one another and there is an adequate barrier to prevent one bubble's balls and equipment coming into contact with members of another bubble.</p>

16. Aircrew and maritime crew in MIQFs

16.1 Purpose

This section provides guidance on the management of air and maritime crew when they are required to undertake a period of isolation or quarantine in a MIQF or are required to enter a MIQF for any other purpose.

This section only refers to the management of air and maritime crew once they have entered a MIQF and does not include guidance within other contexts outside of a MIQF (e.g. when maritime crew are required to isolate onboard a ship, or when aircrew are required to self-isolate).

16.2 Aircrew in MIQFs

Under the **COVID-19 Public Health Response (Air Border) Order (No 2) 2020** and the **COVID-19 Public Health Response (Isolation and Quarantine) Order 2020**, there are some circumstances where aircrew might be transferred to an MIQF.

Type of aircrew	Isolation and quarantine requirements
Aircrew who ordinarily reside in New Zealand (referred to as New Zealand-domiciled aircrew)	<p>New Zealand-domiciled aircrew are generally exempt from being transferred to an MIQF to carry out their period of Isolation or Quarantine.</p> <p>However, there are exceptions to this. New Zealand-domiciled aircrew might be transferred to an MIQF if:</p> <ul style="list-style-type: none"> • After undergoing a health assessment by a suitably qualified health practitioner upon arrival in New Zealand, the practitioner is not satisfied the aircrew member is at a low-risk of transmitting COVID-19 (i.e. they may present with COVID-19 symptoms). • They were outside New Zealand (other than a QFT place or on an aircraft undertaking a QFT flight) for a continuous period of at least 7 days immediately before arriving in New Zealand by air, or if they have travelled domestically outside New Zealand³⁹ (other than in a QFT place) within the 7 days immediately before arriving in New Zealand by air, and a risk assessment has been carried out by a suitably qualified health practitioner and that practitioner has determined that the aircrew member should enter an MIQF. • A MOoH has reasonable grounds to believe that, within 7 days immediately before their flight's arrival in New Zealand, and while

³⁹ For a definition 'travelled domestically outside New Zealand, refer to the [Ministry of Health guidance](#).

	<p>outside New Zealand (but not in a QFT place) the aircrew member did not meet one or more of the key safety standards.</p> <ul style="list-style-type: none"> • If the determination above by the suitably qualified practitioner is not made before the aircrew member's arrival in New Zealand and if the aircrew member has not been in Australia continuously for 7 days or more or has travelled domestically in Australia within 7 days before arriving in New Zealand. • On their arrival in New Zealand by air, an MOoH determines that the aircrew member has had a high-risk of exposure to COVID-19 during their most recent absence from New Zealand.
Aircrew members who have arrived on a QFT flight (New Zealand and overseas-based aircrew)	<p>Aircrew members who have arrived in New Zealand on a QFT flight are usually exempt from isolation and quarantine requirements. However, they may be transferred to an MIQF if they are found to no longer be exempt from isolation and quarantine provisions because:</p> <ul style="list-style-type: none"> ○ They do not meet all the QFT prerequisites on arrival in New Zealand ○ A suitably qualified health practitioner determines that the aircrew member is at more than a low-risk of having or transmitting COVID-19 or that crew member is a close contact of a person who is at risk of having or transmitting COVID-19⁴⁰.
Aircrew members who do not ordinarily reside in New Zealand (referred to as overseas-based aircrew) and who have not arrived on a QFT flight	<p>Overseas-based aircrew must be transferred to an MIQF for the duration of their layover <u>unless</u> they remain airside in the airport terminal during a layover.</p>

For the definitions of 'aircrew', 'key safety standards' and 'airside', refer to [Requirements for New Zealand-based aircrew](#) or [Requirements for overseas-based aircrew](#) on the Ministry of Health website.

16.2.1 During aircrews' stay in an MIQF

16.2.1.1 Bubbles

Bubbles of aircrew members are to be defined and managed as per the guidance in **Section 10.1**. The entire cohort of aircrew members must not be managed as a single bubble **after** they have checked in at the hotel and are in their individual rooms. Bubble breaches between aircrew members (e.g. entering each other's

⁴⁰ As per the **COVID-19 Public Health Response (Exemption for Quarantine-free Travel) Notice 2021**

rooms, breaching physical distancing requirements) are to be managed in accordance with the bubble breach guidance in **Section 10.1.4**.

16.2.1.2 *Distinguishing aircrew from other returnees*

In MIQFs where there are both aircrew and returnees present, the MIQF are to implement a process to ensure that aircrew are visually distinguishable from other returnees. This is critical to supporting easy identification of aircrew such as in exercise or smoking areas, given the requirements for designated smoking and exercise times for aircrew as detailed below (**Section 16.2.1.5**).

16.2.1.3 *Infection prevention and control*

While in a MIQF, aircrew are to follow the IPC requirements set out in **Section 3**, including the requirements to:

- Frequently practice hand hygiene by washing hands with soap and water or using the provided alcohol-based hand sanitiser
- Maintain physical distancing of 2m from others
- Wear PPE according to the MIQF protocols, and as directed by a MOoH or HPO.

Cleaning rooms occupied by aircrew

During their stay, aircrew are expected to clean their own room, as per the expectations outlined in **Section 3.6.3** and the **SOP: IPC**.

On departure, all rooms occupied by aircrew members who are departing from an MIQF early (i.e. those who have a 'short stay' at an MIQF due to a layover) are to be cleaned by cleaning staff according to the cleaning protocol for a short stay in an MIQF outlined in the **SOP: IPC**.

Room cleaning must be undertaken to the specifications outlined in the **SOP: IPC**, regardless of whether the crew member has received a COVID-19 test.

