



## BRIEFING

### Update of the Readiness Plan to re-establish quarantine and isolation capability

<b>Date:</b>	29 July 2022	<b>Priority:</b>	High
<b>Security classification:</b>		<b>Tracking number:</b>	2223-0269

Action sought		
	Action sought	Deadline
Hon Ayesha Verrall <b>Minister for COVID-19 Response</b>	<p><b>Note</b> MBIE provided the previous Minister for COVID-19 Response with a first draft of the Readiness Plan in May 2022, which included arrangements and guidance for to re-establishing quarantine and isolation capability.</p> <p><b>Note</b> this briefing provides an updated, second draft Readiness Plan for your information</p> <p><b>Note</b> that a final version of the Readiness Plan will be provided to you by 31 August 2022.</p> <p><b>Note</b> this briefing also provides a report back to COVID-19 Ministers with further detail on how self-quarantine and isolation would be run as an interim measure while quarantine or isolation facilities are stood up.</p> <p><b>Agree</b> to forward this briefing to COVID-19 Ministers.</p>	10 August 2022

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Andrew Milne	Deputy Secretary, Managed Isolation and Quarantine	Privacy of natural persons	✓
Privacy of natural persons	Senior Policy Advisor, Managed Isolation and Quarantine Policy		

**The following departments/agencies have been consulted**

Te Whatu Ora, Ministry of Health, The Public Health Agency at the Ministry of Health, New Zealand Police, Ministry of Housing and Urban Development, The Treasury, The Department of the Prime Minister and Cabinet, New Zealand Customs Service

**Minister's office to complete:**

Approved

Declined

Noted

Needs change

Seen

Overtaken by Events

See Minister's Notes

Withdrawn

**Comments**



## BRIEFING

### Update of the Readiness Plan to re-establish quarantine and isolation capability

Date:	29 July 2022	Priority:	High
Security classification:		Tracking number:	2223-0269

#### Purpose

This briefing provides an updated Readiness Plan for re-establishing quarantine and isolation capability (the Readiness Plan) for your information. This second draft Readiness Plan has several new features that have been built to provide options for responding to a serious public health threat and assurance for implementation activities.

This briefing also responds to the request that officials report back to COVID-19 Ministers with further detail of how self-quarantine of international arrivals could be run as an interim measure while quarantine and isolation facilities were being stood up [CAB-22-MIN-0223].

#### Recommended action

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

##### *Update on the Readiness Plan*

- a **Note** that the Readiness Plan is designed to bridge the time horizon between the closure of the current MIQ network, and the availability of any future interventions proposed by the National Quarantine Capability (NQC) programme business case (due to be considered by Cabinet in October 2022)  
Noted
- b **Note** that on 30 May 2022 MBIE provided the previous Minister for COVID-19 Response a first draft of the Readiness Plan, which included arrangements and guidance for to re-establishing quarantine and isolation capability. The costs associated with the retention phase of the Readiness Plan can be met within the current MIQ appropriation and are only funded to 30 June 2023. This funding does not cover the cost of implementing the Readiness Plan if it is activated.  
Noted
- c **Note** that the second draft of the Readiness Plan incorporates new features, for example a draft Emergency Evacuation Accommodation Plan, and a draft model of care developed with Te Whatu Ora and Manatū Hauora.  
Noted
- d **Indicate** if you would like to meet with officials to discuss the contents of the updated Readiness Plan  
Yes / No
- e **Agree** that this briefing is not proactively released until the Readiness Plan is finalised.  
Agree/Disagree

*Report back on self-isolation and quarantine of international arrivals*

f **Note** that Cabinet directed MBIE and the Ministry of Health, in consultation with New Zealand Police and the Ministry of Housing and Urban Development, and Te Whatu Ora, to report back to COVID-19 Ministers in August 2022 with further detail of how self-isolation and quarantine of international arrivals would be run as an interim measure while quarantine and isolation facilities were being stood up [CAB-22-MIN-0223].

Noted

g **Note** that this briefing and the 'Self Quarantine Framework' (Annex 1) which incorporates public health considerations, provides this report back.

Noted

h **Agree** to forward this briefing and the annexed 'Self-Quarantine Framework' to COVID-19 Ministers

Agree / Disagree



Andrew Milne  
Deputy Secretary,  
Managed Isolation and Quarantine  
MBIE

29 / 07 / 2022



Hon Ayesha Verrall  
Minister for COVID-19 Response

24 / 8 / 22

## Background

---

### *Readiness Plan*

1. The last of the Managed Isolation and Quarantine (MIQ) facilities were deactivated on 30 June 2022 and the MIQ network in its entirety will be decommissioned by the end of August. The Minister of Finance agreed to the decommissioning of the MIQ network conditional on the development of a Readiness Plan to re-establish quarantine and isolation capability if needed to respond to a significant public health threat at the border [BR 2122-4081 refers].
2. On 30 May 2022 MBIE provided the first draft of the Readiness Plan to the former Minister for COVID-19 Response, who authorised officials to commence negotiations with key suppliers for entering retention contracts to 30 June 2023 [BR 2122-4550].
3. The Readiness Plan is intended to bridge the time horizon between the closure of MIQ facilities and longer-term investment in National Quarantine Capability (subject to Cabinet decisions in October). The 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. The Readiness Plan assumes that border restrictions will be in place (or in the process of being implemented) when activated. The Plan depends on a legislative framework (for example with legal powers to mandates people to quarantine) being available to enable quarantine and isolation functions. Costs associated with the Readiness Plan in its retention phase can be met within the current MIQ appropriation until 30 June 2023. Additional funding will be required if the Plan is activated.
4. The key components of the Readiness Plan are:
  - a. Partnership arrangements with key suppliers (hotels, transport, and security services) and agencies in the form of retention contracts and Memoranda of Understanding that will enable rapid establishment of quarantine and isolation functions.
  - b. A step-by-step guide for standing up each function across a phased implementation period.
  - c. A repository of Standard Operating Procedure and a blueprint of the current MIQ operating model.
  - d. A directory of key suppliers and a directory of critical personnel that would be called upon to assist.
  - e. A Self Quarantine framework which revisits the Reconnecting New Zealanders framework for self-quarantine agreed by government agencies in 2021.
  - f. An Emergency Evacuation Accommodation plan which supports quarantine of evacuated New Zealanders as a result of an offshore public health threat.
  - g. A model of care framework which supports planning for how health services could be delivered at quarantine and isolation facilities if required.
  - h. A Resource Surge plan to support implementation of the quarantine and isolation capability, working with TKM.
  - i. A Maintenance and Testing plan to support keeping the QIC readiness plan up to date and fit for purpose.

### *Self-isolation and quarantine report back*

5. In June 2022, Cabinet directed MBIE and Manatū Hauora - the Ministry of Health, in consultation with New Zealand Police and the Ministry of Housing and Urban Development, and Te Whatu Ora - Health New Zealand, to report back to COVID-19 Ministers in August 2022 with further detail of how self-isolation and quarantine of international arrivals would be run as an interim measure while quarantine and isolation facilities were being stood up [CAB-22-MIN-0223]. The briefing provides this report back.

### **Four additions have been made to the second draft Readiness Plan**

---

6. MBIE has made four additions to the Readiness Plan in this second draft to provide assurance for implementation activities and provide options for supporting returnees to quarantine on arrival into New Zealand if required. Each of these four changes is explained in more detail below and attached as annexes for your information. The full second draft Plan is attached as Annex 6 and an updated Readiness Plan Overview as Annex 7.

#### **An Emergency Evacuation Accommodation Plan (Annex 2)**

7. The first addition to this second draft Readiness Plan is an implementation plan that sets out how quarantine and isolation capability would support a one-off emergency evacuation/repatriation of New Zealanders with 250 to 300 rooms within one week of a border closure decision.
8. The Emergency Evacuation Accommodation Plan details how minimum viable quarantine and isolation functions could be quickly stood up to support a small group of New Zealanders that have been repatriated through an emergency evacuation, similar to the evacuation from Wuhan in 2020. Under this Plan, two facilities, one in Auckland and one in Christchurch providing ~250-300 rooms will be stood up within one week of a government decision to impose stringent border restrictions. It was developed in consultation with Te Whatu Ora, New Zealand Police, New Zealand Customs Service and The Ministry of Housing and Urban Development.
9. The plan provides a temporary, one-time option to stand up some limited capacity as an interim measure while quarantine and isolation functions and facilities are being stood up, and therefore will have a lower level of assurance than Managed Quarantine and Isolation Capability when re-established. The actual evacuation and repatriation of New Zealanders is outside the scope of this Plan.

#### **A maintenance and testing plan (Annex 3)**

10. The second addition to this next draft Readiness Plan is additional information on maintenance tasks that will be carried out at periodic intervals to ensure that the Plan remains current and relevant. These tasks include updating directories, contract management, review of standard operating procedures, verifying hyperlinks etc. Updates related to IT system changes will also be made and new features to the Readiness Plan will be added where a need is identified. ✓
11. The Readiness Plan will be tested through the National Exercise Plan (coordinated by the National Emergency Management Agency) and other exercises carried out internally by the Readiness team to test various elements of the Plan. ✓

#### **A plan for surging resources if the Readiness Plan is activated (Annex 4)**

12. The third addition to the second draft Readiness Plan relates to how leadership, operational, and support positions will be filled if the Plan is activated.

13. At its peak of operations, MIQ had a workforce of around 4,500 people working across facilities, national and regional offices. A vast majority of the frontline workforce will be accounted for through retention and surge agreements with hotels, the security service provider, the transport provider, the Memorandum of Understanding with the Aviation Security Services.
14. This component of the Readiness Plan was developed in conjunction with Te Kawa Mataaho and will utilise the 'mobility hub' and lessons learned from the COVID-19 response to date.

### **Draft model of care to support quarantine and isolation facilities (Annex 5)**

15. A high-level draft model of care to support returnees in quarantine and isolation facilities has been co-developed with Te Whatu Ora and Manatū Hauora (Annex 5). In this annex, the principles, objectives, outcomes, approach to care, and key dependencies are detailed. The annex also provides a visual depiction of how the different elements of the model of care fit together to support the holistic health and wellbeing of returnees/whānau.
16. The draft model of care is underpinned by principles and objectives that are linked to Te Tiriti o Waitangi Principles as set out in the Te Tiriti o Waitangi Framework within *Whakamaua* - the Ministry of Health's Māori Health Action plan 2020-2025. It incorporates lessons learned from the MIQ system and care in the community, integrates concepts from *Te Whare Tapa Whā* (Durie, 1984), and provides a high-level overview of approach to delivering a holistic health and wellbeing service within a future quarantine and isolation system.
17. Prior to finalisation of the Readiness Plan in August 2022, Te Whatu Ora will work with Te Aka Whai Ora to refine and agree the final model of care.
18. The draft model of care is heavily dependent on public health advice at the time of any future response, including to determine length of quarantine/isolation, and testing modality and requirements for Infection Prevention Control etc.
19. There will be a requirement for an on-site health presence to deliver some in-person care (and potentially testing, if health professional administered testing modalities are recommended by public health officials). However, the draft model of care emphasises the use of a remote tele-health workforce for clinical assessment and monitoring, when appropriate. 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 people/whānau who require the most care. Additionally, remote assessments reduce the infection prevention and control risks that would be faced by clinicians during in-person interactions.
20. Te Whatu Ora has highlighted that additional funding will be required to resource the model of care, if the Readiness Plan is activated. Additional funding would be required:
  - a. to stand up and resource the health workforce (including a remote tele-health workforce); and
  - b. to develop and roll out the data and digital requirements required to deliver the model of care, including procuring devices where required.
21. Further assumptions and key dependencies that underpin the draft model of care are detailed in the annex.
22. Te Whatu Ora is engaging in early scoping work to identify potential options to establish and maintain a reserve/surge tele-health workforce for quarantine and isolation capability readiness. Further information will be provided in August with the final version of the Readiness Plan, alongside additional detail regarding data and digital requirements.

## Self-Quarantine and Isolation report back

---

23. Cabinet directed MBIE and Manatū Hauora, in consultation with New Zealand Police and the Ministry of Housing and Urban Development, and Te Whatu Ora, to report back to COVID-19 Ministers in August 2022 with further detail of how self-isolation and quarantine of international arrivals would be run as an interim measure while quarantine and isolation facilities were being stood up [CAB-22-MIN-0223].
24. The Readiness Plan assumes that self-quarantine will be the interim default position while quarantine and isolation capability is re-established, and that other appropriate steps will be taken in parallel (for example pre departure tests) to ensure that risk is kept offshore as much as possible [BR 2122-4550 refers].
25. MBIE and Te Whatu Ora with support from Manatū Hauora have compiled the knowledge gained to date about self-quarantine through the COVID-19 response. This information is presented in the 'Self-Quarantine Framework' (Annex 1) which accounts for new developments such as the NZTD and new testing methods.

### *Planning considerations*

26. The starting point for running self-quarantine at the border as an interim measure would be the current self-isolation settings, where arrivals are required to test using rapid antigen tests on day 0/1 and day 5/6. Arrivals who currently test positive are required to self-isolate for 7 days.
27. Self-quarantine for arrivals would likely include:
  - a. self-quarantine until they return a negative test on day 0/1 or day 5/6.
  - b. the framework designed for the Reconnecting New Zealanders Strategy (RNZ)
  - c. support from Care in the Community networks where appropriate.
28. The New Zealand Traveller Declaration (NZTD) and alternative testing methods (e.g., loop-mediated isothermal amplification tests) are new tools that were not available when self-quarantine was used in March. NZTD enables the current post-arrival testing and self-isolation approach, as it provides contact details to follow-up for test results. LAMP is a new technology which, if successful, could enable more accurate on-arrival or post-arrival testing, although this is likely to be more costly and require changes to airport processes.
29. These settings could be enhanced further by layering other risk proportionate measures, including:
  - a. pre-departure testing
  - b. travel advisories
  - c. additional travel restrictions
  - d. targeted border closures.
30. As a border response, self isolation and quarantine have limitations, including the challenges in compliance monitoring, verification of information entered in the traveller declaration system and the travel of returnees from the airport to the self-quarantine destination.

### *Public Health considerations for the use of self-quarantine*

31. Consistent with the Variants of Concern Strategic Framework, the threshold for using stronger reserve measures including isolation and quarantine requirements, and self-quarantine is particularly high. In most situations we would prefer to use domestic public



health measures that have been shown to be effective during the pandemic and apply these to arrivals. This reflects both the increased level of immunity in the community, and the changing social license. This also reflects the increased transmissibility that we are likely to see with new variants of concern, which means some measures may no longer be effective or meet the proportionality test.

32. If a variant of concern is already in the community when first detected (which is likely) and an elimination style approach was being pursued, wider strict public health measures such as lockdowns may be indicated, in addition to possible border restrictions.
33. Isolation and quarantine requirements are only likely to be used where a range of the following factors are present, including:
  - a. If there were indications of very high clinical severity and likely high fatality rates
  - b. Transmissibility levels that could be managed with strong border measures
  - c. There are high levels of immune escape and current immunity levels are likely to be ineffective
  - d. There would be clear benefits that could be realised in the time that the measures could be sustained
  - e. Where the health system is already under pressure, or a new variant of concern is likely to place the health system under extreme pressure
  - f. Where at-risk communities are likely to be severely affected.
34. If a decision were made to impose stringent travel restrictions in response to a variant of concern and to commence the stand-up of the quarantine or isolation capacity to manage returnees, then in the intervening four weeks while isolation and quarantine facilities were stood-up there would be a requirement to implement some form of self-quarantine/isolation.
35. The current isolation and quarantine requirements and the potential for self-quarantine for all arrivals (as developed for RNZ) still provide at a high level, the realistic settings for implementing self-quarantine for border arrivals at scale. It was a high trust model rather than an enforcement or compliance model, and there was a diminishing international health risk relative to domestic health risk context at the time it was implemented.
36. However, there are a range of considerations and factors that would inform the public health advice regarding the appropriate settings for self-quarantine for international travellers in any situation:
  - a. The level of risk posed by international travellers, relative to the domestic public health risk. With our current border settings, it is likely that any high risk variant of concern will already have seeded in the country and circulating by the time it is identified as a high risk variant of concern.
  - b. Additionally, the comparative risks from international travellers relative to levels of domestic risk is likely to change rapidly as the VOC becomes more established domestically. Given the likely rapid transmission of new variants, the comparative public health risk from community cases may mean that self-quarantine quickly ceases to be justifiable.
  - c. Any public health assessment will need to consider the intention and purpose in implementing a self-quarantine pathway. This is intrinsically linked to the public health risk context. If the variant of concern is already seeded and circulating in the country, there is likely to be limited value in trying to prevent onward transmission of the VOC to the community. In such a situation, the intent is more likely to be to limit new seeding

events, and to minimise and slow the spread of the VOC. This means that some degree of risk or 'leakage' associated with the self-quarantine settings and pathway may be more acceptable (e.g. the use of public transport to travel to a self-quarantine location, with appropriate mitigations such as mask use), although proportionality issues are likely to remain.

- d. The suite of other public health measures will need to be considered as well, including options to complement self-isolation or alternative options that may mitigate the public health risk. These measures could include implementing pre-departure testing, strengthening contact tracing (criteria and resource) for cases infected with a variant of concern, and adjusting quarantine/isolation periods, testing frequency and other measures to reflect changing risk tolerances.

37. Ultimately, the public health advice regarding which self-quarantine settings are appropriate in any situation will need to consider the public health risk posed by international travellers to the community, the intent of implementing self-quarantine requirements for travellers, and the range of other public health measures that are in place (or could be deployed/strengthened) in response to the risk posed by the VOC.

#### *Bill of Rights and legislative considerations for self-isolation*

38. The use of self-isolation will need to be carefully considered against NZ Bill of Rights Act implications, particularly in a context where community transmission of COVID-19 is now widespread, and the threshold for border related isolation and quarantine is likely to be considerably higher. We note also that if the ongoing use of managed isolation or quarantine depends on self-isolation and quarantine in the interim, this may affect the ongoing viability of this as an option.
39. Work to develop an enduring legislative framework to respond to COVID-19 and future pandemics is underway. This framework will provide legislative powers to implement response measures for the current pandemic and the emergence of new variants of concern. Legislative authority will be required to implement measures that are considered "reserve" – these are measures that are only intended to be used when proportionate to a higher public health risk. Widespread mandatory quarantine/isolation are therefore considered as reserve measures. We understand DPMC will be providing further advice on the future legislative framework in August.

#### *Ongoing responsibility for self-isolation*

40. The ongoing responsibility for most aspects of self-isolation and quarantine remain with Manatū Hauora and Te Whatu Ora. NZTD will remain with the New Zealand Customs service. Communications, initially at least, will sit with DPMC and Manatū Hauora. MBIE does not have responsibility for implementing any of the functions in running self-quarantine (e.g., NZTD, setting public health guidelines, public communication, testing, care in the community etc).

## **Next steps**

---

41. Subject to your feedback on this update, MBIE will provide a final version of the Readiness Plan by the end of August 2022. Once the Readiness Plan is finalised, minor updates will be made periodically in accordance with the maintenance and testing plan.

