



## BRIEFING

### Quarantine and Isolation Capability Readiness Plan (Version 3)

<b>Date:</b>	1 September 2022	<b>Priority:</b>	Medium
<b>Security classification:</b>		<b>Tracking number:</b>	2223-0784

Action sought		
	Action sought	Deadline
Hon Ayesha Verrall <b>Minister for COVID 19 Response</b>	Note the contents of this briefing and agree to its proactive release.	8 September 2022

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Shayne Gray	General Manager, MIQ	Privacy of natural persons	✓
Privacy of natural persons	Principal Policy Advisor		

The following departments/agencies have been consulted
Manatū Hauora, Te Whatu Ora, The Treasury, The Department of the Prime Minister and Cabinet

**Minister's office to complete:**

- |   |  |
|---|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Declined            |
| <input type="checkbox"/> Noted                | <input type="checkbox"/> Needs change        |
| <input type="checkbox"/> Seen                 | <input type="checkbox"/> Overtaken by Events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn           |

**Comments**



# BRIEFING

## Title

<b>Date:</b>	1 September 2022	<b>Priority:</b>	High
<b>Security classification:</b>	In Confidence	<b>Tracking number:</b>	2223-0784

## Purpose

To update you on Version 3 of the Quarantine and Isolation Capability Readiness Plan.

## Recommended action

The Ministry of Business, Innovation and Employment (MBIE) recommends that you:

- a **Note** Version 3 of the Quarantine and Isolation Capability Readiness Plan (the QIC Readiness Plan) is attached as Annex 1. It is now complete subject to ongoing minor amendments and updates through maintenance and testing Noted
- b **Note** New Zealand Defence Force (NZDF) roles and responsibilities in the initial part of any activation will be added to the 'week one' plan under development, once the details have been agreed with NZDF Noted
- c **Note** that the QIC Readiness Plan will be made available to multiple agencies to access through an online portal Noted
- d **Note** that MBIE has signed 7/8 hotel retention agreements, with the final agreement nearing the end of negotiations Noted
- e **Note** you will soon receive advice on funding for the QIC Readiness Plan as part of the joint briefing from MBIE and Manatū Hauora on the transition of quarantine and isolation functions back to the health system Noted
- f **Note** that MBIE does not intend to publish the QIC Readiness Plan at this time Noted
- g **Agree** that this briefing be proactively released with appropriate withholdings under the Official Information Act 1982. Noted

Agree / Disagree

Shayne Gray  
**General Manager,**  
Managed Isolation and Quarantine, MBIE

..01.. / ..09.. / ..22..

Hon Dr Ayesha Verrall  
**Minister for COVID-19 Response**

8 / 9 / 22

## **Background**

---

1. On 29 July 2022, MBIE provided you with the second draft of the Quarantine and Isolation Capability Readiness Plan (the QIC Readiness Plan) [BR 2223-0269]. At the time MBIE noted we would provide a final version of the plan to you by 31 August 2022.
2. The QIC Readiness Plan, when activated, will enable the Government to rapidly stand-up quarantine and isolation capability (up to 1,500 rooms within 3-4 weeks and up to 6,000 rooms within 8 weeks) as part of border control measures in response to a significant public health threat (for example the Variants of Concern Scenario 1).

## **Version three of the QIC Readiness Plan**

---

3. The third version of the QIC Readiness Plan makes mostly incremental improvements on the second version following peer review and is ready to be activated if needed. The Plan and all supporting documentation have now been uploaded into a cloud-based platform for multi-agency access and to support implementation, if required.

### **The QIC Readiness Plan is a living document**

4. MBIE intends to treat the Plan as a living document and make ongoing minor amendments and updates as needed through maintenance and testing. We will also monitor any changes to New Zealand's overall COVID-19 and pandemic response strategy and will adapt the Plan over time to ensure it links into that strategic work.

### **MBIE will update the plan to confirm NZDF's contribution to activation**

5. MBIE is working on detailed planning for the first week of any activation of the QIC Readiness Plan, which will include working with NZDF to confirm required roles and responsibilities for their staff during their possible six-week deployment (should such a scenario eventuate).

### **The health model of care has been finalised**

6. Te Whatu Ora has finalised the model of care for the delivery of health and wellbeing services to returnees, following engagement with Te Aka Whai Ora. Te Whatu Ora has begun preliminary work to identify the health workforce (both on-site and telehealth) and data and digital resourcing that will be required to deliver the Readiness Plans' model of care. More information on the Health model of care is available in Annex Two.

### **MBIE will make the plan available to other agencies through online systems**

7. As noted above, the Plan has been uploaded into a cloud-based platform. MBIE will share access to this platform with other agencies in the near future. This will ensure all agencies will be working from the same version of the QIC Readiness Plan.

## Next steps

---

8. The work programme to create the QIC Readiness Plan has concluded with this version. The Readiness Team will continue to make minor updates as needed to ensure the plan remains up to date and manage the arrangements in place that support the plan.
9. The proposed extension of the COVID-19 Public Health Response Act 2020 [see DPMC-2022/23-60 *Future emergency epidemic legislative framework: further information on option one*] will ensure the powers to run managed isolation and quarantine facilities will continue beyond May 2023, until the replacement legislative framework is enacted.
10. MBIE and Manatū Hauora will shortly provide you with joint advice on the transition of responsibilities for quarantine and isolation back to the health system. A key component of this transition is ensuring it is managed carefully to maintain readiness, and to ensure that functions are funded and resourced in the short term.

## Annexes

---

Annex One: Quarantine and Isolation Capability Readiness Plan (Version 3)

Annex Two: Health model of care

NB: For the latest version of the Readiness Plan please contact Manatū Hauora or Te Whatu Ora via their respective Ministerial Servicing teams. the Health system now 'owns' the current version of the Readiness Plan.

# Quarantine & Isolation Capability Readiness Plan

*A plan, if required, to respond to a new COVID-19 variant or other public health risk which requires people arriving at New Zealand's border to quarantine or isolate*

**Version 3.1**

***30 August 2022***



**MINISTRY OF BUSINESS,  
INNOVATION & EMPLOYMENT**  
HĪKINA WHAKATUTUKI

## Document Control

---

Formal approval of this document is the prerogative of the Chief Executive of the Ministry of Business, Innovation and Employment (MBIE).

Version	Date	Description	Consultation
1.00	20 May 2022	Draft Version	<ul style="list-style-type: none"><li>- Communications team</li><li>- Policy</li><li>- Group Manager review</li><li>- MIQ Leadership Team and their direct reports</li><li>- Quarantine and Isolation Readiness Advisory Group</li></ul>
1.1	15 June 2022	Final Version	<ul style="list-style-type: none"><li>- Minister feedback included</li></ul>
2.0	7 July 2022	Draft Version	<ul style="list-style-type: none"><li>- Updates after stakeholder feedback</li></ul>
2.1	22 July 2022	Final Version	<ul style="list-style-type: none"><li>- All updates made</li></ul>
3.1	30 August 2022	Final Version	<ul style="list-style-type: none"><li>- Updates after stakeholder feedback</li></ul>

## Document Security

---

This document is the property of the New Zealand Government and contains official information protected by law. It is classified as **IN CONFIDENCE**. The document is to be safeguarded in accordance with the Protective Security requirements that can be found at [protectivesecurity.govt.nz](https://protectivesecurity.govt.nz).

## Glossary

Bubble(s)	A group of returnees who have close contact with each other. Commonly couples or family units or small groups or travelling companions
CCTV	Closed-circuit television or video surveillance
CE	Chief Executive
COVID-19	Illness caused by the novel SARS-CoV-2 virus
DHB	District Health Board
Dual-Use Facility (MIQF)	A facility that has the capability and has been designated to operate with both isolation and quarantine capacity
Facility	A contracted hotel for persons to stay as directed by the government for a period of quarantine or isolation
GCSB	Government Communications Security Bureau
GP	General Practitioner
ICT	Information and Communications Technology
IDI team	Intelligence, Data, and Insights team (MBIE)
IPC	Infection Protection and Control
Isolation	Separating sick people with a contagious disease from people who are not sick
Kaimahi	Worker / employee
MAKO	MBIE electronic document storage system
Manaakitanga	Hospitality / support (care for others)
MBIE	Ministry of Business, Innovation and Employment
Microsoft Teams	A Microsoft chat-based workspace in Office 365

MIQF	Managed Isolation and Quarantine Facility
MoH	Ministry of Health
MOJ	Ministry of Justice
OGAs	Other government agencies
OIA	Official Information Act
P&C	People and Capability Group (MBIE)
PCBU	Person Conducting a Business or Undertaking – as defined by the Health and Safety at Work Act 2015, Clause 17
Physical Distancing	Required personal distance between individuals to reduce the spread of an infection disease
PPE	Personal Protective Equipment
QIC	Quarantine and Isolation Capability
QIC Task List	A function orientated task list that provides clear direction on required tasks and activities to be undertaken to establish the Quarantine and Isolation capability
Quarantine	Separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.
Returnee	Person staying at Quarantine and Isolation facility
SME	Subject Matter Expert
SOP	Standard Operating Procedure
State of Emergency	See Civil Defence Emergency Act, 2002 (Declaration of State of Emergency, Part 4)
TOR	Terms of reference
Workforce Testing	The legislative requirement for border workers to require COVID-19, or other relevant testing based on Public Health advice and the frequency and type of test required



# Contents

---

<b>Foreword</b> .....	<b>6</b>
<b>Introduction</b> .....	<b>7</b>
How to Use the Plan.....	7
<b>Section One - Background &amp; Objectives of MBIE’s MIQ</b> .....	<b>9</b>
Background of MBIE’s MIQ .....	9
Use of powers under the Civil Defence Emergency Management Act 2002 .....	10
MIQ Blueprint.....	11
MIQ Customer Journey Map .....	11
MIQ Insights .....	11
MIQ Operations Framework .....	11
MIQ Resources .....	11
Resource Planning for QIC.....	12
Key Resource Directory .....	12
<b>Section Two - Quarantine and Isolation Capability</b> .....	<b>13</b>
Scope of QIC Accountability .....	13
Principles and Assumptions .....	14
Implementation Phases .....	15
Maintenance & Testing (Phase 0) .....	16
Governance of the Readiness Plan.....	17
Partners.....	17
Implementing an QIC .....	22
Initiating Task: Standing Up QIC Structure.....	23
Self-Quarantine Framework (Te Whatu Ora now lead this work).....	25
Emergency Evacuation Accommodation Plan.....	25
Phased Approach: Implementing QIC Functions.....	26
Scope & Assumptions: Per Function .....	27
<b>Section Three - QIC Functions: <i>Task List</i></b> .....	<b>31</b>
Task List Navigation.....	31
Setup Risks & Mitigations.....	33
<b>Appendix 1: Key Links &amp; Documents</b> .....	<b>34</b>
<b>Appendix 2: Capability Task List</b> .....	<b>36</b>

## Foreword

---

Managed Isolation and Quarantine (MIQ) was an unprecedented undertaking in Aotearoa's history. It took an extraordinary effort to keep COVID-19 at the border, while managing the isolation and quarantine requirements for arrivals before they safely entered our communities.

In just over two years, almost 230,000 travellers entered MIQ, along with almost 5000 community cases. At the border, MIQ stopped more than 4600 cases of COVID from entering the community and prevented outbreaks overwhelming the health system.

The MIQ network was stood up under urgency using hotel facilities in Aotearoa's main centres, supported by more than 4000 kaimahi at any one time.

It was a notable demonstration of mahi tahi (working together as one) with personnel from the New Zealand Defence Force (NZDF), doctors and nurses from the public health system, hotel employees, aviation security, police, bus drivers, tradespeople, private security workers, and government workers across multiple ministries.

MIQ's operations were strengthened by collaborative partnerships with Iwi, government agencies and commercial suppliers. MIQ continually evolved and improved its operations to offer innovative solutions in providing manaakitanga for returnees and workers in facilities.

MBIE became the responsible agency for MIQ in July 2020, and we embraced the opportunity to take ownership (pono me te tika) and operate an agency with Joint Heads, one from the NZDF, alongside a Deputy Secretary from MBIE.

We have reflected on the achievements and learnings from the MIQ experience to shape a Readiness Plan that provides detailed steps for rapidly reactivating isolation and quarantine capability if needed, to respond to a future public health threat at the border.

The Readiness Plan captures insights from the context of an MIQ setting, including Te Ao Māori values incorporated into policy, communications, and operations.

I envision the Readiness Plan as a living document, available as a blueprint for agencies to take forward and action if needed for any future pandemic events.

*Amohia ake te ora o te iwi, ka puta ki te whei ao<sup>1</sup>*  
*We place the wellbeing of people at the centre of all that we do*

Ngā mihi nui

Carolyn Tremain  
MBIE Chief Executive

---

<sup>1</sup> A tongikura (directive) issued to MIQ by Kīngi Tūheitia Potatau Te Wherowhero Te Tuawhitu

## Introduction

---

The New Zealand Government 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. This included closing the border to almost everyone except New Zealand citizens, and residents, and their partners and dependent children, for a period. Those that did return and some of those in the community that contracted COVID-19 were required to enter managed isolation in an approved facility. Closure dates for all facilities is 31 July 2022 as borders have re-opened and the requirements to isolate in a managed facility are no longer in place.

The outbreak of COVID-19 has shown that it is critical that New Zealand is prepared for a future public health threat that restricts those who enter its border and requires isolation and quarantine to limit the spread of the disease. This Quarantine and Isolation Capability (QIC) Readiness Plan seeks to provide detail on how to develop and implement, under urgency, a Quarantine and Isolation Capability (QIC).

Readiness is about being prepared to be able to act. The detail in this plan and the agreements made for retention of critical services enable this for future users. This Readiness Plan prepares New Zealand to respond to a new COVID-19 variant or other public health risk which requires people arriving at New Zealand's border to quarantine or isolate.

Version 3 of the Readiness Plan includes all updates to support New Zealand's response to any future public health response, which will now be maintained and tested to ensure it continues to provide readiness to New Zealand.

A plan on a page has been prepared to provide a diagrammatic view of what the Readiness Plan will deliver:

[V.3 QIC Readiness Plan on a Page](#)

## How to Use the Plan

The aim of this plan is to guide, inform and assist decision makers in managing what will inevitably be a complex event based on the context of the public health risk. Success will not be determined by how closely this plan is followed, rather by delivery of those key outcomes that reduce risk, supported by the planning and information contained in these pages.

The Readiness Plan is designed to bridge the time horizon between the closure of the MIQ network and the availability of future interventions proposed by the National Quarantine Capability (NQC) programme business case. This Quarantine and Isolation Capability Readiness Plan contains the following sections:

- **SECTION ONE – Background & Objectives of (Managed Isolation & Quarantine) MIQ**

This section provides contextual information and experience from the MIQ model managed by MBIE from 13 July 2020 until it's disestablishment. It details both the end-to-end customer journey and the supporting MBIE MIQ functions. The Quarantine and Isolation Capability is based on the operations of MIQ with some amendments based on lessons learnt as well as recommendations made by the Office of the Ombudsman.

- **SECTION TWO – Quarantine & Isolation Capability**

This section provides a phased implementation approach for an QIC, prioritising functions for the initial rapid stand up of a minimal viable capability, which can be built upon in subsequent phases. It details the scope of an QIC and a model recommending key government cross agency and private sector partners required to deliver at a system level, plus any retention agreements or Memorandum's of Understanding (MOU) currently in place. This section

also details the activities that would occur before any decision to implement the QIC once a public health risk was identified.

- **SECTION THREE – QIC Functions Task List**

The task list provides a breakdown of functions required to administer a QIC. It does not address how a task is performed, or who performs it, rather it links to detailed Standard Operating Procedures (SOPs), guidance collateral and templates that are provided for reference. It serves as a foundation for planning across the range of functions which an QIC can be expected to deliver. The [contents table](#) provides easy navigation to a particular task list separated out by function and phase. To navigate to content relevant to your context, use the hyperlinks embedded in the table.

- **APPENDICES**

The appendices section provides links to key documentation for additional context to the operations of MIQ. It also contains the task lists that are bookmarked in Section Three.

## Section One - Background & Objectives of MBIE's MIQ

---

### Background of MBIE's MIQ

The purpose of MIQ was to prevent and limit the risk of the outbreak or spread of COVID-19 in the New Zealand community. Managed isolation for individuals entering New Zealand was implemented on 9 April 2020 as a key pillar of the Government's COVID-19 Elimination Strategy. The Orders made under the COVID-19 Public Health Response Act 2020 resulted in almost all arrivals at the border (by air and maritime) spending at first 14 days (and later 10 and then 7 days) in a managed isolation or quarantine facility, with very few exceptions, before they were allowed to enter the community. Initially New Zealand Defence Force (NZDF) facilities were used and as demand from returning New Zealanders grew these sites were replaced with a progressive increase in contracted hotel facilities.

The MIQ system comprised of controls at the border, transportation for airport transfers, physical facilities to house returning travellers (returnees) in managed isolation and quarantine facilities (MIQFs) a testing and health check process, and subsequent exit into the community after a public health risk assessment was completed. As space in facilities was limited, and demand materially exceeded capacity, the system required an allocation process.

The MIQ system was originally administered by the Ministry of Health from 25 March 2020 when the COVID-19 Ministerial Group agreed to require that any person who did not have a self-isolation plan would be put into managed isolation in an approved facility. From 11:59 pm on 13 July 2020, MBIE became the agency responsible for the operationalisation of MIQ.

The MIQ structure had local, regional and national functions. The National Office was located within MBIE head office in Wellington and represented the overall leadership and accountability of MIQ delivery. The National Office operated as a group within MBIE and managed policy and legal functions and provided leadership across other enabling functions such as communications and risk and assurance. The National Office also managed all Ministerial engagement and performed operational tasks requiring national coordination, such as national planning of the facility allocation and management of emergency allocations, exemption and fee waivers applications.

At a regional level, MIQ had three operations offices for Northern (Auckland), Central (Hamilton, Rotorua and Wellington) and Southern (Christchurch) within the RIQCC (Regional Isolation and Quarantine Coordination Centre). The RIQCC functions included the provision of operational management and coordination of on-the-ground operations across the facilities in that region, against nationally established standards and operational policies.

The local facilities (contracted hotels) were placed under the supervision of one of three regional RQICCs based on their geographic distribution. While each facility had internal reporting lines, all had a common operational and leadership structure. Security workforces generally operated under a standardised structure and tasks across each facility. The security workforce within this was determined by the facility's site-specific requirements (reflected in the facility's site security plan) and managed by the RQICC. NZDF played a critical role in both the security and management of the facilities, especially in the early stages, where they were used to replace a large number of private security service providers. Over time these roles were filled with MBIE employees augmented by a single national private security company to support surge and contingency requirements.

## Use of powers under the Civil Defence Emergency Management Act 2002

A nationwide state of national emergency was declared on 25 March 2020 due to COVID-19 and was extended six times. The state of national emergency ended on 13 May 2020 and was replaced by a National Transition Period. The State of National Emergency enabled Civil Defence Emergency Management (CDEM) Groups, Controllers and Police officers' access to emergency powers under the Civil Defence Emergency Management Act 2002.

The CDEM Act encourages coordination across a wide range of agencies, recognising that emergencies are multi-agency events.

The approval of the Minister for Emergency Management is required for any declaration of a state of local emergency related to COVID-19 matters.

Any use of a State of Emergency in the future would be a decision by Cabinet considering the circumstances at the time and may not be recommended, or required, for any future response.

## MIQ Blueprint

The MIQ Blueprint provides an end-to-end view of the operations of MIQ aligned to the customer journey.

- **LINK:** [MIQ Blueprint](#)

## MIQ Customer Journey Map

The MIQ Customer Journey shows the end-to-end customer experience of MIQ from initial plans to return to New Zealand through to leaving a facility and receiving an invoice. Adjacent to this it also details the key interactions with MBIE / MIQ operations:

- **LINK:** [Customer Journey Map](#)

## MIQ Insights

The insights in the link below have been collated from reviews and investigations undertaken internally and externally during the operation of MIQ. Lessons learned which have already been implemented in MIQ processes and policies are not generally repeated here. These insights should be considered when designing and implementing QIC.

- **LINK:** [Lessons insights – Draft](#)

The MIQ policy team also undertook a system level review of the MIQ system to inform any policy development in the future. NOTE: elements of this work are recorded under legal privilege and therefore are for MBIE use only.

- **LINK:** [MIQ Policy Legacy insights](#)

## MIQ Operations Framework

This Operations Framework document provides the minimum health and wellbeing requirements and services that MIQ facilities had to meet. The document was co-authored by MBIE as the lead agency and Ministry of Health as responsible agency for the public health response.

- **LINK:** [Operations Framework](#)

A suite of national standard operating procedures (SOPs) was developed to enable the requirements. These can be found in Section Three of this Readiness Plan

## MIQ Resources

The links below shows the full organisational charts for MIQ at the height of its operations alongside position descriptions for MIQ and resources for each branch:

- **LINK:** [Organisation Charts](#)
- **LINK:** [Position Descriptions](#)
- **LINK:** [Resource Numbers](#)

- **LINK:** [Partnership Resourcing](#)

## Resource Planning for QIC

The following links provide information to support workforce requirements and surge for any QIC implementation required in the future.

- **LINK:** [Resource Surge Plan](#)
- **LINK:** [Health model of care](#)

Additionally, retention/surge agreements are in place for the security workforce through a private security organisation and Aviation Security Service (AVSEC) and hotel workforce is the responsibility of contracted hotels, some of which are contracted under retention/surge agreements.