Cleaning staff must wear appropriate PPE when cleaning rooms occupied by aircrew members as per the **SOP: IPC**. Refer to the **SOP: IPC** for further information, including the appropriate cleaning order.

16.2.1.4 *Regular health checks*

Aircrew must receive a minimum health and wellbeing check once every 24 hours, not including a departure check, as detailed in **Section 10.2 Regular health and wellbeing checks for returnees**. The first 24-hour health check can be conducted on arrival. Health check information should be entered into BCMS, which will generate an NHI number for the aircrew member.

Note: If an aircrew member has COVID-19 symptoms, they should be assessed by the health team and tested as directed by an MOoH. Rapid testing should be considered, if available.

16.2.1.5 Access to outdoor and smoking areas

Aircrew are not to be given a blue wristband (or equivalent) unless they have received a negative test for COVID-19 while at the facility. This means that aircrew are to be isolated to their room and are not to leave their room unless they undergo testing at the MIQF and return a negative test result. Refer to Section 16.2.2 below for further detail on the testing requirements for aircrew.

If aircrew undergo testing at the MIQF and return a negative test result, they are to be issued a blue wristband (or equivalent) and must be allocated time in designated exercise and smoking areas that is separate to other returnees. MIQFs must have a booking or allocation system to accommodate this.

Aircrew must otherwise use the designated outdoor or smoking areas in accordance with the requirements set out in **Sections 10.10** and **10.11**.

16.2.2 Testing requirements for aircrew

The following table outlines the different testing requirements for aircrew staying in an MIQF:

Situation	Testing requirement
Overseas-based aircrew in a MIQF during a layover	<p>Layover < 48 hours: In most circumstances overseas-based aircrew who are transferred to a MIQF for < 48 hours are not required to undergo testing for COVID-19 before departing from the MIQF.</p> <p>For further information, refer to <i>Requirements for overseas-based aircrew</i>⁴¹ on the Ministry of Health website.</p> <p>However, an MOoH or HPO can direct that an aircrew member undergoes medical examination and testing for COVID-19 at any point during their stay in an MIQF under clause 9 of the Isolation and Quarantine Order 2020.</p> <p>Note that overseas-based aircrew who are laying over in MIQFs are to be isolated to their rooms (i.e. are not permitted to leave their room for exercise, smoking, or otherwise), unless or until they test negative for COVID-19 while at the MIQF⁴². In practice this means that in most instances aircrew laying over</p>

⁴¹ <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-resources-border-sector/covid-19-aviation-sector>

⁴² Some existing permissions that returnees have to leave their rooms and/or the MIQFs will continue to apply during this period of room isolation, including the:

- 1) Ability to leave their rooms to preserve or protect their own or another person's life, health or safety in an emergency
- 2) Ability to leave (escorted) to access medical or support services, where those services can't be provided in an isolation and quarantine facility
- 4) Conditions imposed in any exemption to the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 granted by the Minister for COVID-19 Response or the Director-General of Health.

If a suitably qualified health professional considers it necessary for an individual to leave their room due to severe mental or physical health concern, the MIQF Manager may approve this. This decision, however, should be assessed with consideration of the risk to staff and returnees.

	<p>for < 48 hours will not be permitted to leave their room for exercise, smoking, or otherwise during their stay.</p> <p>Layover ≥ 48 hours: although not required to undergo COVID-19 testing under the Isolation and Quarantine Order 2020, overseas-based aircrew who are transferred to a MIQF for ≥ 48 hours should be offered COVID-19 testing upon arrival to the facility (i.e. a day 0/1 test). The on-site health team should liaise with the local clinical microbiology department to determine whether rapid testing is available.</p> <p>Note: a MOoH or HPO can direct that an aircrew member undergoes medical examination and testing for COVID-19 at any point during their stay in a MIQF under clause 9 of the Isolation and Quarantine Order 2020.</p> <p>Note that overseas-based aircrew who are laying over in MIQFs are not to be issued a blue wristband (or equivalent) and are to be isolated to their rooms (i.e. are not permitted to leave their room for exercise, smoking, or otherwise), unless or until they test negative for COVID-19 while at the MIQF.</p>
<p>New Zealand-domiciled aircrew required to enter a MIQF</p>	<p>It is up to the MOoH to determine the testing requirements for New Zealand-domiciled aircrew member required to enter an MIQF on a case-by-case basis.</p>
<p>Overseas-based aircrew member wishes to enter New Zealand</p>	<p>If an overseas-based aircrew member wishes to depart an MIQF after 10 days to enter the New Zealand community, the aircrew member must meet the following low-risk indicators:</p> <ul style="list-style-type: none"> a) <i>The person –</i> <ul style="list-style-type: none"> (i) <i>Has undergone the medical examination and testing required to assess whether they have COVID-19, and has returned a negative result; or</i> (ii) <i>Has been determined by an MOoH or health protection officer to have physical or other needs that make it inappropriate for them to undergo testing; and</i> b) <i>Other medical tests or information relating to the person (if any) indicate that the person is at low-risk of having or transmitting COVID-19.</i> <p>In practice, this means that to enter the New Zealand community, overseas-based aircrew must complete at least 10 days in isolation or quarantine and undergo routine testing for COVID-19 as outlined in Section 11.</p> <p>They must then return a negative COVID-19 test before they can depart from an MIQF.</p>