## **Annexes**

---

Annex One: Self Quarantine Framework

Annex Two: Emergency Evacuation Accommodation Plan

Annex Three: Maintenance and Testing Plan

Annex Four: Draft Model of Care for Managed Quarantine and Isolation

Annex Five: Resource Surge Plan

Annex Six: Quarantine and Isolation Capability Readiness Plan Readiness Plan Draft 2

Annex Seven: Quarantine and Isolation Capability Readiness Plan Overview Version 2

---

# Quarantine & Isolation Capability

---

## Self-Quarantine Framework RNZ Re-visited

*A consolidation of the lessons learnt from the MIQ self-isolation pilot and the reconnecting New Zealand framework.*

***Version 0.2 - Final***

**29 July 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
0.1	29 June 2022	Development of the Self-Quarantine Plan	Document Creation. For review.
0.2	1 July 2022	Review and revision of the plan	Reviewed by Programme Director and Project Lead. Feedback incorporated.
0.2	21 July 2022	Final review and endorsement program director	Programme Director and Project Lead
0.2	26 July 2022	Incorporate NZ Customs, NZ Police, Health feedback. Final review GM MIQ and DCE	GM & DCE consultation

## Document Location

REF	Last Save	Location
127722050	4 July 2022	<a href="https://mako.wd.govt.nz/otcs/llisapi.dll?func=ll&amp;objaction=overview&amp;objid=127722050">https://mako.wd.govt.nz/otcs/llisapi.dll?func=ll&amp;objaction=overview&amp;objid=127722050</a>

## 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).

## Contents

---

<b>Document Control</b> .....	<b>2</b>
<b>Document Location</b> .....	<b>2</b>
<b>Document Security</b> .....	<b>2</b>
<b>Contents</b> .....	<b>3</b>
<b>Glossary</b> .....	<b>4</b>
<b>Overview</b> .....	<b>5</b>
Objective .....	5
Assumptions.....	5
Important context for the self-quarantine framework .....	6
Public Health view on application of the framework.....	6
<b>The Self-Quarantine System Components</b> .....	<b>7</b>
Reconnecting New Zealanders Medium Risk Pathway .....	7
Compliance Strategy .....	8
Self-Isolation Pilot for Business Travellers .....	9
Traveller Health Declaration System.....	10
<b>End to End Self Quarantine Framework</b> .....	<b>11</b>
<b>Implementation Challenges and Opportunities</b> .....	<b>13</b>
APPENDIX 1 .....	14
Self-Isolation Pilot – Summary of Trial.....	14
APPENDIX 2 .....	16
Standard Operating Procedures – Self Isolation Pilot .....	16
APPENDIX 3 .....	17
Location Monitoring Border Arrivals Self Isolating Under the Medium Pathways – Minister Briefing Paper .....	17

## Glossary

AoG	All of Government
BAU	Business As Usual
COVID-19	Illness caused by the novel SARS-CoV-2 virus
Facility	A contracted hotel for persons to stay as directed by the government for a period of quarantine or isolation
Isolation	Isolation separates sick people with a contagious disease from people who are not sick.
P&C	People and Culture
MAKO	MBIE electronic document storage system
MBIE	Ministry of Business, Innovation and Employment
MIQF	Managed Isolation & Quarantine Facility
MoH	Ministry of Health
MOU	Memorandum of Understanding
NPHS	National Public Health Service
OGAs	Other government agencies
QIC	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.
Self-Quarantine	Quarantine that occurs at a person's home or other approved location, not at a government approved facility
SOP	Standard Operating Procedure

## Overview

---

### Objective

The purpose of this document is to consolidate knowledge and information sources that MBIE have obtained on self-quarantine for border arrivals since late 2020. It also revisits the Self Quarantine framework agreed across government to implement the first step of Reconnecting New Zealanders.

The self-quarantine response in early 2020 as the first step to respond to the COVID-19 pandemic was delivered by Ministry of Health (MoH). The later design in 2022 of Reconnecting New Zealanders (RNZ) was led by DPMC with MBIE coordinating government agencies to provide an end to end framework, including a minimal compliance model for enforcement of Regulation breaches. MBIE did not have responsibility for delivery of any of the elements included in the framework, including the compliance enforcement strategy, other than building the model.

In late 2021 MBIE designed, led, and implemented a pilot for self-isolation for business travellers. The design of the self-isolation pilot was agreed by Cabinet as part of RNZ work programme and MBIE was the lead agency for delivering the pilot.

This document is not intended to design an All of Government self-quarantine framework. Instead, it presents the previously developed RNZ framework for self-isolation with the responsibility for delivery sitting with the Government agencies responsible for the functional area.

This report is for information only and collates all information related to self-quarantine into one resource document to inform future decision making on self-quarantine, if required. Whilst this document provides information related to MBIE-led self-quarantine, there are other resources and learnings from health-led self-quarantine that would also be valuable i.e., the domestic self-quarantine and self-isolation response (Care in the Community).

Note that this plan provides a framework for Self-Quarantine using the standard definitions. Previous activities in this space have referred to Self-Isolation however we are no longer using this terminology to better align with correct health system definitions.

### Assumptions

The following assumptions exist in relation to the Self-Quarantine framework:

- Self-quarantine is for persons legislated to do so on arrival into New Zealand, this is likely to include those at risk of having been exposed prior to or during international travel
- All inbound travellers would be required to self-quarantine for an agreed period (7-14 days previously) on arrival at New Zealand's border, to limit the spread of a future Covid-19 variant. This quarantine period would be established based on public health advice.
- The self-quarantine framework may be considered in the following scenarios:
  - Self-quarantine only
  - Self-quarantine while the Quarantine and Isolation Capability (QIC) is being implemented (QIC replaces self-quarantine after 3-4 weeks)
  - Self-quarantine or QIC pathway - hybrid model (some travellers being directed to self-quarantine and some travellers being directed to a MIQ facility)



- The conditions for which self-quarantine as an appropriate response framework may change over time and is contingent on balancing the risk posed by the Covid or other disease variant and the government strategy.

## Important context for the self-quarantine framework

MBIE do not have the resources or expertise in place to develop a new AoG self-quarantine system on behalf of government. The reconnecting New Zealanders AoG framework for self-isolation blueprint, included in this document, details how the plan was intended to be operationalised when self-isolation for border returnees was first introduced in early 2022, it is therefore a starting point. This framework was built on a high trust, low touch, diminishing health risk model at the time it was implemented.

## Public Health view on application of the framework

Consistent with the Variants of Concern Strategic Framework, the threshold for using elimination approach measures including the use of managed quarantine, and self-quarantine is particularly high. In most situations Health would prefer to use domestic public health measures that have been shown to be effective during the course of the pandemic, and apply these to arrivals. This reflects both the increased level of immunity in the community, and the changing nature of social license. This also reflects the increased transmissibility that we are likely to see with new Variants of Concern.

An elimination approach is only likely to be used where a range of the following factors are present:

- If there were indications of very high clinical severity and likely high fatality rates
- Transmissibility levels that could be managed with strong border measures
- There are high levels of immune escape and current immunity levels are likely to be ineffective
- There would be clear benefits that could be realised in the time that the measures could be sustained
- For a health system that is already under pressure, a new variant of concern is likely to place the health system under extreme pressure
- Where at-risk communities are likely to be severely affected.

If a decision were made to close the border in response to a variant of concern (VOC) and commence the stand-up of the QIC to manage returnees, then in the intervening four weeks there would be a requirement to implement some form of self-quarantine/isolation, unless the borders were fully shut to all incoming travellers (unless the borders were fully shut to all incoming travellers, which has never been done – not even during 2020 and the full Elimination Strategy).

The starting point for running self-quarantine at the border as an interim measure would be the current self-isolation settings, where arrivals are required to test using rapid antigen tests on day 0/1 and day 5/6. Arrivals who currently test positive are required to self-isolate for 7 days.

Self-quarantine for arrivals would likely include:

- a. self-quarantine until they return a negative test on day 0/1 or day 5/6.
- b. the framework designed for the Reconnecting New Zealanders Strategy (RNZ)
- c. support from Care in the Community networks where appropriate.

However, there are a range of considerations and factors that would inform the public health advice regarding the appropriate settings for self-quarantine for international travellers in any situation, including:

1. **Public health risk context:** what is the public health risk posed by international travellers, relative to the domestic public health risk? It is likely that given our current border settings, any high-risk VOC will already have seeded in the country and circulating by the time it is identified as a high risk VOC. Additionally, the international risk relative to domestic risk is likely to change rapidly as the VOC becomes more prevalent in Aotearoa New Zealand (i.e., the

international risk is likely to diminish relative to domestic risk fairly rapidly). This means that self-quarantine settings will need to adjust rapidly to reflect this changing risk profile, in order to remain proportionate and justifiable.

2. **Purpose/Intent:** what is the purpose/intent of implementing a self-quarantine pathway? This is intrinsically linked to the public health risk context – if the VOC is already seeded and circulating in the country, implementing self-quarantine for international travellers is likely to have limited value in preventing onward transmission of the VOC to the community. In such a situation, the intent is more likely to be to limit new seeding events, to slow the spread of the VOC. This means that some degree of risk or ‘leakage’ associated with the self-quarantine settings and pathway is more acceptable (e.g., the use of public transport to travel to a self-quarantine location, with appropriate mitigations such as mask use).
3. **Other public health measures:** what other public health measures are in place, or can be strengthened, to mitigate risk? There are a suite of public health measures available that can be implemented and/or strengthened to reduce the impact that a VOC may have on the community. These may complement self-quarantine for international arrivals. These measures include implementing pre-departure testing, strengthening contact tracing (criteria and resource challenges) for cases infected with the VOC, and adjusting quarantine/isolation periods and testing frequency to reflect changing risk tolerances. The deployment of additional public health measures may mean that a high-trust self-quarantine model is an acceptable approach to achieving the purpose of implementing self-quarantine, in a given public health risk context.

Ultimately, the public health advice regarding which self-quarantine settings are appropriate in any situation will need to consider the public health risk posed by international travellers to the community relative to the domestic risk, the intent of implementing self-quarantine requirements for travellers, via air and maritime borders, and the range of other public health measures that are in place (or could be deployed/strengthened) in response to the risk posed by the VOC.

## The Self-Quarantine System Components

---

The starting point for running self-quarantine at the border as an interim measure would be the current settings, where arrivals are required to test using rapid antigen tests on day 0/1 and day 5/6. Arrivals who currently test positive are required to self-isolate for 7 days. Self-quarantine for arrivals would likely draw on these provisions, for example they may need to self-isolate until they return a negative test on day 0/1 or day 5/6. We would also draw on the framework designed for the Reconnecting New Zealanders Strategy (RNZ) and be supported by Care in the Community where appropriate.

### Reconnecting New Zealanders Medium Risk Pathway

The RNZ strategy set out a staged approach for reopening our air and maritime borders based on passenger risk. The requirements for each pathway that have evolved throughout the pandemic has a clear plan for self-quarantine as part of the medium risk pathway for travellers and outlined core requirements that travellers had to meet to be eligible. The requirements at the time being:

- Proof of having completed a primary course of COVID-19 vaccination
- Completion of a pre departure test before travel
- A passenger declaration about travel history
- Taking and reporting the results of a Rapid Antigen Test (RAT) on day 0/1 and 5/6
- A requirement to self-quarantine for seven days, and
- A final negative test before ending quarantine and entering the community.

Compliance monitoring for testing requirements was undertaken by the MoH through automated email and text reminders. No follow up phone calls were conducted unless a traveller registered a positive result. Testing requirements were subject to change.

Infringement offences were created for failing to complete required test (MOH) / inaccurately report test (MOH) / fail to remain in quarantine location (serious breaches NZ Police). There were no proactive enforcement measures in place and no compliance monitoring. There was only a reactive response available in cases of serious reported breaches.

As part of the Reconnecting New Zealanders pathways, work was also undertaken to:

- identify appropriate settings for groups to enter quarantine together in specific circumstances
- allow eligible sports and cultural groups to train or rehearse together
- identify special circumstances where people may leave.

## Compliance Strategy

Self-isolation under RNZ was set up as a high trust, low touch model and created infringement offences specific to self-isolation. However, no agency had the capacity to perform the enforcement function, other than NZ Police in instances where there was a high public health risk.

In summary that RNZ model provided:

- NZ Police have powers to make further enquiries to determine if there had been a breach of self-quarantine requirements. NZ Police proposed a graduated enforcement approach for those breaches which are prioritised as presenting significant public health risks, balanced against other operational demands
- Customs enforced infringement offences that were detected at the border relating to breaches of pre departure testing, unvaccinated travellers, non-completion of the required traveller declaration and breaches committed by a carrier bringing persons to New Zealand who did not meet entry requirements
- Health had responsibility for Infringement offences for failing to complete testing requirements or inaccurately reporting test results.

### Enforcement Limitations

High trust models have served New Zealand well throughout this pandemic. Most returnees did the right thing to help protect the New Zealand community by complying with their self-isolation requirements.

The monitoring of those in self-quarantine needs to be consistently applied, but also proportionate to the public health risk posed by non-compliance. This approach was challenging because the public health risk posed by non-compliance is highly dynamic and can shift rapidly as the domestic risk situation evolves (e.g., within days sometimes). Parity between border cases and community cases also needs to be proportionate, unless border arrivals present a higher risk. Then there is a justification for differential treatment.

There are a number of limitations with the RNZ compliance model including:

- Travel to self-quarantine destination from the airport allows the returnee to mix with NZ community members e.g. bus, taxi, uber, domestic air travel, family collection
- Public Health Advice may require a test at the airport on arrival into New Zealand. If the advice requires health staff administered or supervised staffing for this would need to be provided, as would a location for this activity to occur. This proposal was explored in RNZ but discounted given the operational challenges to deliver. Alternatively for self-administered testing compliance checking would still need to be staffed.

- The process for returnees who test positive on arrival into New Zealand is that the returnee travels to their place of self quarantine and then self-quarantines under the care in the community framework, like any domestic cases. The only difference is that the traveller is asked to get a PCR test to enable whole genome sequencing, for the MOH surveillance work.
- There is currently a reliance on returnees completing a NZ Traveller Declaration (NZTD) prior to travel, which includes information on how contact can be made with the traveller once in New Zealand, including physical address, phone number and email address. There is no mention in the current version of NZTD of a location for self-quarantine. Without this information being collected and made available compliance activities are not possible.
- Should self-quarantine information be collected there is no verification process or resourcing to confirm the address information given in the NZTD, so false/incorrect addresses or unsuitable addresses for self quarantine such as shared accommodation addresses could be provided.
- There is no monitoring to ensure compliance with the requirement to remain at the reported address<sup>1</sup>. Whilst options have been considered, none have been agreed to be suitable for self-quarantine purposes.
- A returnee can self-quarantine with others who are not subject to any restriction on movement unless the returnee tests positive.
- A tool for the public to report non-compliance of self-quarantine requirements was created, however a resource to receive, triage or action these reports needs to be identified for implementation.
- NZ Police may undertake enforcement action if a breach poses a significant public health risk.

## Self-Isolation Pilot for Business Travellers

A self-isolation pilot for business travellers was designed and implemented to test some of the processes for isolation in the community as an alternative to managed isolation and quarantine for low to medium risk international business travellers. This pilot was part of the RNZ work programme to plan for a phased border reopening.

The self-isolation pilot covered:

- The border system and processes
- The delivery of services in self-isolation
- Monitoring, compliance, and enforcement
- The participant experiences
- The experience of other stakeholders.

The pilot was designed to include up to 150 travellers arriving at Auckland or Christchurch between 30 October and 18 December 2021. Businesses were asked to submit expressions of interest (EOI) in the pilot via an online portal.

Information was collected through this process to check that applicants met the strict eligibility criteria and therefore could be considered low-medium risk.

79 participants successfully completed self-isolation through the pilot programme from 30 October to 18 December 2021.

---

<sup>1</sup> A cross agency Cabinet paper on 'location monitoring' of border arrivals using the self-isolation model under the medium risk pathway can be found at **Appendix 2**.

Key findings from the pilot can be found in Appendix 1. One of the most significant findings was that none of the processes included in the pilot could be scaled up.

## **Traveller Health Declaration System**

Everyone travelling to New Zealand by air must now complete a New Zealand Traveller Declaration (NZTD) prior to check-in at the airport.

The information collected, which includes COVID-19 vaccination status, is used to let travellers know what they need to do when they arrive in New Zealand: such as self-test on arrival or enter self-quarantine.

Returnees need to complete a NZTD and be issued with a Traveller Pass to board their flight to New Zealand and must show their pass on arrival in New Zealand.

The complexity of digital and operational systems that the NZTD needs mean that it is being developed in stages. The first version came into effect in March 2022. Changes are made to the system as requirements for returnees change and alerts are sent to returnees to inform them of these changes. These alerts are not automated and require a manual process to identify email addresses and send notifications of any pending changes.

The New Zealand Customs Service is administering this system and programme of work.

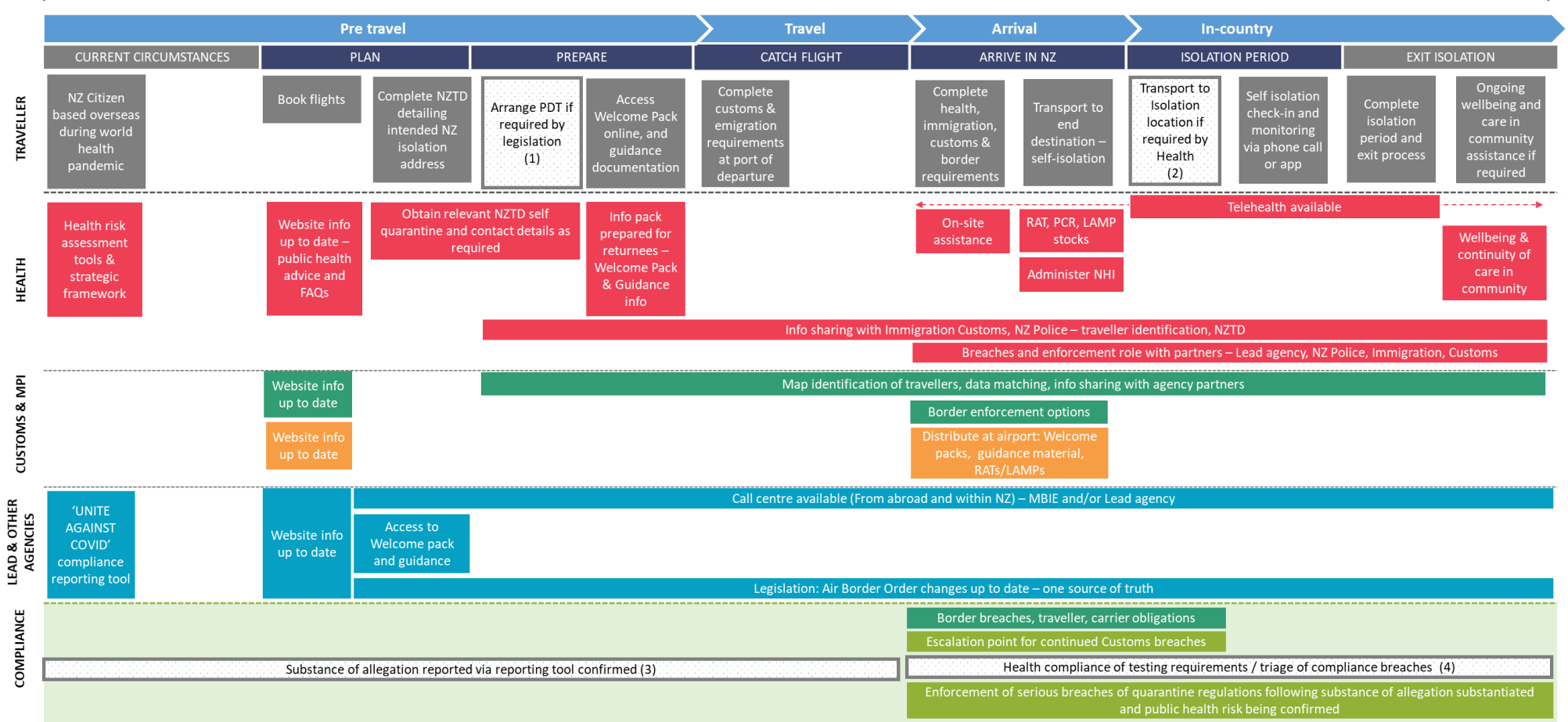
## End to End Self Quarantine Framework

---

Please see below the *End-to-End Self Quarantine framework*. This is the RNZ model with modifications to represent advances in technology i.e., availability of LAMP, and introduction of NZTD and inclusion of the Health and Wellness framework and use of telehealth services. Testing modalities will be directed by public health.

The model proposes no more than what was previously agreed by agencies as part of the RNZ border opening, and the 72-hour period when the model and requirement to self-isolate was operational. This model represents a point in time agreement by agencies to perform certain functions. Further work is needed to understand if these agencies have the capacity to operationalise in a future environment, or any options for improvement.

# End to end self-quarantine journey – Reconnecting NZ recommissioned



**AGENCY KEY**

- Health NZ
- NZ Customs
- MPI
- NZ Police
- Gaps in delivery/changes since Reconnecting NZ

**FOOTNOTES;**

1. Currently no requirement for PDT
2. If no facility, care in community option. Airport testing not able to be operationalised in RNZ
3. Resource required to substantiate allegation
4. Resource required for triage and prioritisation of reported breaches based on health risk framework.