## Key Resource Directory

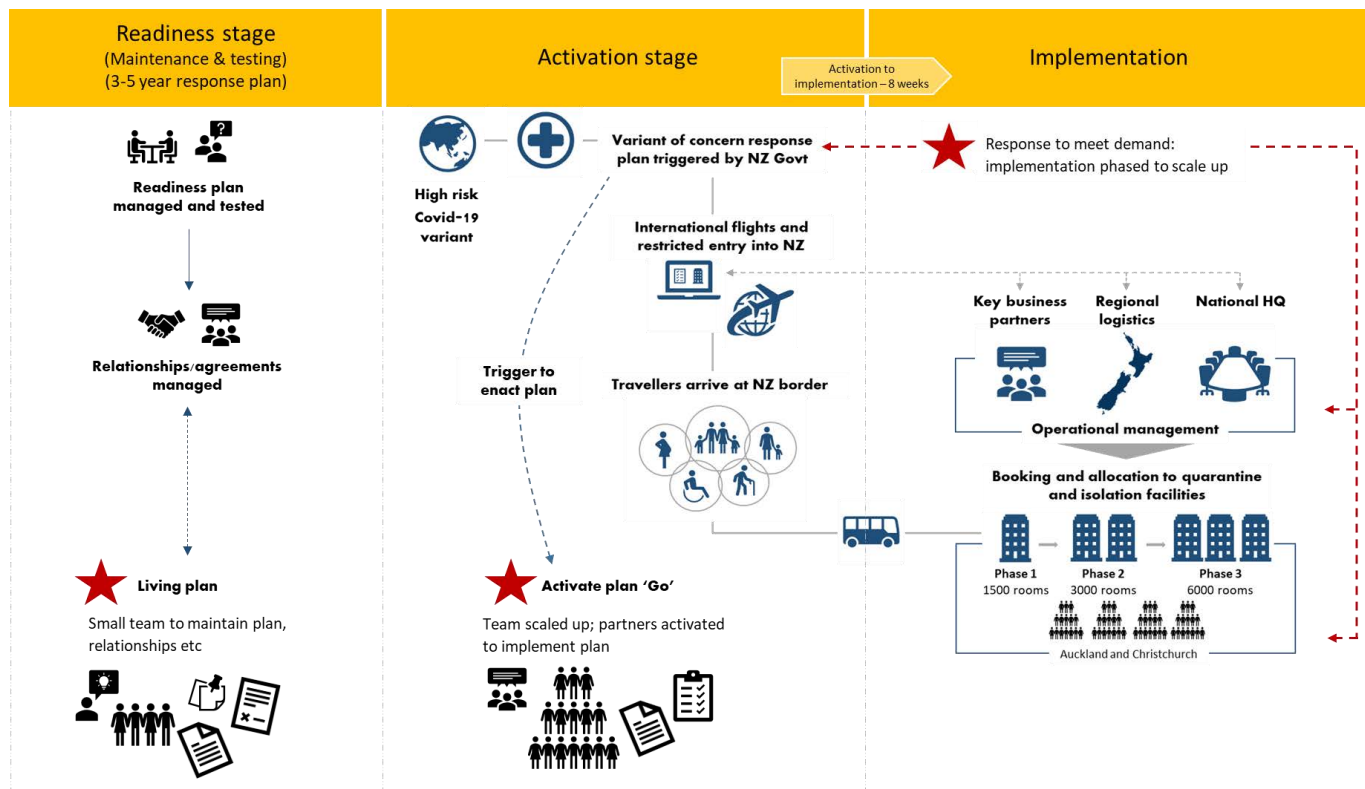
The following section recommends people involved with MBIE's MIQ who would provide invaluable intellectual property, tacit knowledge and have the necessary skills to support the establishment of a QIC. It also provides a list of MIQ staff who have volunteered to be contacted should any future QIC response be required.

- **LINK:** [Key Resource Directory](#)



## Section Two - Quarantine and Isolation Capability

This section of the plan gives a system overview of what a QIC is, a plan of how to implement a QIC and the partners required to operate it effectively.



### Scope of QIC Accountability

Based on MBIE's MIQ accountabilities during the COVID-19 pandemic, the following accountabilities form the foundation for QIC in the development of this plan:

- Leading the development and delivery of an QIC capability and working collaboratively with partner agencies to ensure dependant capabilities are delivered
- Facilitation of infectious testing process for all people, working and staying at a facility, subject to regulations
- Management of the QIC room inventory and requests for allocations, both online and offline
- Managed isolation exit (at the end of stay or earlier) and exemption approval processes for all people required to stay in managed isolation and quarantine
- Collection and reporting of all information relating to the operation of QIC
- Sourcing, securing and providing suitable facilities, services and resources for returnees in quarantine and isolation
- Facilitation of the care and wellbeing of returnees in quarantine and isolation
- Collaboration with NZ Police regarding the enforcement regime for non-compliance of QIC rules and policies

- Payment of costs and, if required, the collection of revenue associated with QIC
- The development of future regulations and the legal framework governing an QIC, including orders, rules and primary legislation
- Facilitation of cross government response in relation to QIC, including Iwi and Pasifika, to support a collaborative response
- Collaborate with cross Government and private sector partners to agree and manage PCBU accountabilities and roles.

## Principles and Assumptions

We have been guided by the following principles and assumptions in developing the QIC plan:

### PROGRAMME PRINCIPLES

- The QIC services in this plan are based on the functions delivered during the MIQ response to COVID-19 in 2020-2022
- Depending on the context of any future response, the plan should be suitable for responding to a different public health risk
- The plan recommends the key resources required to operate a QIC and provides a directory, frameworks and agreements for where this may be sourced
- Unique health and safety, including Infection Prevention and Control (IPC), requirements of the workforce responding to a pandemic public health response have been considered in the development of this plan
- Retention/surge and partnership agreements with key suppliers and agencies are in place and actively managed
- All related MIQ processes will need to be reviewed and assessed as fit for purpose dependent on the response context and relevant legislation
- A plan for reviewing and testing the content of this plan while it remains in hiatus are included
- The content of the plan should be translatable across government
- The plan is modular i.e., the appropriate parts of the plan can be selected and implemented based on context, and the phasing of the implementation plan can be utilised to scale up or down depending on demand / requirements.




### ASSUMPTIONS

- That MIQ has been decommissioned. There are no longer any active facilities or MIQ regional operations
- A Managed Isolation and Quarantine (MIQ) branch is in place at MBIE, initially, to perform some remaining enduring functions of MIQ and to manage this Readiness Plan and work on the future National Quarantine Capability

- The QIC would be in response to Scenario 1 of the Variant of Concern plan only (High clinical severity and High immune escape), this plan is owned and managed by Ministry of Health
- A Government decision has been made for a controlled border response, like that implemented for COVID-19 in March 2020
- That MBIE is leading the QIC implementation as part of the public health response, however the content in the plan has been written for ease of transition and is generic enough that it could be used by another agency if it was delegated 'lead agency' responsibility
- That the same 'functions' undertaken by MIQ will be required, but how the functions are delivered may differ due to insights learned and the specific set of circumstances being responded to
- COVID-19 legislation or similar enabling legislation remains in place or is activated
- Where practicable, Readiness partners and suppliers will provide support to implement this plan
- Budget is available for funding the implementation of the response without delay
- Resources will be prioritised to support the response to enable implementation as described in this plan e.g., State of National Emergency or similar.

## Implementation Phases

The Readiness Plan assumes that the QIC needs to be implemented under urgency. Given the scale of implementing a QIC this needs to occur across a number of phases, initially providing a 'minimal viable product' after three to four weeks which can then be scaled up during the subsequent phases.

Phase 0	★ Phase 1	Phase 2	Phase 3	Phase 4
Maintenance and testing	4 weeks from GO	6 weeks from GO	8 weeks from GO	Ongoing regular reviews
<ul style="list-style-type: none"> <li>• Ongoing over life of plan</li> <li>• Management of retention/ surge/ partnership agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum Viable Product</li> <li>• QIC system capability at national and regional level to deliver 25% of full capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Increase QIC system capability at national and regional level to deliver 50 % of full capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Increase QIC system capability at national and regional level to deliver full capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Reviews of capability, capacity and services required</li> <li>• Move to BAU</li> <li>• Plan for decommissioning</li> </ul>
	 1500 rooms <ul style="list-style-type: none"> <li>• Auckland</li> <li>• Christchurch</li> <li>• Including quarantine capability</li> </ul>	 3000 rooms <ul style="list-style-type: none"> <li>• Auckland</li> <li>• Christchurch</li> <li>• Including quarantine capability</li> </ul>	 6000 rooms <ul style="list-style-type: none"> <li>• Auckland</li> <li>• Christchurch</li> <li>• Including quarantine capability</li> </ul>	

★ GO TRIGGERED  
 • Cabinet decision – QIC required

## Maintenance & Testing (Phase 0)

A Readiness team will remain active during Phase 0. A full maintenance and testing plan can be found at the link below:

- **LINK:** [QIC Maintenance and Testing Plan](#)

This phase includes:

- Review the Quarantine and Isolation Capability Readiness plan initially monthly for 6 months, then quarterly until the end of June 2023
- Review the ongoing monitoring of commercial arrangements through maintaining supplier relationships for retention and surge capability and capacity. Ensure that commercial arrangements remain fit for purpose in line with system, including NQC, and Ministerial expectations
- Maintain relationships throughout Government both with critical partners whose partnership agreements are in place, and more broadly with the COVID-19 system. Ensuring that partnership agreements remain fit for purpose in line with system, including NQC, and Ministerial expectations
- Ensure Te Ao Māori values are incorporated into QIC policy, communications and operations and that the team has Māori capability and capacity to support its work with iwi in all regions. Importantly, continue to listen to, talk with, and partner with iwi who MBIE-MIQ have been engaged with since MIQ started in 2020 (Ngāti Whātua Ōrākei – Auckland, Tainui – Waikato, Te Arawa – Rotorua, Te Whanganui-a-Tara– Wellington, Ngāi Tahu – Christchurch)
- The team will work with enterprise lead agency functions such as Risk and Assurance, Finance and Performance as well as responding to requests for information.
- Review all the information contained in links throughout the Readiness Plan to ensure they remain up to date and fit for purpose, particularly giving consideration to system changes and updates.
- Undertake testing of the Readiness Plan at a lead agency, cross agency and system level in support of implementation assurance and for identification of further opportunities for improvement.

Additionally, the MIQ Policy and MBIE Legal teams will complete the following during this phase, in collaboration with the QIC Readiness team:

- Remain up to date with broader strategic, policy, and operational changes regarding COVID-19 brought to bear on the Readiness Plan – and revise accordingly
- Remain up to date with changes in public health advice regarding COVID-19 – and revise Plan accordingly
- Determine how parts of QIC plan ought to be updated to reflect ‘lessons learned’ (gleaned via internal review, judicial review, etc)
- Advise Ministers how parts of QIC plan could be changed if activated (seeking agreement to amend the Readiness Plan, as appropriate)
- Ensure COVID-19 legislation or similar enabling legislation remains in place, or is ‘mothballed’ in such way it can be reactivated, if necessary

- Ensure ongoing funding for retention, surge and partnership agreements is available should on-going funding be required.

## Governance of the Readiness Plan

The Isolation & Quarantine Readiness Advisory Group (IQRAG) provides strategic advice on the direction and readiness of a system level response to establishing a Quarantine and Isolation Capability during the Readiness programme. The group provides expert advice and insight to ensure the Quarantine and Isolation Readiness Plan is maintained in line with wider outcomes and provides on-going assurance that participating agencies are at the appropriate level of readiness.

The current group has the following membership:

- General Manager MIQ, MBIE (Chair)
- Manager Policy, MIQ, MBIE
- General Manager Programmes & Change, MIQ, MBIE
- General Manager Finance Systems, Operations & Procurement, Finance and Performance, MBIE
- Deputy Director Strategic Commitments – Domestic, NZDF
- Group Manager, Border COVID-19 Health System Response, MoH
- National Manager – Reparation, Quarantine, Isolation, AVSEC
- Chief Advisor, National Emergency Management Agency (NEMA)
- Chair Ngāti Whātua Ōrākei
- Independent Advisor

The Terms of Reference for the group are included below:

- **LINK:** [Advisory Group Terms of Reference](#)

The last meeting for this group is planned for September 2022 and future governance arrangements for MIQ are in development. Relationships with the members of the advisory group will be maintained through the Stakeholder engagement activity by the MIQ branch into the future.

## Partners

Various partners would be required to successfully implement, deliver and maintain a QIC. Using the experience of MIQ, those involved, and their contribution is set out at a high level below:

### CORE RESPONSE AGENCIES

Organisation	Anticipated Role
MBIE	The lead agency for the management and administration of readiness (including surge support from across MBIE for core functions such as Policy, Legal, Communications, People and Culture and information technology) and holds key functions and responsibilities under the COVID-19 Public Health Response Act (the Act) and associated orders.
MBIE - Immigration New Zealand	<p>This MBIE group contributed several services to support MIQ including:</p> <ul style="list-style-type: none"> <li>• data and intelligence in the form of advanced passenger processing information, allowing a 48–72-hour advanced warning of arrivals and any large numbers of people denied boarding;</li> <li>• resources through the Immigration Border Office (IBO) who assisted MIQ by taking responsibility for voucher changes and issues outside of working hours, and</li> <li>• the Immigration Contact Centre to manage MIQ general and ICT support related customer enquiries.</li> </ul> <p>An inter-agency MOU was signed to allow access to personal data on identity and travel dates for specific purposes for relevant MIQ teams.</p>
The Ministry of Health (MoH)	<p>Responsible for the provision of public health advice and administered the Act under which Orders setting out the MIQ system were made. MoH was responsible for setting the framework for and delivery of COVID-19 testing at the border and facilities and providing health and wellbeing support. MoH also provided leadership/oversight of the health response in respect of MIQ, including Infection Prevention and Control (IPC), with frontline operational health services being provided by District Health Boards in accordance with the service specifications set by MoH.</p> <p>NOTE: Health NZ will manage some of these activities in the future, if required.</p>
The New Zealand Defence Force (NZDF)	<p>Empowered under s9 of the Defence Act 1990 to protect the interests of New Zealand, whether in New Zealand or elsewhere and to provide any public service, NZDF provided support to MBIE. NZDF's primary contribution to MBIE's management of MIQ was a national coordination centre, facility management, administration, coordination and security support. Any future support would be limited and unlikely to include the delivery of security services to facilities.</p>
Aviation Security Service (AVSEC)	<p>Established under section 72B(2)(ca) of the Civil Aviation Act 1990, AVSEC's functions include providing assistance to any government agency when requested by the Minister of Transport in certain circumstances. Aviation Security Officers greeted and transited those arriving at the air border either to MIQ facilities in Auckland or to domestic transfer arrangements. AVSEC were the original security workforce in MIQ facilities. They were deployed within MIQ facilities to provide security services from March 2020 until June 2022. They held powers under the Act to direct returnees to remain in MIQ facilities.</p>
The New Zealand Police (Police)	<p>Provided reassurance to returnees, staff and the community, in liaison with site coordinators and other partner agencies on site and were responsible for all enforcement activity required at facilities. They held enforcement powers under the Act and were the only agency able to detain, search and arrest individuals (where warranted). Police also assisted with returnee arrivals and exits.</p>

Organisation	Anticipated Role
The New Zealand Customs Service (Customs)	<p>Contributed to the delivery of MIQ in the provision of advance passenger information enabling plans to be formulated as soon as possible pre-arrival. Customs also assisted MBIE when required in the transfer of persons who needed to disembark a vessel to go into MIQ or to an airport to depart New Zealand.</p> <p>Customs lead the New Zealand Traveller Declaration (NZTD) programme of work and integration with this system is likely to be required in any future response.</p>
Fire and Emergency New Zealand (FENZ)	<p>FENZ supported MBIE and facilities in ensuring statutory obligations were met under the Fire and Emergency Act 2017, the Fire and Emergency NZ (Fire Safety and Evacuation Procedures and Evacuation Schemes) Regulations 2018, the Building Act 2004 and any other relevant legislation, regulations and codes of practice are met.</p>

## COMMERCIAL SUPPLY PARTNERS

The table below lists the commercial services identified as critical to implement an QIC under urgency and therefore retention and surge agreements have been agreed to. These agreements are commercially sensitive, if you require information about these agreements, please contact the Readiness Team at [readiness@mbie.govt.nz](mailto:readiness@mbie.govt.nz):

Organisation	Anticipated Role
Hotels (facilities)	Provide QIC facilities and hotel services (food and beverage, laundry, cleaning etc) to returnees. 8 facilities – 6 in Auckland and 2 in Christchurch. NOTE: 2 facilities (1 Auckland/1 Christchurch) will also support the Emergency Evacuation Plan
Private security	Provide QIC security services, in addition to AVSEC. NOTE: private security will be used to support the Emergency Evacuation Plan
Transport	Provide transportation services to/from airports and facilities for returnees. Provided transportation to/from ships to facilities for mariners.

Additional key commercial suppliers are also required for the successful end to end operation of a QIC. Key MIQ suppliers have been identified in the following Supplier Directory for reference:

- **LINK:** [Supplier Directory](#)



## IWI

It is Government's intent that engagement with Māori and the Māori Crown relationship itself be guided by the following values.

Partnership – the Crown and Māori will act reasonably, honourably and in good faith towards each other as Treaty partners. The Te Arawhiti guidelines provide a high-level direction:

- Understanding racial equity and institutional racism
- New Zealand history and the Treaty of Waitangi
- Worldview knowledge
- Tikanga / kawa
- Te reo Māori

The Waitangi Tribunal (Wai 2575), particularly the emerging Tiriti principles reaffirmed in the “Haumarū Report” of 2021:

- Tino rangatiratanga – Self determination
- Partnership - Rangapū
- Active protection - Whakamaru
- Options - Kōwhiringa
- Equity – Mana taurite

The importance of meaningful and substantive engagement with Iwi is a key component of realising Māori Crown partnerships. Effective engagement is based on developing ongoing relationships with Māori. Relationships are based on trust, integrity, respect, and equality.

### MIQ Iwi Partnership

The Readiness Plan recognises the importance to deliver on the principles of Te Tiriti and includes an acknowledgment of the MIQ-Iwi programme of work and MIQ-Māori partnership model

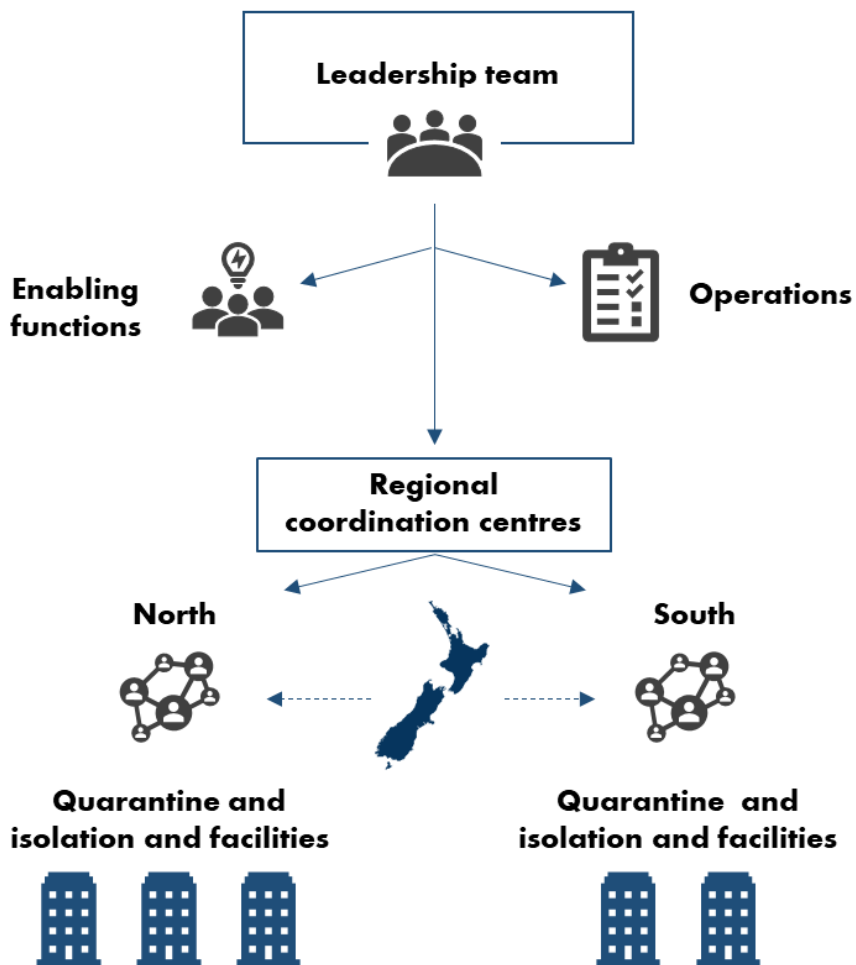
- **Link:** [MIQ-Māori Partnership work programme](#) - 18 January 2021

Engaging with Iwi early is crucial for the successful implementation of a QIC. MBIE recognised this and made it a focus to continue to build on work to strengthen MIQ and Iwi/ Māori relationships. This further commits to continue building on the knowledge base of insights from Iwi in the context of a QIC setting (for example, the importance of family reunification, protocols around tangi and the handling of death in a facility, urban versus rural needs).

## Implementing an QIC

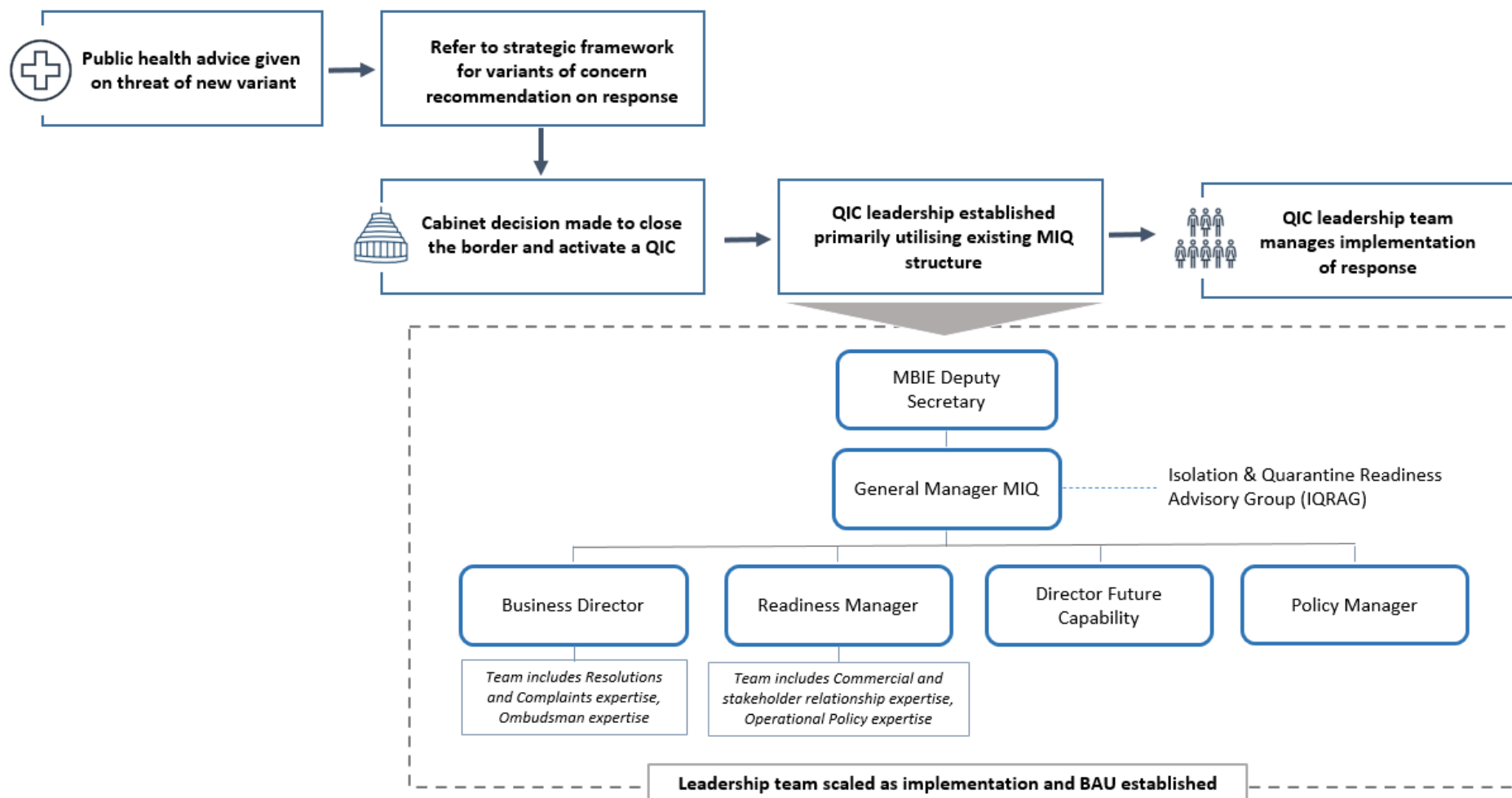
The diagram below is an overview of the QIC operating model, showing the relationship at a national, regional and facility level.

