



BRIEFING

Options to strengthen transmission risk management in MIQFs

Date:	26 January 2021	Priority:	High
Security classification:	In Confidence	Tracking number:	2021-2085

Action sought		
	Action sought	Deadline
Hon Chris Hipkins Minister for COVID-19 Response		28 January 2021

Contact for telephone discussion (if required)				
Name	Position	Telephone		1st contact
Megan Main	DCE Managed Isolation and Quarantine	Privacy of natural persons		✓
Privacy of natural persons	Policy Director, Managed Isolation and Quarantine Unit, MBIE	Privacy of natural persons		

The following departments/agencies have been consulted
Ministry of Health

Minister's office to complete:

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 Withdrawn |

Comments



BRIEFING

Options to strengthen transmission risk management in Managed Isolation and Quarantine Facilities

Date:	26 January 2021	Priority:	High
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Purpose

To provide you with advice on how MIQ settings and processes could be strengthened to reduce the risk of any cross transfer of the virus between returnees in Managed Isolation Facilities.

Executive summary

On 25th January it was confirmed that there is a case of COVID-19 in the community. It was also confirmed that the source of infection is likely exposure in the Managed Isolation Facility the case had recently been released from.

You have asked us for advice on what steps we could take to reduce any further risk of cross contamination in Managed Isolation and Quarantine Facilities (MIQF's).

We have identified:

- a) Steps relating to reducing the chance of different cohorts coming into close contact with each other including reviewing our transport arrangements and processes
- b) Steps we can put in place quickly to strengthen the system such as limiting the reasons a returnee is able to leave their room (for exercise and accessing smoking areas only)
- c) Processes currently underway.

Most of the steps are either in train or can be put in place quickly whilst some will require further consideration.

We have also commissioned an external review of the wider MIQ processes to check their robustness amidst the changing global environment and associated risks.

Recommended action

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

- a **Note** that following the exposure event in a MIQF resulting in a community case we have reviewed our processes and identified where changes can be made
Noted
- b **Note** that a full external review of the wider MIQ process has been commissioned and we expect that this will identify further areas for improvement
Noted
- c **Note** that we have identified three areas where improvements could have the biggest impact:
 - a. Changing how we allocate cohorts to facilities to limit the chance of cohorts cross contaminating

- b. Reviewing our transport plans to ensure different cohorts do not travel on the same vehicle
- c. Review the suitability of current managed isolation facilities

Noted

- d **Note** we could also consider a phased reduction of the functional capacity in MIQ but further analysis is needed to assess the legal, financial and operational implications versus the potential benefits

Noted

- e **Agree** to discuss options regarding a phased reduction in MIQ capacity with officials prior to any formal advice being commissioned

Agree / disagree

- f **Agree** that we will report back to you with initial advice on options to change the way cohorts are allocated into MIQs, including any system impacts by 5 February

Agree / disagree

- g **Agree** that we will report back to you on 4 March with the outcome of the transport review

Faster if possible.

Agree / disagree

- h **Agree** that we (MBIE and MoH) will conduct a review of the suitability of current MIQ facilities and report back to you by mid-March

Agree / disagree

- i **Note** that there are a range of immediate actions that we are able to put in place that will strengthen our systems and process

Noted

- j **Note** that a full external review of the wider MIQ process has been commissioned and we expect that this will identify further areas for improvement

Noted

- k **Agree** that once the external review of MIQ processes has been completed we will brief you on its recommendations and our proposed response.

Agree / disagree



Megan Main
DCE, Managed Isolation and Quarantine
MBIE

27 / 01 / 2021



Hon Chris Hipkins
Minister for COVID-19 Response

30 / 01 / 2021

Background

1. Managed isolation and quarantine (MIQ) is the system in place to protect New Zealand from COVID-19 and to stop it at the border in line with the "Keep It Out" pillar of the Elimination Strategy. MIQ has been evolving its operations over the past year as we learn more about the virus and how to manage it at the border.
2. The new variants of COVID-19 recently identified in the United Kingdom, South Africa and Brazil are having significant impacts across the world both in terms of the epidemiology of the pandemic, and the global response. Our MIQ system is world-class, however it is also the biggest risk point for COVID-19 entering our community.
3. On 25 January a community case of COVID-19 was confirmed in Northland in a person who had recently left a Managed Isolation Facility, with genome sequencing indicating that the source of infection was most likely from another returnee in the Pullman Auckland Managed Isolation Facility.
4. Investigations are underway to determine the exact point of transmission. Alongside this you have asked us to review the MIQ processes and systems and identify if there are any areas where changes could be implemented to reduce the likelihood of such an incident occurring again.
5. MIQ has ongoing processes to review the effectiveness and compliance of its operations alongside the monthly IPC audits that are conducted by the Ministry of Health, a review of complaints received and ongoing advice from the Ombudsman and Ministry of Health.