## Implementation Challenges and Opportunities

The challenges in implementing a self-quarantine model to address any of the variant scenarios are:

- The integrity, reporting and availability of reliable pre departure testing
- NZTD further development is needed to capture information to support a self-quarantine model to ensure quarantine addresses are recorded accurately and can be shared with enforcement agencies
- Privacy Impact Assessment (PIA) for information sharing that allows Health access to the information is in place currently, however if changes are to be made to the information that the system collects, the purpose it is collected for and who it is to be shared with, a new PIA will be required.
- Border enforcement options for travellers that have not completed NZTD has a significant dependency on NZ Customs
- A process and resource is required to determine if the self-quarantine location is suitable, i.e., internet connection for monitoring, family in location, health risk posed by travel? Self-quarantine location address not validated
- Border testing of arrivals. It is necessary to allow the returnee to travel to place of self-quarantine? LAMP or RAT testing at the border options. Identification of the resource and location to perform this function is needed. This process was considered and discounted as part of RNZ given the challenges to operationalise.
  - Airport location required for testing before scheduled onward travel, Auckland, and Christchurch airport authorities' dependency
  - Resource required to supervise testing and recording into Health data base. dependency on National Public Health Service (NPHS)
- Returnee travel to location to start self-quarantine. Public transport required. Issues arise if the returnee cannot reach destination in single day i.e., stop over required as driving or ferry crossing needed
- Arrive at location and commence self-quarantine and compliance testing. Dependency on testing monitoring by NPHS
- Compliance monitoring tool for reporting of breaches by Members of Public on the Unite Against COVID-19 website requires resourcing for the triage and prioritisation process, based on public health risk model.
- Rules governing movement once the returnee commences self-quarantine must be simple and easy to enforce if a breach is identified. In RNZ there were a large number of exemptions allowing a person to leave their address permitted in the various orders. These exemptions cannot necessarily be distinguished by a member of the public reporting a breach.
- There is no dedicated agency to investigate reported breaches. NZ Police commitment in RNZ was to investigate established, serious breaches. Resourcing would be required to complete investigative functions before referral to NZ Police.
- Not every returnee crossing the border has a place to quarantine i.e., a home, or if they do, it may be unsafe to do so due to vulnerable people living there. There needs to be alternate options identified for these people.



## Self-Isolation Pilot – Summary of Trial

79 participants successfully completed self-isolation through the pilot programme from 30 October to 18 December 2021.

### Regarding the Application Process

- A two-stage expression of interest and ballot successfully identified 81 participants to trial home isolation as an alternative to MIQ, for a closely monitored approach to self-isolation. 79 individuals participated in the pilot
- The strict criteria adopted for the pilot per Cabinet's agreement, including the requirement to isolate close to the port of arrival, meant that options for participation were severely limited for travellers living outside Auckland. There were few international flights scheduled into Christchurch (none from Australia and only from Singapore).

### Regarding the Arrival Process and Transfer to self-isolation

- The processes to identify and separate self-isolating travellers from travellers going to managed isolation and quarantine (MIQ) worked effectively and smoothly
- Airports put in place systems that would cater for the number of people expected to participate in the pilot. The small size of the pilot limited the extent to which systems were fully tested, as the highest number of arrivals was four on any flight
- In Auckland, Rapid Antigen Testing was done for all pilot participants. The test extended the transfer time in the airport by 14-15 minutes for each individual
- It is the view of the airports that undertaking COVID-19 testing at the border at scale is not operationally viable because of space constraints to safely accommodate large numbers of people being tested on-site, and the risks and costs of delays to passenger disembarkation if arrival halls are not cleared quickly
- Overall, the use of commercial transport providers to drive participants to their place of self-isolation was highly successful with few incidents

### Regarding the participant experience of self-isolation

- The opportunity to travel internationally for business was valued by participants
- Most participants were satisfied or very satisfied with their self-isolation experience
- Most participants found the self-isolation experience easy. The key themes in the participant feedback were that the number of tests, the length of the required self-isolation was perceived as excessive, and that the challenges became harder after the first few days, including being bored and lonely and separated from loved ones.

### Regarding Health checks during self-isolation

- During their stay in self-isolation, regular saliva-PCR tests were taken. In Christchurch where health workers supervised the collection of the tests there were no insufficient samples. In Auckland, where tests were unsupervised, there were a small number (six) of insufficient tests. The implications of these observations need to be considered alongside experience from other situations where saliva testing is used.
- The pilot faced operational challenges from implementing a targeted programme at the same time as the nation-wide introduction of three days home isolation for travellers after seven days of MIQ, and increased demand for health

support to deliver health checks for self-isolating community cases. In a wider roll-out the priority and mechanism for health checks for returnees will need to be weighed against other demands due to cases in the community.

### **Regarding Monitoring during self-isolation**

- Monitoring of pilot participation was effective, with no breaches identified. However, the participant views on monitoring were varied, with some welcoming the daily interactions with the monitoring staff and others finding the phone calls intrusive.
- More advanced technological methods for tracking, using GPS tracking devices and other technologies were advocated for by some participants.
- From the perspective of the monitoring company the approach was a high-trust model, which relied on establishing a good relationship between the participant and the monitoring staff. This view aligns with participant views that it would be possible to evade the monitoring if you wanted to.

### **Regarding data collection and information sharing**

- Multiple agency involvement requires that information is speedily, efficiently, and securely shared to facilitate a clear self-isolation pathway for travellers. Given the small scale of the pilot, the processes used were mostly manual.
- The model of self-isolation will determine the extent of information collection and sharing required, but to handle large volumes of travellers it will not be feasible to use manual processes. Manual processes are not only resource heavy but also introduce privacy and security risks as it is not possible to track and monitor all data access and use.
- Overall, while manual in nature, the information sharing processes put in place for the pilot worked well to ensure that all partner agencies received the information required for their part in the process.

### **Regarding Communications**

- Communications using multiple methods were necessary to engage with stakeholders such as the airports and health services, iwi, partner agencies and pilot participants. The communications were effective because they used multiple digital channels, and because they could be revised to take account of the changes to the pilot requirements and in response to feedback as the pilot progressed.

## Standard Operating Procedures – Self Isolation Pilot

Links to developed standard operating procedures developed by MBIE for the self-isolation pilot, however we do not recommend these are used are as follows:

[SIP Transport SOP.docx](#)

[Manage participant compliance monitoring v1.0.docx](#)

[Urgent issues after hours \(1\).docx](#)

[SIP Arrival in NZ SOP.docx](#)

[Manual eligibility check SOP V0.3 final.docx](#)

[SIP Allocate Voucher SOP.docx](#)

[Identify eligible applications SOP final.docx](#)

[Manage compliance exceptions v1.0 final.docx](#)

[Manage exit SOP.docx](#)

**Location Monitoring Border Arrivals Self Isolating Under the Medium Pathways – Minister Briefing Paper**

**LINK:** [2122-2166 SIGNED location monitoring border arrivals self-isolating unde... \(2\).pdf](#)

---

# Quarantine & Isolation Capability

---

# Emergency Evacuation Accommodation Plan

*A plan, if required, to establish emergency accommodation within a week to provide 250 - 300 rooms, providing quarantine and isolation services for New Zealand citizens evacuated from a location of interest in response to a health emergency.*

***Version 2.0 – Final***

**27 July 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
2.0	1 July 2022	Draft Version	Privacy of natural persons
1.0	4 July 2022	Final Draft	MIQ Leadership Team / Readiness Advisory Group
2.0	20 July 2022	Final Draft	Incorporate agency feedback
2.0	July 2022	Final draft	Program director approval
2.0	26 July 2022	Incorporate NZ Customs feedback. Final review GM MIQ & DCE	GM & DCE consultation

## Document Location

REF	Last Save	Location
127720260	4 July 2022	<a href="https://mako.wd.govt.nz/otcs/lisapi.dll/link/127720260">https://mako.wd.govt.nz/otcs/lisapi.dll/link/127720260</a>

## 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).

# Contents

---

Document Control .....	2
Document Location .....	2
Document Security .....	2
Contents .....	3
Glossary .....	4
Overview .....	5
Background .....	5
Assumptions.....	5
Quarantine and Isolation Emergency Evacuation Accommodation Capability.....	7
Functions required for EEAP implementation.....	8
Retention Agreements .....	10
Setup Risks & Mitigations.....	10
Implementation: Function Task List - Emergency Evacuation Accommodation Plan .....	11
Function: Facility Implementation .....	11
Function: Operational Services .....	13
Function: Enabling.....	13
Function: Health.....	15
Function: Accommodation and Facility Services.....	18
Function: Security.....	19
Function: Communications .....	21
Appendix 1: Non-Border Closure Emergency Evacuation Accommodation Plan planning.....	22
Appendix 2: Next Steps .....	23
Recommendations .....	23

## Glossary

---

CCTV	Closed-circuit television or video surveillance
COVID-19	Illness caused by the novel SARS-CoV-2 virus
EEAP	Emergency Evacuation Plan
Facility	A contracted hotel for persons to stay as directed by the government for a period of quarantine or isolation
MFAT	Ministry of Foreign Affairs and Trade
IMT	Incident Management Team
IPC	Infection Protection and Control
Isolation	Separating sick people with a contagious disease from people who are not sick
Hotspot	Location from where New Zealand government has decided to evacuate people from due to health risks
LAMP	Loop-mediated isothermal amplification
MAKO	MBIE electronic document storage system
MBIE	Ministry of Business, Innovation and Employment
MIQF	Managed Isolation and Quarantine Facility
MoH	Ministry of Health
MSD	Ministry of Social Development
PCR	Polymerase chain reaction
PPE	Personal Protective Equipment



# Overview

---

## Background

The Quarantine and Isolation Capability (QIC) Emergency Evacuation Accommodation Plan (EEAP) details the functions and capability required to quarantine and if required isolate New Zealanders who have been repatriated, via an emergency evacuation, from a foreign 'hotspot' due to a significant health pandemic. The plan anticipates a scenario similar to the evacuation of NZ citizens from Wuhan, China in early 2020 at the beginning of the COVID-19 pandemic.

This plan allows for a Quarantine and Isolation Capability consisting of ~250 to 300 rooms (with a single facility in both Auckland and Christchurch). It caters for the following scenario:

- **New Zealand Border Closure**

Public health advice has been given on a high-risk variant of Covid 19. Cabinet have therefore decided to close the NZ border and activate the Quarantine and Isolation Capability (QIC). Before the first QIC facilities are in operation (3-4 weeks post cabinet decision) the Emergency Evacuation Accommodation Plan could be used to repatriate a small group of compromised New Zealanders while to facility is being readied to accommodate returnees as part of a full MIQ response.

**NOTE: future versions of this plan will include a scenario where evacuation is required by no border closure is decided.**

The functions within the EEAP will be operational within one week of a Cabinet decision.

The functions within the EEAP are derived from the Quarantine & Isolation Capability Readiness Plan. Given the requirement in the scenario above to have the plan executed within one week we have rationalised down the Readiness plan to only minimum viable product functions and tasks that deliver to this short timeframe. Therefore this plan does not deliver the full suite of QIC required operating controls, systems and processes.

Hotels are key infrastructure with advantages over other accommodation types. Those advantages include scale, prime locations, systemised cleanliness, and well-trained teams that are used to dealing with high volumes of occupants. The decision to use hotels for the EEAP was taken following previously explored options that existing government owned infrastructure – being schools, hospitals and military facilities – could not safely and comfortably provide MIQ services and are not necessarily in geographical locations that support health needs of returnees and an available workforce.

## Assumptions

The following assumptions have been made in the development of this plan:

- This plan covers the quarantine and isolation accommodation requirements of emergency evacuated returnees. It does not cover the actual evacuation (i.e., transport from hotspot). This aspect would be coordinated by Ministry of Foreign Affairs and Trade (MFAT) and Immigration New Zealand
- Given the nature of an emergency evacuation there will be no allocations or voucher system. Those that get a seat on the evacuation transport will be the ones housed in the facilities. This is not a full stand up of QIC systems and processes but instead provides a room, meals and minimal security features. The facility will be needed for the first cohort of returnees once the border closes and QIC operating capacity is established
- The Readiness plan has been activated. A border closure and restrictions on movement within country are imminent. Both this plan and the readiness plan implementation will be occurring simultaneously
- Security at the facility is required, but will be minimum viable levels including physical security (i.e., fences and security guards). This is to prevent unauthorised people trying to access a facility and for preventing authorised people within a facility leaving

- The MIQ group will be responsible for leading the implementation of the EEAP and individuals may be asked to work outside of their roles in a multi-disciplinary fashion during this emergency response
- A lead agency coordinator role will be required for each facility in the initial set up phase to ensure that the tasks have been delivered and the facility is ready to receive the returnees
- There will be a surveillance testing process, provided by health personnel, available for all people working and staying at a facility. Testing frequency and methodology would be directed by public health who may decide to make use of self-test and self-report modalities. The role of health staff onsite in surveillance testing would be determined by the type and frequency of testing required
- Retention agreements with our key suppliers (hotels, transport and security) are in place and where applicable, the expectations of what is required in an emergency evacuation situation is stipulated in the retention contract
- Infection Prevention and Control (IPC) guidance and public health advice regarding length of quarantine/isolation and testing requirements will be implemented once received
- The evacuation will happen in a short-defined time period and will not be repeated (i.e., once the original evacuated returnees have completed their stay in the facility, another group will not be evacuated to take their place as the facilities being used will be required in the implementation of the superseding QIC readiness plan)
- That as part of MIQ's decommissioning there are no longer any active facilities or regional operations teams
- COVID-19 legislation or similar enabling legislation remains in place or is activated governing the requirement for returnees to quarantine and isolate at a specified location, undergo testing and remain for a specified period of time
- Budget is available for funding the implementation of the response without delay

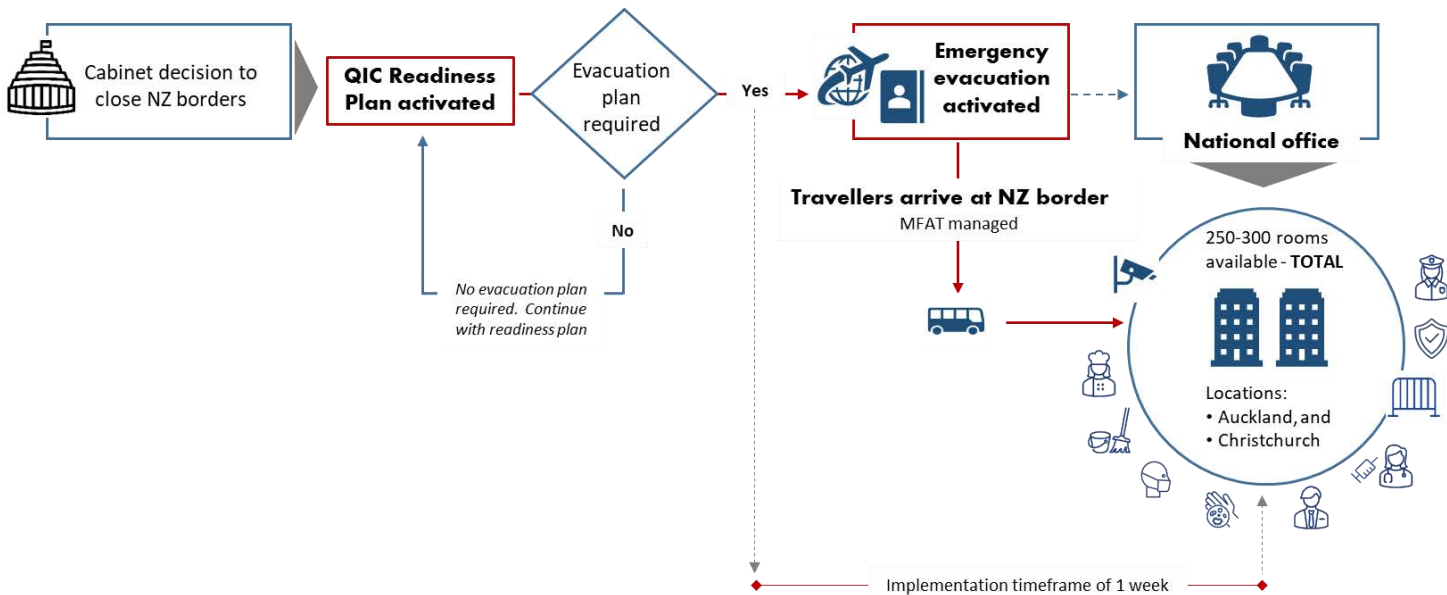
## Background: Emergency Evacuation for COVID-19 2020

The coronavirus was first noted in Wuhan, China in December 2019. The World Health Organisation declared a Public Health Emergency of International concern on 30 January 2020. Immigration New Zealand established an incident management team to manage the Beijing office closure and aspects of the Wuhan evacuation.

On 5 February 2020 the first group of New Zealanders were repatriated from Wuhan, China. Of the 190 evacuees on board, comprising of New Zealand and Australian nationals, 157 New Zealand citizens were received into the country's first quarantine facility located at the Whangaparaoa Reception Centre (WRC). The Whangaparaoa centre was operated at a Royal New Zealand Navy facility, with campervans housing returnees to ensure that, if anyone was COVID-positive, they and others could be kept safe during the 14 days' isolation.

Ministry of Health (MoH) were the lead agency supported by NZ Police and NZ Defence staff. MoH activated the pandemic response plan and on 19 March 2020 New Zealand borders closed. The management of this situation involved an All of Government (AoG) response led by MoH and the emergency aspects of the response were led by National Emergency Management Agency (NEMA). MBIE provided an active engagement into the wider AoG response via the IMT function.

### Quarantine and Isolation Emergency Evacuation Accommodation Capability



## Functions required for EEAP implementation

The functions and task list required for implementing the EEAP is derived from the **Quarantine & Isolation Capability Readiness Plan**. The table below shows the functions identified in the **Readiness Plan** that would be included in the implementation of the EEAP.

#	FUNCTION	REQUIRED (Y/N)	SCOPE	COMMENT
1	<a href="#">FACILITY IMPLEMENTATION</a>	YES	Comprising of: <ul style="list-style-type: none"> <li>- Leadership</li> <li>- Workforce testing</li> <li>- Partner agency engagement</li> <li>- Incident management process</li> <li>- Outdoor exercise areas</li> <li>- Staff mandatory training</li> </ul>	<ul style="list-style-type: none"> <li>- Due to the short implementation timeframe, certain Facility functions may not be required or not feasible to establish, such as JNCTN credential management system, ventilation review and implementation, full CCTV, and complete double layered fencing with privacy screening.</li> </ul>
2	<a href="#">OPERATIONAL SERVICES</a>	YES	Comprising of: <ul style="list-style-type: none"> <li>- Confirm facility designation</li> <li>- Allocations</li> </ul>	<ul style="list-style-type: none"> <li>- Determination of quarantine v's isolation rooms in a facility</li> <li>- Allocating travellers to appropriate room configurations in the facilities</li> </ul>
3	<a href="#">ENABLING</a>	YES	Comprising of: <ul style="list-style-type: none"> <li>- Policy / legal</li> <li>- Operational policy</li> <li>- Governance</li> <li>- Technology</li> <li>- Supplier relationships</li> <li>- Incident management</li> <li>- Learning and development</li> </ul>	<ul style="list-style-type: none"> <li>- The supplier relationship forms part of the MIQ structure and are able to activate retention agreements.</li> </ul>
4	<a href="#">HEALTH</a>	YES	Comprising of: <ul style="list-style-type: none"> <li>- Liaison with NPHS</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>	

#	FUNCTION	REQUIRED (Y/N)	SCOPE	COMMENT
5	<a href="#">ACCOMMODATION &amp; FACILITY SERVICES</a>	YES	Comprising of: <ul style="list-style-type: none"> <li>- Hotel readiness</li> <li>- Site layout</li> </ul>	<ul style="list-style-type: none"> <li>- Facilities have been identified and are available at short notice</li> <li>- Some facility services will be provided but in a limited capacity.</li> </ul>
6	<a href="#">SECURITY</a>	YES	The security requirements at the facility/national level including: <ul style="list-style-type: none"> <li>- Physical, including support assets</li> <li>- Policy and procedures</li> <li>- CCTV</li> </ul>	<ul style="list-style-type: none"> <li>- Given 2 facilities only in different sites. The level of staffing will be determined by the sites selected for use and characteristics of the returnees.</li> </ul>
7	<a href="#">COMMUNICATIONS</a>	YES	Connect with lead agency communication team to secure resourcing to support: <ul style="list-style-type: none"> <li>- Media enquiries</li> <li>- Internal communications to QIC staff</li> <li>- Returnee communications whilst in QIC.</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>

## Retention Agreements

Agreements in place for the following suppliers to be activated by supplier relationship team”

- **Facility A:** Auckland
- **Facility B:** Christchurch
- **Transport:** Retention/Surge agreement in place with Johnsons
- **Security:** Retention/Surge agreements in place with First Security
- **PPE:** Agreement in place with Health NZ to provide PPE to QIC facilities and returnees.

**NOTE:** It is unlikely that AVSEC staff will be available to support the EEAP implementation as whilst the border is still open they are required to perform their core functions at airports.