### Governance model – Quarantine and Isolation



## Initiating Task: Standing Up QIC Structure

The graphic below depicts the likely trigger for implementing a QIC and a recommended leadership structure utilising the existing MBIE MIQ team:



The priority component in implementing the QIC is creating the authorising environment through the following policy led tasks, working with colleagues within the lead agency and across government.

## Initiation – prior to Cabinet decision

The following would be undertaken as soon as Public Health Advice was given that a pandemic could impact New Zealand, before any decision is made to close the border:

- Work with Public Health and relevant agencies to develop policy options for Minister(s) to determine who is required to enter quarantine and isolation and who is not (e.g., border / maritime arrivals)
- Work with MIQ branch leadership and Public Health to develop policy options for Minister(s) regarding QIC operating model (including length of stay, requirements in facilities)
- Work with MIQ branch leadership to develop policy options for Minister(s) regarding allocation of QIC capacity (including online / offline prioritisation, groups, emergency allocations)
- Work with MIQ branch leadership to develop policy options for Minister(s) to consider an exemptions regime for those that can apply to be exempt from QIC, to leave QIC early or join a returnee within QIC
- Work with Finance and the MIQ branch Leadership team to develop policy options for Minister(s) regarding charges for QIC (e.g., fees and fee waivers)
- Work with MIQ branch leadership and Public Health to develop policy options for Minister(s) regarding vaccination and testing regime for returnees and those working at QIC
- Consult with the Isolation & Quarantine Readiness Advisory Group (IQRAG) on developing situation
- Seek Ministerial decision on / agreement to operating model, including delegations for approvals, allocations, exemptions, fees system, etc
- Engage early with the Office of the Ombudsman
- Determine and provide advice on any changes necessary to amend COVID-19 legislation (to ensure legislation aligns with public health advice and reflects intended operating model)
- Seek Ministerial agreement to amend, or re-enact, COVID-19 orders and regulations
- Establish appropriation to fund QIC.

MBIE's legal team in collaboration with MoH and Health NZ will also need to be engaged for the following:

- Review and agree changes to policy and operating model to ensure that they are consistent with legislation
- Establish statutory delegations
- Consult Crown Law on proposed changes to policy, operating model, and COVID-19 legislation
- Following Ministerial agreement to make amendments sought by Policy, issue drafting instructions to Parliamentary Counsel Office.

## Self-Quarantine Framework (Te Whatu Ora now lead this work)

Self-Quarantine was a tool used by New Zealand early in the COVID-19 response, before MIQ facilities were established. Self-Quarantine was then piloted by MBIE for a small group of low-medium risk business travellers in late 2021, and as part of the Reconnecting New Zealanders work MBIE led a programme to establish a self-isolation pathway for medium risk travellers.

In order to inform any consideration of Self-Quarantine in the future all information held by MBIE on Self-Quarantine has been consolidated and the Reconnecting New Zealanders agreed pathway re-visited in the document at the link below:

- LINK: [Self Quarantine Plan](#)

NOTE: This framework does not include an implementation plan as MBIE is not responsible for the implementation or operations of any function under the model. The framework is only recommended for a public health response to Scenario 4, or similar, in the Variant of Concern plan (Low clinical severity and Low immune escape).

Te Whatu Ora in August 2022 have accepted ownership of the Self Quarantine framework, including any future development or maturity of the framework.

## Emergency Evacuation Accommodation Plan

On 5 February 2020 a group of New Zealanders were repatriated from Wuhan China after a decision by the New Zealand government. The repatriated persons were housed at the country's first quarantine facility located at the Whangaparaoa Reception Centre in camper vans and operated by the Royal New Zealand Navy.

A plan has been developed, if required, to establish emergency accommodation within a week to provide 250-300 rooms providing quarantine and isolation services for New Zealanders repatriated under similar circumstances.

- LINK: [Emergency Evacuation Accommodation Plan](#)

NOTE: This plan does not deliver a fully operating QIC, instead it provides the minimum required to support these repatriated New Zealanders. As QIC full implementation will be happening at the same time, it is not recommended that the evacuation accommodation capability is used for more than one cohort.

# Phased Approach: Implementing QIC Functions

The graphic below shows the QIC functions and how they would be implemented across the three implementation phases:



**Note:** The key activities outlined in each phase indicates when the activity commences, which may be in full, or in part, and scaled up as implementation progresses

## Scope & Assumptions: Per Function

In developing this plan for an QIC capability the following scope and parameters have been assumed for each function:

#	FUNCTION	SCOPE	ASSUMPTIONS
1	<a href="#">FACILITY IMPLEMENTATION</a>	<p>The implementation of QIC facilities, comprising of:</p> <ul style="list-style-type: none"> <li>- Leadership</li> <li>- Equipment</li> <li>- Workforce testing</li> <li>- Logistics</li> <li>- Property</li> <li>- Ventilation</li> <li>- Business Continuity</li> </ul> <p>By:</p> <ul style="list-style-type: none"> <li>- Establishing offices at a national and regional level. Liaise with stakeholders such as Health NZ, DHBs and transport providers</li> <li>- Determining the facility layout including specific work areas such as operations room and nurses' station and provide site inductions</li> <li>- Establishing the logistics of the movement of people includes road transfers from arrival into NZ to facility or unplanned transfers</li> </ul>	<ul style="list-style-type: none"> <li>- The initial management structure and authorising policy instruments are in place</li> <li>- Retention and surge agreements are in place for facilities and transport</li> <li>- Lead agency office accommodation is available for initial national and regional office workforce</li> <li>- Additional ventilation may be required for facilities beyond existing hotel ventilation</li> </ul>
2	<a href="#">GOVERNANCE</a>	<p>To establish functions that will enable good governance of the QIC as it is being stood up and ongoing. These include:</p> <ul style="list-style-type: none"> <li>- Strategy &amp; Planning</li> <li>- Performance reporting</li> <li>- Risk management and assurance</li> <li>- Portfolio Management</li> <li>- Governance support</li> <li>- Ministerial engagement</li> <li>- Steering &amp; technical advisory groups</li> </ul> <p>By:</p> <ul style="list-style-type: none"> <li>- The establishment of systems and processes to set direction for leading and guiding the operations.</li> <li>- Establishing and maintaining leadership team processes and systems to coordinate the supply and delivery of information to</li> </ul>	<ul style="list-style-type: none"> <li>- Governance expectations are established at a national level but operate across all three levels (national, regional and facility)</li> <li>- Existing governance collateral will be reviewed and re-used where appropriate</li> </ul>

#	FUNCTION	SCOPE	ASSUMPTIONS
		achieve its outcomes and fulfil its accountability.	
3	<a href="#">OPERATIONAL SERVICES</a>	<p>To establish, manage and sustain the key QIC Operational functions, comprising of:</p> <ul style="list-style-type: none"> <li>- Inventory management</li> <li>- Allocations</li> <li>- Charges</li> <li>- Exemptions</li> </ul> <p>By:</p> <ul style="list-style-type: none"> <li>- The implementation of an allocations system for returnees, taking into consideration multiple channels to receive applications online and offline</li> <li>- A criterion for those who wish to be considered for an exemption from QIC and a process for how these requests are assessed and how the decision is communicated to the applicant</li> <li>- The management of changes due to flight cancellations or delays or flight booking changes, rooms vacated early, hotel rooms added or removed from service</li> <li>- Setting a fees and charges regime (if appropriate), the application process for requesting a waiver and how the decision is communicated to the applicant</li> </ul>	<ul style="list-style-type: none"> <li>- Accountability and delegations will sit with lead agency</li> <li>- MoH will provide the appropriate technical input to applications</li> <li>- For the processing of exemptions, fee waiver and allocation applications, legislation will set out the grounds on which a person can apply</li> </ul>
4	<a href="#">ENABLING</a>	<p>To establish, manage and sustain the QIC Enabling Functions, comprising of:</p> <ul style="list-style-type: none"> <li>- People &amp; Culture</li> <li>- Programmes &amp; Change</li> <li>- Policy / Legal</li> <li>- Finance</li> <li>- Health &amp; Safety</li> <li>- Complaints</li> <li>- IDI / Data and Reporting</li> <li>- Technology</li> <li>- Operational Policy</li> <li>- Māori</li> <li>- Supplier Relationship</li> <li>- Learning and Development</li> </ul>	<ul style="list-style-type: none"> <li>- Some enabling functions have representation in the regions following direction given from National Office and MBIE.</li> <li>- The Lead Agency will support these functions initially and potentially on-going, in some manner.</li> </ul>



#	FUNCTION	SCOPE	ASSUMPTIONS
		<ul style="list-style-type: none"> <li>- Information Management</li> </ul>	
5	<a href="#">HEALTH</a>	<p>To establish, manage and sustain QIC Health Operations considering:</p> <ul style="list-style-type: none"> <li>- Liaison with MOH/Health NZ</li> <li>- Returnee health services</li> <li>- Returnee wellbeing</li> <li>- QIC staff health services (as required by legislation)</li> <li>- IPC including cleaning standards</li> </ul> <p>By:</p> <ul style="list-style-type: none"> <li>- Work with Health NZ/MOH to agree support model for delivery of required health services to QIC facilities and workforce</li> <li>- Work with Health NZ/MOH to develop and disseminate IPC standards and training (such as PPE requirements)</li> <li>- Establish and manage health-related supplies, services and testing for facilities, returnees and QIC workforce</li> </ul>	<ul style="list-style-type: none"> <li>- Health, wellbeing and psychosocial support for returnees will be available 24/7</li> <li>- Additional or specific returnee support may be available on an 'if and when' basis</li> <li>- Additional or specific returnee support may be outsourced</li> <li>- Legislation will be in place where mandatory testing/requirements exist.</li> </ul>
6	<a href="#">ACCOMMODATION &amp; FACILITY SERVICES</a>	<p>The provision of Facility Services to a QIC including:</p> <ul style="list-style-type: none"> <li>- Food choice and delivery</li> <li>- Laundry</li> <li>- Site layout</li> <li>- Baggage</li> <li>- Deliveries</li> <li>- Alcohol</li> <li>- Site assessments</li> <li>- Wi-Fi</li> </ul> <p><b>Note:</b> A number of tasks relating to accommodation will be covered under Operational, Implementation and Enabling Functions.</p>	<ul style="list-style-type: none"> <li>- Facilities are physically set up and operated on site by utilising nationally sourced resources and services and informed by national SOPs</li> <li>- All services will operate under the IPC guidelines appropriate for that activity, set by MOH/Health NZ.</li> </ul>
7	<a href="#">SECURITY</a>	<p>The security requirements at the facility/regional/national level including:</p> <ul style="list-style-type: none"> <li>- Physical, including support assets</li> <li>- Workforce incl. roster, technology</li> <li>- Policy and procedures</li> </ul>	<ul style="list-style-type: none"> <li>- Security services will be provided by AVSEC and private security providers aligned with retention and surge agreements</li> <li>- There is access to owned / hired communications equipment</li> </ul>

#	FUNCTION	SCOPE	ASSUMPTIONS
		<ul style="list-style-type: none"> <li>- CCTV</li> </ul> <p>By:</p> <ul style="list-style-type: none"> <li>- Managing all facility entry and exit points to ensure the facility is secure and prevents entry by members of public or unauthorised exit by returnees.</li> <li>- Managing returnee movement within the facility</li> <li>- Monitoring and enforcing physical distancing</li> <li>- Preventing and responding to absconding events</li> <li>- Preventing and responding to violence and abuse</li> <li>- Site inductions</li> </ul>	<p>(leverage MBIE Radio as a Service (RAAS) agreement)</p> <ul style="list-style-type: none"> <li>- There is availability to prescribed fencing requirements</li> <li>- The returnees stay at a facility is compulsory and legislation is in place reflecting this requirement.</li> </ul>
8	<a href="#"><u>COMMUNICATIONS</u></a>	<p>The communication requirements including:</p> <ul style="list-style-type: none"> <li>- Internal stakeholders</li> <li>- External stakeholders</li> <li>- Returnees, including website</li> <li>- Cross agency</li> <li>- Media</li> </ul> <p>By:</p> <ul style="list-style-type: none"> <li>- Providing guidance and resources for writing, branding, authorising and distributing collateral</li> <li>- Managing internal and external stakeholder communications</li> <li>- Managing media enquiries</li> </ul>	<ul style="list-style-type: none"> <li>- Communication standards and procedures are led from national roles working in close collaboration with their regional counterparts.</li> <li>- Lead agency resources will supplement QIC requirements.</li> </ul>

## Section Three - QIC Functions: Task List

### Task List Navigation

This Task List describes in broad terms the functions required to be carried out by the QIC. The table below provides a way to easily navigate to a particular task list separated out by function and phase. To navigate to content relevant to your context, use the hyperlinks embedded in the table.

#	FUNCTION			
1	<a href="#">FACILITY IMPLEMENTATION</a>	<a href="#">PHASE 1</a>	<a href="#">PHASE 2</a>	<a href="#">PHASE 3</a>
	<p>What are the tasks are required at the NATIONAL / REGIONAL / FACILITY level for the Implementation of QIC facilities, comprising of:</p> <ul style="list-style-type: none"> <li>- Leadership</li> <li>- Equipment</li> <li>- Property</li> <li>- Workforce testing</li> <li>- Logistics</li> <li>- Ventilation</li> <li>- Business Continuity</li> </ul>			
2	<a href="#">GOVERNANCE</a>	<a href="#">PHASE 1</a>	<a href="#">PHASE 2</a>	<a href="#">PHASE 3</a>
	<p>What are the tasks required at the NATIONAL / REGIONAL / FACILITY level to establish, manage, and sustain a Governance Framework for a QIC comprising of:</p> <ul style="list-style-type: none"> <li>- Strategy &amp; Planning</li> <li>- Performance reporting</li> <li>- Risk management and assurance</li> <li>- Steering and technical advisory groups</li> <li>- Portfolio Management</li> <li>- Governance support</li> <li>- Ministerial engagement</li> </ul>			
3	<a href="#">OPERATIONAL SERVICES</a>	<a href="#">PHASE 1</a>	<a href="#">PHASE 2</a>	<a href="#">PHASE 3</a>
	<p>What are the tasks required at the NATIONAL / REGIONAL / FACILITY level to establish, manage and sustain the key QIC Operational Functions, comprising of:</p> <ul style="list-style-type: none"> <li>- Inventory management</li> <li>- Allocations</li> <li>- Charges</li> <li>- Exemptions</li> </ul>			

4	<p><a href="#">ENABLING</a></p> <p>What are the tasks required at the NATIONAL / REGIONAL / FACILITY level to establish, manage and sustain the QIC Enabling Functions, comprising of:</p> <ul style="list-style-type: none"> <li>- People &amp; Culture</li> <li>- Programmes &amp; Change</li> <li>- Policy / Legal</li> <li>- Finance</li> <li>- Health &amp; Safety</li> <li>- Complaints</li> <li>- IDI / Data and Reporting</li> </ul>	<a href="#">PHASE 1</a>	<a href="#">PHASE 2</a>	<a href="#">PHASE 3</a>
5	<p><a href="#">HEALTH</a></p> <p>What are the tasks required at the NATIONAL / REGIONAL / FACILITY level to establish, manage and sustain QIC Health Operations comprising of:</p> <ul style="list-style-type: none"> <li>- Liaison with MOH/Health NZ</li> <li>- Returnee health services</li> <li>- Returnee wellbeing</li> </ul>	<a href="#">PHASE 1</a>	<a href="#">PHASE 2</a>	<a href="#">PHASE 3</a>
6	<p><a href="#">ACCOMMODATION &amp; FACILITY SERVICES</a></p> <p>What tasks are required at the NATIONAL / REGIONAL / FACILITY level for the provision of Facility Services to an QIC comprising of:</p> <ul style="list-style-type: none"> <li>- Food choice and delivery</li> <li>- Laundry</li> <li>- Site layout</li> <li>- Baggage</li> </ul>	<a href="#">PHASE 1</a>	<a href="#">PHASE 2</a>	<a href="#">PHASE 3</a>
7	<p><a href="#">SECURITY</a></p> <p>What are the security requirements at the FACILITY / REGIONAL / NATIONAL level comprising of:</p> <ul style="list-style-type: none"> <li>- Physical, including support assets</li> <li>- Workforce incl. roster, technology</li> </ul>	<a href="#">PHASE 1</a>	<a href="#">PHASE 2</a>	<a href="#">PHASE 3</a>
8	<p><a href="#">COMMUNICATIONS</a></p> <p>What are the communication requirements at the FACILITY / REGIONAL / NATIONAL level? This function considers:</p> <ul style="list-style-type: none"> <li>- Internal stakeholders</li> <li>- External stakeholders</li> <li>- Media</li> </ul>	<a href="#">PHASE 1</a>	<a href="#">PHASE 2</a>	<a href="#">PHASE 3</a>

## Setup Risks & Mitigations

The key risks associated with implementing a QIC are:

Risk	Mitigation
<ul style="list-style-type: none"> <li>- <b>Rapidly evolving environment:</b> A QIC capability will be stood up in a continually evolving environment based on the context of the day. This impacts the clarity of what is required, the validity of existing processes and ability to retain knowledge by staff previously involved with MBIE's MIQ.</li> </ul>	<ul style="list-style-type: none"> <li>- The Talent Directory provides guidance on where to source 'retained knowledge'</li> <li>- The Readiness Plan is supplemented with links to operational guidelines from MBIE's MIQ</li> <li>- Governance models recognising best practice from MIQ should be established early to navigate through a changing environment</li> <li>- Continue to update the Readiness Plan with COVID-19, World Health Organisation best practice</li> <li>- Shared leadership and co-location of agency teams</li> </ul>
<ul style="list-style-type: none"> <li>- <b>Attracting Staff:</b> The perceived short lifespan of an QIC may impact the ability to attract staff</li> <li>- The high-pressure environment and stigma and discrimination experienced by former MIQ staff may not make a return to a similar environment attractive.</li> </ul>	<ul style="list-style-type: none"> <li>- Utilise secondments (a number of former MIQ staff may be in MBIE already and across other government agencies)</li> <li>- Agreements have been made with critical government agencies and partners to support short-term implementation resourcing</li> <li>- Ensure legislative tools are quickly implemented to support resource prioritisation to the response.</li> </ul>
<ul style="list-style-type: none"> <li>- The number of staff required at very short timeframes is very large across specialist and non-specialist areas.</li> </ul>	<ul style="list-style-type: none"> <li>- Reliance on lead agency resources being 'surged' into support implementation activities</li> <li>- Agreements in place to support areas where the largest risk exists</li> <li>- Secondments from across government will be relied on due to the context of the activation of the Readiness Plan.</li> </ul>
<ul style="list-style-type: none"> <li>- The timeframes detailed in the Readiness Plan may not be achievable given the context of the situation when utilised.</li> </ul>	<ul style="list-style-type: none"> <li>- The Readiness team will continue to update the Readiness Plan, which will keep it more relevant to the context of the day</li> <li>- Retention/surge and partnership agreements will be actively managed</li> <li>- The assumption of a border restriction activating the Readiness Plan is critical for the ability to deliver.</li> </ul>
<ul style="list-style-type: none"> <li>- <b>Cross sector engagement and endorsement:</b> Cross agency and Iwi partners are critical to the success of standing up an QIC. Non endorsement or a commitment to the Readiness Plan would compromise success.</li> </ul>	<ul style="list-style-type: none"> <li>- Steering group of key partner agencies and Iwi has been established and these agencies have been provided the plan prior to finalisation</li> <li>- Future versions of the Readiness Plan will consult and gain endorsement from key partner agencies and Iwi</li> <li>- Partnership agreements with critical agencies and partners will be actively managed.</li> </ul>
<ul style="list-style-type: none"> <li>- Retention agreements have no funding past June 2023, so we have no suppliers ready for a warm start meaning our assurance to deliver the Readiness Plan is lessened.</li> </ul>	<ul style="list-style-type: none"> <li>- Seek future funding, if required, through the NQC programme work to ensure on-going readiness for New Zealand</li> <li>- Use the contacts in the Supplier Directory to expediate new agreements with suppliers</li> <li>- Consider MOUs with key suppliers so base awareness of readiness and initial activities is in place.</li> </ul>

## Appendix 1: Key Links & Documents

---

### Policy and Legal

Legislation: <http://www.pco.govt.nz/covid-19-legislation/>

- COVID-19 Public Health Response Act
- COVID-19 Public Health Response (Air Border) Order 2020 + amendments
- COVID-19 Public Health Response (Maritime Border) Order 2020 + amendments
- COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 + amendments
- COVID-19 Public Health Response (Required Testing) Order 2020 + amendments
- COVID-19 Public Health Response (Vaccinations) Order 2021 + amendments
- COVID-19 Public Health Response (Self-Isolation and Permitted Work) Order 2022 + amendments
- COVID-19 Public Health Response (Managed Isolation and Quarantine Charges) Regulations 2020 + amendments

Powers of Medical Officers of Health exercised under s70 of the Health Act 1956 (i.e. s70 mechanism used to quarantine community cases):

- [Health Act 1956 No 65 \(as at 13 December 2021\), Public Act – New Zealand Legislation](#)
- [Epidemic Preparedness Act 2006 No 85 \(as at 03 November 2021\), Public Act Contents – New Zealand Legislation](#)
- [Epidemic Preparedness \(COVID-19\) Notice 2020 - 2020-go1368 - New Zealand Gazette Crown Engagement with Māori](#)

### Addressing MIQ challenges and opportunities

- [MIQ Rapid Assessment Report \(Exec Summary\)](#)

### Border MOU

- [MOU – Immigration NZ & MIQ within MBIE \(March 2021\)](#)
- [Letter of Variation of the MOU](#)

### Facility – Standard Operating Procedures and Operating Framework

- [Decommissioning Documents including facility photos, site security plans and lessons learned](#)
- [Operational Policy documents](#)

### Variant of Concern Plan and DPMC Toolbox

- [DPMC Final COVID-19 National Management Approach – Q2 2022 – Shared 23 June 2022](#)

- [DPMC COVID-19 Response Measures – Shared 23 June 2022](#)

Note: these documents are under regular review by Ministry of Health who lead the system response and coordination of these documents.