Are our operational settings appropriate for the current climate?

6. To date, we have been confident that our settings are fit for purpose and that we can keep returnees safe whilst also managing the risk of the virus being transmitted through the border and into the community.
7. Recent changes in the global situation, including the emergence of new variants which are more transmissible, has led to new policy settings being introduced and our systems being reviewed for effectiveness, for example the introduction of pre-departure testing and day 0/1 testing for the majority of people entering a MIF. To support this, MIQ made the operational decision that returnees would also remain in their rooms until the day 0/1 test result is confirmed.
8. Following the discovery of a new community case as a result of transmission from within a MIF, you have asked us to review our systems and advise if there are areas where other adjustments could be made to the settings to reduce the risk of any further transmission into the community.
9. Our initial review has focussed on three areas of risk reduction:

Movement of returnees

- Slowing the flow of arrivals at the border to develop some redundancy in the system and better support the staff to deliver appropriate care to returnees
- Considering how we allocate arrivals to facilities to minimise different cohorts coming into contact with each other and minimising interaction of those returnees with different risk profiles e.g. those coming from Australia

- Requiring all arrivals to stay within their rooms for 48 hours (as we do with day 0/1 testing) until negative results are received for the wider cohort (noting that a simple and consistent process reduces operational risks)
- Changing the way returnees are able to access services outside of their rooms, for example attend medical/wellness appointment, exercise, smoking and emergency evacuation.
- Requiring people to stay in their rooms after the day 12 test and before departure
- Reviewing the transport plans for returnees from the airport, and to exercise areas
- Reviewing post isolation protocols including advice to returnees and best practice in the immediate weeks following a stay in MIQ.

Changing or improving processes in the facilities

- Reviewing how and when we clean the facilities to reduce the chance of surface transmission
- Implementing the recommendations of the ventilation review.

Supporting our staff

- Ensuring our staff are safe and well, for example through increased frequency of staff testing
- Providing staff with the most up to date advice and guidance.

10. In considering these areas, we have grouped possible actions according to:
 - steps we can take immediately to manage the immediate risk (noting these steps would need to be reviewed in the coming weeks to check on effectiveness)
 - steps that could be implemented but are dependent on other factors, for example resource or legal implications that will need to be resolved
 - steps we have considered and do not believe will deliver an outcome that warrants the action now, but could be reconsidered in the future.
11. The options that were considered are attached as **Annex 1**, with their relative impact and timing for implementation signalled.
12. Initial public health advice has helped to inform this paper. This will need to be confirmed as the options are developed further.
13. A further issue to be considered is whether the optimum balance of capacity in MIQ has been struck to meet both demand, legal requirements and health advice. An immediate reduction would have significant implications for New Zealanders off-shore who have vouchers booked and those critical workers who are due to arrive in the coming months.

What improvements could make the biggest impact

14. There are three areas where it is possible to consider changes but require further analysis to understand the likely impact, resourcing and any flow on effects to the MIQ system. They are:

Allocation of cohorts to specific facilities or floors to reduce overlaps of isolation times, including better staggering of arrivals and departures

15. Minimising the overlaps of cohorts with different isolation times in facilities would reduce risk of exposure to the virus and provide a higher level of assurance. A risk that has likely been realised with the Northland case is people at the end of their isolation period being exposed to those at the start of their isolation period who are shedding the virus but have not yet been detected through testing. The size of the facilities and the timing and capacity of incoming flights will have an impact on implementing this. Making changes of any scale would take time and will have flow on effects to the booking system and potentially reduce the overall operational capacity, which as detailed above, would reduce the risks identified
16. We expect that the process to review how we would implement any changes will be complete and will provide initial advice to you by 5 February.

Review the transport planning for airport transfers, transport of cases from managed isolation to quarantine facilities and where transport is needed to access exercise space. This would also look at greater segregation between cohorts.

17. There are inherent risks in movement of returnees who have not been identified as cases, in that bubble breaches and contact with other returnees is more likely if returnees are moving around, particularly in vehicles. Physical distancing is also more difficult in these situations.
18. The review process is underway but will take time to consider the most practical way to manage the pressure on the current providers. It would likely have some implementation challenges in terms of the need to increase providers and changes to scheduling of exercise access where it is not available on site.
19. We will provide further advice to you on this by 4 March.