An aircrew member becomes symptomatic	If an aircrew member, either on a layover, or wishing to enter New Zealand, becomes symptomatic during their stay in an MIQF, an MOoH may direct the aircrew member to undergo further testing for COVID-19 at the MIQF.
Overseas-based aircrew member requires additional testing to satisfy airline or border entry requirements of the country of destination	<p>Note: this is an external requirement, not a current requirement of a New Zealand Order or other legislative instrument.</p> <p>Private arrangements can be made for additional testing if necessary. Aircrew or the airline which employs them should make this private arrangement through the local DHB who should be able to provide options around private clinics or providers who can offer this service. The aircrew or airline should also arrange transportation with MIQ.</p> <p>Any additional testing to satisfy airline or foreign border entry requirements will be at the employer's own cost. It is not covered by the New Zealand Government.</p>

16.2.3 Management of aircrew members who test positive for COVID-19, and their close contacts

If an aircrew member returns a positive COVID-19 test, they should be transferred to a QF or a quarantine zone of a dual-use facility as per **Section 11.5.4.2**, and managed under the advice of the MOoH, per the guidance in the table below.

Weak positive returned	<ul style="list-style-type: none"> Conduct rapid testing at least 24 hours after initial swab. Consider conducting serology testing to support determination of whether the case is acute or historical. <p>Note: An MOoH or HPO can direct that an aircrew member undergoes medical examination and testing for COVID-19 at any point during their stay in an MIQF under clause 9 of the Isolation and Quarantine Order 2020.</p>
Historical cases	<ul style="list-style-type: none"> If deemed a historical case by an MOoH, the crew member can be managed within the facility as non-infectious (i.e. permitted to exercise) and is permitted to exit the MIQF per the requirements in Section 16.2.4 below.
Acute/infectious cases	<ul style="list-style-type: none"> If determined to be an acute/infectious case, the aircrew member is to be isolated in a QF (or QF zone of a dual-use facility) and managed per existing protocols. <p>Note: Overseas-based aircrew in QFs are not subject to the standard exit requirements for QFs and may leave in accordance with Section 16.2.4 below unless an MOoH exercises their powers under section 70 of the Health Act 1956 to require an aircrew member to remain in the QF.</p>

	<ul style="list-style-type: none"> The aircrew member can be repatriated by their airline under the approval of an MOoH, once they are no longer deemed infectious, and upon the agreement of the airline/approval from the relevant authorities in the receiving country.
Close contacts	<ul style="list-style-type: none"> Those identified as close contacts of the acute/infectious case are to be: <ul style="list-style-type: none"> Tested as directed by an MOoH (note that an MOoH or HPO can direct that an aircrew member undergoes medical examination and testing for COVID-19 at any point during their stay in an MIQF) Subject to the room isolation, exercise/smoking, and PPE requirements detailed in Section 10.4 Managing close contacts of confirmed or probable cases. Permitted to exit the MIQF to be repatriated by their airline under the approval of an MOoH and upon the agreement of the airline/approval from the relevant authorities in the receiving country. <p>Note: Overseas-based aircrew in are not subject to the standard exit requirements and may leave in accordance with Section 16.2.4 below unless an MOoH exercises their powers under section 70 of the Health Act 1956 to require an aircrew member to remain in the MIQF.</p>

16.2.4 Overseas-based aircrew departing MIQFs

Clauses 11(4A) and 11(4B) of the **COVID-19 Public Health Response (Isolation and Quarantine) Order 2020**, state that overseas-based aircrew can depart from an MIQF during their period of isolation or quarantine, if they are departing the MIQF:

- to carry out their duties as an aircrew member, or
- hours before their scheduled departure time, but only if they travel directly from the MIQF to the place of departure (i.e. airport).

In practice this means that, if the above criteria are met, overseas-based aircrew who are in an MIQF may leave an MIQF early (without completing 10 days of isolation or quarantine). In these instances, aircrew are not subject to the same exit requirements as returnees (i.e., they are not required to meet low-risk indicators, including returning a negative COVID-19 test, to depart from an MIQF).

However, aircrew members should be strongly encouraged to undergo a symptom check before departure.

If an aircrew member presents as symptomatic before they are due to leave an MIQF, they should be strongly encouraged to contact the on-site health staff and the airline and an MOoH should be informed. However, the aircrew member cannot be held at an MIQF (and not be allowed to depart) unless an MOoH specifically exercises their powers to do so under section 70 of the Health Act 1956.

If an aircrew member has undergone a COVID-19 test, the aircrew member does not need to wait for the results of this test before departing from the MIQF to travel to the airport to board a flight unless the MOoH exercises the above powers.

Under clause 11(4C) of the **Isolation and Quarantine Order**, overseas-based aircrew must comply with any directions of the Chief Executive of MBIE about travel to the place of departure given on the advice of an MOoH or HPO.

Note: Aircrew must be transported from MIQ to the place of departure by an approved transport provider, using a transport plan approved by MIQ. Transportation must also be undertaken according to IPC requirements (see **Section 8.4.1**).

If an aircrew member has left New Zealand before the results of a test have been received, and that test result is positive, MIQF staff and or the public health unit should notify the International Health Regulations National Focal Points for New Zealand so that the health authorities at the aircrew’s destination can be notified. If the aircrew member is still in New Zealand, the local MOoH should make an assessment on the appropriate management of that aircrew member.

16.3 Maritime crew in MIQFs

As per **Section 16.1** above, the following guidance refers to the management of maritime crew only once they have entered an MIQF. It does not include guidance around maritime crew within contexts outside of a MIQF (e.g. when maritime crew are required to isolate onboard a ship).

The definition of ‘maritime crew’ in this chapter covers all individuals under the definition of ‘crew’ in the **COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020**. The definition of ‘ship’ covers all ships under the definition of ‘ship’ in the **Maritime Transport Act 1994**.