## **Briefing to the Incoming Minister June 2022**

- [Briefing to the Incoming Minister June 2022](#)

## Appendix 2: Capability Task List

### FUNCTION: FACILITY IMPLEMENTATION

<b>Context:</b>	<p>What tasks are required at the NATIONAL / REGIONAL / FACILITY level for the Implementation of an QIC, comprising of:</p> <ul style="list-style-type: none"> <li>- Leadership</li> <li>- Equipment</li> <li>- Workforce testing</li> <li>- Logistics</li> <li>- Property</li> <li>- Ventilation</li> <li>- Business Continuity</li> </ul>
<b>Scope &amp; Assumptions</b>	<a href="#">LINKED HERE</a>

Establishing MIQ National Operations SOP: <https://mako.wd.govt.nz/otcs/lisapi.dll/link/129180606>

Commissioning and Establishing a MIQF SOP: <https://mako.wd.govt.nz/otcs/lisapi.dll/link/129202019>

### PHASE 1

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Procure and set up office accommodation to allow co-location of all teams – utilising lead agency workspaces where possible</p> <ul style="list-style-type: none"> <li>- Plan to accommodate up to 100+ personnel, likely cross agency, at the National level, to work in the same place</li> <li>- Regional office for each region</li> <li>- Ensure after-hours access</li> </ul> <p>Note: consider other agencies where co-location would be beneficial</p>	
<p>Establish an Operations Command-and-Control Team</p> <ul style="list-style-type: none"> <li>- Establish roles and functions that allow for 24/7 critical incident response</li> <li>- Review and update terms of incident reporting framework</li> <li>- Advise Regional Offices on the preferred escalation pathway (CAMMS)<sup>2</sup></li> <li>- Schedule regular meetings with Regional Offices to aid in implementation and operationalising policy changes.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Incident Reporting and Management SOP</a></li> <li>- <a href="#">Incident reporting framework</a></li> <li>- Refer to <a href="#">Enabling function</a> – Incident management phase 1</li> </ul>

<sup>2</sup> CAMMS used by MBIE as the enterprise risk and compliance event and declaration tool



TASK:	REFERENCE:
<p>Identify facility leadership roles</p> <ul style="list-style-type: none"> <li>- Confirm facility leadership roles – when operating as QIC (recommend using hotel management staff)</li> </ul>	
<p>Recruit Regional Office leadership roles</p>	
<p>Workforce testing</p> <ul style="list-style-type: none"> <li>- Review legislative requirements and public health advice</li> <li>- Collaborate with Health NZ/MOH regarding provision and delivery of testing and tests to facilities and regional workforce</li> <li>- Agree process for testing with Health NZ/MOH, including timing</li> <li>- Understand from Health NZ/MOH the process for test results to be reported</li> <li>- Understand the requirement and process for staff who test positive</li> <li>- Collaborate with Health NZ/MOH to automate compliance reporting (e.g., Border Worker Testing Register (BWTR))</li> <li>- Communicate work force testing requirements to relevant staff</li> <li>- Ensure staff members know where to collect their tests</li> <li>- Ensure staff are aware of how to report and log their test results and what to do if they test positive</li> </ul>	
<p>Establish relationships with national stakeholders:</p> <ul style="list-style-type: none"> <li>- Health sector – MOH, Health NZ, Māori Health Authority, Ministry for Disabled people</li> <li>- NZ Police</li> <li>- Private security providers (if using)</li> <li>- Fencing providers</li> <li>- Ports of entry</li> <li>- Transport providers</li> <li>- NZDF</li> <li>- AVSEC</li> <li>- Airports and airlines</li> </ul>	<ul style="list-style-type: none"> <li>- Refer to <a href="#">Health function</a></li> </ul>
<p>Determine ventilation requirements</p> <ul style="list-style-type: none"> <li>- Liaise with MOH and Health NZ on ventilation requirements aligned with public health advice, and refer to partnership agreement for supply agreement</li> <li>- Implement a team to review facilities compliance with ventilation requirements</li> <li>- Determine the information required from facilities to carry out any ventilation work and consider creating a template to distribute to the facility managers</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Ventilation Programme Closure report</a></li> </ul>
<b>REGIONAL LEVEL</b>	
<p>Establish an Operations Team</p> <ul style="list-style-type: none"> <li>- Establish roles and functions that allow for 24/7 critical incident response</li> </ul>	<p><a href="#">Establishing a RIQCC SOP</a></p>

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Implement terms of Command Critical Incident Reporting (CCIR) and incident reporting framework as stipulated by National Office</li> <li>- Advise facilities on the preferred escalation pathway</li> <li>- Implement the information management process – developed by National Office</li> </ul>	
<p>Set up regional offices, considering co-location of all teams and agencies</p>	
<p>Establish relationships with regional stakeholders</p> <ul style="list-style-type: none"> <li>- Hotel Managers</li> <li>- Health providers including regional hospitals in Auckland and Christchurch</li> <li>- NZ Police</li> <li>- Private security providers (if using)</li> <li>- Fencing providers</li> <li>- Port of entry</li> <li>- Transport providers</li> <li>- NZDF (if using)</li> <li>- AVSEC</li> <li>- Airports</li> </ul>	
<p>Work with People and Culture to establish staffing requirements at regional and facility level</p> <ul style="list-style-type: none"> <li>- Facility level information will come from the facility</li> <li>- Ensure any staff that may interact with unaccompanied young persons Unaccompanied Child and Young Persons (UCYP) have undergone NZ Police vetting not only standard MOJ criminal record checks for employment</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Staff Guide</a></li> </ul>
<p>Establish logistics team to provide logistics support to the region and facilities</p>	
<p>Establish an Asset Register to track all items within Regional Office and provide to National Office</p>	
<p>Maintain a small amount of stock within Regional Office for urgent requests</p> <ul style="list-style-type: none"> <li>- PPE</li> <li>- Collateral</li> <li>- Stationary</li> </ul>	
<p>Establish methods of communicating the most up to date and critical information to staff based on National Office guidelines:</p> <ul style="list-style-type: none"> <li>- Consider implementing a face-to-face daily briefing to provide updates and opportunities for questions for staff. This should be open to all agencies involved in the operation to ensure consistency of message.</li> </ul>	
<p>Ensure each facility holds a specified quantity of personal amenities and essential items for returnees</p> <ul style="list-style-type: none"> <li>- Over the counter medications available and facility staff understand National guidelines for issue</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 10 During a person’s stay: 10.8 Essential Items</a></li> </ul>

TASK:	REFERENCE:
	<ul style="list-style-type: none"> <li>- <a href="#">SOP Stay – Section 5 Returnee Wellbeing: 5.6 Requests for essential items</a></li> </ul>
<b>FACILITY LEVEL</b>	
Establish Asset register to keep track of all QIC items within facility and deliver to Regional Office	
<p>Identify furniture and IT requirements for the facility, request additional items through regional logistics team to MBIE property</p> <ul style="list-style-type: none"> <li>- Consider number of monitors and docking stations</li> <li>- Number of duty phones required</li> <li>- Desks, chairs and shelving</li> <li>- Replacement of facility furniture to prevent damage and IPC issues</li> </ul>	
Establish a daily head of department meeting to ensure all agencies are kept up to date	
<p>Ensure methods of communication are established to inform and engage with entire workforce</p> <ul style="list-style-type: none"> <li>- Consideration should be given to shift workers and language requirements</li> <li>- Instant messaging</li> <li>- Email</li> <li>- Notice boards (virtual and physical)</li> </ul>	
<p>Critical Incident Management</p> <ul style="list-style-type: none"> <li>- Implement escalation pathway to ensure all incidents are captured and assessed at the right level within the facility both during work hours and after hours.</li> <li>- Adhere to guidance provided by National Office regarding reporting of incidents.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Incident Reporting and Management SOP</a></li> </ul>
<p>Ensure all staff are aware of the Children’s policy and SOP for arrival and supervision of UCYP</p> <ul style="list-style-type: none"> <li>- Ensure key staff that are vetted to work with children</li> <li>- One on one support for UCYP should be set up within the facility</li> <li>- Establish process for contact with guardians outside of facility to engage on consent for testing and understand any special requirements.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">UCYP Operations policy framework</a></li> <li>- <a href="#">UCYP SOP</a></li> </ul>
Set up fresh air / smoking areas aligned with IPC guidelines	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 2 Site Requirements: 2.1.5 Outdoor areas &amp; 2.1.6 Smoking areas</a></li> <li>- <a href="#">Operations Framework – Section 10 During a person’s stay: 10.10</a></li> </ul>

TASK:	REFERENCE:
	<a href="#">Access to outdoors and exercise</a> - <a href="#">SOP Stay – Section 5</a> <a href="#">Returnee Wellbeing: 5.3</a> <a href="#">Access to the outdoor area &amp; 5.4</a> <a href="#">Smoking/vaping</a>

## PHASE 2

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
Order secure document bins for each of the facilities and Regional Offices	
Review and establish logistics process & procedures <ul style="list-style-type: none"> <li>- Liaise with all relevant stakeholders to develop a process and procedure for Logistics</li> <li>- Communicate process / procedure to all relevant stakeholders and staff</li> <li>- Regularly review current processes and procedures, update accordingly</li> </ul>	
Implement ventilation requirements <ul style="list-style-type: none"> <li>- Liaise with the Regional Office and facility managers to establish a timeframe for any ventilation work to be carried out by</li> <li>- Consider establishment of a Technical Advisory Group to support ongoing ventilation activities and requirements</li> </ul>	- <a href="#">Ventilation Programme Closure report</a>
<b>REGIONAL LEVEL</b>	
Establish remaining critical operational teams that consider; public information, planning, health	
Maintain asset register for all items located within the regional office e.g., IT equipment	
Establish process for delivery of non-routine items to facilities e.g., if a facility runs out of masks prior to their next bulk order	
<b>FACILITY LEVEL</b>	
Maintain asset register for all items located at the facility e.g., IT equipment, radios.	
Maintain weekly stocktake of consumable items. E.g., PPE	

## PHASE 3

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
Maintain relationships with logistics providers <ul style="list-style-type: none"> <li>- Ensure regular communication with logistics providers</li> <li>- Monitor deliverables</li> <li>- Liaise with supplier management national team on performance of providers or contract changes required</li> </ul>	
Conduct regular audits and reporting on work force testing <ul style="list-style-type: none"> <li>- Ensure all staff members are testing on the required days</li> <li>- Consider the actions required if a staff member fails to test regularly</li> <li>- Provide reporting on compliance to PCBUs</li> </ul>	
Establish a facility Planned Maintenance Program <ul style="list-style-type: none"> <li>- Establish a facilities maintenance group to allow two-way communication with the facilities to determine their routine and urgent maintenance requirements</li> <li>- Liaise with planning team to ensure any scheduled outages are accounted for in forecast allocations</li> <li>- Examples of scheduled maintenance includes ventilation reviews</li> </ul>	- <a href="#">SOP Change activation and designation of MIQF</a>
Business Continuity – facility outage planning <ul style="list-style-type: none"> <li>- Prepare plans at a facility level for if the facility is not available due to an unexpected event e.g., flood, fire</li> <li>- Review previous agreements with alternative short term accommodation providers to house returnees should a facility become unavailable</li> <li>- Negotiate new agreements, if required</li> <li>- Plan for transport/walking routes from facility to alternative accommodation</li> </ul>	- [insert link to facility outage plans]
<b>REGIONAL LEVEL</b>	
Set up process for requesting ad-hoc and routine items specific to site <ul style="list-style-type: none"> <li>- PPE</li> <li>- Collateral</li> <li>- Shelving</li> <li>- Shelters</li> </ul>	
Set up local process for printing of collateral e.g., Welcome packs.	
Source children’s material for welcome packs (consider multiple languages and ages)	
<b>FACILITY LEVEL</b>	
Identify signage requirements both inside and outside the facility <ul style="list-style-type: none"> <li>- Consult Comms</li> </ul>	

TASK:	REFERENCE:
- Order through Regional Office	

## FUNCTION: GOVERNANCE

Context:	<p>What are the tasks required at the NATIONAL / REGIONAL / FACILITY level to establish, manage, and sustain a Governance Framework for a QIC including:</p> <ul style="list-style-type: none"> <li>- Strategy &amp; Planning</li> <li>- Performance reporting</li> <li>- Risk management and assurance</li> <li>- Portfolio Management</li> <li>- Governance support</li> <li>- Ministerial engagement</li> <li>- Steering and technical advisory groups</li> </ul>
Scope & Assumptions	<a href="#">LINKED HERE</a>

### PHASE 1

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
Recruit leadership role for governance function	
<p>Review and update existing Governance framework</p> <ul style="list-style-type: none"> <li>- Refine any templates that lead agency has where available</li> <li>- Develop internal governance requirements – prioritising leadership decision documentation and reporting, meeting cadence</li> <li>- Ensure all decisions are recorded</li> <li>- Review and update Terms of Reference</li> </ul>	- <a href="#">Governance framework</a>
<p>Leadership cadence and requirements</p> <ul style="list-style-type: none"> <li>- Agree and implement cadence of meetings and purpose of each</li> <li>- Establish secretariat</li> </ul>	
<p>Ministerial engagement</p> <ul style="list-style-type: none"> <li>- Utilise lead agency ministerial engagement team initially and consider scale up as required</li> <li>- Agree cadence and attendance at Ministerial meetings and reporting</li> <li>- Establish Private Secretary as required</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">SOPs MIQ Ministerial Services OIAs, PAs &amp; MCs</a></li> <li>- Refer to <a href="#">Enabling Function</a> – Phase 1</li> </ul>
<p>CE office support</p> <ul style="list-style-type: none"> <li>- Establish communication channel with lead agency CE office</li> <li>- Agree reporting and meeting requirements</li> <li>- Agree method of providing briefings for meetings and stakeholder engagement</li> </ul>	

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Agree approval process for Ministerial engagement</li> </ul>	
<p>Risk and assurance</p> <ul style="list-style-type: none"> <li>- Develop / refine risk and assurance framework</li> <li>- Establish incident reporting requirements from CAMMS</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Integrated Framework plan</a></li> <li>- Refer to <a href="#">Enabling function</a>, Incident Management – Phase 1</li> <li>- <a href="#">MIQ Incident Reporting and Management SOP</a></li> <li>- Refer to <a href="#">Facility Implementation function</a> – Phase 1</li> </ul>
<p>Escalation</p> <ul style="list-style-type: none"> <li>- Create a clear escalation pathway providing 24/7 critical incident advice</li> <li>- Ensure a reporting process has been established that meets the reporting requirements</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Incident Reporting and Management SOP</a></li> </ul>

## PHASE 2

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Establish relevant Advisory Bodies</p> <ul style="list-style-type: none"> <li>- Identify business priorities and determine whether an advisory group would be best to support these priorities</li> <li>- Determine relevant personnel and stakeholders to be included.</li> <li>- Ensure regional representation.</li> <li>- Consider independent representatives and Iwi</li> <li>- Consider cross agency representatives</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Governance Master Desk file</a></li> </ul>
<p>Initiate QIC Governance Group</p> <ul style="list-style-type: none"> <li>- Refine purpose</li> <li>- Identify and invite Members</li> <li>- Develop terms of reference</li> <li>- Establish meeting cadence</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Governance folder</a></li> <li>- <a href="#">Governance Board ToR</a></li> </ul>
<p>Cross sector governance</p> <ul style="list-style-type: none"> <li>- Agree membership and support required for any cross-sector response governance groups</li> </ul>	



## PHASE 3

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
Steering or Advisory capacity <ul style="list-style-type: none"> <li>- Hold relevant steering or advisory meetings</li> <li>- Consider the need for steering groups for business priorities</li> </ul>	
Continue to oversee / govern: <ul style="list-style-type: none"> <li>- Risk and assurance</li> <li>- Health and Safety</li> <li>- Delegations</li> <li>- Prioritisation</li> <li>- Link into Insights and Data / data within enabling functions</li> </ul>	
Business planning / prioritisation <ul style="list-style-type: none"> <li>- Develop process to oversee strategy &amp; business planning and prioritisation</li> </ul>	- <a href="#">Business Management – Master Desk file</a>

## FUNCTION: OPERATIONAL SERVICES

Context:	<p>What are the tasks required at the NATIONAL / REGIONAL / FACILITY level to establish, manage and sustain the key QIC Operational Functions, comprising of:</p> <ul style="list-style-type: none"> <li>- Inventory management</li> <li>- Allocations</li> <li>- Charges</li> <li>- Exemptions</li> </ul>
Scope & Assumptions	<a href="#">LINKED HERE</a>

### PHASE 1

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Confirm facility designation</p> <ul style="list-style-type: none"> <li>- Confirm how many quarantine / isolation (Q/I) rooms are required</li> <li>- Designate facilities to Q or I or dual (Q&amp;I in a facility) – how many rooms of each and IPC requirements for separation</li> <li>- Consider allocating facilities to support specific groups e.g., Aircrew, Unaccompanied Minors, Medical needs, refugees, sports groups</li> </ul>	
<p>Allocations</p> <ul style="list-style-type: none"> <li>- Understand operational availability (how many rooms do we have available to be allocated – isolation and quarantine)</li> <li>- Understand legislative requirements for allocations (does everyone need to go into quarantine on arrival into NZ?)</li> <li>- Consider different allocations for the operational availability (e.g., online and offline) and how many rooms each allocation should be provided</li> <li>- Stand up Allocation team (National Planning)</li> <li>- Review and update guidelines and SOPs</li> <li>- Work with ICT partners to reactivate booking system – Managed Isolation Allocation System (MIAS)<sup>3</sup> and ensure system is ready to operate                             <ul style="list-style-type: none"> <li>a. Review MIAS functionality in line with recommendations at the end of MIQ</li> </ul> </li> <li>- Communicate with website teams to have link to MIAS and information about QIC (once ready)</li> <li>- Stand up priority booking application team</li> <li>- Review and update priority booking guidelines and SOPs</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">NP guide and SOPs</a></li> <li>- <a href="#">EAR guidelines</a></li> </ul>

<sup>3</sup> Managed Isolation Allocation System – online booking platform that allowed returnees to book a place in a facility

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Reactivate Case Management System (CMS) and review content and application forms</li> <li>- Reactivate customer portal – for returnee applications management</li> <li>- Backend booking system use reviewed and training undertaken</li> <li>- Stand up regional planning teams – reporting to National team</li> <li>- Returnee support inboxes created for booking changes and requests and guidelines reviewed and updated</li> <li>- Relationship with airlines developed for on-going support of flight changes and subsequent booking change requests</li> </ul>	
<p>Charges</p> <ul style="list-style-type: none"> <li>- Work with policy to consider any recommendations that they will be making regarding charges for returnees stay</li> <li>- Consider whether anyone is exempt of charges and if anyone is eligible for a fee waiver</li> <li>- Refer to policy recommendations re: fees at the end of MIQ</li> <li>- Work with finance to help them consider an invoicing system and information required from Returnees to support invoicing</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Fee and Waiver SOP</a></li> </ul>
<p>Exemptions</p> <ul style="list-style-type: none"> <li>- Work with policy to understand legislative requirements and public health advice about exemptions and any recommendations they will be making</li> <li>- Consider different exemptions (medical, exceptional, transit, joining).</li> <li>- Considering policy and recommendations made at the end of MIQ</li> <li>- Stand up Exemptions team</li> <li>- Train staff on relevant systems and exemptions categories</li> <li>- Communicate with the website team</li> <li>- Reactivate CMS and review and update content and application forms</li> <li>- Work with Health NZ/MOH to develop or update the public health risk assessment tool or other assessment tool as legislated – if required</li> <li>- Create a public facing shared inbox for Returnees to contact and be contacted regarding their application</li> <li>- Reactivate Customer Portal to manage applications</li> <li>- Review guidelines and SOPs for exemption applications</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">PHRA tool</a></li> <li>- <a href="#">Exemptions SOPs</a></li> </ul>

## PHASE 2

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
Allocations <ul style="list-style-type: none"> <li>- Expanding operations for allocations</li> <li>- Create team to manage other allocations e.g., Time Sensitive Travel</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ EAR criteria</a></li> <li>- <a href="#">EAR SOP</a></li> </ul>
<b>REGIONAL LEVEL</b>	
Allocations <ul style="list-style-type: none"> <li>- Regional Planning staff trained by National Planning</li> <li>- Review guidelines and SOPs and update for Regional Office</li> <li>- Provide access for staff to all relevant systems</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">EAR SOP</a></li> <li>- <a href="#">EAR guidelines</a></li> </ul>
Exemptions <ul style="list-style-type: none"> <li>- Establish regional exemptions support team – to support National Office team</li> <li>- Understand exemption guideline and SOPs</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">PHRA tool</a></li> <li>- <a href="#">Exemptions SOPs</a></li> </ul>
<b>FACILITY LEVEL</b>	
Charges <ul style="list-style-type: none"> <li>- Familiarity with the website and where to find information on charges for Returnees</li> </ul>	
Exemptions <ul style="list-style-type: none"> <li>- Familiarity with the website and where to find information on exemptions</li> </ul>	

## PHASE 3

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
Allocations <ul style="list-style-type: none"> <li>- Work with policy to review offline allocation categories</li> <li>- Establish reporting and forecasts for management</li> <li>- Work with ICT to ensure technology and forms are fit for purpose</li> <li>- Develop manual application forms in case of outage</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ EAR criteria</a></li> <li>- <a href="#">EAR SOP</a></li> <li>- <a href="#">EAR guidelines</a></li> </ul>
Charges <ul style="list-style-type: none"> <li>- Work with policy to review charges regularly</li> <li>- Establish reporting and forecasts</li> </ul>	

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Develop manual application forms in case of outage</li> <li>- Work with ICT to ensure technology and forms are fit for purpose</li> <li>- Work with invoicing team to agree process for resolving queries on invoices</li> <li>- Work with invoicing team to ensure correct information is included on invoices</li> </ul>	
<p>Exemptions</p> <ul style="list-style-type: none"> <li>- Work with policy to review exemption categories</li> <li>- Work with Health NZ/MOH to review the public health risk assessment</li> <li>- Work with ICT to ensure technology and forms are fit for purpose</li> <li>- Develop manual application forms in case of outage</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">PHRA tool</a></li> </ul>