## Setup Risks & Mitigations

The key risks associated with implementing a QIC for an emergency evacuation are:

Risk	Mitigation
<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 ability to deliver the Readiness Plan is compromised.</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> </ul>
<ul style="list-style-type: none"> <li>- The supplier agreement for security is based on a ‘best endeavours’ basis and the provider is may not be able to supply a minimum number of security staff required to deliver a safe and secure operating model.</li> </ul>	<ul style="list-style-type: none"> <li>- Less than 50 staff required across sites.</li> <li>- Facilities selected in two different geographic locations to provide greater workforce availability in each centre.</li> <li>- Identify roles within lead agency that could pivot at short notice to deliver a security component. Make agreements with these groups.</li> <li>-</li> </ul>
<ul style="list-style-type: none"> <li>- Health resources and advice is not available to provide sufficient services and IPC guidelines for the EEAP implementation.</li> </ul>	<ul style="list-style-type: none"> <li>- Health workforce framework has been designed by Health NZ to provide future workforce and services capability</li> <li>- Use COVID-19 guidelines (including IPC) and training to provide protection to staff and returnees</li> <li>- Consider COVID-19 testing modalities that are self-administered, if the EEAP is required to a COVID-19 variant</li> </ul>

# Implementation: Function Task List - Emergency Evacuation Accommodation Plan

As the implementation of the EEAP will be simultaneous to the implementation of the full QIC the role of the EEAP implementation team is to work collaboratively with the QIC implementation team to prioritise function stand up to support EEAP stand up, this could include the EEAP implementation team taking lead on particular functions for the two EEAP facilities.

A leader for the implementation of EEAP must be appointed once a decision is made that an emergency evacuation is required. This leader is likely to be a member of the existing MIQ leadership team.

## Function: Facility Implementation

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p><b>Identify facility leadership roles</b></p> <ul style="list-style-type: none"> <li>- Confirm facility leadership roles – when operating as QIC (recommend using hotel management staff)</li> </ul>	
Recruit Regional Office leadership roles	
<p><b>Workforce testing</b></p> <ul style="list-style-type: none"> <li>- Collaborate with Health NZ regarding provision and delivery of testing and tests to facilities and regional workforce</li> <li>- Agree process for testing with Health provider and Health NZ, including timing</li> <li>- Understand from Health provider and Health NZ 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 provider and Health NZ 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>Engage with partner agencies to discuss requirements for support for EEAP facilities:</p> <ul style="list-style-type: none"> <li>- Health NZ:               <ul style="list-style-type: none"> <li>- PPE agreement activation</li> <li>- staff for QIC facility aligned with workforce framework</li> </ul> </li> </ul>	

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- IPC support</li> <li>- MoH/NPHS – public health guidelines for response</li> <li>- MFAT – to ensure coordination with evacuation activities</li> <li>- NZ Police – to provide compliance support</li> <li>- Customs – to ensure easy transition at the airport from Customs to QIC transportation</li> </ul>	
<b>FACILITY LEVEL</b>	
<ul style="list-style-type: none"> <li>- Establish a daily head of department meeting to ensure all agencies are kept up to date, including internal and external workforce.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Reference:</b> Documentation on Setting up a facility (Under development, document not yet available)</li> </ul>
<p>Critical Incident Management:</p> <ul style="list-style-type: none"> <li>- Implement escalation pathway to ensure all incidents, including near misses, are captured, and assessed at the right level within the facility both during work hours and after hours.</li> <li>- Establish a process for contemporaneous reporting of incidents</li> <li>- <b>NOTE:</b> Incident reporting information will need to be collated manually at facilities and uploaded into CAMMS by a MBIE employee.</li> </ul>	<ul style="list-style-type: none"> <li>- <b>SOP:</b> Incident Reporting and Management document not yet available</li> </ul>
<p>Establish fresh air / outdoor / smoking areas:</p> <ul style="list-style-type: none"> <li>- Lead agency is required to ensure suitable IPC and Ombudsman compliant areas available for returnees.</li> </ul>	<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 Access to outdoors and exercise</a></li> <li>- <a href="#">SOP Stay – Section 5 Returnee Wellbeing: 5.3 Access to the outdoor area &amp; 5.4 Smoking/vaping</a></li> </ul>
<p>All facility staff to undertake Learn@MIQ modules:</p> <ul style="list-style-type: none"> <li>- Privacy</li> <li>- IPC</li> <li>- Children’s policy</li> </ul>	



## Function: Operational Services

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Confirm facility designation:</p> <ul style="list-style-type: none"> <li>- Designate facilities to Q or I or dual (Q&amp;I in a facility) – confirm how many rooms of each and IPC requirements for separation (likely Dual use)</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>- Create an allocation tracking sheet for travellers confirmed on evacuation flights to match travellers to rooms</li> </ul>	

## Function: Enabling

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Policy / legal:</p> <ul style="list-style-type: none"> <li>- Engage lead agency and MIQ Policy team to confirm legal settings based on governing legislation.</li> </ul>	
<p>Operational Policy:</p> <ul style="list-style-type: none"> <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> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Operational Policy Documents – OF, SOP, Collateral</a></li> </ul>
<p>Governance:</p> <ul style="list-style-type: none"> <li>- Ministerial engagement: <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> </li> <li>- Task a lead agency representative to provide assurance that set up is on track to deliver within allocated time frame</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 – Phase 1</a></li> <li>- <a href="#">MIQ Incident Reporting and Management SOP</a></li> </ul>

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Establish a reporting process for implementation updates. Progress and status reporting to MIQ leadership</li> <li>- Escalation:               <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> </li> </ul>	
<p>Communications:</p> <ul style="list-style-type: none"> <li>- Collaborate with cross agency communications teams to ensure consistency</li> <li>- Produce collateral for returnees and staff.</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>- Ensure relevant technology is available for QIC staff nationally and regionally (laptops, phones, software, other)</li> <li>-</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>- 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>- Provide access to incident reporting system – CAMMS to MBIE employees to manually load reported incidents.</li> <li>- Provide information to regions for implementation including guidance and training</li> <li>- Confirm process for emergency care – transport, escort etc... with health providers</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, Risk &amp; Assurance – Phase 1</a></li> <li>- <a href="#">MIQ Incident Reporting and Management SOP</a></li> <li>- Refer to <a href="#">Facility Implementation function – Phase 1</a></li> </ul>

TASK:	REFERENCE:
<p>Learning and Development:</p> <ul style="list-style-type: none"> <li>- Connect with lead agency L&amp;D team and ensure input to site induction training for staff</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> <li>- Communicate access to system to facility and 3rd party suppliers and requirement for mandatory training</li> </ul>	

## Function: Health

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<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 – aligned with Health Workforce framework</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>- 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> <li>- Health Workforce framework</li> </ul>
<p>Workforce testing:</p> <ul style="list-style-type: none"> <li>- Engage MIQ Policy team to review legislative requirements and public health advice</li> <li>- Confirm with Health provider the provision and delivery of tests to facilities and regional workforce.</li> </ul>	<ul style="list-style-type: none"> <li>- Reference to be included</li> </ul>
<ul style="list-style-type: none"> <li>- IPC Protocols</li> <li>- Engage MIQ Policy team to work with Health provider to review and update national IPC guidelines and SOP in reference to legislative requirements and updated public health advice.</li> <li>- Work with Health provider to review and update existing IPC training in Learn@MIQ – update as required in reference to public health advice and IPC advice.</li> <li>- Confirm 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>- <a href="#">Section 3.6.2 Storage and resourcing of IPC stock in Operations Framework</a></li> </ul>
<p>Returnee health checks:</p> <ul style="list-style-type: none"> <li>- Work with Health provider to review and update current SOPs and guidelines in reference to public health advice.</li> </ul>	<ul style="list-style-type: none"> <li>- Reference health and wellbeing model</li> <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 13 Exit from a MIQF in Operations Framework</a></li> <li>- <a href="#">Section 11.4 Test refusal and exemptions of viral testing in Operations Framework</a></li> </ul>
<p>Welfare policy for returnees:</p> <ul style="list-style-type: none"> <li>- Work with Health provider to review and update process for regular welfare check-ups aligned with Health Workforce framework</li> <li>- Ensure that all returnees can be contacted on a daily basis if required</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>Cleaning standards for facility housekeeping:</p> <ul style="list-style-type: none"> <li>- Work with MOH and Health NZ to review and update current national guidelines and SOPs in reference to public health advice and IPC guidance</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>Confirm national higher emergency care process - Liaise with Health providers to confirm higher emergency care process including:</p> <ul style="list-style-type: none"> <li>- Local Emergency Departments, Ambulance providers and other transport providers to establish a process for transferring returnees to a hospital or</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</a></li> </ul>

TASK:	REFERENCE:
<p>other medical facility, noting IPC requirements, when higher level care is required</p> <ul style="list-style-type: none"> <li>- Advise the facilities on the process for reporting events (CAMMS).</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">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>FACILITY LEVEL</b>	
<p>Implement IPC requirements into facility:</p> <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 (including air filtration units).</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> <li>- <a href="#">SOP: Infection Prevention and Control</a></li> </ul>
<p>Primary and emergency health care:</p> <ul style="list-style-type: none"> <li>- Ensure sufficient supplies to be able to provide primary health care as stipulated by National 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> </ul>

TASK:	REFERENCE:
	<ul style="list-style-type: none"> <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 6.7 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 Healthcare Admission or Appointment in SOP: MIQ Transport Procedures</a></li> </ul>
<p>Returnee testing and health screening:</p> <ul style="list-style-type: none"> <li>- Establish a form of returnee testing, if required by MoH, frequency and modality determined by MoH (i.e., PCR, LAMP or RAT).</li> <li>- Conduct health screening in accordance with the health and wellness plan.</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>

## Function: Accommodation and Facility Services

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Site layout – set up facility to receive returnees:</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> </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>

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Commence process for erecting protective screening between 'green' and 'red' zones to complete site specific work as required</li> <li>- Protective screens on returnee facing desks</li> <li>- Signage requirements – including in multiple languages and action picture.</li> </ul>	
<p>Site readiness confirmation:</p> <ul style="list-style-type: none"> <li>- Confirm facility readiness with onsite lead agency representative</li> <li>- Confirm alignment with IPC and public health advice.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 2 Site Requirements</a></li> </ul>
<b>FACILITY LEVEL</b>	
<p>Implement site layout aligned with national guidelines:</p> <ul style="list-style-type: none"> <li>- MBIE rep to provide assurance to MIQ leadership.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 2 Site Requirements</a></li> <li>- Task check list (being developed)</li> </ul>
<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 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>

## Function: Security

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
<p>Establish a protective security leadership function:</p> <ul style="list-style-type: none"> <li>- Connect with NZ Police and external security provider to determine security requirements appropriate to the environment.</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 private security supplier to activate surge agreements (with supplier relationships team)</li> </ul>	<ul style="list-style-type: none"> <li>-</li> </ul>

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Agree staff required for each shift – private firms rostering system.</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>- Develop manual system to manage and record site entry and exit movements in the absence of JNCTN credential management system.</li> </ul>	<ul style="list-style-type: none"> <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>- Confirm with private security firm that each guard will have a radio</li> <li>- Standardised phraseology to be developed for use e.g., absconder = code red</li> <li>- Communicate guidelines to facility staff and security provider.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">Radio Protocols and Procedures</a> (To be finalised)</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 determine minimum security fencing standard given compressed time frame to establish</li> <li>- Engage supplier relationship team to secure appropriate minimum standard fencing</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</a> (To be finalised)</li> <li>- <a href="#">Security Guidance</a></li> </ul>
<p>Security policies &amp; protocols:</p> <ul style="list-style-type: none"> <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>	<ul style="list-style-type: none"> <li>-</li> </ul>
<p>CCTV:</p> <ul style="list-style-type: none"> <li>- Engage supplier relationship team to prioritize CCTV service provider as necessary to meet MIQ's preferred conditions</li> <li>- Engage CCTV service provider to deliver system training to security officers.</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ Ops_SOP MIQF CCTV Operation V2.0.pdf</a></li> </ul>
<b>FACILITY LEVEL</b>	
<p>Physical Security and CCTV:</p> <ul style="list-style-type: none"> <li>- Confirm implementation of facility boundary fencing.</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> </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>



TASK:	REFERENCE:
- Review current CCTV configurations to confirm readiness in facilities.	
- Test and adjust all security plans and processes.	-
- Test incident reporting process.	-

## Function: Communications

TASK:	REFERENCE:
<b>NATIONAL LEVEL</b>	
Connect with lead agency communication team to secure resourcing to support: <ul style="list-style-type: none"> <li>- Media enquiries</li> <li>- Internal communications to QIC staff</li> <li>- Returnee communications whilst in QIC.</li> </ul>	

# Appendix 1: Non-Border Closure Emergency Evacuation Accommodation Plan planning

---

The QIC Emergency Evacuation Plan (EEAP) details the functions and capability required to quarantine and if required isolate New Zealanders who have been repatriated, via an emergency evacuation, from a foreign 'hotspot' due to a significant health pandemic. The plan anticipates a scenario similar to the evacuation of NZ citizens from Wuhan China in early 2020 at the beginning of the COVID-19 pandemic. The plan assumes that the EEAP is implemented after a decision has been made to close the New Zealand border.

If an Emergency Evacuation is required, which is not part of a border closure event, there are new considerations for its implementation which do not exist when the decision is made as part of a border closure.

A scenario which could see a requirement for an emergency evacuation in the absence of a border closure could include:

- **Non-Border Closure**

A public health risk has been identified in a particular hotspot overseas. There is a need to quickly evacuate those in this hotspot and take them to a quarantine facility for a period determined by Public Health advice. However, a decision to close the border has not been made and other arrivals into New Zealand are not required to Quarantine or Isolate on arrival into New Zealand.

The capacity that the EEAP would deliver would be the same:

- Quarantine and Isolation Capability consisting of ~250-300 rooms (with a facility in both Auckland and Christchurch)
- The functions within the EEAP will be operational within a week of a Cabinet decision.
- The functions outlined in the EEAP would remain the same.

The new areas of consideration include:

- Hotel commercial agreements – with domestic travel and events continuing, reimbursement for emptying hotels to operate as QIC facilities would be required and should be agreed via new clauses in existing retention/surge agreements for 2 facilities. This would likely include:
  - Compensation for moving existing bookings to another hotel;
  - Compensation for moving existing and potential conference and function bookings to another hotel;
  - Full payment assuming 100% use by QIC for a minimum period of time.
- QIC Facilities – we are confident that we will have hotels in retention agreements who will agree to this scenario. However, if hotels are not willing to operate as a QIC facility in a non-border closure emergency evacuation scenario then alternative accommodation will need to be identified and pre agreed to support readiness. The National Quarantine Capability programme has explored other facility options, however no other suitable locations have been identified through the work that has been undertaken to date. Facilities must be able to provide:
  - Easy separation of returnees with no shared spaces required to be accessed;
  - Easy access to primary and secondary health services and hospitals;
  - Easy access to the workforce required to support a QIC facility
  - Close proximity to an International Airport
  - Easy, and safe, provision of the accommodation services to be delivered to returnees during their stay e.g. food, laundry, exercise.
- Security availability – with all businesses operating 'as normal' security staff would be committed to existing placements. This represents a risk for implementation of the capability, however, with only 1 facility in Auckland and

1 in Christchurch and minimum-security staffing levels planned, we estimate approximately 50 security staff working a 12-hour shift will be required in total.

- Significant arrival processing will be required from Customs, MPI and Immigration officials given the spontaneous nature of the travel and possible lack of advanced passenger data being collected. Being able to prepare and respond to these requirements would be further complicated if there is the potential for non-traditional arrival points being considered (such as Whenuapai). These may be required if it is not appropriate to funnel such arrivals through normal processing at airports.

## Appendix 2: Next Steps

---

The following recommendations are made to provide further readiness assurance regarding implementation of the QIC Emergency Evacuation Plan and to support the development of a non-border closure EEAP.

### Recommendations

1. Making MBIE's Learn@MIQ training available to all partners during the life of the Readiness Plan – we would offer the platform for them to support their on-going staff readiness for both BAU operations and to meet their PCBU obligations should their services be required – we do not recommend paying the suppliers for this access or making it mandatory for their staff:
  - a. The Readiness team would act as support for the organisations using the platform.
  - b. The platform has already been agreed to be retained through previous decisions from LT and the Minister.
  - c. Having users already set up in the system, and some trained voluntarily, will save time at activation.
2. MBIE enter new negotiations with the 2 emergency evacuation facilities identified to:
  - a. Undertake audits of the two emergency evacuation facilities ventilation and CCTV systems – to ensure that they remain 'ready' within 1 week – during the contract management of the retention contract. This state of readiness will form part of the contract management and maintenance and testing cadence of the readiness plan.
  - b. Negotiate new contract clauses to cover a non-border closure option for EEAP, including the elements outlined in Appendix 1 of this document, with the two identified facilities.
3. MBIE enter into discussions with the private security provider about the EEAP, both scenarios, to provide awareness of the possibility of a response in this scenario and discuss their readiness.

---

# Quarantine & Isolation Capability

---

# Maintenance and Testing Plan

*A plan for the maintenance and testing of the readiness plan*

*Version 1.0 – Final*

**26 July 2022**



## 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
1.0	23 June 2022	Draft Version	Privacy of natural persons
1.0	4 July 2022	Final Draft	MIQ Leadership Team / Readiness Advisory Group
1.0	20 July 2022	Final	Incorporate final SME feedback
1.0	20 July 2022	Final	Program Director approval provided for final version.
1.0	26 July 2022	Final review GM SQA & DCE	GM and DCE consultation

## Document Location

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

REF	Last Save	Location
127704805	4 July 2022	<a href="https://mako.wd.govt.nz/otcs/llisapi.dll?func=ll&amp;objaction=overview&amp;objid=127704805">https://mako.wd.govt.nz/otcs/llisapi.dll?func=ll&amp;objaction=overview&amp;objid=127704805</a>

## 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).

# Contents

<b>Overview .....</b>	<b>5</b>
Background .....	5
Purpose .....	5
Maintenance and Testing Plan Owner .....	5
Assumptions.....	5
MBIE Contacts and Partners .....	5
Relationship of the Maintenance and Testing Plan to Other Plans .....	6
<b>Maintenance Tasks and Testing Schedule .....</b>	<b>7</b>
Introduction .....	7
Maintenance Task List.....	7
Maintenance Tasks .....	7
Maintenance Test Procedures .....	11
Review MIQ Resource Directory .....	11
Verify Other Agency Readiness .....	11
Identify any Changes to Policy – internal and from the Minister .....	12
Check all Standard Operating Procedures (SOPs) Reviews have been Completed .....	12
Remain up to Date with Changes in Public Health Advice .....	12
Remain up to Date with Broader Strategic, Policy, and Operational Changes .....	13
Verify the COVID-19 Legislation or Similar Exists.....	13
Identify Process Improvement Opportunities.....	14
Engage with NEMA to Include a Readiness Plan test in the National Exercise Programme .....	14
Review Readiness Plan.....	14
Verify that Contract / MOU / Supply Agreement Management have been Carried Out.....	15
Review Health Workforce Framework.....	16
Testing Tasks .....	16
<b>Appendix A - Maintenance and Testing Task Check List .....</b>	<b>17</b>
Maintenance Task List.....	17
Testing Task List .....	19
<b>Appendix B – MBIE Contacts and Partner List .....</b>	<b>20</b>
MBIE Department Contacts .....	20
Partners.....	20
Core Response Agencies .....	20
Commercial Supply Partners.....	21
Government Sector Providers – with a Memorandum of Understanding (MOU) .....	22
Government Sector Providers – without a Memorandum of Understanding (MOU) .....	22

## Glossary

Term	Description
COVID-19	Illness caused by the novel SARS-CoV-2 virus
Facility	A contracted hotel for persons to stay as directed by the government for a period of quarantine or isolation
ICT	Information and Communications Technology
Isolation	Separating sick people with a contagious disease from people who are not sick
MAKO	MBIE electronic document storage system
MBIE	Ministry of Business, Innovation and Employment
MoH	Ministry of Health
MOU	Memorandum of Understanding
P&C	People and Capability Group (MBIE)
PPE	Personal Protective Equipment
QIC	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.
SOP	Standard Operating Procedure

# Overview

---

## Background

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 for all facilities is in train 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. The 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 immediately. Therefore, the Quarantine & Isolation Capability (QIC) Readiness Plan was created. 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.

## Purpose

The purpose of this document is to outline the tasks and testing that needs to be done to ensure the QIC Readiness Plan remains up to date and ready to be initiated over the period of its life and regardless of the pandemic being responded to.

This plan is not intended as a work plan for the newly formed Readiness team within MIQ, instead it will contribute to the work plan, focusing on ensuring that the QIC Readiness plan remains current.

## Maintenance and Testing Plan Owner

The MIQ Readiness Manager is responsible for the maintenance and testing of the QIC Readiness Plan. The lifecycle of the Maintenance and Testing Plan will start on the 1st of July each year.

## Assumptions

A National Managed Isolation and Quarantine (MIQ) branch is in place at the lead agency, currently MBIE, to perform remaining enduring functions of MIQ and to manage this Readiness Plan:

- That MBIE is currently leading the Quarantine and Isolation Capability (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 that agency were delegated 'lead agency' responsibility
- The readiness team will engage with key partners and suppliers to provide assurance of readiness
- Resources will be prioritised to support the response to enable implementation as described in this plan e.g., State of National Emergency or similar.
- For year 2022/23 all maintenance tasks will be checked monthly. For subsequent years, these tasks will be completed at a frequency determined by the Manager of the Readiness Team.
- This document is a live document and will updated and added too over the lifespan of the Readiness team.