16.3.1 Reasons for entering an MIQF

Under the **COVID-19 Public Health Response (Maritime Border Order (No. 2) 2020 (Maritime Border Order)**, there are circumstances where an MOoH or health protection officer may transfer maritime crew to an MIQF. These circumstances are summarised below:

Section of the Maritime Border Order	Reason for transfer as per the Maritime Border Order
<p><i>Clause 18(1)</i></p> <p><i>Clause 17(4)</i></p>	<p>An MOoH or HPO may direct a crew member to carry out or complete their required isolation or quarantine period in an MIQF.</p> <p>Transfer under this clause should generally be used when the entire crew is transferred (e.g. small craft crews who arrive in New Zealand).</p>
<p><i>Clause 19(4)</i></p>	<p>If a crew member is eligible and wishes to disembark a ship to enter New Zealand but the disembarking criteria under 19(2) of the MBO are not met,</p>

	<p>the crew member may be transferred to an MIQF to complete their required period of isolation or quarantine to enter New Zealand.</p> <p>Transfer under this clause should generally be used when it is not possible to test the entire crew and therefore there is little assurance that a chain of transmission has not been occurring on a ship (e.g. when returning New Zealanders are disembarking to return home, but the entire crew cannot be tested).</p>
<i>Clause 20(1)(e)</i>	<p>A person may be required to move to a temporary or emergency place of isolation or quarantine by an enforcement officer.</p> <p>Transfer under this clause is likely to occur only in exceptional circumstances.</p>
<i>Clause 20(1)(f)</i>	<p>A person is required to be transferred in compliance with a court order or other obligations related to a person's detention.</p>
<i>Clause 26(3)</i>	<p>A crew member wishes to depart New Zealand by sea or air and the ship does not depart as soon as reasonably practicable, or the aircraft does not depart on the same day that the crew disembarks the ship</p>
<i>Clause 27(3) and Clause 28(2)</i>	<p>A crew member has arrived in New Zealand by air and wishes to board a ship scheduled to depart New Zealand, but the ship does not depart as soon as reasonably practicable</p>
<i>Clause 28(5)</i>	<p>A crew member has arrived in New Zealand by air and wishes to board a ship scheduled to travel to another port in New Zealand (but not depart New Zealand), but the ship does not depart as soon as reasonably practicable</p>

For further guidance on when maritime crew members might be transferred to an MIQF, refer to the [Maritime Border Order No. 2 – guidance and legal requirements](#) or [Scenarios to assist with the isolation or quarantine process at the maritime border](#) on the Ministry of Health website.

There may be exceptional situations where the risk profile of the crew and/or the crew member being transferred means a different approach to that above should be used. Queries relating to the above should be directed to the local MOoH.

16.3.1.1 **Bookings into MIQFs**

In routine cases, the ship's agent or master must arrange bookings with MIQ Operations at the earliest time possible to manage availability at MIQFs. Available space at an MIQF is not guaranteed at short notice.

If crew are required to enter an MIQF for a 'short stay', then the crew member or organisation representing the crew must give at least 96 hours' notice to an enforcement officer on the need for a transfer to an MIQF.

For more information, refer to [Scenarios to assist with the isolation or quarantine process at the maritime border](#) on the Ministry of Health website.

16.3.2 Isolation period start time

The amount of time maritime crew (who are transported to an MIQF) spend in an MIQF will depend on the start time of their period of isolation or quarantine.

The start time of a crew member's period of isolation or quarantine in an MIQF will depend on the circumstance to which they are required to be transferred to an MIQF. These circumstances are set out in the Maritime Border Order.

The following table provides a guidance to the different circumstances as set out in the Maritime Border Order and their associated start times for isolation or quarantine:

Section of the Maritime Border Order	Description of the reason for transfer to an MIQF as per the Maritime Border Order	Start time of isolation or quarantine period
Clause 18(1)	<p>A Customs officer, an MOoH or an HPO; and any other enforcement officer acting on the direction of that MOoH or HPO may direct a crew member to carry out or complete their required isolation or quarantine period in an MIQF.</p> <p>Transfer under this clause should generally be used when the entire crew is transferred (e.g. small craft crews who arrive in New Zealand).</p>	<p>The start time will be the more recent of the following times and dates:</p> <ul style="list-style-type: none"> The time and date on which the ship last departed for New Zealand from a port/other place outside of New Zealand The time and date of the person's last contact with another (external) person (e.g. during a change to a ship's crew or while at an offshore location).
Clause 20(1)(e)	<p>A person may be required to move to a temporary or emergency place of isolation or quarantine by an enforcement officer.</p> <p>Transfer under this clause is likely to occur only in exceptional circumstances.</p>	<p>The time that maritime crew members have already spent in isolation prior to transfer can be counted towards their required period of isolation and subsequent end date.</p>
Clause 20(1)(f)	<p>A person is required to be transferred in compliance with a court order or other obligations related to a person's detention.</p>	