## FUNCTION: ENABLING

Context:	<p>What are the tasks required at the NATIONAL / REGIONAL / FACILITY level to establish, manage and sustain the QIC Enabling Functions, comprising of:</p> <ul style="list-style-type: none"> <li>- People &amp; Culture</li> <li>- Programmes &amp; Change</li> <li>- Policy / Legal</li> <li>- Finance</li> <li>- Health &amp; Safety</li> <li>- Complaints</li> <li>- IDI / Data and Reporting</li> <li>- Technology</li> <li>- Operational Policy</li> <li>- Māori</li> <li>- Supplier Relationship</li> <li>- Learning and development</li> <li>- Information Management</li> </ul>
Scope & Assumptions	<a href="#">LINKED HERE</a>

### PHASE 1

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>People &amp; Culture</p> <ul style="list-style-type: none"> <li>- Reference 'talent directory' and initiate discussions with identified individuals to bring in people with SME knowledge at pace</li> <li>- Activate key cross agency resource request for joint leadership e.g., MOH/Health NZ (<i>link implementation</i>)</li> <li>- Activate internal enabling function resource request (to source resources from existing teams within the organisation where applicable/available)</li> <li>- Work with Te Kawa Mataaho Public Sector Commission (TKM) acquire resources from other government agencies using mobilisation hub (activate Resource Surge Plan)</li> <li>- Refer to resourcing information from MIQ (resourcing section of this document) to understand possible resourcing numbers</li> <li>- Develop sourcing / recruitment strategy - all roles (based on implementation - structure)</li> <li>- Scale up recruitment team, utilising lead agency resources and systems</li> <li>- Approval and preparation of position management</li> <li>- Initiate recruitment campaign - focus leadership roles at National/Regional/Facility levels</li> <li>- Expedited recruitment of national, regional, local leadership roles</li> <li>- Commence recruitment of other key roles required</li> <li>- Refinement of induction materials – with support from communications team</li> <li>- Rapid onboarding of leadership and other roles</li> </ul>	

TASK:	REFERENCE:
<p>Policy / Legal</p> <ul style="list-style-type: none"> <li>- Expand Policy team</li> <li>- Connect with cross agency policy teams</li> <li>- Connect with Ministerial engagement team from lead agency</li> <li>- Pull legal resource from lead agency (refer above - enabling functions resource request)</li> <li>- Review Legal settings (governing framework) and provide advice</li> <li>- Review, update and develop information sharing agreements with key agencies e.g., Immigration NZ, Customs, MOH, Health NZ</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Register for SOPs - ODS</a></li> </ul>
<p>Finance</p> <ul style="list-style-type: none"> <li>- Confirm delegations in line with lead agency</li> <li>- Confirm budget at an operational level</li> </ul>	
<p>IDI / Data and Reporting</p> <ul style="list-style-type: none"> <li>- Establish Data and Information governance framework and implement</li> <li>- Agree 'source of the truth' systems and datasets</li> <li>- Identify and establish data toolsets, management systems and processes appropriate to data required</li> <li>- Connect with lead agency technology branch to determine support requirements</li> <li>- Consider data analytics and reporting capabilities</li> <li>- Secure tech and business partners and relevant resources to support</li> <li>- Plan and establish key operational and reporting data – internal and external use</li> <li>- Develop and implement the process and requirement for regular reporting</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Business Management – Master Desk file</a></li> </ul>
<p>Ministerial services incl. OIA/privacy requests</p> <ul style="list-style-type: none"> <li>- Connect with lead agency ministerial branch to determine support requirements and capacity</li> <li>- Secure ministerial team and stakeholder connections</li> <li>- Liaise with lead agency to agree management of privacy requests</li> <li>- Communicate process to Regional Offices</li> </ul>	<ul style="list-style-type: none"> <li>- Refer to <a href="#">Governance function</a></li> <li>- <a href="#">SOPs MIQ Ministerial Services OIAs, PAs &amp; MCs</a></li> </ul>
<p>Technology</p> <ul style="list-style-type: none"> <li>- Connect with lead agency technology group, confirm business partner and support services</li> <li>- Review MIQ technology stocktake document and establish which systems are required for QIC</li> <li>- Ensure relevant technology is available for QIC staff nationally and regionally (laptops, phones, software, other)</li> <li>- Consider data governance in line with lead agency framework</li> <li>- Review and update privacy impact statements for relevant systems</li> <li>- Consider information storage systems (e.g., MAKO, Teams) including cross-agency accessibility, with Information Management team</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Technology Dashboard</a></li> </ul>

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Work with functions to determine system requirements and updates</li> </ul>	
<p>Operational Policy</p> <ul style="list-style-type: none"> <li>- Set up operational policy team</li> <li>- Review and update Operations Framework as required in reference to public health advice and legislation</li> <li>- Review current SOPs, frameworks and guidance against legislation and public health advice and update as required</li> <li>- Reference previous Local Areas Policies as an exception only, and purely for site-specific anomalies</li> <li>- Undertake a gap analysis of SOPs to ensure all functions and areas are covered by current requirements</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Operational Policy Documents – OF, SOP, Collateral</a></li> </ul>
<p>Māori</p> <ul style="list-style-type: none"> <li>- Stand up Māori relationship and policy team – including representation on leadership team</li> <li>- Connect and update relevant Iwi in regions to be used by QIC – using existing Iwi Partnership group and Iwi Communications collective</li> <li>- Discuss options for support, relevant to the QIC functions and task list</li> <li>- Consider regional blessings of sites / facilities where appropriate</li> </ul>	
<p>Supplier Relationships</p> <ul style="list-style-type: none"> <li>- Reference Supplier Directory and consider requirements for the response and procurement needs and process</li> <li>- Activate retention/surge agreements with suppliers and agencies</li> <li>- Reference supplier and contractual arrangements pathway that covers agency engagement</li> <li>- Run an analysis of the contracts required noting national contracts where possible</li> <li>- Review and update facility requirements to start to identify possible facilities and the process for contracting with facilities to meet our full capacity</li> <li>- Negotiating for supplier contracts (regional and national), services identified as required</li> <li>- Complete the development of new agreements with key suppliers and seek financial authorisation</li> <li>- Notify regional offices of commercial arrangements to be used and scope of agreements, including process for access and budget and delegation considerations</li> </ul>	
<p>Incident management</p> <ul style="list-style-type: none"> <li>- Reactivate incident reporting system – CAMMS</li> <li>- Provide information to regions for implementation including guidance and training</li> <li>- Engage with FENZ for facility specific fire and evacuation plan guidance – communicate with regional offices to implement with facilities</li> </ul>	<ul style="list-style-type: none"> <li>- CAMMS (<a href="#">MBIE ICT self-service request</a>)</li> <li>- Refer to <a href="#">Governance function</a>, Risk &amp; Assurance – Phase 1</li> <li>- <a href="#">MIQ Incident Reporting and Management SOP</a></li> </ul>



TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Confirm process for emergency care – transport, escort etc... with health providers</li> </ul>	<ul style="list-style-type: none"> <li>- Refer to <a href="#">Facility Implementation function</a> – Phase 1</li> </ul>
<p>Complaints &amp; Resolutions</p> <ul style="list-style-type: none"> <li>- Recruit leadership for the function</li> <li>- Reactivate CMS and review content</li> <li>- Review process documentation and update if required</li> <li>- Ensure information is included in the returnee Welcome Pack – compliments, feedback and complaints</li> <li>- SOP Incident reporting and management - Appendix Logging a complaint into CAMMs</li> <li>- Liaise with website team to confirm process for making complaints</li> <li>- Create or reinstate public facing email inbox</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Welcome Pack</a></li> <li>- <a href="#">Resolutions folder</a></li> </ul>
<p>Health and Safety</p> <ul style="list-style-type: none"> <li>- Connect with lead agency health and safety team for immediate response support</li> <li>- Reactivate CAMMs for QIC</li> </ul>	<ul style="list-style-type: none"> <li>- CAMMS (<a href="#">MBIE ICT self-service request</a>)</li> </ul>
<p>Information Management</p> <ul style="list-style-type: none"> <li>- Liaise with lead agency to agree information management requirements, including privacy</li> <li>- Communicate to Regional Offices</li> <li>- Review and update training, guidelines and process for managing information privacy and security and communicate to QIC workforce</li> </ul>	
<p>Learning and Development</p> <ul style="list-style-type: none"> <li>- Establish QIC L&amp;D team</li> <li>- Review Learn@MIQ and update where appropriate in reference to legislation and public health advice</li> <li>- Set up users in Learn@MIQ – internal and external – and start reporting on usage and compliance</li> </ul>	
<b>REGIONAL LEVEL</b>	
<p>IDI / Data and Reporting</p> <ul style="list-style-type: none"> <li>- Ensure relevant system access for users across QIC and lead agency</li> </ul>	
<p>Technology</p> <ul style="list-style-type: none"> <li>- Provide information to National Office on technology and access requirements</li> <li>- Work to implement systems approved by National Office and agree and plan roll-out process for Regional Offices and facilities</li> </ul>	
<p>Operational Policy</p> <ul style="list-style-type: none"> <li>- Implement SOPs from National Office – training staff at facilities on operational requirements</li> </ul>	

TASK:	REFERENCE:
<b>FACILITY LEVEL</b>	
IDI/Data and Reporting <ul style="list-style-type: none"> <li>- Ensure relevant system access for staff</li> </ul>	
Technology <ul style="list-style-type: none"> <li>- Ensure all technology equipment in place (laptops, phones etc)</li> </ul>	
Operational Policy <ul style="list-style-type: none"> <li>- Adhere to SOPs once facility operational</li> </ul>	- <a href="#">Operational Policy Documents – OF, SOP, Collateral</a>
Māori <ul style="list-style-type: none"> <li>- Facilitate regional blessings of sites/ facilities where appropriate</li> <li>- Form strong relationships with local Iwi</li> <li>- Work collaboratively on operational matters</li> </ul>	
Health and Safety <ul style="list-style-type: none"> <li>- Train staff on CAMMS reporting system and requirements for reporting</li> </ul>	

## PHASE 2

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
People & Culture <ul style="list-style-type: none"> <li>- Establish regional P&amp;C roles / activate organisational P&amp;C resources</li> <li>- Induction materials completed and sent to National Office and Regional Offices for use</li> </ul>	
Programmes and Change <ul style="list-style-type: none"> <li>- Stand up Programmes and Change team</li> <li>- Establish priorities for support</li> </ul>	
Policy / Legal <ul style="list-style-type: none"> <li>- Continue to review Legal settings (governing framework) and provide advice</li> <li>- Continue collaborative work with cross agency policy teams – consider having MOH/Health NZ policy person co-located to assist with consistency and visibility</li> </ul>	- <a href="#">Governance master desk file</a>
Finance <ul style="list-style-type: none"> <li>- Allocating budgeting to functions and communicating with leaders</li> <li>- Forecast refined and financial reporting commenced</li> </ul>	

TASK:	REFERENCE:
<p>Operational Policy</p> <ul style="list-style-type: none"> <li>- Establish communication method for sharing operational policy documentation (consider Regional and National offices and cross agency staff)</li> <li>- Publish policies to the QIC workforce</li> </ul>	
<p>Māori</p> <ul style="list-style-type: none"> <li>- Regular engagement and consultation with Iwi partners group and Iwi communications collective – ensuring senior representation from QIC</li> </ul>	
<p>Complaints</p> <ul style="list-style-type: none"> <li>- Review Ombudsman / Optional Protocol to the Convention Against Torture (OPCAT) Act process and guidance for regions</li> <li>- Establish relationship with Ombudsman office complaints and OPCAT functions</li> <li>- Communicate complaints process on website</li> </ul>	
<p>Health and Safety</p> <ul style="list-style-type: none"> <li>- Establish QIC team</li> <li>- Set up users in CAMMS – whole QIC workforce, consider cross agency staff</li> <li>- Review and update instructions and guidance for use to QIC workforce</li> <li>- Start reporting to management and PCBUs on incidents and reports</li> <li>- Plan establishment of Health and Safety committees for all QIC sites</li> <li>- Ensure appropriate PCBU worker participation is established</li> <li>- Manage incidents and reports received</li> </ul>	
<p>Information Management</p> <ul style="list-style-type: none"> <li>- Establish QIC team</li> <li>- Work with lead agency technology partner to agree information sharing systems and guidelines (including inter agency)</li> <li>- Review and update physical and electronic record management guidelines</li> <li>- Communicate to Regional Offices</li> </ul>	
<b>REGIONAL LEVEL</b>	
<p>People &amp; Culture</p> <ul style="list-style-type: none"> <li>- Undertake recruitment, onboarding, induction</li> </ul>	
<p>Supplier Relationships</p> <ul style="list-style-type: none"> <li>- Activate / initiate regional and local supplier relationship agreements where relevant and directed by National Office</li> <li>- Manage relationships with national suppliers in regions</li> </ul>	
<p>Health and Safety</p> <ul style="list-style-type: none"> <li>- Establish regional team support</li> </ul>	

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Train regional staff in CAMMS reporting requirements</li> <li>- Start to establish Health and Safety committees at all QIC sites</li> </ul>	
Learning and Development <ul style="list-style-type: none"> <li>- Establish regional teams</li> <li>- Train regional staff on Learn@MIQ and provide reporting to National Office</li> </ul>	
<b>FACILITY LEVEL</b>	
Operational policy <ul style="list-style-type: none"> <li>- Feedback loop to Regional and then National Offices if changes are required from an operational delivery perspective</li> </ul>	
Supplier and partners <ul style="list-style-type: none"> <li>- Feed information up through appropriate escalation pathway when managing relationships and service delivery</li> </ul>	
Health and Safety <ul style="list-style-type: none"> <li>- Onsite Health and Safety committee to be established</li> </ul>	
Complaints <ul style="list-style-type: none"> <li>- Onsite process for management of complaints created, including a register to record all complaints and resolutions for future reference</li> </ul>	

### PHASE 3

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
Legal / Policy <ul style="list-style-type: none"> <li>- Work with complaints team to develop and manage process for Ombudsman and OPCAT interactions and activities</li> </ul>	
Programmes & Change <ul style="list-style-type: none"> <li>- Relationship management matrix developed (internal at regional and facility level / external - e.g., Health)</li> <li>- Confirm Project Delivery Framework and practice- tools, templates, lifecycle and project methodology – utilising lead agency tools</li> <li>- Pipeline management               <ul style="list-style-type: none"> <li>- Create pipeline of Programmes and Change activities</li> <li>- Create template to enable Enterprise Project Management Office (EPMO) view of change across national / regional / local levels</li> </ul> </li> <li>- Supply: Demand pipeline capability management</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MBIE methodology and templates</a></li> <li>- CAMMS (<a href="#">MBIE ICT self-service request</a>)</li> </ul>

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Determine what capability and capacity is required for Programmes and Change</li> <li>- Recruit, onboard, induct capabilities</li> <li>- Establish funding for Programmes and Change initiatives</li> <li>- Connect with lead agency risk and assurance team to establish a portfolio issue/risk register and high-level schedule</li> </ul>	
<p>IDI / Data and Reporting</p> <ul style="list-style-type: none"> <li>- Automate reporting</li> <li>- Feedback loops in place for continuous improvement</li> <li>- Develop and implement a data request process and consider the mandatory information required to produce a data report</li> <li>- Consider a shared mailbox to manage requests for data and information</li> </ul>	
<p>Supplier relationships</p> <ul style="list-style-type: none"> <li>- Management of contract implementation nationally with contract milestones managed and relationships built</li> </ul>	
<p>Complaints</p> <ul style="list-style-type: none"> <li>- Review serious complaints report</li> <li>- Upskilling of team on legislation and process</li> <li>- Upskilling of team on Ombudsman and OPCAT activities – assign a lead</li> <li>- Consider reactivation of ‘Treat me Fairly’ process – for QIC staff to complain about discrimination / stigma in their communities</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Resolutions folder</a></li> <li>- <a href="#">Serious Complaints review report</a></li> </ul>
<p>Learning and Development</p> <ul style="list-style-type: none"> <li>- Management of compliance with legislative and other requirements for QIC workforce</li> <li>- Keep learning up to date</li> <li>- Report on compliance with mandatory courses</li> </ul>	
<b>REGIONAL LEVEL</b>	
<p>Programmes &amp; Change</p> <ul style="list-style-type: none"> <li>- Attract and recruit Regional Change Advisors with clear roles and responsibilities</li> <li>- Active involvement in change initiatives (scoping, delivery, benefits reporting)</li> </ul>	
<p>Health and Safety</p> <ul style="list-style-type: none"> <li>- Health and Safety committees inducted and operating, members undertaking training</li> <li>- CAMMS reports considered by leadership and reported to National Office</li> </ul>	

TASK:	REFERENCE:
<p>Complaints</p> <ul style="list-style-type: none"> <li>- Liaise with regional management to provide information on OPCAT activities – including guidance for engagement</li> <li>- Liaise with regional management for complaints involving facility or facility staff</li> </ul>	
<b>FACILITY LEVEL</b>	
<p>Health and Safety</p> <ul style="list-style-type: none"> <li>- Health and Safety committees inducted and operating, members undertaking training</li> </ul>	
<p>Complaints</p> <ul style="list-style-type: none"> <li>- Provide information to Regional Office to support response to complaints about the facility, processes or its staff</li> <li>- Support OPCAT information requests and site inspections working with OPCAT directly</li> <li>- Provide information to National Office for recommendations made by OPCAT so that a national response can be provided</li> </ul>	
<p>Learning &amp; Development</p> <ul style="list-style-type: none"> <li>- Management of compliance with legislative and other requirements for facility workforce</li> </ul>	

## FUNCTION: HEALTH

Context:	<p>What are the tasks required at the NATIONAL / REGIONAL / FACILITY level to establish, manage and sustain QIC Health Operations comprising of:</p> <ul style="list-style-type: none"> <li>- Liaison with MOH/Health NZ/Māori Health Authority</li> <li>- Returnee health services</li> <li>- Returnee wellbeing</li> <li>- QIC staff health services (as required by legislation)</li> <li>- IPC including cleaning standards</li> </ul>
Scope & Assumptions	<a href="#">LINKED HERE</a>

### PHASE 1

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Establish a Health Liaison Function to determine appropriate communication and governance inclusions</p> <ul style="list-style-type: none"> <li>- Define collaboration at the strategic, operational and tactical level</li> <li>- Connect with MOH, Health NZ and Māori Health Authority to agree collaborative ways of working</li> <li>- Agree Health representatives for QIC leadership team</li> </ul>	
<p>Health services guidelines and requirements</p> <ul style="list-style-type: none"> <li>- Discuss and agree support model for delivery of health services to QIC facilities and workforce</li> <li>- Determine the number of staff required for each facility</li> <li>- Implement a team of clinical health professionals to each facility</li> <li>- Consider developing a 1–2-week rotating roster with 24/7 coverage, including allocated rooms for each health professional in the facility during their rotation period</li> <li>- Review and update existing guidelines and SOPs in reference to legislative requirements and public health advice</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 4 Staffing in Operations Framework. Also see Section 4.4 Health staff resourcing</a></li> </ul>
<p>IPC Protocols</p> <ul style="list-style-type: none"> <li>- Work with MOH and Health NZ to review and update national IPC guidelines and SOP in reference to legislative requirements and public health advice</li> <li>- Work with Health NZ/MOH to review and update existing IPC training in Learn@MIQ – update as required in reference to public health advice and IPC advice.</li> <li>- Communicate to Regional Offices for implementation with facilities</li> <li>- Agree IPC support to be provided to facilities and regions</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 3 Infection Prevention and control in Operations Framework. Including Section 3.5.1 Staff training regarding IPC and use of PPE.</a></li> <li>- <a href="#">SOP: Infection Prevention and control</a></li> <li>- <a href="#">Section Your Health and Safety in MIQ Staff Guide</a></li> </ul>

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- PPE – work with Health NZ to release ringfenced QIC PPE and agree logistics of supply and distribution</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 3.6.2 Storage and resourcing of IPC stock in Operations Framework</a></li> </ul>
<p>Cleaning standards for facility housekeeping</p> <ul style="list-style-type: none"> <li>- Work with MOH/Health NZ to review and update current national guidelines and SOPs in reference to public health advice and IPC guidance</li> <li>- Procure all required cleaning products</li> <li>- Estimate the time needed to clean each room once returnee vacates a room and inform the National Planning team</li> <li>- Communicate guidelines to Regional Offices for implementation with facilities</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 3 Infection Prevention and control in Operations Framework. Including Section 3.5.1 Staff training regarding IPC and use of PPE.</a></li> <li>- <a href="#">Section 3.6.2 Storage and resourcing of IPC stock in Operations Framework</a></li> <li>- <a href="#">Section 8 Cleaning in SOP: Infection prevention and Control</a></li> </ul>
<p>Define expected level of primary healthcare</p> <ul style="list-style-type: none"> <li>- Liaise with Health NZ/MOH to define the level of health care the facilities are expected to be able to provide to returnees</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 10 During a person’s stay and Section 11 Testing for COVID-19 in MIQFs in Operations Framework.</a></li> <li>- <a href="#">Section 4 MIQF Site Health Management and Section 5 Returnee Wellbeing in SOP: Stay in an MIQF</a></li> <li>- <a href="#">MIQ Returnee Daily Health Check Form (collateral)</a></li> </ul>
<p>Returnee health checks</p> <ul style="list-style-type: none"> <li>- Work with Health NZ/MOH to review and update current SOPs and guidelines in reference to public health advice</li> <li>- Communicate to Regional Offices for implementation with facilities</li> <li>- Create an escalation pathway to be followed if a returnee does not meet the requirements to depart the facility – if a health check is a trigger</li> <li>- Liaise with National Office to establish the process to be followed including reporting requirements</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 10.2 Regular health and wellbeing checks in Operations Framework</a></li> <li>- <a href="#">Section 11 Testing for COVID-19 in MIQFS in Operations Framework</a></li> <li>- <a href="#">Section 4.3 Daily health checks for staff in Operations Framework</a></li> <li>- <a href="#">MIQ Returnee Daily Health Check Form (collateral)</a></li> <li>- <a href="#">MIQ Screening Checklist before Engaging Staff Form (Collateral)</a></li> <li>- <a href="#">MIQ Staff Daily Health Declaration Form (collateral)</a></li> <li>- <a href="#">Section 13 Exit from a MIQF in Operations Framework</a></li> <li>- <a href="#">Section 11.4 Test refusal and exemptions of viral</a></li> </ul>