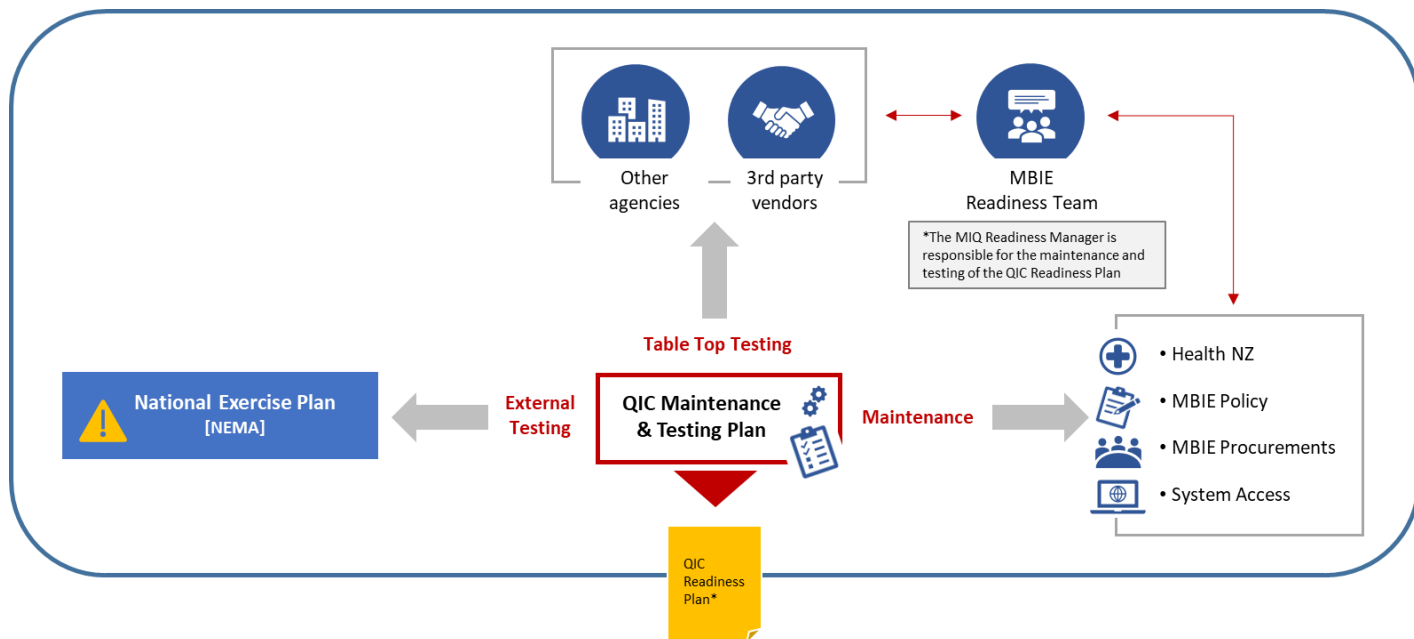
## MBIE Contacts and Partners

MBIE has relationships with several agencies, 3<sup>rd</sup> party vendors and other MBIE departments. Refer to [Appendix B – MBIE Contacts and Partner List](#) for a full list of them and what their role is.



## Relationship of the Maintenance and Testing Plan to other plans:

The following diagram displays the relationship between this plan and the other areas of the Readiness Programme:



# Maintenance Tasks and Testing Schedule

## Introduction

The following section contains all the maintenance tasks that must be completed to ensure the QIC Readiness Plan is current and relevant in the event of New Zealand's borders being closed. There is also a checklist in Appendix A - Maintenance and Testing Task Check List.

## Maintenance Task List

### Maintenance Tasks

The following table lists all the maintenance tasks that need to be carried out, and how often, to ensure that the QIC Readiness Plan is up to date and ready to be used in the event of response to a pandemic.

Task	Description	Frequency (07/22 to 06/23)	Proposed Frequency (07/23 on)	Comments
Review QIC Key Resource Directory	<ul style="list-style-type: none"><li>- Review the Key Resource Directory and confirm whether any new names should be added/removed.</li><li>- Confirm which resources are employed by the lead agency</li><li>- Review and update the a 'MIQ Volunteers' tab of persons interested in working in MIQ if activated.</li></ul> Refer to <a href="#">Review MIQ Resource Directory</a> for step-by-step instructions.	Monthly		<ul style="list-style-type: none"><li>- Readiness team to work with P&amp;C to identify a mechanism to flag key persons on the key resource directory that are employed by the lead agency.</li></ul>
Verify other agency readiness and manage relationship	<ul style="list-style-type: none"><li>- Contact partner agencies to check their ongoing readiness to respond to a border closure and QIC implementation.</li><li>- Manage relationship as part of the response system</li></ul>	Monthly		Review frequency of task once team established.

Task	Description	Frequency (07/22 to 06/23)	Proposed Frequency (07/23 on)	Comments
Contract management with 3 <sup>rd</sup> party suppliers	<p>Check with Stakeholder Manager:</p> <ul style="list-style-type: none"> <li>- Check contact details for contracts remain accurate</li> <li>- Check all reporting has been received and whether KPIs are being met</li> <li>- If any issues identified, determine plan for remedy</li> <li>- Determine whether any contract variations are required to keep contracts fit for purpose</li> <li>- Provide updates on any system changes or updates that could impact QIC implementation.</li> </ul>	Monthly		<ul style="list-style-type: none"> <li>- See Contract Management Plan for each contract</li> <li>- MIQ Readiness Team manage these contracts.</li> </ul>
Identify any changes to Policy – internal and from the Minister	<ul style="list-style-type: none"> <li>- Work with MIQ Policy and ensure all policy related information is still current.</li> </ul> <p>Refer to <a href="#">Identify any changes to Policy – internal and from the Minister</a> for step-by-step instructions.</p>	Monthly		<ul style="list-style-type: none"> <li>- Readiness team to work relationship manager Policy. Make changes as necessary.</li> </ul>
Standard Operating Procedures (SOPs) reviews	<ul style="list-style-type: none"> <li>- Review whether any changes have been made that would impact the SOPs</li> <li>- Team workplan to ensure that SOPs are reviewed within their standard review lifecycle.</li> </ul> <p>Refer to <a href="#">Check all Standard Operating Procedures (SOPs) Reviews have been Completed</a> for step-by-step instructions.</p>	Monthly		<ul style="list-style-type: none"> <li>- Readiness team ensure all reference docs have been reviewed regularly and that the updates have been made. This would include version control, date last reviewed, date next review is due and who is the document owner</li> </ul>
Verify Hyperlinks in Plan	<ul style="list-style-type: none"> <li>- Go through the plan and click on every hyperlink.</li> </ul> <p>Refer to <a href="#">Verify all Hyperlinks</a> for step by step instructions.</p>	Monthly		<ul style="list-style-type: none"> <li>- Regular review of all hyperlinks to make sure they go to the source doc or internal page</li> </ul>
Remain up to date with changes in public health advice regarding COVID-19	<ul style="list-style-type: none"> <li>- Work with policy team and Health NZ and MOH to ensure the health assumptions in the plan are up to date.</li> </ul> <p>Refer to <a href="#">Remain up to date with changes in public health advice</a> for step-by-step instructions.</p>	Monthly		<ul style="list-style-type: none"> <li>- Readiness team to work with relationship manager in Health.</li> </ul>

Task	Description	Frequency (07/22 to 06/23)	Proposed Frequency (07/23 on)	Comments
Remain up to date with broader strategic, policy, and operational changes regarding COVID-19 brought to bear on the Readiness Plan	<ul style="list-style-type: none"> <li>Contact Policy and Health to ensure all policy related information is still current. – internal and from the Ministers office.</li> </ul> <p>Refer to <a href="#">Remain up to date with broader strategic, policy, and operational changes</a> for step-by-step instructions.</p>	Monthly		<ul style="list-style-type: none"> <li>Policy / Minister's Office, readiness team will need to have a proactive approach.</li> </ul>
Ensure COVID-19 legislation or similar exists	<ul style="list-style-type: none"> <li>Ensure that the enabling legislation remains in place, or is 'mothballed' in such way it can be reactivated, if necessary.</li> </ul> <p>Refer to <a href="#">Verify the COVID-19 Legislation or Similar Exists</a> for step-by-step instructions.</p>	Monthly		<ul style="list-style-type: none"> <li>Readiness team responsible</li> </ul>
Identify Process Improvement Opportunities	<ul style="list-style-type: none"> <li>If, as part of the maintenance and testing of the plan, process improvements are identified they should be reviewed by the Manager of the Readiness Team. If approved the Readiness Plan can then be updated.</li> </ul> <p>Refer to <a href="#">Identify Process Improvement Opportunities</a> for step-by-step instructions.</p>	Monthly		<ul style="list-style-type: none"> <li>As processes are tested and better ways are identified to perform the tasks, what would the process be to get them signed off.</li> </ul>
Ensure testing of the Readiness Plan is included in the National Exercise Programme	<ul style="list-style-type: none"> <li>Ensure Testing of the Readiness Plan is included in NEMA's National Exercise Programme.</li> </ul> <p>Refer to <a href="#">Engage with NEMA to Include a Readiness Plan test in the National Exercise Programme</a> for step-by-step instructions.</p>	Annual		<ul style="list-style-type: none"> <li>Team Leader Readiness team to liaise with NEMA to have testing of the Readiness of the Plan included in the National Exercise Programme</li> <li>Team Leader Readiness to determine actual testing parameters for testing.</li> </ul>
Ensure all key regulators, contacts in supplier directory and suppliers lists are current with contact details correct	<ul style="list-style-type: none"> <li>Review all contact details to ensure that they are correct and that they are up to date.</li> </ul> <p>Refer to <a href="#">Verify that Contract / MOU / Supply Agreement Management have been Carried Out</a> for step-by-step instructions.</p>	Monthly		<ul style="list-style-type: none"> <li>Need to review the lists to ensure everyone is still available</li> </ul>

Task	Description	Frequency (07/22 to 06/23)	Proposed Frequency (07/23 on)	Comments
Ensure the entire MIQ Readiness Plan is reviewed and updated	<ul style="list-style-type: none"> <li>- Readiness Team, Operational Policy team to manage maintenance of the readiness plan</li> </ul> <p>Refer to <a href="#">Review Readiness Plan</a> for step-by-step instructions.</p>	Monthly	Six Monthly	<ul style="list-style-type: none"> <li>- Function needed to ensure changes in terms of lead agency, policy, terminology are reflected and updated.</li> </ul>
Contact agencies without a MOU relationship to ensure that they are across the changing pandemic land scape.	<ul style="list-style-type: none"> <li>- Contact the relationship manager for partner agencies without an MOU and ensure they remain current with changing pandemic land scape and that the agency commitment can be meet.</li> </ul> <p>Refer to <a href="#">Verify that Contract / MOU / Supply Agreement Management have been Carried Out</a> for step-by-step instructions.</p>	Monthly		<ul style="list-style-type: none"> <li>- Stakeholder manager Readiness responsibility.</li> </ul>
Review Health Workforce Framework	<ul style="list-style-type: none"> <li>- Work with Health NZ to ensure the Health Workforce framework remains current</li> </ul> <p>Refer to <a href="#">Review Health Workforce Framework</a> for step-by-step instructions.</p>	Monthly		<ul style="list-style-type: none"> <li>- Manager Readiness to direct this work.</li> </ul>
Review QIC Workforce surge plan	<ul style="list-style-type: none"> <li>- Work with Public Service Commission (PSC) and lead agency Human Resources team to ensure that the workforce surge plan remains current.</li> <li>- Work with Lead Agency People and Culture team to ensure that the workforce surge plan remains current.</li> <li>- Continue to maintain the resources list for surge requirements.</li> </ul>	Monthly		
Review Maintenance and Testing plan	<ul style="list-style-type: none"> <li>- Ensure that this plan remains up to date and includes all activities required</li> </ul>	Monthly		
ICT system readiness	<ul style="list-style-type: none"> <li>- Contact the relationship manager to work with lead agency ICT team to ensure systems in sleep (JNTCN and MIAS) are still contracted and ready to go at short notice</li> </ul>	Monthly		

Task	Description	Frequency (07/22 to 06/23)	Proposed Frequency (07/23 on)	Comments
ICT supporting plan maintenance	<ul style="list-style-type: none"> <li>Work with lead agency ICT team to ensure Confluence and ProMapp remain fit for purpose, no updates are required.</li> </ul>	Monthly		

## Maintenance Test Procedures

### Review Key Resource Directory

Follow the steps below to review and update the resource directory of critical people with MIQ knowledge is up to date and can be relied upon if needed.

Step	Description
1.	Open and the Resource Directory and verify that contact details for the person are still current.
2.	Is the person still employed by government and available to assist in MIQ if necessary. If <b>yes</b> , then go to step 4. If <b>no</b> , then go to step 3.
3.	Escalate to the Manager Readiness Team to identify a suitable replacement.
4.	Was that the last name in the directory? If <b>yes</b> , then go to step 5. If <b>no</b> , then return to step 1.
5.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .

### Verify Other Agency Readiness

Follow the steps below to ensure that the other agency's are in ongoing readiness to respond to a border closure and QIC implementation.

Step	Description
1.	Email the relationship managers for the other agencies and ask them to confirm their readiness. NEMA requesting that a live test of the Readiness Plan included in the National Exercise Programme.
2.	Did you get a reply with <b>five</b> working days? If <b>yes</b> , then go to step4. If <b>no</b> , then go to step 3.
3.	Follow up with the relationship managers by either: <ul style="list-style-type: none"> <li>Sending another email</li> <li>Phoning the relationship managers directly, or</li> <li>Set up a meeting with the relationship managers.</li> </ul>
4.	Update the Readiness plan with any changes.
5.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .

## Identify any Changes to Policy – internal and from the Minister

Follow the steps below to Identify any changes to Policy – internal and from the Minister have been reviewed and Readiness Plan updated, if appropriate.

Step	Description
1.	Email the Policy Team email box and request confirmation that: <ul style="list-style-type: none"> <li>all policy updates have been reviewed</li> <li>any impacts to the Readiness Plan have identified</li> <li>the readiness plan has been updated, if appropriate.</li> </ul>
2.	Did you get a replay with <b>five</b> working days? If <b>yes</b> , then go to step 4. If <b>no</b> , then go to step 3.
3.	Follow up with the policy team by either: <ul style="list-style-type: none"> <li>Phoning a Policy Team member directly, or</li> <li>Follow up with a conversation</li> <li>Set up a meeting with a Policy Team member.</li> </ul>
4.	Update the Readiness plan with any changes.
5.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .

## Check all Standard Operating Procedures (SOPs) Reviews have been Completed

Follow the steps below to ensure all SOPs have been reviewed and, if appropriate, updated.

Step	Description
1.	Operations Policy team to verify that: <ul style="list-style-type: none"> <li>MIQ related SOPs have been reviewed</li> <li>Any changes have included in the latest version of the SOPs.</li> </ul>
2.	Update the Readiness plan with any changes.
3.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .

## Remain up to Date with Changes in Public Health Advice

Follow the steps below to ensure the health assumptions in the plan are up to date.

Step	Description
1.	Email the relationship managers in the MBIE policy team and Health NZ to confirm health assumptions in the plan are up to date.
2.	Did you get a replay with <b>five</b> working days? If <b>yes</b> , then go to step 4. If <b>no</b> , then go to step 3.
3.	Follow up with the relationship managers by either: <ul style="list-style-type: none"> <li>Phoning the relationship managers directly, or</li> <li>Follow up with a conversation</li> <li>Set up a meeting with the relationship managers.</li> </ul>
4.	Update the Readiness plan with any changes.
5.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .

## Remain up to Date with Broader Strategic, Policy, and Operational Changes

Follow the steps below to ensure all COVID-19 policy related information is still current, both internal and from the Ministers office.

Step	Description
1.	Email the relationship managers in the MBIE policy team and Health NZ to ensure all COVID-19 policy related information is still current.
2.	Did you get a replay with <b>five</b> working days? If <b>yes</b> , then go to step 4. If <b>no</b> , then go to step 3.
3.	Follow up with the relationship managers by either: <ul style="list-style-type: none"><li>• Follow up with a conversation</li><li>• Phoning the relationship managers directly, or</li><li>• Set up a meeting with the relationship managers.</li></ul>
4.	Update the Readiness plan with any changes.
5.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .

## Verify the COVID-19 Legislation or Similar Exists

Follow the steps below to ensure that COVID-19 legislation or similar still exists.

Step	Description
1.	Email the Legal Team email box and request confirmation that COVID-19 legislation or similar is: <ul style="list-style-type: none"><li>• still in place, or</li><li>• 'mothballed' in such way it can be reactivated, if necessary.</li></ul>
2.	Did you get a replay with <b>five</b> working days? If <b>yes</b> , then go to step 4. If <b>no</b> , then go to step 3.
3.	Follow up with the Legal Team by either: <ul style="list-style-type: none"><li>• Follow up with a conversation</li><li>• Phoning the relationship managers directly, or</li><li>• Set up a meeting with the relationship managers.</li></ul>
4.	Update the Readiness plan with any changes.
5.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .



## Identify Process Improvement Opportunities

Follow the steps below if process improvements have been identified:

Step	Description
1.	Document the changes and how it will improve the current process.
2.	Meet with the Operational Policy team Manager and discuss the changes.
3.	Does the Manager approve the change? If <b>yes</b> , then go to step 4. If <b>no</b> , then <b>Finish</b> .
4.	Update the process and save the changes.
5.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .

## Engage with NEMA to Include a Readiness Plan test in the National Exercise Programme

Follow the steps below to engage with NEMA to get a live test of the Readiness Plan included in the next available cycle of the National Exercise Programme. Activity to be completed on an annual basis once testing parameters determined.

Step	Description
1.	Email the relationship manager NEMA requesting that a live test of the Readiness Plan be included in the National Exercise Programme.
2.	Did you get a replay with <b>five</b> working days? If <b>yes</b> , then go to step 4. If <b>no</b> , then go to step 3.
3.	Advise the Manager of the Readiness team and ask them to escalate the request.
4.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> , <b>Finish</b> .
5.	Record the date the live test will be run and advise all MBIE staff that will be involved.
6.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .

## Review Readiness Plan

Review the Readiness Plan to ensure that the following are all correct/working:

- Hyperlinks in the plan - refer to [Verify all Hyperlinks](#) for step-by-step instructions.
- Organisation Charts are current
- Any diagrams reflect the current situation.

Follow the steps below to validate all hyperlinks in the MIQ Readiness Plan

Step	Description
1.	Open the latest version of the MIQ Readiness Plan.
2.	Locate the first/next image/chart/link and check it is correct.
3.	Is the image/chart/link correct? If <b>yes</b> , then go to step 5. If <b>no</b> , then go to step 4.
4.	Record the name of the page/document and where it sits in the MIQ Readiness Plan.

Step	Description
5.	Was that the last image/chart/link? If <b>yes</b> , then go to step 6. If <b>no</b> , then return to step 2.
6.	Are there any broken hyperlinks incorrect images/charts to fix? If <b>yes</b> , then go to step 8. If <b>no</b> , then go step 7.
7.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> , <b>Finish</b>
8.	For each broken hyperlink or incorrect image/chart: <ul style="list-style-type: none"> <li>Identify the owner of the page/document</li> <li>request the correct link/chart/image.</li> </ul>
9.	Do the page/document owner(s) supply the correct image/chart/link? If <b>yes</b> , then go to step 10. If <b>no</b> , then go to step 12.
10.	Update the MIQ Readiness Plan with correct URL(s).
11.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> and then return to step 6.
12.	Escalate the issue with the manager of the Readiness Team and then return to step 6.

## Verify that Contract / MOU / Supply Agreement Management have been Carried Out

Follow the steps below to ensure that that all agreements with other agencies and 3<sup>rd</sup> party vendors are up to date and can be relied upon if the Readiness plan is activated.

Step	Description
1.	Email the Stakeholder Manager in MIQ readiness and request confirmation that all the Contract / MOU / Supply Agreements are being under active management.
2.	Did you get a replay with <b>five</b> working days? If <b>yes</b> , then go to step 4. If <b>no</b> , then go to step 3.
3.	Follow up with the stakeholder relationship manager by either: <ul style="list-style-type: none"> <li>Engage at readiness team leadership meeting</li> <li>Phoning the stakeholder manager directly, or</li> <li>Set up a meeting with the stakeholder manager.</li> </ul>
4.	Update the Readiness plan with any changes.
5.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .

## Review Health Workforce Framework

Follow the steps below ensure the Health Workforce framework remains current.