Clause 26(3)	A crew member wishes to depart New Zealand by sea or air and the ship does not depart as soon as reasonably practicable, or the aircraft does not depart on the same day that the crew disembarks a ship	
Clause 27(3) and 28(2)	A crew member has arrived in New Zealand by air and wishes to board a ship scheduled to depart New Zealand, but the ship does not depart as soon as reasonably practicable	
Clause 28(5)	A crew member has arrived in New Zealand by air and wishes to board a ship scheduled to travel to another port in New Zealand (but not depart New Zealand), but the ship does not depart as soon as reasonably practicable	
Clause 19(4)	<p>If a person is eligible and wishes to disembark a ship to enter New Zealand but the disembarking criteria are not met, the person may be transferred to an MIQF to complete their required period of isolation or quarantine to enter New Zealand by an MOoH or an HPO.</p> <p>Transfer under this clause should generally be used when it is not possible to test the entire crew, and therefore there is little assurance that a chain of transmission has not occurred on a ship (e.g. when returning New Zealanders are disembarking but the entire crew cannot be tested).</p>	<p>The time and date on which the person arrives at their place of isolation or quarantine under the Isolation and Quarantine Order.</p> <p>The transfer under clause 19(4) restarts the crew member's isolation or quarantine period although 17(4) says if a person is transferred from the ship to a place of isolation and quarantine, the time spent in isolation or quarantine on board the ship, if continuous, may be counted when determining, under any other order, whether the person has been in isolation or quarantine at that place for a period of at least 10 days.</p>

16.3.3 During their stay at an MIQF

16.3.3.1 *Bubbles*

Bubbles of maritime crew members are to be defined and managed as per the guidance in **Section 10.1**. In practice, this means that individual maritime crew members should be treated as individual bubbles. The entire cohort of maritime crew members must not be managed as a single bubble. Bubble breaches between maritime crew members (e.g. entering each other's rooms, breaching physical distancing requirements) are to be managed in accordance with the bubble breach guidance in **Section 10.1.4**.

16.3.3.2 *Infection prevention and control*

While in an MIQF, maritime crew members must follow the IPC requirements set out in **Section 3**, including the requirements to:

- Maintain physical distancing of 2m from anyone not in their bubble
- Frequently practise hand hygiene by washing their hands with soap and water or using an alcohol-based hand rub
- Wear PPE according to the MIQF protocols, and as directed by an MOoH or HPO.

Cleaning rooms occupied by maritime crew

During their stay, maritime crew are expected to clean their own room, as per the expectations for returnees to clean their own room outlined in the **SOP: IPC**.

Rooms occupied by maritime crew members who are departing from an MIQF early (i.e., those who have a 'short stay' at an MIQF), must be cleaned according to the cleaning protocol for a short stay in an MIQF outlined in the **SOP: IPC**. Room cleaning must be undertaken to these specifications regardless of whether the crew member has received a COVID-19 test.

Cleaning staff must wear appropriate PPE when cleaning rooms occupied by maritime crew members as per the **SOP: IPC**. Refer to the **SOP: IPC** for further information, including the appropriate cleaning order.

16.3.3.3 *Regular health checks*

While in an MIQF aircrew must receive a minimum health and wellbeing check once every 24 hours, not including a departure check. The first 24-hour health check can be conducted on arrival.

Note: The shipping agent should supply (or arrange) a qualified medical interpreter⁴³ if any maritime crew member is unable to communicate their own health information to health staff at the MIQF. For privacy issues, it is not acceptable for other maritime crew members to provide interpretation of another crew member's health information.

⁴³ This service may be available through the DHB

16.3.3.4 ***Access to outdoor and smoking areas***

While in an MIQF, maritime crew are permitted to use the designated outdoor or smoking areas in accordance with the requirements set out in **Section 10.10 and 10.11**.

16.3.4 **Testing requirements for maritime crew**

16.3.4.1 ***Mandatory testing of maritime crew***

Maritime crew must have a medical examination and be tested as soon as practicable after arrival in their allocated MIQF (as per the Direction issued on 2 November 2020 under clause 9 of the Isolation and Quarantine Order).

Crew who are undertaking or completing the required period of managed isolation or quarantine (i.e. at least 10 days) in an MIQF must otherwise undergo the same COVID-19 testing regime as returnees as per **Section 11**.

Maritime crew may be subject to further testing and medical examination if directed by a MOoH or HPO at any point during their required period of managed isolation or quarantine.

If a crew member is permitted to end their period of isolation or quarantine early (as per **Section 16.3.5** below), the crew member must undergo the same testing regime as returnees up until the crew member is permitted to depart.

If a crew member is permitted to leave the MIQF early, and that crew member is awaiting test results, that crew member cannot be held at the MIQF (i.e. until the test results are received) and may travel directly to a departing aircraft or ship. Crew can only be held at an MIQF (and not be allowed to depart) if an MOoH exercises their powers to do so under the Health Act 1956.

Where crew have left the country before the test results are known, the results will be conveyed to them via their shipping agent (or sometimes the ship's master), assuming the crew member has given consent to the results being provided to the agent (see below).

The crew member being tested is to be given a consent form to be signed permitting the test results to be provided to the crew member's ship's agent. In the case of non-consent, the crew member must provide contact details to receive the result directly.

If a crew member has left New Zealand before their test result is reported, and that test result is positive, MIQF staff and/ or the PHU should notify the International Health Regulations National Focal Points for New Zealand so that the health authorities at the crew's destination can be notified. If the crew member is still in New Zealand, the local MOoH should make an assessment on the appropriate management of that aircrew member.

16.3.4.2 **Further testing**

Further testing may be carried out by a private provider where the crew are departing the MIQF to go to the airport to board a flight and the destination country and / or airline requires them to return a negative test before boarding their flight. This testing is not funded by the New Zealand government.

16.3.4.3 **Testing symptomatic crew**

If a crew member becomes symptomatic during their stay in an MIQF, an MOoH can direct the crew member to undergo additional testing for COVID-19 and medical treatment.

If the crew member returns a positive COVID-19 test, they should be transferred to a QF or a quarantine zone of a dual-use facility as per **Section 11.5.4.2**.

16.3.5 **Maritime crew departing MIQFs**

According to clause 26(2) of the **Maritime Border Order (No 2)**, the **Maritime Border Order (No 2)** takes precedence over the **Isolation and Quarantine Order** with respect to maritime crew who, to facilitate a planned crew transfer, wish to depart New Zealand without completing their required period of isolation or quarantine to board a flight or ship departing New Zealand.