TASK:	REFERENCE:
	<ul style="list-style-type: none"> <li>- <a href="#">testing in Operations Framework</a></li> </ul>
<p>Welfare policy for returnees</p> <ul style="list-style-type: none"> <li>- Work with Health NZ/MOH to review and update process for regular welfare check-ups</li> <li>- Ensure that all returnees can be contacted daily</li> <li>- Review and update guidance for requirements for exercise areas in facilities</li> <li>- Review and update guidance for supporting smokers in facilities</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 10.5 Wellbeing, psychosocial and welfare needs in Operations Framework</a></li> <li>- <a href="#">Section 2 Entry to a MIQF in SOP: Entry into a MIQF</a></li> <li>- <a href="#">Section 5 Returnee Wellbeing in SOP: Stay in a MIQF</a></li> <li>- <a href="#">Welcome Pack</a></li> </ul>
<p>Welfare process for Unaccompanied Child and Young Persons (UCYP)</p> <ul style="list-style-type: none"> <li>- Review and update Children’s Policy and SOP</li> <li>- Ensure accommodation available on separate floor or separate facility</li> <li>- Ensure all staff are trained and have undergone the NZ Police vetting to work with vulnerable people</li> <li>- Review and update process for a child that become unaccompanied while already at the facility e.g., Guardian goes into hospital</li> <li>- Set up relationship with Oranga Tamariki (OT) for support when required</li> <li>- Ensure Immigration NZ Refugee Centre is included in any discussions</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">UCYP Operations policy framework</a></li> <li>- <a href="#">UCYP SOP</a></li> </ul>
<p>Welfare process for vulnerable persons</p> <ul style="list-style-type: none"> <li>- Review and update SOP for vulnerable persons</li> <li>- Consider additional support in the room (exemption joining application may be applicable)</li> <li>- Ensure all staff are appropriately trained and vetted</li> <li>- Ensure any special medical equipment or similar is ready for when the returnee arrives</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">SOP Stay – Section 5 Returnee Wellbeing</a></li> <li>- <a href="#">Clinical equipment required for swift stand up</a></li> </ul>
<p>Establish a process for assessing IPC bubble breaches if they are to be considered</p> <ul style="list-style-type: none"> <li>- Review and update current guidelines and SOP in reference to public health advice</li> <li>- Create a flow chart to be used at the facility level providing guidance on the different levels of bubble breaches and how they are to be reported (CAMMS).</li> <li>- Create delegation of authority to enforce bubble breach outcomes – provide to Regional Offices</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Ops Incident Reporting Matrix</a></li> <li>- <a href="#">Section 2.0 Reporting incidents at MIQF Level in SOP: MIQF Incident Reporting and Management</a></li> <li>- <a href="#">Section 10.1.4 Bubble breaches in Operations Framework</a></li> <li>- <a href="#">Section 4.4 Managing Bubble Breaches in SOP: Stay in an MIQF</a></li> </ul>
<p>Confirm national higher emergency care process</p>	<ul style="list-style-type: none"> <li>- <a href="#">Section 4 Unplanned Transfer to a Health Care</a></li> </ul>

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Liaise with Health NZ/MOH to confirm higher emergency care process including:</li> <li>- Local Emergency Departments, Ambulance providers and other transport providers to establish a process for transferring returnees to a hospital or other medical facility, noting IPC requirements, when higher level care is required</li> <li>- Implement the national matrix for determining the requirement for an escort</li> <li>- Advise the facilities on the process for reporting events (CAMMS)</li> <li>- Implement the national process for tracking the movements of the returnees (BCMS)<sup>4</sup></li> <li>- Engage with Fire &amp; Emergency New Zealand (FENZ) for facility specific fire and evacuation plans in line with national guidelines</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Facility for urgent medical care &amp; Section 5 Planned Healthcare Admission or Appointment in SOP: MIQ Transport Procedures</a></li> <li>- <a href="#">Section 10.7 Transfer of a person during their stay in Operations Framework</a></li> <li>- <a href="#">Section 9 IPC requirements: Transport and Section 14 Medical Emergencies (Cardiac arrest) and Section 13 Emergency Evacuations in SOP: MIQ Infection protection and control</a></li> <li>- <a href="#">Section 6.1 Returnee requires urgent medical care in SOP: MIQ Stay in a MIQF</a></li> <li>- <a href="#">Section 2.0 Reporting incidents at MIQF Level in SOP: MIQF Incident Reporting and Management</a></li> <li>- <a href="#">Learn@MIQ – CAMMs learning module</a></li> <li>- <a href="#">MIQ Ops Incident Reporting Matrix</a></li> <li>- <a href="#">Section 6.3 Building Evacuations in SOP: MIQ Stay in a MIQF</a></li> <li>- <a href="#">Section 6.7 Evacuation in Operations Framework</a></li> </ul>
<b>REGIONAL LEVEL</b>	
<p>Ensure approved training is available to all staff</p> <ul style="list-style-type: none"> <li>- Managers to review Learn@MIQ registers to ensure compliance with required training</li> </ul> <p>*Note registered nurses are not required to complete this training</p>	<ul style="list-style-type: none"> <li>- <a href="#">Learn@MIQ</a></li> <li>- <a href="#">Section 3 Infection Prevention and control in Operations Framework. Including Section 3.5.1 Staff training regarding IPC and use of PPE.</a></li> <li>- <a href="#">Section Your Health and Safety in MIQ Staff Guide</a></li> </ul>

<sup>4</sup> Border Clinical Management System used to facilitate health & wellbeing care and workflows across facilities

TASK:	REFERENCE:
Ensure all staff are aware of the higher emergency care process	
Cleaning standards for facility housekeeping <ul style="list-style-type: none"> <li>- Carry out training for all housekeeping staff in line with established IPC protocols and cleaning guidelines from National Office</li> <li>- Order all required cleaning products from National Office</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">IPC SOP</a></li> </ul>
<b>FACILITY LEVEL</b>	
Implement IPC requirements into facility <ul style="list-style-type: none"> <li>- Utilise the checklist in SOP to ensure the facility has the correct measures in place to meet the IPC requirements</li> <li>- Conduct final walkthrough with IPC specialist prior to designation and confirm result to Regional Office</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Annex B MIQF Re-designation Checklist in SOP: Change the activation status and designation of a MIQF</a></li> <li>- <a href="#">Section 3.6.2 Storage and resourcing of IPC stock in Operations Framework</a></li> <li>- <a href="#">SOP: Change the activation status and designation of a MIQF</a></li> <li>- <a href="#">SOP: Infection Prevention and Control</a></li> </ul>
Primary and emergency health care <ul style="list-style-type: none"> <li>- Ensure sufficient supplies to be able to provide primary health care as stipulated by Regional Office</li> <li>- Implement national process for receiving emergency services and transporting returnees to and from the facility</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 4 Unplanned Transfer to a Health Care Facility for urgent medical care &amp; Section 5 Planned Healthcare Admission or Appointment in SOP: MIQ Transport Procedures</a></li> <li>- <a href="#">Section 10.7 Transfer of a person during their stay in Operations Framework</a></li> <li>- <a href="#">Section 9 IPC requirements: Transport and Section 14 Medical Emergencies (Cardiac arrest) and Section 13 Emergency Evacuations in SOP: MIQ Infection protection and control</a></li> <li>- <a href="#">Section 6.3 Building Evacuations in SOP: MIQ Stay in a MIQF</a></li> <li>- <a href="#">Section 6.7 Evacuation in Operations Framework</a></li> <li>- <a href="#">Section 4 Unplanned Transfer to a Health Care Facility for urgent medical care &amp; Section 5 Planned</a></li> </ul>

TASK:	REFERENCE:
	<a href="#">Healthcare Admission or Appointment in SOP: MIQ Transport Procedures</a>
<p>Returnee testing and health screening</p> <ul style="list-style-type: none"> <li>- If a form of returnee testing will take place (i.e., PCR<sup>5</sup> or RAT<sup>6</sup> testing) then consider where this will take place – aligned with SOP and public health advice</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 10.2 Regular health and wellbeing checks in Operations Framework</a></li> <li>- <a href="#">Section 11 Testing for COVID-19 in MIQF in Operations Framework</a></li> <li>- <a href="#">Section 4 MIQF Site Health Management in SOP: Stay in a MIQF</a></li> </ul>
<p>Personal Protective Equipment Stores and stations</p> <ul style="list-style-type: none"> <li>- Ensure sufficient storage for up to 2 weeks (estimated) of PPE and supplies (e.g., sanitiser)</li> <li>- Ensure storage conforms with IPC requirements (for example masks are required to be off the ground)</li> <li>- Ensure storage conforms to Health and Safety requirements (e.g., liquids stored at the quantity and appropriate location)</li> <li>- Ensure each PPE station has all required PPE and signage as defined by National Office</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">SOP: IPC</a></li> <li>- <a href="#">Section 4.2 IPC precautions for all MIQF Staff in SOP: IPC</a></li> <li>- <a href="#">Section 3 Infection Prevention and control in Operations Framework.</a></li> </ul>
<p>Ensure welfare needs can be provided at facility level aligned with National Office guidelines.</p>	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 10 During a person’s stay: 10.2 Regular health and wellbeing checks</a></li> <li>- <a href="#">SOP Stay – Section 4 MIQF Site Health Management: 4.2 Returnee Regular Health and Wellbeing Checks</a></li> </ul>

## PHASE 2

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Monitor facility adherence to relevant legislation (Health and Safety at Work Act)</p> <ul style="list-style-type: none"> <li>- Establish a role to oversee this function</li> </ul>	<ul style="list-style-type: none"> <li>- Refer to Health and Safety at Work Act</li> </ul>

<sup>5</sup> Polymerase chain reaction

<sup>6</sup> Rapid Antigen Test

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Liaise with WorkSafe to carry out inspections on each facility</li> <li>- Implement regular reviews with WorkSafe</li> <li>- If any issues arise, liaise with WorkSafe and the facility manager to remedy the situation</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 5 Risk Management and Section 5.1 Health and Safety at Work Act obligations in Operations Framework</a></li> <li>- <a href="#">SOP: IPC</a></li> </ul>
<p>Unique health equipment</p> <ul style="list-style-type: none"> <li>- Discuss national access to disability and other health related items such as wheelchairs, medical fridges with Health NZ to identify best sourcing strategy</li> <li>- Provide information on where to source this equipment and a list of preferred suppliers to Regional Offices</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 15.3 Training in Operations Framework</a></li> <li>- <a href="#">Section 3.4.7 IPC requirements for the use of CPAPs and Section 3.4.8 IPC requirements for the use of nebulisers in SOP: IPC</a></li> </ul>
<b>REGIONAL LEVEL</b>	
<p>Implement Children’s policy and guidelines</p> <ul style="list-style-type: none"> <li>- Capture information on UCYPs during the planning/pre arrival phase</li> <li>- Engage with UCYP guardians prior to arrival to arrange a guardian to join in the facility where possible</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">UCYP Operations policy framework</a></li> <li>- <a href="#">UCYP SOP</a></li> <li>- <a href="#">Insert Children’s Policy</a></li> </ul>
<b>FACILITY LEVEL</b>	
<p>Provide estimates for PPE usage to Regional Office</p> <ul style="list-style-type: none"> <li>- Implement log provided by National Office to log PPE estimated and actual usage</li> <li>- Consideration should be given to holding larger stores of the most common mask while holding reduced stock of other masks to reduce the space required to store them</li> <li>- Ensure storage of any flammable products is aligned with requirements</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 3.6.2 Storage and resourcing of IPC stock in Operations Framework</a></li> </ul>
<p>Bubble breach reporting</p> <ul style="list-style-type: none"> <li>- Ensure staff are trained and aware of the requirements and escalation pathways to report bubble breaches</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Ops Incident Reporting Matrix</a></li> <li>- <a href="#">Section 2.0 Reporting incidents at MIQF Level in SOP: MIQF Incident Reporting and Management</a></li> </ul>
<p>If available, allow Returnees to book appointments with onsite nurses</p> <ul style="list-style-type: none"> <li>- Develop a booking system to enable returnees to make appointments with the onsite nurses, if they need to talk about or are worried about their mental health during isolation</li> </ul>	

## PHASE 3

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>IPC audit and assessment capability</p> <ul style="list-style-type: none"> <li>- Work with Health NZ and IPC specialists to establish audit assessment criteria and schedule</li> <li>- Ensure facilities are made aware of the schedule in advance</li> <li>- Report findings and recommendations to National Office for tracking and actioning</li> </ul>	
<p>Ongoing review of health services with Health NZ/MOH/Māori Health Authority to ensure it remains aligned with public health advice and QIC operations</p>	
<p>PPE Training</p> <ul style="list-style-type: none"> <li>- Consider utilising local training providers to create and deliver a ‘train the trainer’ package to capture a wider audience</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Learn@MIQ</a></li> <li>- <a href="#">Section 3 Infection Prevention and control in Operations Framework. Including Section 3.5.1 Staff training regarding IPC and use of PPE.</a></li> <li>- <a href="#">Section Your Health and Safety in MIQ Staff Guide</a></li> </ul>
<b>REGIONAL LEVEL</b>	
<p>PPE training</p> <ul style="list-style-type: none"> <li>- Implement required PPE training and keep a register</li> </ul>	
<b>FACILITY LEVEL</b>	
<p>Personal Protective Equipment</p> <ul style="list-style-type: none"> <li>- Nominate staff from several agencies/sections to become PPE ‘champions’. They will undergo train the trainer training and be able to provide regular and bespoke training at the facility level</li> <li>- Schedule regular continuation training sessions at varying times to account for shift workers.</li> </ul>	

## FUNCTION: ACCOMMODATION AND FACILITY SERVICES

Context:	<p>What tasks are required at the NATIONAL / REGIONAL / FACILITY level for the provision of Facility Services to an QIC comprising of:</p> <ul style="list-style-type: none"> <li>- Food choice and delivery</li> <li>- Laundry</li> <li>- Site layout</li> <li>- Baggage</li> <li>- Deliveries</li> <li>- Alcohol</li> <li>- Site assessments</li> <li>- Wi-Fi</li> </ul> <p><b>Note:</b> A number of tasks relating to accommodation will be covered under Implementation and Enabling Functions.</p>
Scope & Assumptions	<a href="#">LINKED HERE</a>

### PHASE 1

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Facility services – national guidelines</p> <ul style="list-style-type: none"> <li>- Establish management role and leadership team</li> <li>- Review and update guidelines for facility services in reference to public health advice and IPC guidelines</li> <li>- Communicate to Regional Offices for implementation at facilities</li> </ul>	
<p>Supplier contract requirements</p> <ul style="list-style-type: none"> <li>- Work with supplier relationship team to identify requirements for supplier contracts for facility services</li> </ul>	

TASK:	REFERENCE:
<p>Food choice and delivery</p> <ul style="list-style-type: none"> <li>- Review and update SOP and guidelines for food choice and delivery</li> <li>- Consider returnee ordering system</li> <li>- Consider number and type of choices and variety – including children, dietary and nutritional requirements</li> <li>- Consider access to dietary requirements – including religious and medical requirements</li> <li>- Consider returnee notification of dietary requirements to the facility</li> <li>- Delivery methods and restrictions – considering food warmth, IPC, timing, management of special requirements</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 10 During a person’s stay: 10.12 Food and beverage</a></li> <li>- <a href="#">IPC SOP – Section 8 Cleaning:8.12 Kitchen / Meal collection</a></li> <li>- <a href="#">SOP Stay – Section 5 Returnee Wellbeing: 5.5 Daily meals</a></li> </ul>
<p>Laundry services</p> <ul style="list-style-type: none"> <li>- Review and update SOP</li> <li>- Service delivery aligned with IPC and public health advice</li> <li>- Determine frequency and method of collection – including any cost associated, national consistency preferred</li> <li>- Determine cleaning guidelines for suppliers</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">IPC SOP -Section 7 General Services: 7.1 Laundry, 7.2 Personal Laundry, 7.3 Room Linen</a></li> </ul>
<p>Site layout</p> <ul style="list-style-type: none"> <li>- Review and update guidelines</li> <li>- Align with IPC and public health advice</li> <li>- Consideration should be given to co-locating health and operations teams to provide a cohesive workforce</li> <li>- Location of testing site (if not testing at room)</li> <li>- Fresh air/exercise and smoking areas</li> <li>- Erect protective screening between ‘green’ and ‘red’ zones</li> <li>- Protective screens on returnee facing desks</li> <li>- Signage requirements – including in multiple languages and action pictures</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 2 Site Requirements</a></li> <li>- Refer <a href="#">Facility Implementation function</a>, fresh air/smoking areas – phase 1</li> <li>- Refer <a href="#">Health function</a></li> </ul>
<p>Baggage</p> <ul style="list-style-type: none"> <li>- Connect with baggage suppliers to provide guidance and requirements</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Transport SOP</a></li> </ul>
<p>Site condition assessments</p> <ul style="list-style-type: none"> <li>- Determine process for initial site assessments (to assist with ‘make good’ contractual requirements at the end of QIC use)</li> <li>- Communicate to Regional Offices for implementation with facilities</li> </ul>	
<b>REGIONAL LEVEL-</b>	
<p>Work with Hotel Managers to implement the method for returnees to order food aligned with national guidelines</p>	
<p>Liaise with hotel laundry service providers to ensure they have the ability to adhere the national guidelines</p>	<ul style="list-style-type: none"> <li>- <a href="#">IPC SOP -Section 7 General Services: 7.1 Laundry, 7.2</a></li> </ul>



TASK:	REFERENCE:
	<a href="#">Personal Laundry, 7.3 Room Linen</a>
<p>Assess current state of each facility aligned with national guidelines</p> <ul style="list-style-type: none"> <li>- Capture photos specifically noting areas of damage</li> <li>- Consider marking this on a floor plan</li> <li>- Create a summary and provide to National Office</li> <li>- Assess any 'risk' areas for preventative steps to be taken to prevent damage</li> </ul>	
<b>FACILITY LEVEL</b>	
<p>Implement site layout aligned with national guidelines</p> <ul style="list-style-type: none"> <li>- All key stakeholders should liaise onsite to establish a plan that is agreed upon by all parties (Hotel, RIQ, Health and facility management)</li> <li>- Consideration should be given to co-locating health and operations teams to provide a cohesive workforce</li> <li>- Location of testing site (if not testing at room)</li> <li>- Fresh air / exercise and smoking areas (consultation with IPC required)</li> <li>- Erect protective screening between 'green' and 'red' zones</li> <li>- Place protective screens on returnee facing desks</li> <li>- Assess signage requirements aligned with national guidelines and notify regional office</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 2 Site Requirements</a></li> <li>- Refer <a href="#">Facility Implementation function</a>, fresh air/smoking areas – phase 1</li> <li>- Refer <a href="#">Health function</a></li> </ul>
<p>Implement food delivery process aligned with national guidelines and IPC</p> <ul style="list-style-type: none"> <li>- Implement method of attaining dietary requirements</li> <li>- Implement process for ordering food</li> <li>- Implement procedure for contactless delivery</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 10 During a person's stay: 10.12 Food and beverage</a></li> <li>- <a href="#">IPC SOP – Section 8 Cleaning:8.12 Kitchen / Meal collection</a></li> <li>- <a href="#">SOP Stay – Section 5 Returnee Wellbeing: 5.5 Daily meals</a></li> </ul>
<p>Implement laundry service process</p> <ul style="list-style-type: none"> <li>- Read national guidelines and SOP in reference to public health advice</li> <li>- Implement contactless method of collecting and delivering laundry to returnees who require the service.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">IPC SOP -Section 7 General Services: 7.1 Laundry, 7.2 Personal Laundry, 7.3 Room Linen</a></li> </ul>
<p>Create additions for welcome packs</p> <ul style="list-style-type: none"> <li>- Collaborate with Hotel Management to create a leaflet to add to the welcome pack with hotel specific information such as Wi-Fi access, laundry services, meal ordering process and other relevant information</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Welcome Pack</a></li> </ul>
<p>Packout and remove any furniture that the hotel does not want to be used by returnees or staff and place into storage. Replace this with hard wearing furniture.</p>	

## PHASE 2

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
Develop a baggage reconciliation process in the event of lost baggage: <ul style="list-style-type: none"> <li>- Special attention should be paid to considering liability</li> <li>- Consider connecting with Regional Office to develop and implement this contract and process</li> </ul>	- <a href="#">Transport SOP</a>
Deliveries <ul style="list-style-type: none"> <li>- Review and update guidelines and SOP for receipt of delivery's from outside of facilities e.g., Uber Eats and supermarket deliveries.</li> </ul>	- <a href="#">Operations Framework – Stay SOP - Section 3.2 Receiving deliveries at an MIQF</a>
Alcohol <ul style="list-style-type: none"> <li>- Implement national guidelines for alcohol deliveries and consumption in facility</li> </ul>	- <a href="#">MIQ OPs SOP Stay in a MIQF V9.0</a> - <a href="#">MIQF Operations Framework Version 9.0</a>
Wi-fi <ul style="list-style-type: none"> <li>- Review Wi-Fi service at facilities and consider upgrades to support returnee use and system performance</li> </ul> Note: it is recommended that Wi-Fi is provided free of charge to returnees	- <a href="#">Welcome Pack - Services in your facility</a>
<b>REGIONAL LEVEL</b>	
Conduct a review of hotel provided services to ensure implementation is aligned with national guidelines	
<b>FACILITY LEVEL</b>	
Implement facility specific baggage reconciliation process. <ul style="list-style-type: none"> <li>- Consider unloading and sorting of baggage and space available that is weatherproof. If no undercover facilities are available, then consider erecting cover</li> <li>- Develop and implement a path and process for delivering baggage from the sorting area to returnees’ rooms. Careful consideration should be given to using returnee facing elevators</li> </ul>	- <a href="#">Transport SOP</a>
Implement process for receipt of delivery's from outside of facilities as defined by National Office e.g., Uber eats and supermarket deliveries.	- <a href="#">Operations Framework – 10.8.1 Deliveries to people in MIQ</a> - <a href="#">Stay SOP - Section 3.2 Receiving deliveries at an MIQF</a>

## PHASE 3

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Ongoing review and update of SOPs and guidelines with public health and IPC guidelines</p> <ul style="list-style-type: none"> <li>- Develop feedback loops with Regional Offices and facilities</li> </ul>	
<p>Reporting</p> <ul style="list-style-type: none"> <li>- Discuss reporting requirements with supplier relationship team and QIC leadership</li> <li>- Develop reporting templates and systems and process</li> <li>- Communicate to Regional Offices for implementation</li> </ul>	
<b>REGIONAL LEVEL</b>	
<p>Establish regular stakeholder meetings with the hotel GMs and Facility Managers</p> <ul style="list-style-type: none"> <li>- Establish feedback loop and report to National Office on any operational issues</li> <li>- Keep facilities up to date with upcoming changes, audits etc...</li> <li>- Manage performance against SOPs and guidelines for facility services</li> </ul>	
<b>FACILITY LEVEL</b>	
<p>Consider facility specific returnee welfare initiatives e.g.</p> <ul style="list-style-type: none"> <li>- Online interactive engagement that creates a sense of community</li> <li>- Drawing / art competitions</li> <li>- Recognition of returnee's birthday</li> <li>- Work with local Iwi to explore cultural activities</li> </ul>	