Step	Description
1.	Email the relationship managers at Health NZ to ensure the Health Workforce framework is still current.
2.	Did you get a replay with <b>five</b> working days? If <b>yes</b> , then go to step 4. If <b>no</b> , then go to step 3.
3.	Follow up with the relationship managers by either: <ul style="list-style-type: none"> <li>• Sending another email</li> <li>• Phoning the relationship managers directly, or</li> <li>• Set up a meeting with the relationship managers.</li> </ul>
4.	Update the Readiness plan with any changes.
5.	Record the date and any comments in the <a href="#">Maintenance Task Check List</a> .

## Testing Tasks

The following table identifies the testing tasks that must be carried out to ensure the plan is current.

Task	Description	Frequency (07/22 to 06/23)	Proposed Frequency (07/23 on)	Comments
Table Test of Readiness Plan	<ul style="list-style-type: none"> <li>- Run a Tabletop Test of the readiness plan to ensure, on paper, that QIC could be stood up within the parameters of the plan and that all the right parties were involved at the right times.</li> </ul>	Six Monthly	Yearly	<ul style="list-style-type: none"> <li>- This could be aspects of the plan or the full plan, e.g., test resourcing surge with PSC and lead agency P&amp;C capability, test QIC leadership in activation, test interagency activation, test hotel stand-up from an operational perspective, test sourcing leadership roles, etc.</li> </ul>
Run test in the National Exercise plan	<ul style="list-style-type: none"> <li>- Ensure that lead agency staff are ready to take part in testing the Readiness plan as scheduled in the National Exercise plan.</li> </ul>		Annually	<ul style="list-style-type: none"> <li>- Actual test of part or the whole plan with all agencies and vendors to ensure QIC could be stood up.</li> </ul>
QIC Advisory Group	<ul style="list-style-type: none"> <li>- Support monthly meeting with advisory group, ensuring that any significant changes or feedback required is run through this group</li> </ul>	Monthly		<ul style="list-style-type: none"> <li>- Readiness Manager to manage.</li> </ul>

## Appendix A - Maintenance and Testing Task Check List

### Maintenance Task List

Task	Frequency (07/22 to 06/23)	Proposed Frequency (07/23 onwards)	Date Completed	Comments
Review Key Resource Directory	Monthly			
Verify other agency readiness	Monthly			
Contract management with 3 <sup>rd</sup> party suppliers	Monthly			
Identify any changes to Policy – internal and from the Minister	Monthly			
Standard Operating Procedures (SOPs) reviews	Monthly			
Verify Hyperlinks in Plan	Monthly			
Remain up to date with changes in public health advice regarding COVID-19	Monthly			
Remain up to date with broader strategic, policy, and operational changes regarding COVID-19 brought to bear on the Readiness Plan	Monthly			
Ensure COVID-19 legislation or similar exists	Monthly			
Identify Process Improvement Opportunities	Monthly			

Task	Frequency (07/22 to 06/23)	Proposed Frequency (07/23 onwards)	Date Completed	Comments
Ensure testing of the Readiness Plan is included in the National Exercise Programme	Monthly			
Ensure all key regulators, contacts and suppliers lists are current with contact details correct	Monthly			
Ensure the entire MIQ Readiness Plan is reviewed and updated	Monthly			
Contact agencies without a MOU relationship to ensure that they are across the changing pandemic land scape.	Monthly			
Review Health Workforce Framework	Monthly			
Review QIC Workforce surge plan	Monthly			
Review Maintenance and Testing plan	Monthly			
ICT system readiness	Monthly			
ICT supporting plan maintenance	Monthly			

## Testing Task List

Task	Frequency (07/22 to 06/23)	Proposed Frequency (07/23 onwards)	Date Completed	Comments
Table Test of Readiness Plan	Six Monthly	Yearly		
Run test in the National Exercise plan	As per Calendar	As per Calendar		
QIC Advisory Group	Monthly			

## Appendix B – MBIE Contacts and Partner List

### MBIE Department Contacts

The following table lists the staff in MBIE that can be contacted to support tasks within this plan:

Name	Department	Area of Expertise
Privacy of natural persons Senior Solicitor	Legal	Contracts with 3 <sup>rd</sup> Party suppliers, MOUs
Privacy of natural persons Manager Procurement and Commercial Projects	MBIE Procurement	Support for retention/surge contracts and QIC procurement, if required.
Privacy of natural persons Consultant	DDI Procurement	Contracts with ICT vendors
INZ Call Centre manager	INZ, MBIE	MOU with INZ call centre who provided MIQ call centre services

### Partners

Various partners would be required to successfully 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.
Immigration New Zealand	This MBIE group contributed 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. Provided resources through Immigration Border Office (IBO) who assisted MIQ by taking responsibility for voucher changes and issues outside of working hours, and the Immigration Contact Centre to manage general customer enquiries. An inter-agency MOU was signed to allow access to personal data on identity and travel dates for specific purposes for relevant MIQ teams.
The Ministry of Health (MoH)	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.

Organisation	Anticipated Role
The New Zealand Defence Force (NZDF)	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.
Aviation Security Service (AVSEC)	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 provide certain information and to remain in MIQ facilities.
The New Zealand Police (Police)	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.
The New Zealand Customs Service (Customs)	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.
Fire and Emergency New Zealand (FENZ)	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.

## 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:

Organisation	Anticipated Role
Hotels (facilities) (To be listed once agreement is signed)	Provide QIC facilities and hotel services (food and beverage, laundry, cleaning etc) to returnees. 8 facilities – 5 in Auckland and 3 in Christchurch – all provided services for MIQ. (list facilities once confirmed)
Private security – First Security	Provide QIC security services, in addition to AVSEC. Provided services to MIQ. (Describe the nature of the services being provided under contract)
Transport – Johnstons Bus Company	Provide transportation services to/from airports and facilities for returnees. Provide transportation to/from ships to facilities for mariners- if required. Provided services to MIQ. (Describe the nature of the services being provided under contract)

Additional key commercial suppliers are also required for the successful end to end operation of a QIC:



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

## **Government Sector Providers – with a Memorandum of Understanding (MOU)**

The following agencies have a MOU with MBIE:

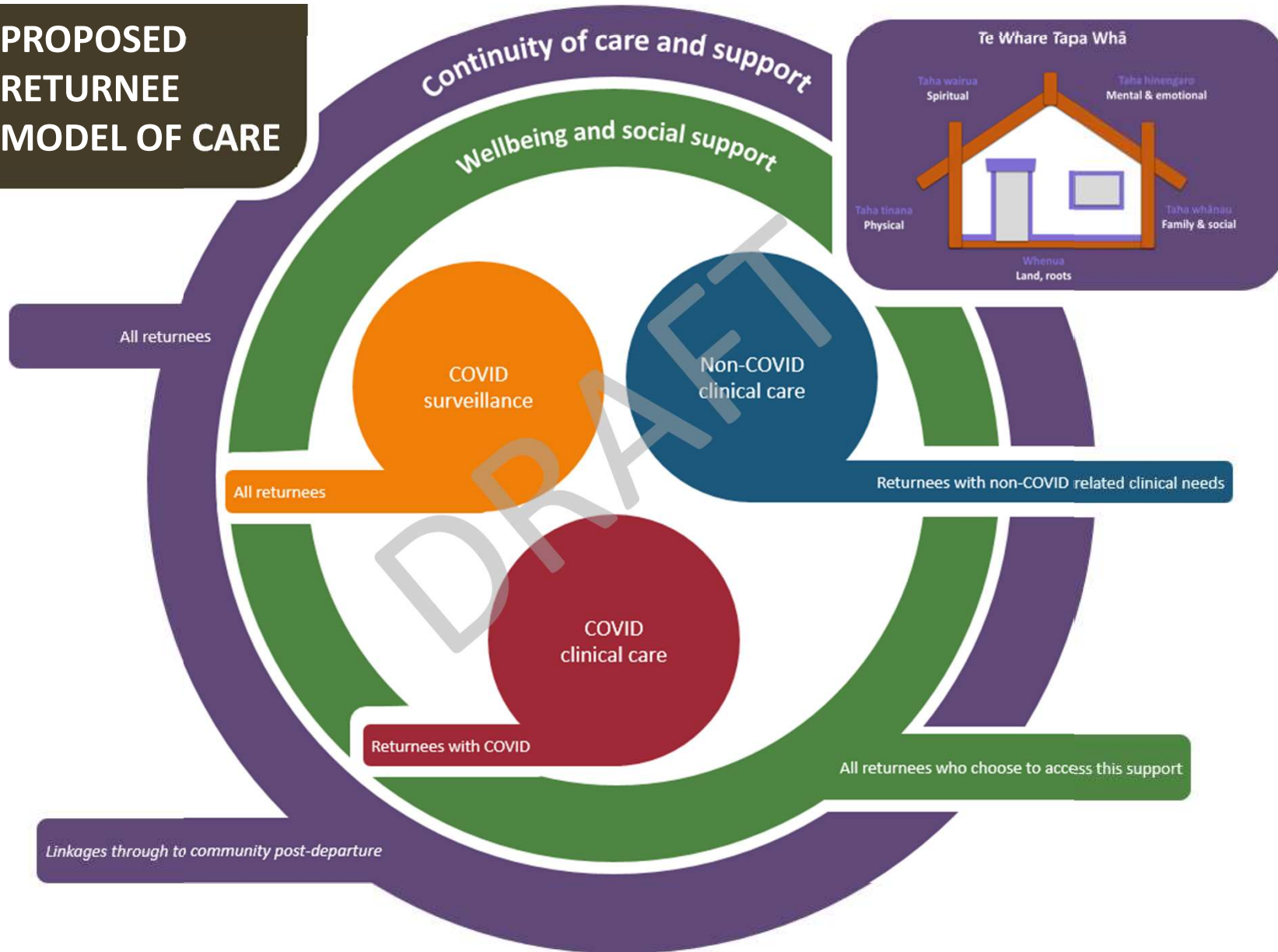
- Health New Zealand – Personal Protective Equipment (PPE) supply and Air Filtration Units (AFU) transfer
- Aviation Security Service (AVSEC) – retention of training and preparedness and surge of staff to provide security services in facilities.
- ICT and various agreements with Iwi

## **Government Sector Providers – without a Memorandum of Understanding (MOU)**

The following agencies do not have a MOU with MBIE and will need to be contacted regularly to ensure they are across all new issues and that their resources will be ready to be deployed in the event of a pandemic:

- Defence Force New Zealand (NZDF) – provision of staff aligned with legislative requirement for responses – 500 FTE for 6 weeks
- New Zealand Police (Police) – compliance activities in support of any QIC response
- New Zealand Customs Service (Customs) – New Zealand Traveller Declaration (NZTD) information collection and airport screening services, and ability to legally share that information for compliance purposes.
- New Zealand Fire and Emergency New Zealand (FENZ) – support for facilities to ensure they operate safely and in accordance with legislation in relation to fire evacuations.

# PROPOSED RETURNEE MODEL OF CARE



# PROPOSED RETURNEE MODEL OF CARE

## Continuity of care and support – linkages through to community post-departure

### Wellbeing & Social Support



All people/whānau

People/whānau with non-COVID related clinical and/or support needs

People/whānau with COVID

#### COVID surveillance

Supports: **taha tinana**

- through prompt identification of cases, enabling early clinical intervention and support
- Routine (asymptomatic) testing – frequency and modality determined by Public Health
- Symptomatic testing
- Regular tele-health symptom screening (also people/whānau are encouraged to self-report as soon as onset of symptoms); also provides opportunity to report other (non-COVID related) health or wellbeing issues.

Delivered by

#### Tele-health workforce:

regular symptom screening, those reporting symptoms (or other health concerns) escalated to the on-site health team for follow up.

#### On-site health workforce:

all health professional administered testing (if required – testing modality to be determined by public health, and may make use of self-test modalities).

#### Non-COVID clinical care

Supports: **taha tinana and taha hinengaro**

- by identifying those with non-COVID related clinical needs, and ensure they are provided the support they require during their stay
- Assessment to identify non-COVID related clinical needs, and triaging based on need. Includes: maternity care, mental health and addictions services, renal services, diabetes management, disability support, catch up on immunisations etc.
- Support for urgent clinical needs (issues that cannot be postponed until after release without deterioration of condition and/or pain/discomfort) that can be managed safely within the facility.
- In-person care and support required to maintain wellbeing (e.g. assisted living support), provided by either facility staff, or by whānau carers as appropriate.
- Referral and transfer to external service providers for urgent clinical needs (issues that cannot be postponed until after release without deterioration of condition and/or pain/discomfort) that cannot be managed safely within the facility.
- Timely referral to specialist services (to provide support either during or after stay, depending on need)
- For clinical issues that aren't considered urgent, referral and support to access primary care and/or other providers who can support them with their needs post-departure.
- Provision of over the counter medications e.g. paracetamol, ibuprofen. Requires standing orders.
- Supporting people/whānau to ensure timely access prescription medication.

Delivered by

#### Tele-health workforce:

case management, monitoring care plan, and escalating to on-site health team where appropriate; referring to external service providers. Requires strong interdisciplinary partnership with wellbeing coordinators/navigators to ensure holistic (non-clinical needs) are met if/when identified during clinical interactions.

#### On-site health workforce:

providing in-person care as required; general coordination and oversight of care (both telehealth and in-person) provided to people/whānau in the facility; referring to external service providers and coordinating transfers as required. Requires strong interdisciplinary partnership with wellbeing coordinators/navigators to ensure holistic (non-clinical needs) are met if/when identified during clinical interactions. Local consideration and flexibility to determine expertise and skill mix is critical e.g. availability of Māori and Pacific health professionals, other specialities such as mental health and addictions.

#### COVID clinical care

Supports: **taha tinana**

- through clinical intervention and support for those infected with the disease.
- Monitoring symptoms – health assessments frequency to be determined based on triaging of clinical risk.
- Escalating care as required
- Relieving symptoms

Delivered by

#### Tele-health workforce:

case management (routine tele-health checks for symptom monitoring), monitoring care plan, and escalating to on-site health team where appropriate; referring to external service providers.

#### On-site health workforce:

providing in-person care as required; general coordination and oversight of care (both telehealth and in-person) provided to people/whānau in the facility; referring to external service providers and coordinating transfers as required.

All people/whānau

Supports: **overall hauora – taha hinengaro, taha wairua, taha whānau, and taha tinana**

- through supporting people/whānau to build connections, maintain physical, mental, and spiritual wellness, and access the range of wellbeing and social supports they may require – both to support them during their stay, and to set them up well for when they (re-)enter the community
- Supporting (or leading) bio/psycho-social and cultural assessment early in stay, to identify needs and ensure people/whānau are linked into the right types of support.
- Access to fresh air/exercise spaces, in-room activities + connection points, community (virtual) activities e.g. yoga, Zumba, daily quiz, enabling connectivity e.g. devices and technology support.
- Support for whānau with young children (e.g. games and activities, education support and tutoring services).
- Support tailored to a person's specific needs (e.g. consideration of sensory requirements for people with autism spectrum disorder, consideration of accessibility requirements).
- Social services (e.g. connections to MSD, Housing, kaupapa Māori providers, Pacific providers, youth services & programmes, links to NGO groups, budgeting/financial planning, Oranga Tamariki advocacy and support, electricity, phone, career and education development pathways, victim and crisis support programmes, support with family group conferences, support accessing legal advice and legal aid)
- Mental wellness tools (different to clinical mental health and addictions services)
- 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
- Manaaki support (e.g. supporting grieving whānau, coordinating funeral drive-bys/visits, supporting people through exemptions processes, providing a culturally safe and responsive connection point)

Delivered by:

**Community navigators/manaaki team** – working as a core part of the interdisciplinary team to support the hauora of those in facilities. This could be based on care in the community model. This service design and delivery model should be localised and designed/delivered in partnership with iwi and community organisations, including kaupapa Māori and Pacific providers. Local teams should determine how this group should work best to meet the needs of those in the facilities, including proportion of on-site vs remote workforce.

All people/whānau

Supports: **overall hauora – taha hinengaro, taha wairua, taha whānau, and taha tinana**

- through ensuring strong connections are made with the right community-based supports and services.

- Discharge summary sent to primary care and/or other specialist services
- Supporting those who don't have a primary care provider to enrol
- Supporting people to connect with community/social services as required

Delivered by:

**Tele-health workforce**  
**On-site health team**  
**Wellbeing coordinator/community navigator**

#### Critical enablers/key dependencies:

- Early partnership with iwi and Iwi-Māori Partnership Boards (IMPBs) to establish governance and oversight structures, and to design and deliver the wellbeing/social support elements.
- IT capability to enable tele-health capability. Requires consistent connectivity and device access, including video capability.
- Nationalised approach to resourcing the tele-health workforce.
- Timely access to translation service (both written documents and 'live' over the phone)
- Ability to identify health and wellbeing needs prior to arrival.
- Data and digital systems in place to enable sharing of clinical information across providers (with permission).
- Resourcing and funding of community navigator roles and pathways.

# PROPOSED RETURNEE MODEL OF CARE

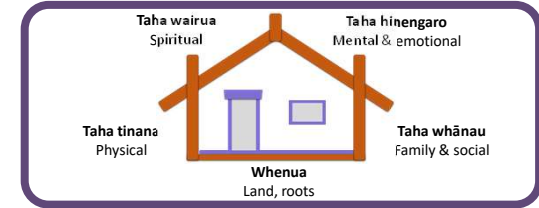
The Quarantine and Isolation Capability (QIC) returnee model of care has been designed to address the **five dimensions of hauora** (wellbeing) articulated by Sir Mason Durie in his seminal hauora Māori model, Te Whare Tapa Whā (Durie, 1984).

Te Whare Tapa Whā demonstrates the holistic nature of wellbeing, and the interconnectedness between the five dimensions, which are represented in the shape of a whareniui (meeting house).

In the QIC model of care the different components of the model have been directly linked to the various dimensions of Te Whare Tapa Whā, as a means of demonstrating how the different elements of the model will work together to support the hauora of returnees.

## Process of development:

- The proposed model of care was developed to incorporate lessons learned from across the MIQ system, as well as care in the community.
- It was reviewed by a range of subject matter experts, including (formerly) DHB and PHU teams involved in the MIQ system, and advisory teams from Māori Health, Pacific Health, Equity, Care in the Community, and Disability across Te Whatu Ora/Health New Zealand, Manatū Hauora/Ministry of Health, and Whaikaha.
- Further engagement with Te Aka Whai Ora/Māori Health Authority will inform the finalised model of care for version 3.0 of the QIC readiness plan. This will also include further information regarding the health workforce and data and digital resourcing requirements.

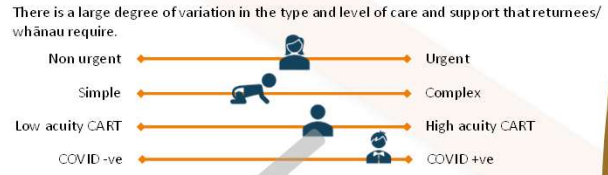


All aspects of the model of care interconnect and support one another – contributing to overall wellness. For example, providing access to fresh air/exercise space (detailed under 'wellbeing and social support') will support **taha tinana**, but is also likely to be helpful in supporting **taha hinengaro** and **taha wairua** among returnees, who are experiencing an unusual and challenging temporary limitation of their ability to move freely and connect with the whenua.

## Outcomes of the model of care

- Achieves key public health objectives – identifying and isolating infectious cases (and quarantining their close contacts), to prevent (or minimise) the entry of the infectious disease into the community
- 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 people/whānau 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/whānau 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/whānau 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/whānau 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 enrolment in primary health care for those who are not already enrolled in a practice, or if this is not their preferred option, supporting people/whānau to connect with other health and wellbeing service providers that can support them with their needs after their departure.
- People/whānau experience continuity of care – both while they are in the facility, and once they depart the facility. For example, sharing their clinical information with their primary care provider after they leave to facilitate appropriate follow-up, with the person's permission.

## Level of care provided



Regardless of the level or type of care and support required, we have a duty of care to ensure that returnees/whānau are supported to access the care they need. People/whānau should leave QIC facilities better off than they were before.

### 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
- People/whānau should be supported to identify and engage with the right service providers, who can support them with their needs upon departure.

Full primary health care level of care to all returnees in facilities is unlikely to be feasible or sustainable given environmental and workforce constraints.

If it is safe and clinically appropriate to delay in-person assessment and treatment until after they leave the facility, this is preferable from an IPC perspective in a quarantine/isolation context.

The main focus of the model of care is to ensure urgent clinical needs are addressed in a timely manner.

For non-urgent clinical needs that can be addressed via tele-health during their stay, health teams should support returnees/whānau to engage with the appropriate services to do so.

Wrap-around wellbeing/social service and manaaki support should be available to all people/whānau throughout their stay, with connections formed to community providers if required to support them as they (re)-enter the community.