Despite clauses 17(1), 19(1), and 23(1) of this Order and anything in the Isolation and Quarantine Order, the crew member may travel directly from the ship or the place of isolation or quarantine—

(a) to the nearest security designated aerodrome to board an aircraft that is scheduled to depart from New Zealand on the same day; or

(b) to board a ship that is scheduled to depart from New Zealand as soon as is reasonably practicable.

In practice, this means that crew who are scheduled to depart New Zealand by air or sea as part of a crew change may end their period of isolation or quarantine early and travel directly to the place of boarding to depart New Zealand.

It is recommended that maritime crew complete a departure symptom check within 12 hours prior to departure. Although, a departure symptom check is not a requirement of departure for maritime crew who are departing under clause 26(2) of the **Maritime Border Order (No 2)**. If a symptom check is undertaken, this should be arranged so that it does not interfere with the crew member's ability to depart the MIQF.

If a maritime crew member, who is permitted to depart an MIQF early, presents as symptomatic, they should be encouraged to contact the on-site health staff and the MOoH should be informed. However, the maritime crew member cannot be held at an MIQF (and not be allowed to depart) unless an MOoH specifically exercises their powers to do so under the Health Act 1956. The same applies to a crew member who is permitted to leave the MIQF early but has not yet received results of a COVID-19 test.

Under clause (29) of the **Maritime Border Order (No 2)**, crew must travel from the MIQF to the place of boarding in accordance with any directions of the Chief Executive of MBIE (on advice from a suitably qualified health practitioner), and as quickly and directly as reasonably practicable.

Note: Maritime crew must be transported by an MIQ approved transport provider. Transportation must also be undertaken according to IPC requirements for transportation (see **Section 8.4.1**) Where there is or is going to be any deviation from the approved transport plan, MIQ must be informed immediately.

Maritime crew departing New Zealand by air

Maritime crew who are scheduled to depart New Zealand by aircraft may leave an MIQF and travel directly to the departing aircraft (in accordance with the approved transport plan), but only if the crew member is leaving the MIQF on the same day that the aircraft is due to depart. Maritime crew may arrive at the airport from the MIQF no more than three hours before their flight is due to depart.

Note: Maritime crew travelling to an international airport to depart New Zealand require an escort from the MIQF to the airport and through the terminal.

Maritime crew departing New Zealand by sea

Maritime crew who are scheduled to depart New Zealand by ship may leave an MIQF and travel directly to the departing ship (in accordance with the approved transport plan) if the ship is due to depart as soon as reasonably practicable.⁴⁴

⁴⁴ Refer to [Scenarios to assist with the isolation or quarantine process at the maritime border](#) when considering the conditions for 'as soon as reasonably practicable'.

17. Cases or contacts entering MIQF from the community

Some confirmed or probable cases of COVID-19 and, where appropriate, their contacts, such as those notified to a medical officer of health from within the community, may be required to enter an MIQF to complete isolation/quarantine.

The Director-General of Health has issued a Direction to Medical Officers of Health to use their powers under section 70 of the Health Act 1956 to isolate/quarantine confirmed or probable COVID-19 cases, and where appropriate, their contacts, at a location (such as a dedicated facility) as determined by the MOoH.

Under this Direction, an MOoH can issue a case or contact with a section 70 notice requiring them to complete a period of isolation/quarantine in an MIQF.

17.1 Transfer of a case or contact from the community to MIQF

MIQ MBIE Operations will notify the relevant Regional Isolation and Quarantine Coordination Centre (RIQCC) that a case/contact requires transfer to an MIQF. This RIQCC is to liaise with the relevant public health unit to organise this transfer. A medical officer of health must issue a section 70 notice in respect of everyone required to enter an MIQF and provide this notice to the MIQF Manager. The MIQF Manager must retain a copy of each section 70 notice.