## FUNCTION: SECURITY

Context:	<p>What are the security requirements at the FACILITY / REGIONAL / NATIONAL level consisting of:</p> <ul style="list-style-type: none"> <li>- Physical, including support assets</li> <li>- Workforce incl. roster, technology</li> <li>- Policy and procedures</li> <li>- CCTV</li> </ul>
Scope & Assumptions	<a href="#">LINKED HERE</a>

### PHASE 1

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Establish protective security leadership</p> <ul style="list-style-type: none"> <li>- Connect with NZ Police, AVSEC, NZDF, Immigration, Ministry of Social Development and other relevant government agencies to implement a review of security requirements appropriate to the operating environment</li> <li>- Determine what security is required across all areas, aligned with legislative requirements</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Section 6, MIQF Operations Framework V10.0.pdf</a></li> </ul>
<p>Security workforce</p> <ul style="list-style-type: none"> <li>- Liaise with AVSEC, private security supplier to activate surge agreements (with supplier relationships team)</li> <li>- Establish a rostering system – utilising lead or partner agency system</li> <li>- Note that if using external agencies to provide security workforce they may have different roster requirements</li> </ul>	
<p>Design and implement facility entry procedure</p> <ul style="list-style-type: none"> <li>- Review and update SOP and guidelines</li> <li>- Reactivate entry system (JNCTN)<sup>7</sup> System compliance of testing etc.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">JNCTN</a></li> <li>- <a href="#">Entry to a MIF SOP</a></li> <li>- <a href="#">Security Guidance</a></li> </ul>
<p>Communication - Radio</p> <ul style="list-style-type: none"> <li>- Determine radio requirements across security workforce</li> <li>- Work with supplier relationship team to procure radios – consider cross agency, partner suppliers, lead agency existing agreements</li> <li>- Review and update guide for how to operate the radios</li> <li>- Standardised phraseology to be developed for use e.g., absconder = code red</li> <li>- Develop radio sign out sheet</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Radio Protocols and Procedures</a> (To be finalised)</li> </ul>

<sup>7</sup> Perimeter Credential Management tool, used to ensure workers accessing a facility meet compliance requirements

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Communicate guidelines to Regional Offices</li> </ul>	
<p>Physical security</p> <ul style="list-style-type: none"> <li>- Review and update facility security guidelines</li> <li>- Review relevant facility site security plans</li> <li>- Review and update security fencing in accordance with SOP, as required</li> <li>- Consider signage / static guards and barriers in dual use zones (e.g., public and MIF sharing fire escapes) – working with Communications function</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">National Site Security SOP (To be finalised)</a></li> <li>- <a href="#">Security Guidance</a></li> </ul>
<p>Security policies &amp; protocols</p> <ul style="list-style-type: none"> <li>- Security team to liaise with NZ Police, NZDF, MoH, GCSB, &amp; other government agencies to review and update appropriate security policies / protocols</li> <li>- Liaise with legal to ensure regulatory compliance</li> <li>- Produce implementation priorities by location/facility</li> <li>- Complete facility survey's &amp; complete Security plan for each facility covering, physical, personnel, electronic &amp; personal security</li> </ul>	
<b>REGIONAL LEVEL</b>	
<p>Liaise with National Office to implement facility security requirements</p> <ul style="list-style-type: none"> <li>- Site entry</li> <li>- Physical security</li> </ul>	
Coordinate regional site surveys and plans	
Coordinate security work force induction and training	
<b>FACILITY LEVEL</b>	
<p>Physical Security</p> <ul style="list-style-type: none"> <li>- Implement facility boundary (delineation between QIC facility and public zones)</li> <li>- Consider signage/static guards and barriers in dual use zones (e.g., public and MIF sharing fire escapes)</li> <li>- Erect barriers to indicate off-limits areas for returnees</li> <li>- Signs should be placed on the barriers to indicate as an off-limits area</li> <li>- Review CCTV systems readiness in facilities</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQF National Site Security V1.0.pdf</a></li> <li>- <a href="#">MIQ Ops SOP MIQF CCTV Operation V2.0.pdf</a></li> </ul>
<p>Staff induction and initial training</p> <ul style="list-style-type: none"> <li>- Ensure staff have a solid understanding of the roles they will be undertaking</li> <li>- Ensure all staff have undertaken required training prior to commencing work</li> <li>- Ensure all staff understand IPC requirements and the definitions and reporting requirements of bubble breaches (if using)</li> </ul>	
Implement onsite communications plan	

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Decide who needs access to radios</li> <li>- Assess radio equipment capability for the facility</li> <li>- Request radios, earpieces and docking stations through Regional Office. Ensure there are enough radios for each security guard as well as sufficient batteries to continuously have charging</li> </ul>	
<p>Establish static guard positions and roving guard routes.</p> <ul style="list-style-type: none"> <li>- Consider putting two guards in areas of high expected traffic for example entry / exit points and fresh air areas</li> </ul>	
<ul style="list-style-type: none"> <li>- Implement and review Site Specific Security Plan (SSP)</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">SSSP</a> (To be finalised)</li> </ul>

## PHASE 2

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Security policies &amp; protocols</p> <ul style="list-style-type: none"> <li>- Liaise with Regional Office and identified facilities to determine what security protocols are in place</li> <li>- Determine security testing protocols</li> <li>- Establish a Security Compliance team to monitor security standards through testing</li> </ul>	
<p>Procure weather protective equipment for security staff who will be exposed to the elements</p> <ul style="list-style-type: none"> <li>- Working with supplier relationship team</li> <li>- Cold weather jackets – uniforms (only for lead agency employed staff, if applicable)</li> <li>- Physical shelter e.g., security huts, gazebos etc</li> </ul>	
<p>CCTV training and review</p> <ul style="list-style-type: none"> <li>- Review and update CCTV requirements and guidelines</li> <li>- Review and update CCTV training - CCTV Operation and CCTV Software</li> <li>- CCTV Software – How to physically operate the cameras and system</li> <li>- CCTV Operation – Manipulation of camera angles, distances, light vs dark</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Ops SOP MIQF CCTV Operation V2.0.pdf</a></li> </ul>
<b>REGIONAL LEVEL</b>	
<p>Establish regional security teams</p>	
<p>Create training registers to track staff training has been carried out.</p>	
<p>Implement CCTV review for suitability in the facilities</p>	

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Consider blind spots, storage capacity, processor speed (optimal 27-32fps), quality of cabling (cat 6 or fibre), style and type of camera.</li> </ul>	
<b>FACILITY LEVEL</b>	
Test and adjust all security plans and processes	
Test incident reporting process	
Erect semi-permanent structures for guards that will be exposed to the conditions for extended periods of time	
Ensure that CCTV signs are placed wherever CCTV is in action	

### PHASE 3

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Security Specialists Team</p> <ul style="list-style-type: none"> <li>- Periodic review of security requirements (timely, appropriate, compliant) with the operating environment</li> <li>- Ongoing compliance survey's (quality assurance) at each facility in accordance with security policy, SOP &amp; protocols</li> <li>- Ongoing development &amp; implementation of enhanced security requirements (CCTV) as required.</li> <li>- Monitor implementation priorities by location/facility</li> </ul>	
<p>Ongoing monitoring / implementation of:</p> <ul style="list-style-type: none"> <li>- Security monitoring / compliance</li> <li>- Security requirements</li> <li>- Development of policy, SOP's, protocols</li> <li>- Staff security clearances</li> <li>- Training development &amp; compliance</li> <li>- Liaise with legal to ensure regulatory compliance</li> </ul>	
<p>Liaise with Regional Offices</p> <ul style="list-style-type: none"> <li>- On-going staff security clearances</li> <li>- Security implementation plans</li> <li>- Training &amp; sign off &amp; approval</li> </ul>	
<p>Create train the trainer packages</p> <ul style="list-style-type: none"> <li>- Consider utilising an external provider to develop a training package to allow sites to autonomously train staff</li> </ul>	

TASK:	REFERENCE:
<p>Streamline onboarding process for security workforce (aim for 8-10 days)</p> <ul style="list-style-type: none"> <li>- Induction</li> <li>- Issuing uniform (if lead agency employed only)</li> <li>- Issuing equipment</li> <li>- Staff resources i.e., emails and timesheets</li> <li>- Site training</li> </ul>	
<p>Conduct a review of the long-term suitability of the security workforce</p> <ul style="list-style-type: none"> <li>- Are stakeholders adhering to contract KPIs – reporting to supplier relationship team</li> <li>- Are rosters providing full coverage</li> </ul>	
<b>REGIONAL LEVEL</b>	
<p>Peer review SSP (site specific security plans)</p> <ul style="list-style-type: none"> <li>- Physically go to site and assess the suitability of perimeter fencing, CCTV processes, guard placements etc.</li> <li>- Consider conducting this review quarterly</li> </ul>	
<p>Create a feedback loop to provide lessons learned to security workforce and National Office</p> <ul style="list-style-type: none"> <li>- Use data captured by Information and Data Insights team</li> </ul>	
<b>FACILITY LEVEL</b>	
<p>Review ongoing requirements for CCTV and any upgrades required</p>	
<p>Conduct a review of SSP</p> <ul style="list-style-type: none"> <li>- This needs to be done every time SOPs and the Operational Framework is updated.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">SSSP</a> (To be finalised)</li> </ul>



## FUNCTION: COMMUNICATIONS

Context:	<p>What are the communication requirements at the FACILITY / REGIONAL / NATIONAL level consisting of:</p> <ul style="list-style-type: none"> <li>- Internal stakeholders</li> <li>- External stakeholders (including media)</li> <li>- Returnees, including website</li> <li>- Cross agency</li> <li>- Media</li> </ul>
Scope & Assumptions	<a href="#">LINKED HERE</a>

### PHASE 1

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Determine resourcing needs for the communications function</p> <ul style="list-style-type: none"> <li>- Consider what resource can immediately be re-assigned from the lead agency Communication function</li> <li>- Commence recruitment for leadership roles</li> </ul>	
<p>Planning</p> <ul style="list-style-type: none"> <li>- Create Communications and Stakeholder Plan</li> <li>- Reference archived stakeholder analysis and previous engagement plans</li> <li>- Refine stakeholder analysis and created stakeholder engagement and communications plan (multiple audiences)</li> </ul>	
<p>Website</p> <ul style="list-style-type: none"> <li>- Consider MIQ website and whether it can be reused and rebranded, or whether a new site is required</li> <li>- Develop critical information for the site commencement</li> <li>- Establish a timeframe for the website to go live</li> </ul>	
<p>Communications</p> <ul style="list-style-type: none"> <li>- Determine the cadence and method of regular communication across the whole QIC workforce (National, regional and facility level)</li> <li>- Consider distribution lists to easily communicate with a specific group (e.g., the leadership team or the operations team)</li> <li>- Consider a distribution list for all employees</li> <li>- Consider Microsoft Teams channels</li> <li>- Consider a weekly stand-up meeting on Microsoft Teams for lead agency leadership team to provide an update on any significant events from the past week</li> </ul>	

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Consider cadence and method of communication for other agencies and relevant stakeholders</li> <li>- Determine, develop and implement external communication channels (including web presence)</li> <li>- Establish media team</li> <li>- Collaborate with cross agency communications teams to determine purpose, function of each response website</li> <li>- Create initial content for website to provide critical information on QIC for the public and returnees</li> <li>- Consider what the social media presence should be</li> </ul>	
<p>Information access</p> <ul style="list-style-type: none"> <li>- Establish a process to disseminate new information to all stakeholders and entire QIC workforce (noting the QIC workforce will be from different agencies and private organisations):</li> <li>- Utilise a system that can be accessed by all stakeholders e.g., Cloud system</li> <li>- Consider providing an online document library where information and operational procedures and policy are stored and available to all staff. (MS Teams, cloud option)</li> <li>- Determine appropriate level sign-off, authorising and distribution of the release of collateral</li> </ul>	
<p>Media and information releases</p> <ul style="list-style-type: none"> <li>- Determine any proactive communications that should be released</li> <li>- Media releases</li> <li>- Statements from lead agency CE or the Minister</li> </ul>	
<p>Collateral</p> <ul style="list-style-type: none"> <li>- Plan initial collateral required for returnees including Welcome Pack</li> <li>- Establish a process for authorising and distributing the release of collateral</li> <li>- Review existing and update - welcome letters; test results; departure letters and establish these online for access</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Ops Policy Collateral</a></li> <li>- <a href="#">MIQ returnee +community cases communications collateral cheat sheet</a></li> </ul>

## PHASE 2

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Implement regular meetings for all QIC staff members</p> <ul style="list-style-type: none"> <li>- Consider a weekly stand-up meeting on Microsoft Teams for lead agency leadership team to provide an update on any significant events from the past week and any relevant information for the upcoming week</li> </ul>	

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Consider a more focused operations weekly meeting to discuss different areas of operations, focusing more on particular cases, data and risk and assurance</li> </ul>	
<p>Create a regular email update</p> <ul style="list-style-type: none"> <li>- Distribute to all QIC lead agency employees</li> <li>- Consider if there is a need to send to all QIC workforce</li> <li>- Consider including positives from the week, an update on any relevant policy decisions, a shout out section and a welcome to new employees and goodbye to current employees' section</li> </ul>	
<p>Lead the regional Comms team in the design and promulgation of National Welcome Pack and region-specific information packs that enhances pre-arrival information (assumed to be provided online as part of booking process)</p> <ul style="list-style-type: none"> <li>- Decide what languages the packs will be made available in</li> <li>- Consider what key points of interaction during arrival into the country will require answers to questions</li> <li>- Make National Welcome Pack available on website</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ returnee +community cases communications collateral cheat sheet</a></li> </ul>
<p>Create document library for storage of key communications artifacts</p> <ul style="list-style-type: none"> <li>- Consider providing an online document library where information and operational procedures and policy are stored and available to all staff. (MS Teams, cloud option)</li> </ul>	<ul style="list-style-type: none"> <li>- Refer to <a href="#">Enabling function, Technology – phase 1</a></li> </ul>
<b>REGIONAL LEVEL</b>	
Establish regional communications teams	
Liaise with National Office to identify approved SMEs which comms can use to ensure clarity and consistency of messaging across the operation.	
Implement the responsibilities of sign-off as set by National Office and delegate to Regional Office communications teams	
Build and manage relationships with regions stakeholders	

## PHASE 3

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
On-going review and updates of collateral, website as required, aligned with public health advice	
On-going collaboration with cross agency communication teams to ensure consistency and alignment of communications	
On-going engagement with Minister's communications liaison to ensure information sharing is well established both ways.	

TASK:	REFERENCE:
Ongoing management of media enquiries including proactive and reactive releases and updates	
<b>REGIONAL LEVEL</b>	
Establish regular collaboration between agencies to ensure consistency	
Represent regions in national communications activities	

## Annex Two: Health model of care

### Background, context, and purpose for the Health model of care

The Health model of care provides a high-level overview of the approach to supporting the health and wellbeing of returnees across a network of Quarantine and Isolation facilities in Auckland and Christchurch under a border closure-type scenario i.e., in response to the emergence of a variant of concern that presents a significant (new) public health risk.

The QIC Readiness Plan is intended to provide a stopgap for the next 5 years before a more enduring and strategic 'National Quarantine Capability' (NQC) system is available. The QIC Readiness Plan is one of a suite of options available to comprise a future NQC.

Unlike the use of MIQ throughout various community outbreaks of COVID-19, the QIC Readiness Plan is solely focussed as a border measure and on providing quarantine and isolation facilities for international travellers. The QIC Readiness Plan does not include quarantine and isolation options for community cases/contacts, as it is expected that existing community-based models and systems under the wider Care in the Community model – including the work led by the Māori Regional Coordination Hub (MRCH) and Pacific Regional Coordination Hub (PaRCH) – will continue to support community cases/contacts to isolate/quarantine.

### Development of the proposed Health model of care

The Health model of care incorporates lessons learnt from (former) District Health Board (DHB) and Public Health Unit (PHU) clinical and operational leads who were involved in the stand up and ongoing operation of the Managed Isolation and Quarantine Facilities (MIQFs) throughout 2020 – 2022.

It also incorporates feedback from subject matter experts from across Manatū Hauora/the Ministry of Health, Te Whatu Ora/Health New Zealand, Te Aka Whai Ora/Māori Health Authority, and Whaikaha – Ministry of Disabled People, who provided expertise across Māori Health, Pacific Health, COVID-19 Care in the Community, Equity, and Disability. The model of care has also been reviewed by the COVID-19 Clinical Oversight Group (COG), which is convened by Manatū Hauora/Ministry of Health.

### Concepts informing the proposed QIC model of care

The Health model of care has been designed to address the four dimensions of hauora (wellbeing) articulated by Sir Mason Durie in his seminal hauora Māori model, Te Whare Tapa Whā (Durie, 1984). Te Whare Tapa Whā demonstrates the holistic nature of wellbeing, and the interconnectedness between the four dimensions, which are represented in the shape of a whareniui (meeting house).

The overview of health and wellbeing services presented in **Figure 1** includes a range of services that support taha tinana (physical wellbeing), taha hinengaro (mental wellbeing), taha wairua (spiritual wellbeing), and taha whānau (social wellbeing). These services include:

- Clinical support for existing co-morbidities (e.g., maternity care, mental health and addictions services, renal services, diabetes management, disability support, catch up on immunisations etc.);
- Clinical support for those that develop COVID during their stay;
- Supporting access to fresh air/exercise spaces and other in-room activities to promote mental, spiritual, and physical wellness, as operationally feasible;
- Support for virtually connecting with others (e.g., support for accessing devices and technology that enable contact with whānau/friends);
- Support for whānau with young children (e.g., games and activities, education support and tutoring services);
- Support for connecting with social services that address the wider determinants of health and wellbeing (e.g., connections to MSD, housing support, kaupapa Māori providers, Pacific providers, youth services & programmes, links to NGO groups, budgeting/financial planning, Oranga Tamariki advocacy and support,

education development pathways, victim and crisis support programmes, support accessing legal advice and legal aid);

- Mental wellness tools;
- Health promotion activities e.g., NRT, Quitline support, alcohol support, health, and fitness programmes;
- Cultural support and connection (e.g., supported access to language and cultural revitalisation networks, facilitated whakapapa exploration and connection services);
- Access to virtual religious services and/or resources and support; and
- Manaaki support (e.g., supporting grieving whānau, coordinating funeral drive-bys/visits in accordance with relevant legislation, supporting people through exemptions processes, providing a culturally safe and responsive connection point).

### Model of care principles, objectives, and outcomes

The Health model of care provides a high-level overview of the principles, objectives, outcomes, and approach to delivering health and wellbeing services in a future QIC system. It is intended to provide a 'direction of travel' for the organisation and delivery of health and wellbeing services, rather than a blueprint or detailed operational plan.

Whilst national guidance and requirements will be necessary to ensure consistency of approach and delivery across the system, localised design and delivery of the model of care in alignment with the national guidance and requirements (as well as operational site requirements), and with the principles, objectives, and outcomes articulated below, will be critical to ensuring that model of care meets local needs, integrates with existing services and local/regional partnerships, and remains person/whānau-centred.

The principles, objectives, and actions below are aligned to the COVID-19 Care in the Community framework's principles, but have been adapted to a border QIC facility context.