## Enablers & dependencies

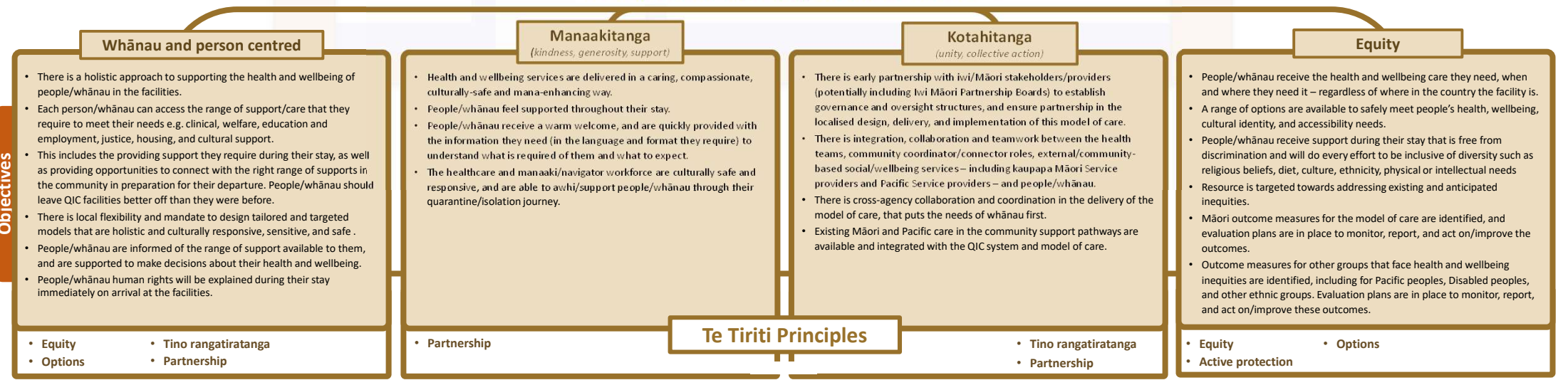
- Early partnership with iwi (and potentially Iwi-Māori Partnership Boards (IMPBs)) to establish governance and oversight structures, and also with Kaipapa Māori Service providers to design and deliver the localised model of care. This will ensure the localised design and delivery of the model of care are tikanga-informed and meet the needs of whānau Māori;
- Agile, flexible and high-trust commissioning and contracting arrangements to enable local innovation and responsiveness;
- 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 centers 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;
- 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 ensure effective monitoring of outcomes and enable continuous improvement. This includes systems that enable efficient sharing of information (with permission) with community-based care providers;
- 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 should be applied;
- Funding and pathways for whānau to continue to access care and support after departure from facilities;
- 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.

## Approach to care

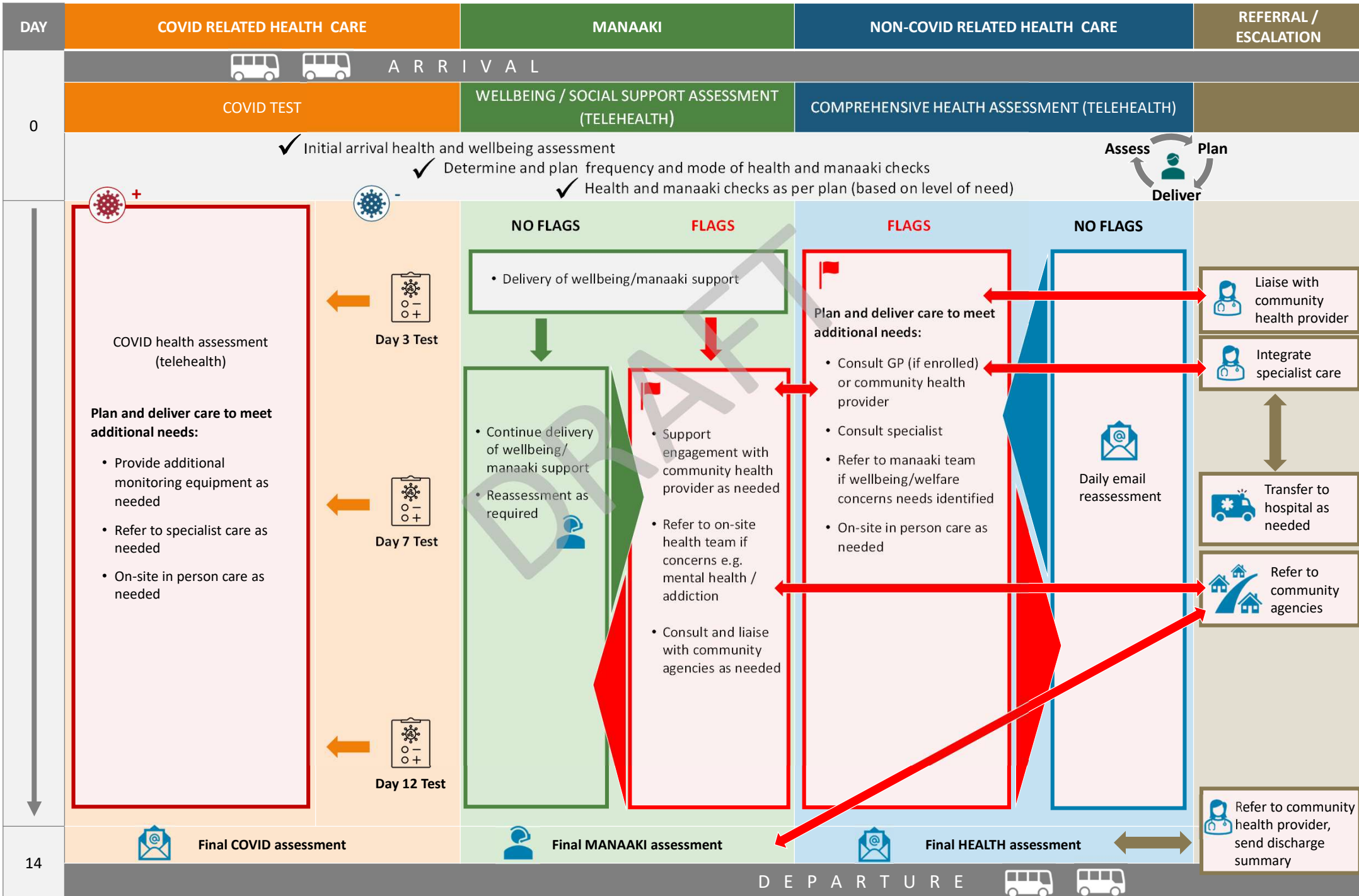
- Tele-health** should be used for clinical assessment and monitoring wherever possible and clinically appropriate
  - alleviates workforce pressures by enabling utilization of a remote (and potentially national) workforce
  - eliminates the IPC risks faced by clinicians during in-person interactions with returnees.
- It is critical that there is **local flexibility** to determine how to deliver the model of care, including 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

- Equitable IT capability and connectivity** is critical to successfully implementing a comprehensive and equitable tele-health service
  - easy access to devices with video call capabilities, and translation services.
- Learnings from Care in the Community** – and in particular the way that Care Hubs have worked to integrate the range of health and wellbeing services available to support people/whānau with their holistic needs – should be applied to the wellbeing and social support element of the 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.

## Principles underpinning the model of care



# Example of returnee journey and model of care in practice – incorporating lessons learned concepts



Note: those in the COVID-related channel (orange columns) will also receive care in the other channels

---

# Quarantine & Isolation Capability

---

## Resource Surge Plan

*A plan, if required, to surge people resources to support the implementation of an Quarantine and Isolation Capability in the first 4 weeks after a decision is made by Cabinet to implement.*

***Version 1 - Final***

**26 July 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
0.1	29 June 2022	Development of the Resource Surge Plan	Document Creation. For review.
0.2	1 July 2022	Review and revision of the plan	Reviewed by <span style="background-color: #cccccc;">Privacy of natural persons</span> Feedback incorporated.
0.3	18 July 2022	Feedback from key stakeholders	Feedback from key stakeholders has been incorporated.
1.0	22 July 2022	Final Version 1 of the document	Shared with SRO and Minister for COVID-19
1.0	26 July 2022	Final review GM MIQ and DCE	GM & DCE consultation

## Document Location

REF	Last Save	Location
127722362	18 July 2022	<a href="https://mako.wd.govt.nz/otcs/lisapi.dll?func=ll&amp;objaction=overview&amp;objid=127722362">https://mako.wd.govt.nz/otcs/lisapi.dll?func=ll&amp;objaction=overview&amp;objid=127722362</a>

## 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).

# Contents

---

Document Control .....	2
Document Location .....	2
Document Security .....	2
Contents .....	3
Glossary .....	4
Overview .....	5
Purpose of the Plan .....	5
Objectives.....	5
Assumptions / Triggers: Activating the Resource Surge Plan .....	5
Out of Scope.....	6
Resource Management & Preparedness.....	6
How to use this plan .....	6
Rapid Workforce Expansion/ Creating Surge Capacity .....	6
Priority Table:.....	7
Surge Capacity and Resources.....	7
Roles and Responsibilities.....	7
Skill Mix .....	8
Resourcing numbers FTE .....	8
High Level Functions .....	8
MIQ Resources .....	10
Resourcing Surge - Step by Step Implementation .....	11
Step by Step Implementation .....	11



## Glossary

AoG	All of Government
BAU	Business As Usual
COVID-19	Illness caused by the novel SARS-CoV-2 virus
Facility	A contracted hotel for persons to stay as directed by the government for a period of quarantine or isolation
P&C	People and Culture
MAKO	MBIE electronic document storage system
MBIE	Ministry of Business, Innovation and Employment
MIQF	Managed Isolation & Quarantine Facility
MoH	Ministry of Health
MOU	Memorandum of Understanding
OGAs	Other government agencies
QIC	Quarantine and Isolation Capability
SOP	Standard Operating Procedure
TKM	Te Kawa Mataaho Public Service Commission

# Overview

---

## Purpose of the Plan

The primary purpose of the Resource Surge Plan is to provide a methodology and a framework to efficiently support the implementation of the Quarantine and Isolation Capability, in response to a complex event based on a severe public health risk to New Zealand.

This Plan outlines a coordinated and effective approach for defining a resourcing surge strategy for both national and regional offices and specifies what steps to take to surge resources in quickly during the first QIC implementation phase(4 weeks).

This Plan is part of the ongoing preparations for a COVID-19 variant or other public health risk which requires people arriving at New Zealand's border to quarantine or isolate, and incorporates lessons learnt from when MIQ was quickly stood up in 2020.

This Plan has been developed to serve as an Annex to the Readiness Plan V2.0. The responsibility for implementing this Plan will sit with the Lead Agency appointed for the QIC implementation. These are all living documents and will be modified / updated as required over the life of the QIC Readiness plan.

## Objectives

The objectives of the Resource Surge Plan are to:

1. Establish procedures to ensure a coordinated resourcing response upon activation of the QIC Readiness plan
2. Describe the course of action that focuses on the resources required to stand up MIQ during the first activation phase, lasting 4 weeks
3. Identify organisations and staff that can be surged into the lead agency to implement the QIC Readiness plan
4. Pre-agree with lead agency and Te Kawa Mataaho Public Service Commission (TKM) the process for surging in staff and who will do what
5. Communicate key messages and updates on the response to key stakeholders, lead agency P&C team, service providers and AOG community.

## Assumptions / Triggers: Activating the Resource Surge Plan

- That there is a severe COVID-19 variant or other public health risk exists and the New Zealand government has made the decision that requires people arriving at New Zealand's border to quarantine or isolate.
- That the QIC Readiness plan has been activated.
- The lead agency Senior Leadership Team (SLT) have been informed in advance of the activation of the plan and that supportive communications are rapidly cascaded from the SLT prioritising the surge plan requirements.
- A core team from the lead agency talent acquisition (a mix of the Projects & Deployment team and the current MIQ business partner), P&C Advisory and PeopleHub would each have already worked through and documented a process and readiness plan that can be set in motion very quickly.
- Budget is available for funding resources for the QIC implementation.
- All government / resources will be prioritised and mandated to support the response.

## Out of Scope

- The Resource Surge Plan does not include development of an organisational structure, ongoing resourcing plans or recruitment plans.
- AVSEC, First Security, surge resources are agreed and therefore Security workforce is out of scope
- NZDF have agreed to the legislative requirement to provide a surge transition leadership workforce over the first 6 weeks (in a coordination/logs capacity at Head/Regional Office). The NZDF will need to be contacted directly by lead agency rather than TKM to discuss requirements for NZDF resources
- The Resourcing Surge Plan only considers resourcing for delivery of QIC functions at the National and Regional offices. Facility staff are covered by the surge agreements MBIE has with hotels.
- Excluded are agencies providing support roles that are part of their agency core activities and response support i.e., NZ Police, FENZ, Health staff etc.

## Resource Management & Preparedness

---

### How to use this plan

- The Managed Isolation and Quarantine (MIQ) work stream was set up as part of the COVID-19 All of Government Response
- The task of gathering and enabling a workforce at short notice was challenging and required stamina and innovation. There was no resourcing surge plan in place as this response was unprecedented at the time
- This plan provides the processes and guidance on where to obtain resources, resource allocation across QIC functions, and requirements for leadership and management roles
- This plan captures all relevant information in one plan, incorporating lessons learned from MIQ and reference information, which will assist a lead agency to undertake a resource surge if the Readiness plan is activated. This plan will support the lead agency to secure a workforce that meets the needs of its QIC functions, in the timeframe required of a response of this type.

### Rapid Workforce Expansion/ Creating Surge Capacity

- At its peak of operations, MIQ had around 4,500 people working in our 32 facilities. The number changed based on capacity demands, the needs of returnees and public health settings. Staff worked in shifts, 24 hours a day, 7 days a week, 365 days a year
- Staff in the facilities included staff from hotels, New Zealand Defence Force (NZDF), Ministry of Business, Innovation and Employment (MBIE), NZ Police, Aviation Security (AVSEC), District Health Boards and private security firms
- Staff in the national and regional offices came from a broad range of groups, including the NZDF, Ministry of Health, NZ Police, MBIE, various other government agencies e.g. ACC and Department of Corrections, and the private sector
- The COVID-19 pandemic response in New Zealand placed an enormous burden on government departments, health services and the people who work within the health sector
- Staffing the Quarantine and Isolation capability within the implementation timeframes presents a significant risk for New Zealand, therefore this plan is designed as a mitigation to that risk
- This plan aims to provide people, both leaders and team members, within the initial 4 weeks aligned to the function implementation outlined in the Readiness Plan. The essential leadership positions are detailed in the table below as the first priority.
- Staff with various backgrounds will need to be engaged to provide the diverse skills required during a surge

- Identifying available pools of surge personnel with relevant skills is a key requirement and will contribute to the efficiency of a surge response. Establishing on-going communications with external organisations during the maintenance period will help to expediate the surge when required
- Recommended strategies to surge staff over the 4-week phase one implementation period are summarised in the priority table below:

### Priority Table:

Step 1	Step 2	Step 3
<ul style="list-style-type: none"> <li>- Determine roles of existing MIQ leadership team, and their teams, in the response</li> <li>- Contact people listed in Key Resource Directory (who have critical MIQ knowledge), available in the QIC Readiness Plan</li> <li>- Contact lead agency P&amp;C team to request surging workforce into QIC response</li> <li>- Contact NZDF directly to discuss requirements for NZDF resources</li> </ul>	<ul style="list-style-type: none"> <li>- Scale up from cross government workforce using centralised coordination capability at TKM</li> <li>- Engage TKM mobility hub providing them a list of the roles/capabilities we require and timeframes</li> <li>- The TMK will work with government agencies to coordinate and prioritise requests for resources efficiently</li> </ul>	<ul style="list-style-type: none"> <li>- Mobilising and recruiting additional workers through non-government organisations</li> <li>- Contact private sector organisations for specialist skill sets not available readily within government</li> </ul>

## Surge Capacity and Resources

### Roles and Responsibilities

The MIQ structure, when facilities were operating, had National and Regional Office functions as well as functions at facilities.

The National Office operated as a group within MBIE and was located within MBIE head office in Wellington. The National Office provided the overall leadership and accountability of MIQ delivery. All enabling functions were led out of the National Office such as policy, legal, communication, 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, exemptions and fee waiver applications.

The National Office also established the guidelines and processes for operating MIQ facilities. At a regional level, MIQ had three operations offices for Northern (Auckland), Central (Hamilton, Rotorua and Wellington)<sup>1</sup> and Southern (Christchurch) within the Regional Isolation and Quarantine Coordination Centre (RIQCC).

<sup>1</sup> Note: no facilities are planned outside of Auckland and Christchurch in the Readiness plan, therefore no Central RIQCC would be required for any future implementation

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.

## Skill Mix

Because of the magnitude of the response, the response will exceed the available capacity of the lead agency workforce to meet the resourcing needs of a QIC implementation and operation. A surge in staffing for the National and Regional Offices will be necessary with a diverse range of skills required.

Identifying available pools of surge personnel with relevant skills is a key feature of preparedness and will contribute to the efficiency of a surge response. Providing detailed information of the skill sets required and established communications with the TKM will help to expediate the surge when required.

A Key Resource Directory has also been created as part of the Readiness Plan, recording key people who worked in MIQ and also volunteers who have offered to assist should the QIC Readiness Plan be activated. This will be maintained by the Readiness team as part of their maintenance and testing processes

The immediate goal is to identify and stand-up leadership positions both nationally and regionally to ensure these roles are adequately resourced. Teams for each function will be established quickly, in some cases at the same time as leadership in order to achieve the implementation pace required. All teams will be scaled over the three implementation phases.

The lead agency will need to identify a core recruitment P&C team who will handle the onboarding process and who will develop recruitment readiness documents. This could include, for example, standard letters of variation of contract that would allow rapid deployment of staff to other positions.

The lead agency P&C team will need to quickly develop a critical relationship with TKM to ensure that interactions are fast, efficient and provides the level of detail TKM requires.

## Resourcing functions and teams

### High Level QIC functions & teams

Note: some leadership positions will be filled by the existing MIQ leadership structure. However, we have not allocated roles that sit under the various teams. Teams will need to be established to deliver each of the functions. The structure of these teams can be based on previous MIQ establishment or built to meet the new QIC requirements.

Function	High level QIC Teams
<b>Facility Implementation</b>	<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> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>- Leadership</li> <li>- Strategy &amp; Planning</li> <li>- Performance reporting</li> </ul>

Function	High level QIC Teams
	<ul style="list-style-type: none"> <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>
<b>Operational Services</b>	<ul style="list-style-type: none"> <li>- Leadership</li> <li>- Inventory management</li> <li>- Allocations</li> <li>- Charges</li> <li>- Exemptions</li> </ul>
<b>Enabling</b>	<ul style="list-style-type: none"> <li>- Leadership</li> <li>- People &amp; Culture</li> <li>- Programmes &amp; Change</li> <li>- Policy / Legal</li> <li>- Finance</li> <li>- Health &amp; Safety</li> <li>- Complaints 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>
<b>Health</b>	<ul style="list-style-type: none"> <li>- Liaison with Health provider and MOH/Health NZ</li> <li>- Returnee health services</li> <li>- Returnee wellbeing QIC staff health services (as required by legislation)</li> <li>- IPC including cleaning standards</li> </ul>
<b>Accommodation &amp; Facility Services</b>	<ul style="list-style-type: none"> <li>- Leadership and functions provided by facilities</li> <li>- Site assessments</li> </ul>
<b>Security</b>	<ul style="list-style-type: none"> <li>- Leadership</li> <li>- Physical, including support assets</li> <li>- Workforce incl. roster, technology</li> <li>- Policy and procedures</li> <li>- CCTV</li> </ul>

Function	High level QIC Teams
<b>Communications</b>	<ul style="list-style-type: none"> <li>- Leadership</li> <li>- Internal stakeholders</li> <li>- External stakeholders</li> <li>- Returnees, including website</li> <li>- Cross agency</li> <li>- Media</li> </ul>

## MIQ Resources

---

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

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

# Resourcing Surge - Step by Step Implementation

---

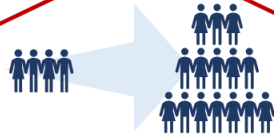
## Step by Step Implementation

Activities that will need priority support during a resourcing surge include:

- Onboarding including employment paperwork and clear leadership accountabilities
- Inducting and training of new staff
- Logistics (e.g., arranging workspaces, ICT and supplies for staff)
- Communication (e.g., developing induction documents and instructions for new staff)
- Administration support.



## STEP 1



### Scale up from existing lead agency resourcing and Key Resource Directory



- Review current MIQ structure and appoint existing staff into essential roles as part of surge plan.



- Contact lead agency People and Capability team to request surging workforce into QIC response.
- Contact staff recorded in the Key Resource Directory in the QIC Readiness Plan.