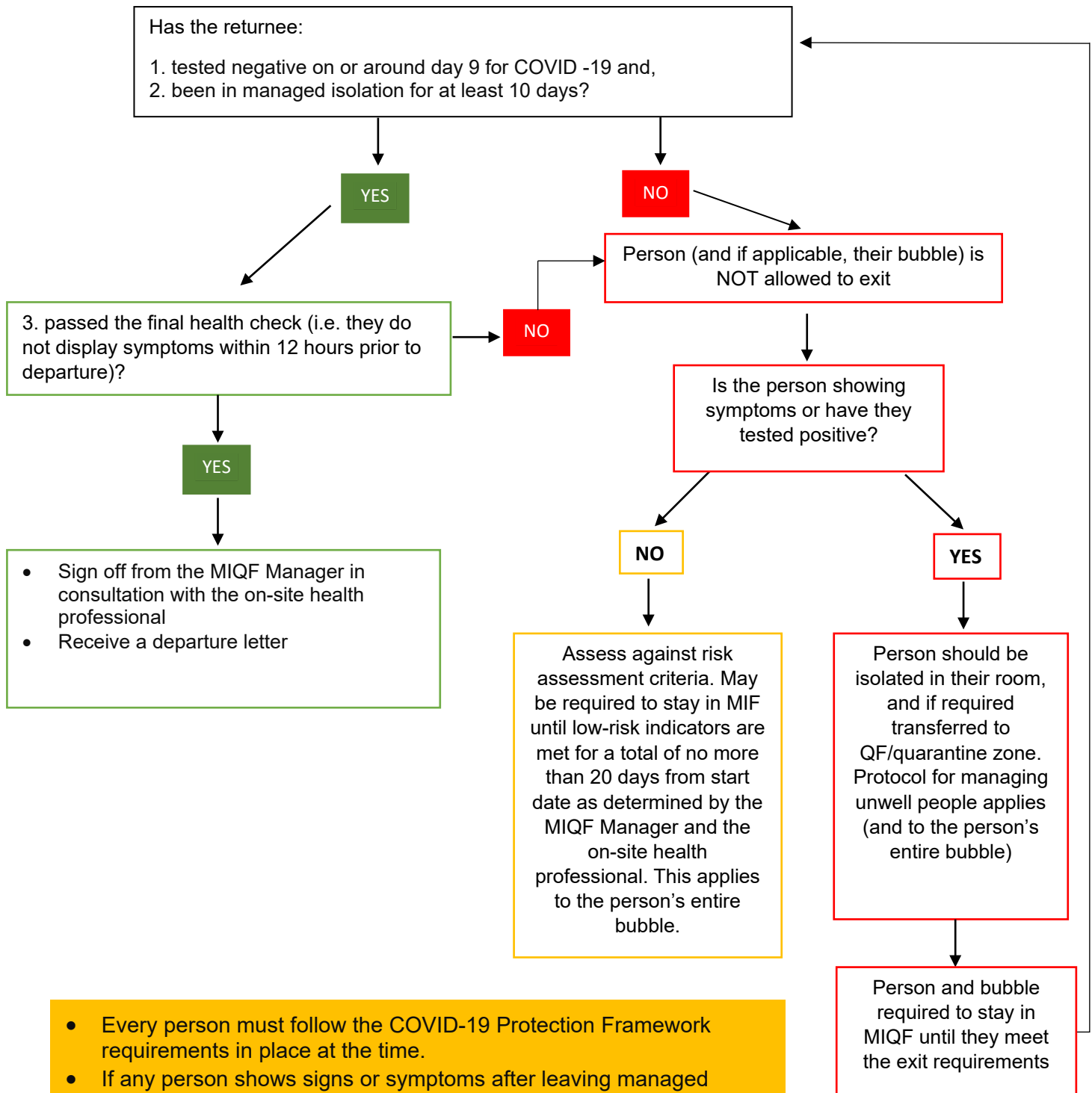
17.2 Period of isolation/ quarantine and testing requirements

Cases or contacts who are required to isolate/quarantine in an MIQF under a section 70 order are required to isolate for a period as specified by the Medical Officer of Health. They are also required to submit to medical examinations and testing as specified by the Medical Officer of Health.

17.3 Management of community cases/ contacts in a MIQF

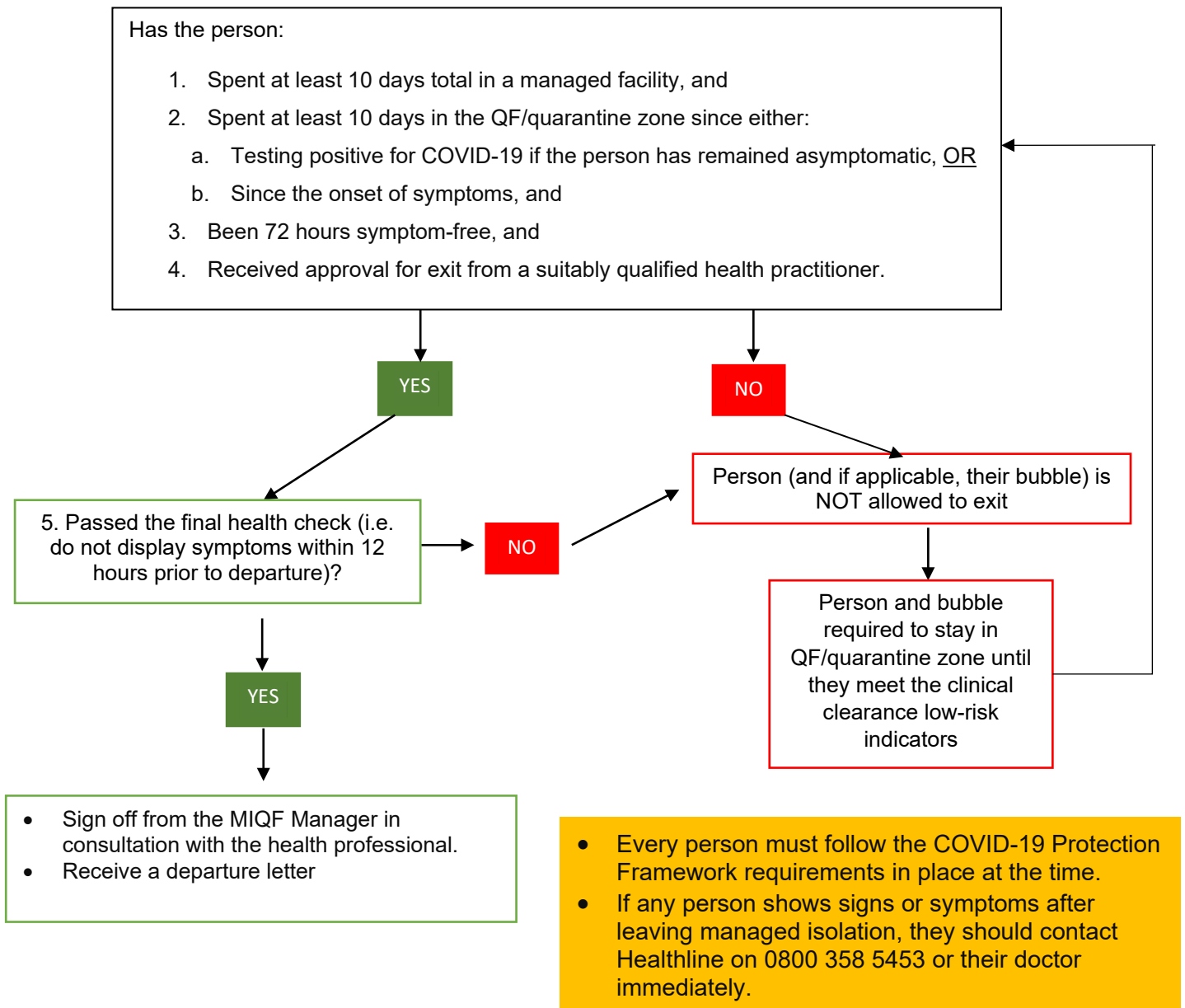
Cases or contacts required to enter an MIQF under a section 70 notice must otherwise (aside from testing and period of isolation/quarantine requirements) be managed the same as returnees and adhere to the same requirements as returnees while in an MIQF, including requirements relating to: IPC, exercise, smoking, regular health checks, wellbeing, and psycho-social support.