Principles	Objectives and actions												
<p>1. Working to achieve equitable outcomes for people in the facilities</p>	<ul style="list-style-type: none"> <li>Māori outcome measures for the QIC model of care are identified, and evaluation plans are in place to monitor for, report, and act on/improve unfair/unjust outcomes.</li> <li>Outcome measures for other groups that face health and wellbeing inequities are identified, including for Pacific peoples, Disabled peoples, ethnic communities, people with co-morbidities, and older returnees. Evaluation plans are in place to monitor for, report, and act on/improve unfair/unjust outcomes.</li> <li>There are robust data collection mechanisms to ensure visibility of outcomes among priority groups in an accurate, systematic, and timely manner.</li> <li>There is adequate resource and support that is targeted towards addressing anticipated inequities from the outset, as well as inequities that are identified over time.</li> </ul>												
<p>2. Enact and embed our obligations under Te Tiriti o Waitangi</p>	<ul style="list-style-type: none"> <li>The approach to delivering health and wellbeing care and support to whānau Māori who have returned from overseas and are isolating/quarantining in QIC facilities must meet our obligations under Te Tiriti o Waitangi if we are to realise the overall aim of Pae Ora (healthy futures for Māori) under He Korowai Oranga (the Māori Health Strategy).</li> <li>The table below has been adapted from the Care in the Community framework to demonstrate how the QIC model of care should address and bring practical effect to the Te Tiriti o Waitangi principles articulated by the courts and the Waitangi Tribunal, and set out in the Te Tiriti o Waitangi Framework within Whakamaua (the Ministry of Health's Māori Health Action plan 2020-2025).</li> </ul> <table border="1" data-bbox="432 987 1385 2036"> <thead> <tr> <th data-bbox="432 987 671 1021">Principle</th> <th data-bbox="671 987 1385 1021">Action</th> </tr> </thead> <tbody> <tr> <td data-bbox="432 1021 671 1193">1. Equity</td> <td data-bbox="671 1021 1385 1193"> <ul style="list-style-type: none"> <li>Assert an equity approach to all planning and operational activities.</li> <li>Identify sufficient funding dedicated to Māori specific resources, systems, and approaches to providing health and wellbeing care and support to whānau Māori who are isolating/quarantining in the QIC facilities.</li> </ul> </td> </tr> <tr> <td data-bbox="432 1193 671 1279">2. Active Protection</td> <td data-bbox="671 1193 1385 1279"> <ul style="list-style-type: none"> <li>Confirm Māori outcome measures and transparent monitoring processes that are accessible to iwi/hapū/Māori stakeholders.</li> </ul> </td> </tr> <tr> <td data-bbox="432 1279 671 1536">3. Tino Rangatiratanga</td> <td data-bbox="671 1279 1385 1536"> <ul style="list-style-type: none"> <li>Tino rangatiratanga must be resourced appropriately to be 'enabled.'</li> <li>Ensure Māori leadership in the system, including in the early establishment of governance and oversight structures (also see model of care principle 5).</li> <li>Enable Māori communities and providers to lead, design and deliver locally driven solutions for and with Māori to complement and/or embed into the QIC Readiness Plan model of care.</li> </ul> </td> </tr> <tr> <td data-bbox="432 1536 671 1794">4. Options</td> <td data-bbox="671 1536 1385 1794"> <ul style="list-style-type: none"> <li>Establish kaupapa Māori support services across the QIC Readiness Plan model of care, recognising that they are best placed to provide holistic, culturally appropriate, safe, and responsive supports to whānau Māori who have returned from overseas and are isolating/quarantining in the QIC facilities.</li> <li>Ensure auraki/mainstream services that connect into the QIC facilities are culturally safe and easily accessible for Māori.</li> </ul> </td> </tr> <tr> <td data-bbox="432 1794 671 2036">5. Partnership</td> <td data-bbox="671 1794 1385 2036"> <ul style="list-style-type: none"> <li>Central agencies and Districts are building genuine partnerships with Māori in policy and strategy design and decision-making for the delivery of health and wellbeing services in QIC facilities.</li> <li>Establish referral pathways for holistic, culturally appropriate, safe, and responsive support and services between Māori and mainstream services and providers for whānau Māori who are isolating/quarantining in the QIC</li> </ul> </td> </tr> </tbody> </table>	Principle	Action	1. Equity	<ul style="list-style-type: none"> <li>Assert an equity approach to all planning and operational activities.</li> <li>Identify sufficient funding dedicated to Māori specific resources, systems, and approaches to providing health and wellbeing care and support to whānau Māori who are isolating/quarantining in the QIC facilities.</li> </ul>	2. Active Protection	<ul style="list-style-type: none"> <li>Confirm Māori outcome measures and transparent monitoring processes that are accessible to iwi/hapū/Māori stakeholders.</li> </ul>	3. Tino Rangatiratanga	<ul style="list-style-type: none"> <li>Tino rangatiratanga must be resourced appropriately to be 'enabled.'</li> <li>Ensure Māori leadership in the system, including in the early establishment of governance and oversight structures (also see model of care principle 5).</li> <li>Enable Māori communities and providers to lead, design and deliver locally driven solutions for and with Māori to complement and/or embed into the QIC Readiness Plan model of care.</li> </ul>	4. Options	<ul style="list-style-type: none"> <li>Establish kaupapa Māori support services across the QIC Readiness Plan model of care, recognising that they are best placed to provide holistic, culturally appropriate, safe, and responsive supports to whānau Māori who have returned from overseas and are isolating/quarantining in the QIC facilities.</li> <li>Ensure auraki/mainstream services that connect into the QIC facilities are culturally safe and easily accessible for Māori.</li> </ul>	5. Partnership	<ul style="list-style-type: none"> <li>Central agencies and Districts are building genuine partnerships with Māori in policy and strategy design and decision-making for the delivery of health and wellbeing services in QIC facilities.</li> <li>Establish referral pathways for holistic, culturally appropriate, safe, and responsive support and services between Māori and mainstream services and providers for whānau Māori who are isolating/quarantining in the QIC</li> </ul>
Principle	Action												
1. Equity	<ul style="list-style-type: none"> <li>Assert an equity approach to all planning and operational activities.</li> <li>Identify sufficient funding dedicated to Māori specific resources, systems, and approaches to providing health and wellbeing care and support to whānau Māori who are isolating/quarantining in the QIC facilities.</li> </ul>												
2. Active Protection	<ul style="list-style-type: none"> <li>Confirm Māori outcome measures and transparent monitoring processes that are accessible to iwi/hapū/Māori stakeholders.</li> </ul>												
3. Tino Rangatiratanga	<ul style="list-style-type: none"> <li>Tino rangatiratanga must be resourced appropriately to be 'enabled.'</li> <li>Ensure Māori leadership in the system, including in the early establishment of governance and oversight structures (also see model of care principle 5).</li> <li>Enable Māori communities and providers to lead, design and deliver locally driven solutions for and with Māori to complement and/or embed into the QIC Readiness Plan model of care.</li> </ul>												
4. Options	<ul style="list-style-type: none"> <li>Establish kaupapa Māori support services across the QIC Readiness Plan model of care, recognising that they are best placed to provide holistic, culturally appropriate, safe, and responsive supports to whānau Māori who have returned from overseas and are isolating/quarantining in the QIC facilities.</li> <li>Ensure auraki/mainstream services that connect into the QIC facilities are culturally safe and easily accessible for Māori.</li> </ul>												
5. Partnership	<ul style="list-style-type: none"> <li>Central agencies and Districts are building genuine partnerships with Māori in policy and strategy design and decision-making for the delivery of health and wellbeing services in QIC facilities.</li> <li>Establish referral pathways for holistic, culturally appropriate, safe, and responsive support and services between Māori and mainstream services and providers for whānau Māori who are isolating/quarantining in the QIC</li> </ul>												

	facilities. This applies to the period that they are in the facilities, as well as after their departure.
<b>3. Deliver care and support that is whānau and person-centred</b>	<ul style="list-style-type: none"> <li>• People receive the health and wellbeing care they need, when and where they need it.</li> <li>• There is a holistic approach to supporting the health and wellbeing of returnees in the facilities, through the delivery of services that meet a range of clinical, mental health and addiction, welfare, education and employment, justice, housing, and cultural support needs.</li> <li>• This includes providing support that returnees require during their stay, as well as providing opportunities to connect with the right range of supports in the community in preparation for their departure. Returnees should leave QIC facilities better off than they were before.</li> <li>• Peoples are informed of the range of support available to them and are supported to make decisions about their health and wellbeing.</li> <li>• People receive health and wellbeing support during their stay that is free from discrimination and will do every effort to be inclusive of diversity such as religious beliefs, dietary requirements related to health and/or religious/cultural needs, culture, ethnicity, physical or intellectual needs.</li> <li>• Peoples' human rights will be explained as soon as is operationally practicable during their stay at the facilities.</li> <li>• Health and wellbeing services are delivered in a caring, compassionate, culturally safe<sup>1</sup> and mana-enhancing way.</li> <li>• People feel supported throughout their stay.</li> <li>• People receive a warm welcome and are quickly provided with the information they need (in the language and format they require) to understand what is required of them and what to expect.</li> <li>• The healthcare and manaaki/navigator workforce are culturally safe and responsive, and can awhi/support people through their quarantine/isolation journey.</li> </ul>
<b>4. Enable a locally led, regionally coordinated, and nationally supported care system</b>	<ul style="list-style-type: none"> <li>• There is local flexibility and mandate to design and deliver tailored and targeted models that are holistic and culturally responsive, sensitive, and safe, in alignment with national guidelines/requirements and which reflect facilities' operational requirements. To achieve this, agile, flexible, and high-trust commissioning and contracting arrangements are required to enable local innovation and responsiveness.</li> <li>• There is clear communication and guidance at a national level that supports and enables localised/regional approaches and decision-making.</li> </ul>
<b>5. Ensure quality and accountability in every part of the system.</b>	<ul style="list-style-type: none"> <li>• Good governance and processes are in place to ensure accountability in service provision, ongoing review, and evaluation. This is required at a local/regional and national level, with collaboration and coordination across the system.</li> <li>• There is early partnership with iwi/Māori stakeholders/providers (including Iwi Māori Partnership Boards) to establish governance and oversight structures, and ensure partnership in the localised design, delivery, and implementation of this model of care at a local/regional level.</li> </ul>
<b>6. Build and support collaborative partnerships throughout the care system.</b>	<ul style="list-style-type: none"> <li>• There is integration, collaboration and teamwork between the on-site and remote (tele-health) health teams, community coordinator/connector roles, external/community-based social/wellbeing services – including kaupapa Māori Service providers and Pacific Service providers – and returnees.</li> </ul>

<sup>1</sup> The concept of 'cultural competence' often focusses on an individual's behaviours, attitudes, capability, and level/acquisition of cultural knowledge. This suggests that cultural competence has an end point and is something to be achieved. In contrast, at the individual health professional level, 'cultural safety' requires an ongoing, self-reflective practice which in addition to developing knowledge and understanding of other cultures, examines and challenges differences in power relationships and privilege (e.g. between the health professional and patient), and the health professional's own biases (Curtis, E., Jones, R., Tipene-Leach, D. et al. *Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. Int J Equity Health* **18**, 174 (2019). <https://doi.org/10.1186/s12939-019-1082-3>)



- There is cross-agency collaboration and coordination in the delivery of the model of care, that puts the needs of returnees first, in alignment with national guidelines and operational site requirements.
- Existing Māori and Pacific support pathways are available and integrated with the QIC system and model of care, where appropriate.

### Outcomes

- Key public health objectives are achieved – identifying and isolating infectious cases (and quarantining their close contacts), to prevent (or minimise/slow) the entry and spread of the infectious disease into the community.
- Whānau Māori who have returned from overseas and are quarantining/isolating in the QIC facilities experience equitable health and wellbeing outcomes in comparison to non-Māori returnees in the QIC facilities.
- Equitable health and wellbeing outcomes are achieved for other priority groups who are quarantining/isolating in the QIC facilities, including Pacific peoples, Disabled peoples, ethnic communities, people with co-morbidities, and older returnees.
- Robust national and regional/local governance and oversight structures work together and ensure a high level of clinical care and safety for returnees, accountability in service provision, and ongoing review and evaluation of outcomes, particularly for whānau Māori and other priority groups that are quarantining/isolating in the QIC facilities. There is Māori leadership and governance at all levels (local/regional and national), and Māori communities and providers are leading, designing, and delivering health and wellbeing services for whānau Māori who are quarantining/isolating in the QIC facilities.
- Locally/regionally commissioned and led services align with national guidelines and operational site requirements, and have leveraged existing systems/services and provide a range of care and support options to meet all the clinical and non-clinical needs of returnees/whānau, which are supported and enabled appropriately at a national level. This could include systems and ways of working established through the wider COVID-19 Care in the Community programme. As a part of this approach, there are a range of kaupapa Māori services available that are sufficiently resourced through dedicated funding.
- Guidance, policy settings, and the strategy for the design and delivery of health and wellbeing services in QIC facilities at a local/regional and national level are developed in genuine partnership with Māori. The guidance/policy/strategies enable and promote local flexibility and mandate to design tailored and targeted models that are holistic, and culturally responsive, sensitive, and safe, in alignment with national guidelines and operational site requirements.
- There are strong collaborative partnerships and referral pathways between the on-site and remote (tele-health) health teams, community coordinator/connector roles, external/community-based social/wellbeing services – including kaupapa Māori Service providers and Pacific Service providers – and returnees. These partnerships enable a people/whānau centred approach to supporting the holistic health and wellbeing needs of returnees, as well as continuity of care for returnees throughout their quarantine/isolation journey and into the community.
- People are supported to connect with the range of holistic health, wellbeing, and social supports they require during their stay and once they depart, as required. This includes support for mental health and addiction, access to fresh air spaces, welfare, education and employment, justice, housing, and cultural support needs. It also includes enrolment in primary health care for those who are not already enrolled in a practice, or if this is not their preferred option, supporting returnees to connect with other health and wellbeing service providers that can support them with their needs after their departure.
- Care and monitoring of symptoms is delivered in a safe way – use of tele-health where possible and clinically appropriate to limit exposure risk; strict adherence to IPC measures during in-person assessments/care.
- The urgent clinical needs of returnees are addressed in a timely manner (either within the facility, or via referral and transfer to a hospital setting) – i.e. clinical needs that cannot wait until after they depart without risking deterioration of condition and/or experience of pain or discomfort during their stay. People are referred to, and supported to connect with, appropriate primary health care and/or other specialist clinical services for non-urgent clinical needs (to occur either while they are in the facility via tele-health, or after their departure).

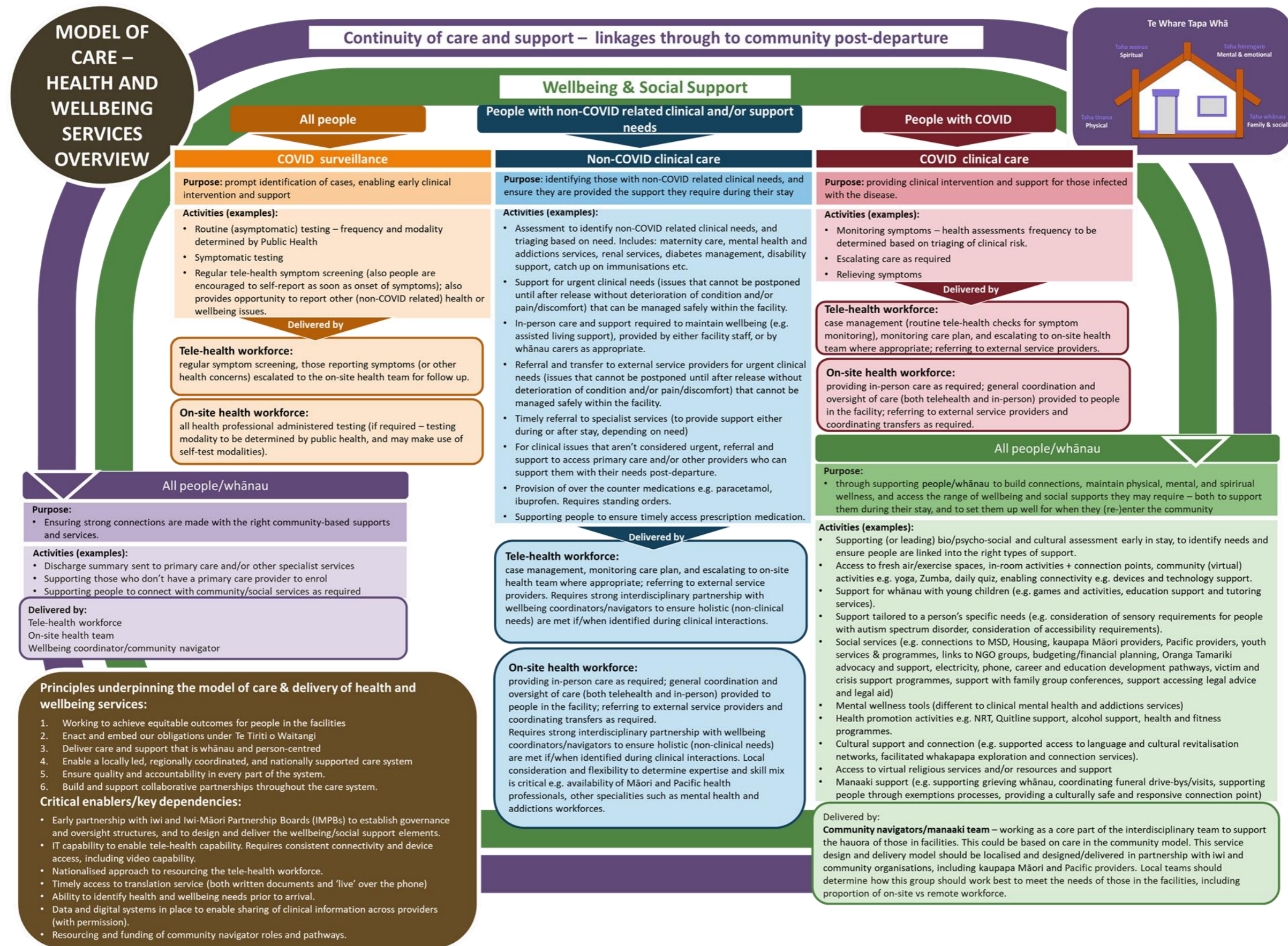
- People are provided with the in-person care and support they need to maintain their wellbeing (e.g. assisted living support), provided by either facility staff, or by whānau carers as appropriate.
- People experience continuity of care and support – both while they are in the facility, and once they depart the facility. This includes integration in care and support pathways with existing services and systems, where appropriate. It also includes sharing clinical information with primary care providers post-departure to facilitate appropriate follow-up, with the person's informed consent.

### Enablers and key dependencies for delivering the proposed model of care

The following critical enablers/key dependencies for successfully implementing the model of care have been identified:

- Early partnership with iwi and Iwi-Māori Partnership Boards (IMPBs) to establish governance and oversight structures, ensuring that the localised design and delivery of the model of care are tikanga-informed and meet the needs of whānau Māori;
- Early partnership with iwi/IMPBs/Kaupapa Māori Service providers to design and deliver the localised model of care, including the wellbeing and social support components;
- Agile, flexible and high-trust commissioning and contracting arrangements to enable local innovation and responsiveness, in alignment with national guidelines and operational site requirements. The delivery of on-site services align with national requirements and the operational requirements of the facilities;
- Clear and agreed roles and responsibilities for the delivery of different components of the model of care (e.g. for social services);
- A nationalised tele-health workforce model – to alleviate pressure on main centres and take away as much of the workload as possible from the on-site health teams;
- The availability of appropriately qualified and culturally diverse health and wellbeing workforces in the localities on the facilities. This means ensuring the availability of a health and wellbeing workforce that reflects the range of cultural and ethnic backgrounds of the returnees that are isolating/quarantining in the facilities;
- Equity of access to IT capability and connectivity, to enable high reliance on tele-health services as appropriate, including video chat capability;
- A data and digital platform that enables effective case management across clinical and other support areas, as well as reporting to ensuring effective monitoring of outcomes and enable continuous improvement.
- Sustainable resourcing/funding of wellbeing coordinator/community connector roles to lead and deliver on the non-clinical components of the model of care – the lessons from Care in the Community, including from the Māori Regional Coordination Hubs (MRCHs) and Pacific Regional Coordination Hubs (PaRCHs) in the Auckland region, should be applied;
- Funding and pathways for whānau to continue to access care and support after departure from facilities;
- Systems in place to enable efficient sharing of information (with informed consent) with community-based care providers;
- Timely access to translation services (written and verbal), and to the development of accessible materials and easy-read communications for disabled people. Clear, concise, and timely messaging and communications in a wide range of languages and accessibility formats is essential to an equitable and whānau/person-centred approach

Figure 1: the proposed model of care



## Approach to providing care and support

The Health model of care is intended to provide an overarching framework to ensure national consistency in the access to the range of both clinical and non-clinical care and support that returnees need, in order to ensure that all the needs of returnees/whānau quarantining/isolating in QIC facilities are met.

However, it is critical that there is local flexibility to determine how to deliver the model of care, whilst adhering to national guidance and requirements, as well as the facilities' operational requirements. This includes determining how best to allocate resources, configure the workforce, and connect with existing local services and resources to meet the needs of those in their facilities.

### Welfare/wellbeing support

In addition to a comprehensive clinical assessment upon arrival to the QIC facility, an arrival welfare/wellbeing assessment will allow for identification of returnees who require additional support early in their stay, and enable support to be provided as early as possible. This also provides an opportunity for whakawhanaungatanga (relationship building) between the welfare team and the returnees.

A focus on greater resourcing and consistency of access to non-clinical welfare and wellness support (e.g. resources and activities for whānau with young children, virtual mental wellness tools, manaaki support for grieving whānau) is anticipated to improve returnees' wellbeing throughout their stay.

This may minimise the need for clinical mental health and addictions support for some returnees, however, some returnees with addictions will require additional/specific support to manage their addictions during their quarantine/isolation period, in line with harm-reduction/person-centred approach.

Learnings from Care in the Community – and in particular the way that Care Hubs (including the MRCH and PaRCH) have worked to integrate the range of health and wellbeing services available to support people with their holistic needs – should be applied to the wellbeing and social support element of the QIC model of care.

The organisation, commissioning, and delivery of wellbeing and social support services should be determined locally in order to best partner with existing community resources and organisations, whilst adhering to national guidance and operational site requirements.

### Tele-health workforce

Wherever possible and clinically appropriate, tele-health will be used for clinical assessment and monitoring. This will alleviate workforce pressures by enabling utilisation of a remote (and national) workforce, and by enabling the on-site health workforce to direct their time towards returnees who require their support the most.

Additionally, remote assessments eliminate the IPC risks that would be faced by clinicians during in-person interactions with those quarantining/isolating, and so are preferable in the isolation/quarantine context where it is clinically appropriate to do so.

A comprehensive remote clinical assessment upon arrival to the QIC facility to identify the health needs of each returnee will enable a care plan to be established early in a person's stay, which will ensure that they receive the level of care and support they require from both the tele-health and on-site health teams.

### Data and digital solutions

Better and more equitable IT capability and connectivity – including easy access to devices with video call capabilities, and translation services – is critical to successfully implementing a comprehensive and equitable tele-health service.

This will need to be supported by a fit-for-purpose digital solution that enables effective clinical management, sharing of information across teams (with permission), and integration with other information management systems (e.g. GP patient management systems).

## Level of clinical care and welfare/wellbeing support provided under the proposed QIC model of care

### Clinical care

Providing a full primary health care level of care to all returnees is unlikely to be feasible or sustainable given workforce and built environment constraints. Additionally, if a person requires in person assessment/care and if it is safe and clinically appropriate to delay assessing and treating their concern until after they leave the facility, this is preferable from an IPC perspective in a quarantine/isolation context.

Accordingly, the main focus of the clinical component of the model of care is to ensure urgent clinical needs are addressed in a timely manner (either within the facility, or via referral and transfer to a hospital setting) – i.e. these are acute clinical needs that cannot wait until after they depart without risking deterioration of condition and/or experience of pain or discomfort during their stay.

If there are non-urgent clinical needs that can be addressed via tele-health during their stay, the health teams should support returnees to engage with the appropriate services to do so. Returnees should also be supported to identify and connect with the right service providers to address their non-urgent clinical needs after their stay, if it is safe and appropriate to wait to do so.

There is likely to be a large degree of variation in the type and level of care and support that returnees require. Some will have needs that require urgent assessment and care, whilst others will have needs that can safely and comfortably wait to be addressed until after they depart the facility.

Some will have relatively simple health needs that require minimal or one-off monitoring and support, whilst others may have a range of complex conditions that require a high-level of care or assistance for the entirety of their stay. The level and nature of people's needs may also change throughout their stay.

Regardless of the level or type of care and support that returnees require, we have a duty of care to ensure that they are supported to access the care they need.

Returnees' health and wellbeing needs must be met either:

- During their stay (whether by the facilities' health team, or by external specialist service providers). This could be via tele-health, in-person in the facility, or in-person in a hospital following transfer from the facility; and/or
- Returnees should be supported to identify and engage with the right service providers, who can support them with their needs upon departure.

### Welfare/wellbeing support

Ensuring culturally safe welfare/wellbeing supports are available to returnees is critical to ensuring that all health and wellbeing needs for returnees are met as part of a people/whānau centred approach. Wrap-around wellbeing/social service and manaaki support should be available to all returnees throughout their stay, with connections formed to community providers if required to support them as they enter the community. The welfare/wellbeing assessment early in a person's stay in the facility will also enable early support for returnees with wellbeing/welfare needs.

A diagram depicting how the different elements of the model of care work together – including further detail of which workforces would support their delivery, and examples of service offerings designed to meet the principles and objectives described above – is provided in above in **Figure 1**.