- Work with People and Capability team to confirm onboarding and induction support and actions.
- Assign existing MIQ leadership team and team roles in implementation.



## STEP 2



### Scale up from cross government workforce using centralised coordination capacity



- Contact Te Kawa Mataaho Public Service Commission (TKM) mobility hub.
- Provide TKM with a list of all required resources and capabilities, provide names of lead agency contacts for onboarding activities.
- TKM will work with government agencies to coordinate and prioritise requests for resources efficiently.

## STEP 3



### Mobilising and recruit additional workers through non-Government organisations

- Contact private sector organisation for specialist skill set not readily available within Government.
- Target sectors where known skill sets exist. Provide contact for providing resourcing names etc...



- Ongoing – onboarding, have an on-site liaison for arrivals each day and point them in the direction of their leader, also induction material being developed.

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. Also refer to the MBIE proactive release of the subsequent version in Briefing: 2223-0784 Quarantine and Isolation Capability Readiness Plan (V3)

# 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 2.1**  
**29 July 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>

## 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.....	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 2 of the Readiness Plan provides two additional plans to support New Zealand's response to any future public health response. A Self Quarantine framework and an Emergency Evacuation Plan are now included as Appendices.

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

[QIC Readiness Plan on a Page V.2](#)

## 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 framework](#)

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

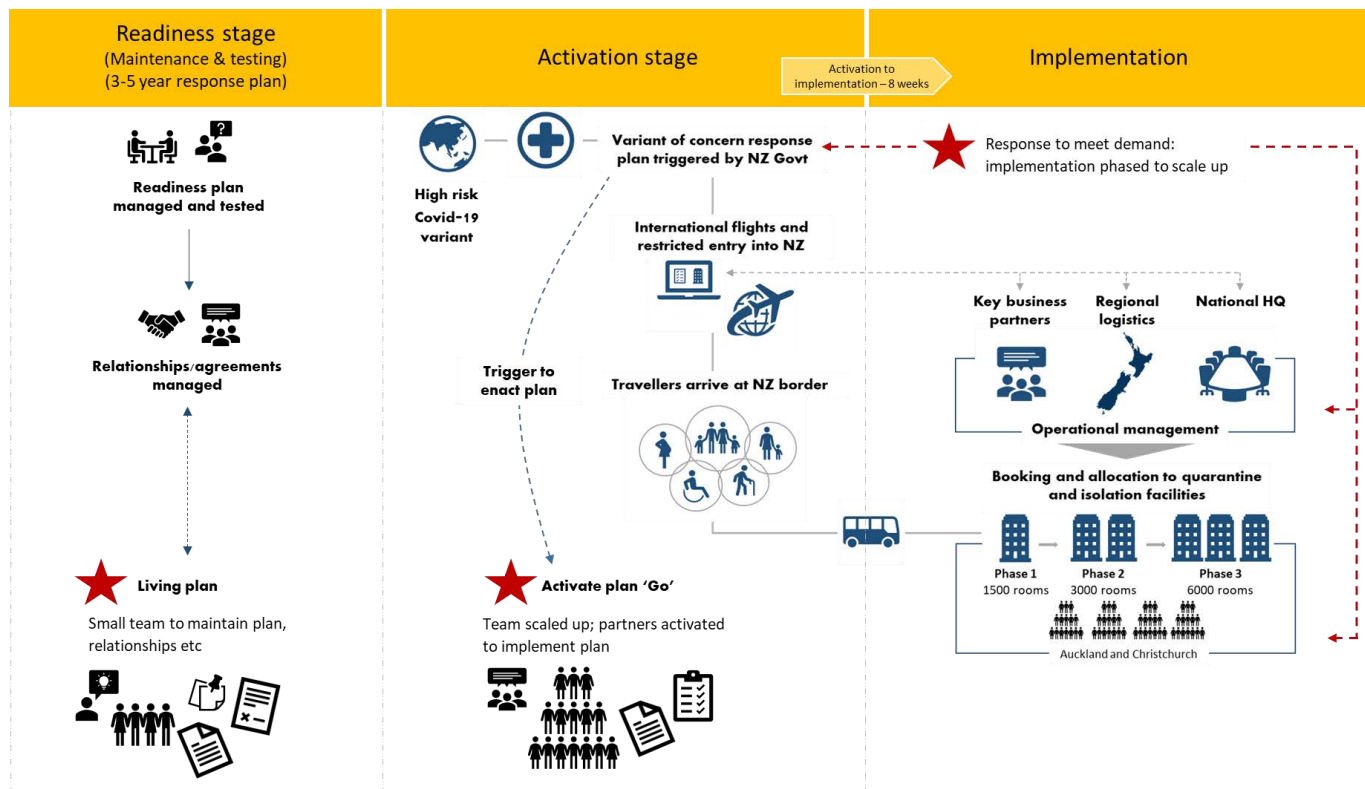
## Key Resource Directory

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 of 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.

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. 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, which will change over time:

- General Manager Service Quality & Assurance MIQ, MBIE (Chair)
- General Manager Policy, MIQ, MBIE
- General Manager Operational Delivery & Practice, MIQ, MBIE
- General Manager Programmes & Change, MIQ, MBIE
- General Manager Finance Systems, Operations & Procurement, F&P, MBIE
- Deputy Director Strategic Commitments – Domestic, NZDF
- Group Manager, Border COVID-19 Health System Response, MoH
- National Manager – Reparation, Quarantine, Isolation, AVSEC
- Chief Advisor, NEMA
- Chair Ngāti Whātua Ōrākei
- Independent Advisor

The Terms of Reference for the group are included below:

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

## 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.

Organisation	Anticipated Role
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>
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>

Organisation	Anticipated Role
Fire and Emergency New Zealand (FENZ)	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.

## 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

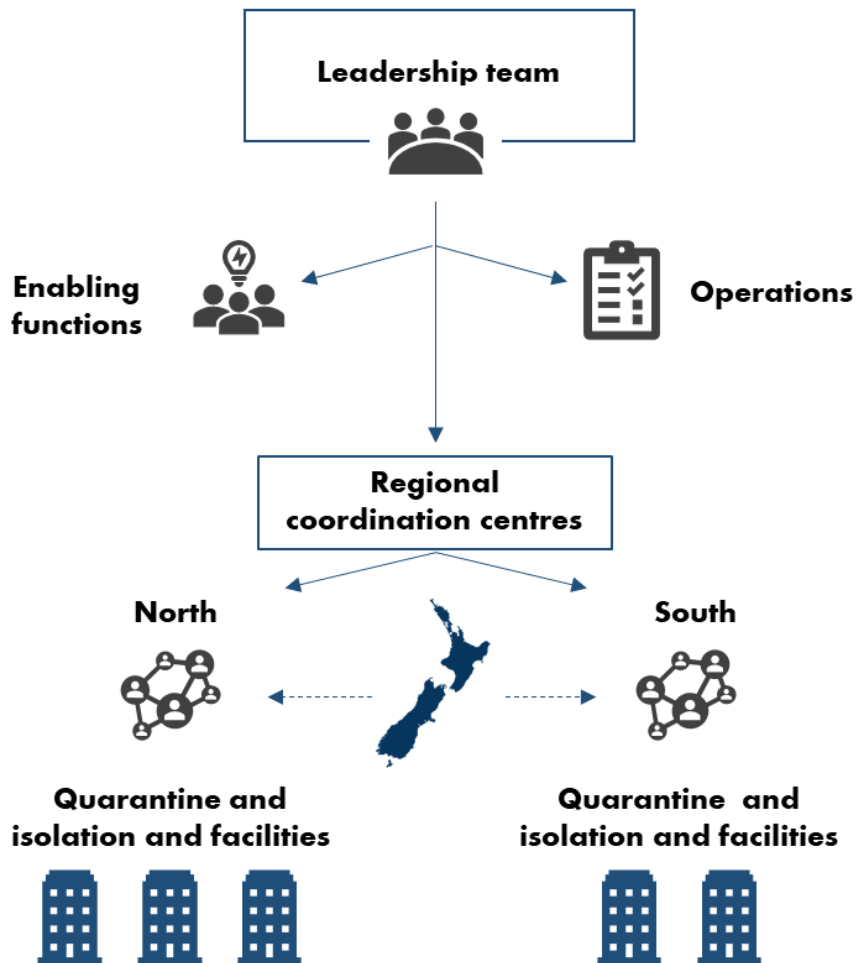
- **Link:** [MIQ-Māori Partnership work programme](#) - 18 January 2021

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

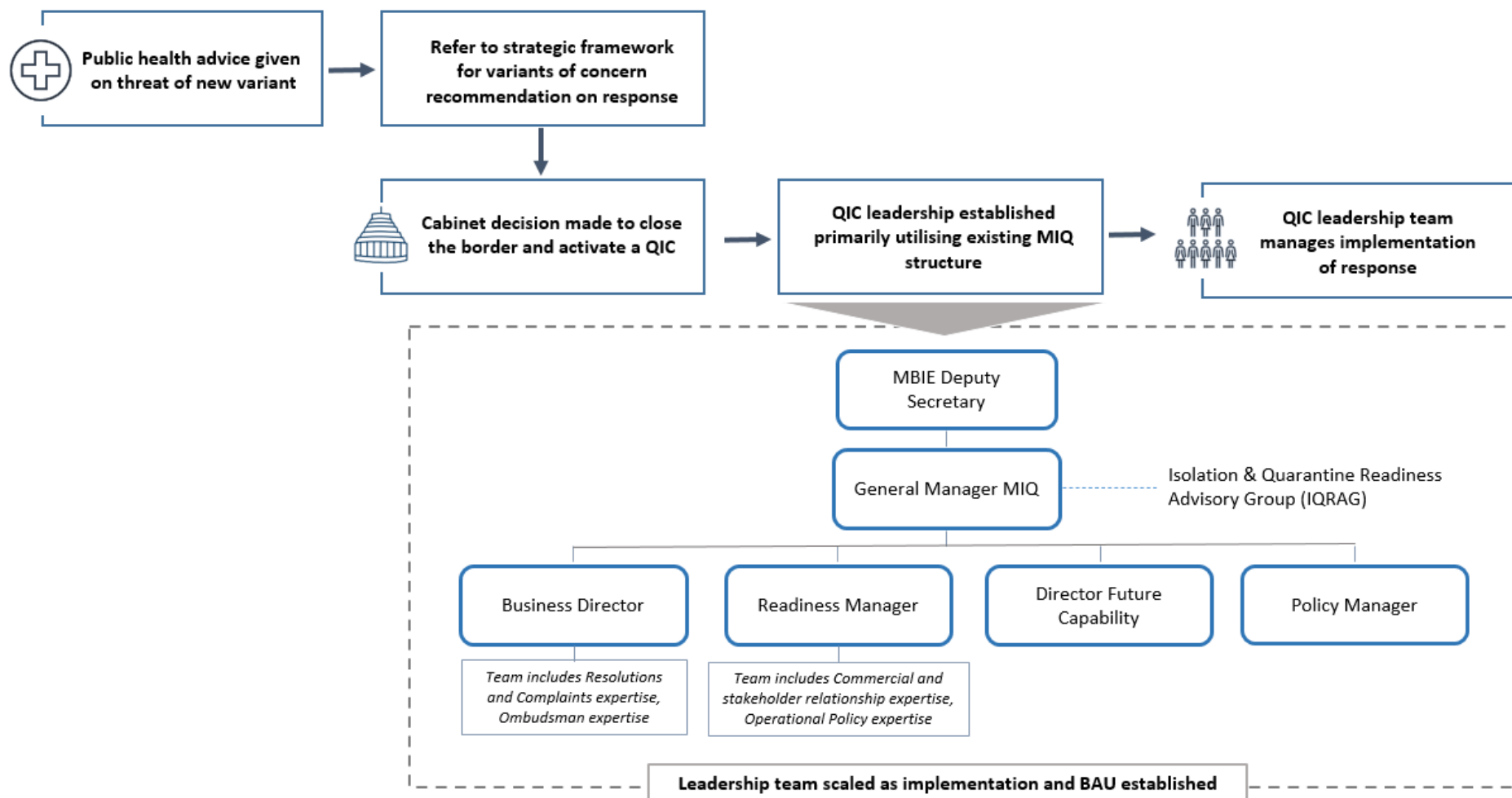
The diagram below is an overview of the QIC operating model, showing the relationship at a national, regional and facility level.

### 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

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).

## 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 Health provider and 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 provider to agree support model for delivery of required health services to QIC facilities and workforce</li> <li>- Work with Health provider 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> </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> </ul>

#	FUNCTION	SCOPE	ASSUMPTIONS
		<ul style="list-style-type: none"> <li>- Policy and procedures</li> <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>	<ul style="list-style-type: none"> <li>- There is access to owned / hired communications equipment (leverage MBIE Radio as a Service (RAAS) agreement)</li> <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="#">COMMUNICATIONS</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 Health provider and 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](#)

## **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 provider and Health NZ regarding provision and delivery of testing and tests to facilities and regional workforce</li> <li>- Agree process for testing with Health provider and Health NZ, including timing</li> <li>- Understand from Health provider and Health NZ 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 provider and Health NZ 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 providers – MOH, Health NZ</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>	<p><a href="#">Establishing a RIQCC SOP</a></p>

TASK:	REFERENCE:
<ul style="list-style-type: none"> <li>- Establish roles and functions that allow for 24/7 critical incident response</li> <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>	
Set up regional offices, considering co-location of all teams and agencies	
<p>Establish relationships with regional stakeholders</p> <ul style="list-style-type: none"> <li>- Hotel Managers</li> <li>- Health providers – DHB’s</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>
Establish logistics team to provide logistics support to the region and facilities	
Establish an Asset Register to track all items within Regional Office and provide to National Office	
<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>	
Ensure each facility holds a specified quantity of personal amenities and essential items for returnees	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 10 During a</a></li> </ul>

TASK:	REFERENCE:
<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="#">person's stay: 10.8 Essential Items</a></li> <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> </ul>



TASK:	REFERENCE:
	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Section 10 During a person’s stay: 10.10 Access to outdoors and exercise</a></li> <li>- <a href="#">SOP Stay – Section 5 Returnee Wellbeing: 5.3 Access to the outdoor area &amp; 5.4 Smoking/vaping</a></li> </ul>

## 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>	<ul style="list-style-type: none"> <li>- <a href="#">Ventilation Programme Closure report</a></li> </ul>
<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 (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 and 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>	
<p>Allocations</p> <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>	
<p>Allocations</p> <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>
<p>Exemptions</p> <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>	
<p>Charges</p> <ul style="list-style-type: none"> <li>- Familiarity with the website and where to find information on charges for Returnees</li> </ul>	
<p>Exemptions</p> <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>	
<p>Allocations</p> <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>
<p>Charges</p> <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 and 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 (<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 Public Sector Commission (PSC) to acquire resources from other government agencies</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>	
Policy / Legal	- <a href="#">Register for SOPs - ODS</a>

TASK:	REFERENCE:
<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>	
<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>o Create pipeline of Programmes and Change activities</li> <li>o Create template to enable 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 Health provider/MOH/Health NZ/Maori 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 provider 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 and 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 provider 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 provider 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 provider 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 providers 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 proces	
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 these 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/Maori 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 pictureR</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>	<ul style="list-style-type: none"> <li>- <a href="#">Transport SOP</a></li> </ul>
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>	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – Stay SOP - Section 3.2 Receiving deliveries at an MIQF</a></li> </ul>
Alcohol <ul style="list-style-type: none"> <li>- Implement national guidelines for alcohol deliveries and consumption in facility</li> </ul>	<ul style="list-style-type: none"> <li>- <a href="#">MIQ OPs SOP Stay in a MIQF V9.0</a></li> <li>- <a href="#">MIQF Operations Framework Version 9.0</a></li> </ul>
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	<ul style="list-style-type: none"> <li>- <a href="#">Welcome Pack - Services in your facility</a></li> </ul>
<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>	<ul style="list-style-type: none"> <li>- <a href="#">Transport SOP</a></li> </ul>
Implement process for receipt of delivery's from outside of facilities as defined by National Office e.g., Uber eats and supermarket deliveries.	<ul style="list-style-type: none"> <li>- <a href="#">Operations Framework – 10.8.1 Deliveries to people in MIQ</a></li> <li>- <a href="#">Stay SOP - Section 3.2 Receiving deliveries at an MIQF</a></li> </ul>

## 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 &amp; 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>o 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 LT 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 LT 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	

# Quarantine & Isolation Capability (QIC) Readiness Plan

A plan 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

This plan is designed to bridge the time horizon between the closure of MIQ facilities and longer-term investment in the National Quarantine Capability programme.

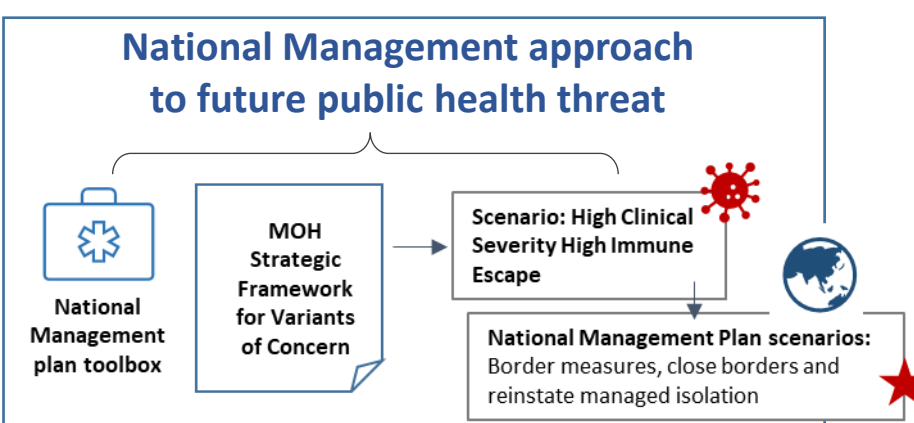
The Readiness plan assumes that the QIC needs to be implemented under urgency (triggered by Cabinet decision – GO ★). Given the scale of implementing a QIC, this needs to occur across a number of phases.



## NEW PUBLIC HEALTH RISK

- Readiness team prepare to activate:**
1. Policy/operational policy requirements
  2. Legislation and legal requirements
  3. Engagement with retention/surge partners
  4. Review surge plan resourcing
  5. IPC requirements as directed by Health

**Public Health advice**  
 ~1 month from public health threat to cabinet decision

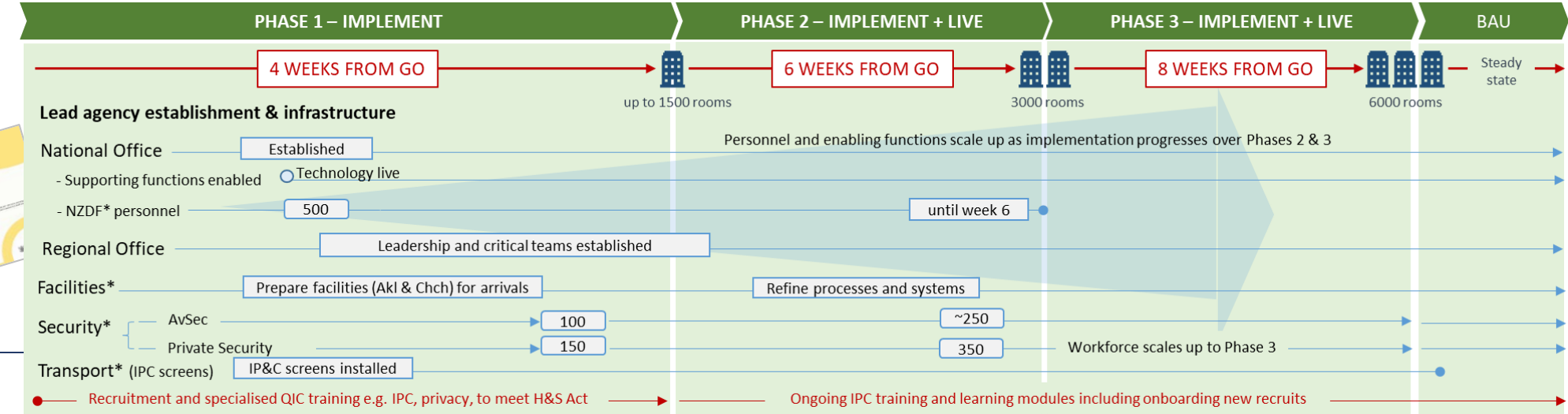


**Cabinet decision and trigger to enact plan**

QIC not required

Activation triggered at GO – scale up teams to operationalise

## QIC Readiness Plan activated – Response to meet demand: implementation phased to scale up



Emergency evacuation Accommodation plan activated

Self-quarantine framework - RNZ revisited

**Rapid Workforce Expansion/ Creating Surge Capacity**

**Proposed Returnee Model of Care – Health NZ**