Appendix 1 Process flow chart for people exiting MIFs



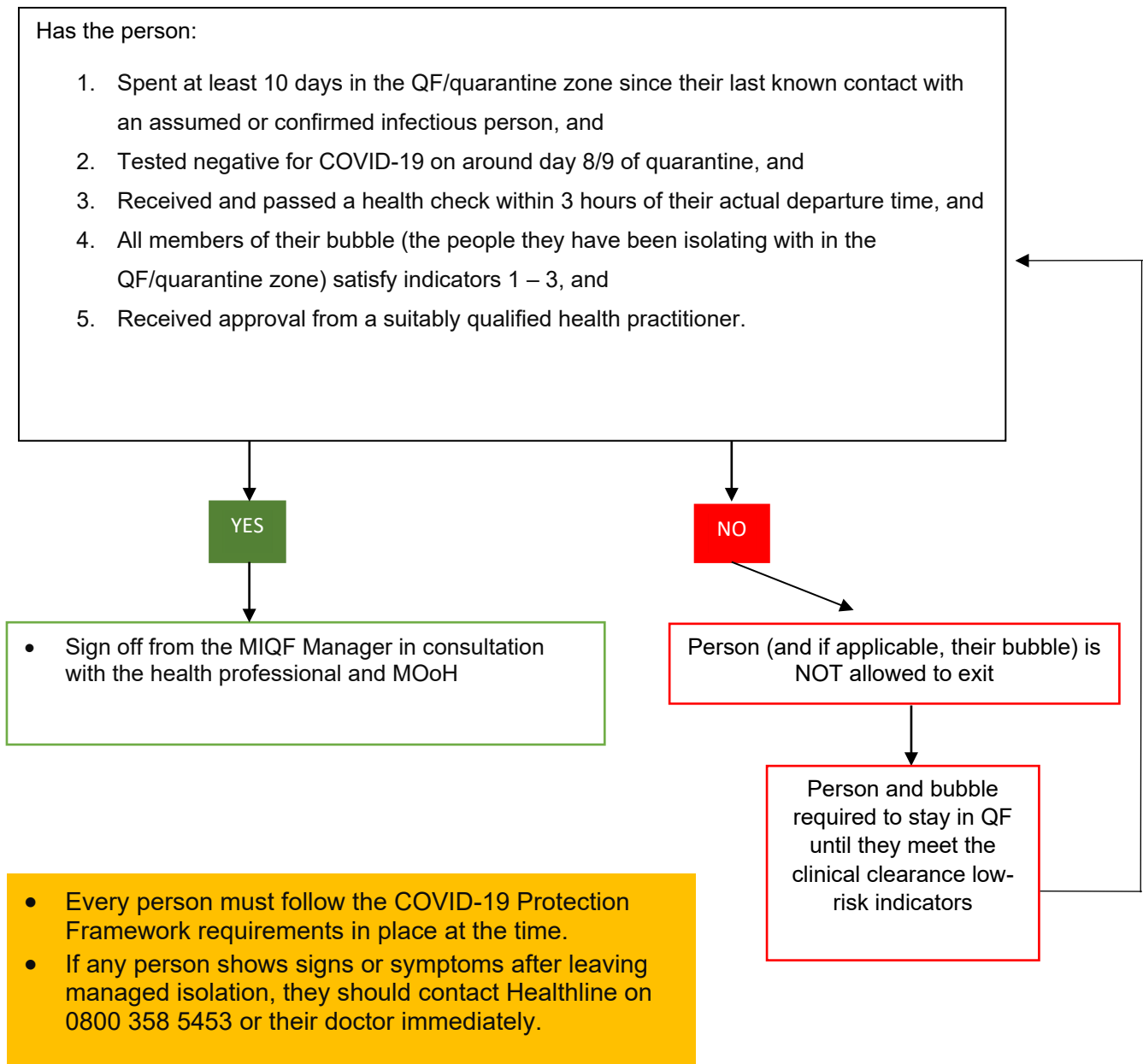
- Every person must follow the COVID-19 Protection Framework requirements in place at the time.
- If any person shows signs or symptoms after leaving managed isolation, they should contact Healthline on 0800 358 5453 or their doctor immediately.

Appendix 2 Process flow for previously COVID-19 positive people exiting QFs/quarantine zones



Note: the above is a high-level overview of the departure process. QFs will have detailed exit processes.

Appendix 3 Process flow for people who have not previously tested positive for COVID-19 to exit QFs/QZs



Note: the above is a high-level overview of the departure process. QFs will have detailed exit processes.