Review the suitability of current managed isolation facilities

20. Our knowledge of the virus has grown significantly since the implementation of managed isolation, with more information now known about aerosolised transmission and general transmissibility of the virus. This also impacts the requirements for returnees behaviour in the facility. A review of the current managed isolation facilities to determine suitability is recommended to properly assess any risks that have not yet been identified. It is possible that some of the current facilities are not fit-for-purpose given the emerging evidence.
21. We will provide more advice to you by mid-March.
22. There are also some changes that could be made both pre-arrival and post-departure of the Managed Isolation Facility to minimise the risk of exposure, infection, and community spread. The Ministry of Health will provide additional advice on this separately.

What improvements could have a longer term impact?

23. We could also consider longer term options for example reviewing the capacity within the system. Any changes would need careful consideration and further analysis is needed to assess the legal, financial and operational implications versus the potential benefit.

A phased reduction in functional capacity in MIQ to allow for greater 'redundancy' in the system and a better staff to returnee ratio

24. On the basis of current health advice there is an option to consider whether the optimum balance of capacity in MIQ has been struck to meet the level of demand, legal requirements and health advice.

25. The benefits of a reduced number of people entering the facilities could allow for redundancy in the system which would strengthen our overall border response by reducing the risk of the virus spreading within the facilities. This would also reduce the risks associated with staff providing care and support to returnees. Any changes must be considered in light of the increasing incidence and prevalence of COVID-19 globally and the impacts of new variants. A number of options may be possible to do this, including:
- taking some facilities offline for short amounts of time,
 - reducing density in facilities
 - reconsidering the policy positions around large groups entering New Zealand.
26. Any reduction of capacity would have immediate and significant implications for New Zealanders off-shore who have vouchers booked and those critical workers and large groups who are due to arrive in the coming months. There is a trade-off between meeting the demand for places in facilities with the risks to the wider New Zealand population, particularly border and health workforce. A reduction in capacity would also need to consider if the current NZDF and other agency resourcing levels should be reviewed.
27. Further analysis is needed to assess the legal, financial and operational implications of this. We would like to discuss your appetite for this approach and agree how to progress any approach.

What improvements could be progressed now?

28. MIQ regularly reviews its operations to make improvements and reflect the changes in policy and operating standards, for example the outcome of IPC audits.
29. There are a number of actions that we will give effect to immediately that will reduce some of the risk of exposure in the facilities. These include:
- Expanding the requirement to stay in the room for the first 48 hours to anyone entering who has been required to have a pre-departure test or is exempt from pre-departure testing due to testing availability in the country of origin. This would include transit passengers but more discussion is needed to consider inclusion of those travelling from Australia and international air crew.
 - Encouraging returnees to remain in their rooms (or avoid unnecessary departures from their room) after their day 12 test until they depart.
 - Review all foot traffic plans in the facilities and limit any movement other than for the purpose of exercise or to access smoking areas, and planned health checks not conducted in the room, per the above option.
 - Reviewing our cleaning processes and implementation, in particular the regularity of cleaning in high touch areas.
30. Will can also implement any agreed outcomes of the ventilation review with an immediate focus on the Pullman Hotel and further prioritisation to be given to other facilities based on a risk review.

What continuous improvement is already underway?

31. There are other options we could progress with more time and analysis, including advice regarding any health impacts / considerations. These include:

- Looking at rolling out an increased staff testing regime based on the outcome of the current saliva testing trial in quarantine facilities (subject to Health advice and continued evidence base).
- Further consideration of the use of Bluetooth or other technology in MIQ environments to support contact tracing.

Consideration of public health and legal obligations

32. While short-term immediate change may provide some benefit to the risk profile of in-facility transmission of COVID-19, a thorough, methodical, systematic review of all MIQ settings, from pre-departure in country of origin to once the returnee has left the facility, is needed in order to properly minimise risk while maximising efficiency.
33. From a public health perspective, the two most significant changes to the system which would reduce the chances of in-facility transmission are to reduce the volume of returnees and ensure cohorts of people on different isolation timelines do not mix at any time, including on transportation.

Next steps

34. We will continue to progress our current and planned programme of improvements to the MIQ operating system in the coming weeks and will report back as needed.
35. For areas where there is additional analysis needed we will report back to you on this as follows:

Advice Proposed	Report back due
Any proposal to reduce capacity in MIQ	To be discussed
Allocation of cohorts to specific facilities or floors to reduce overlaps of isolation times, including better staggering of arrivals and departures	Initial advice on options by 5 February
Review of transport planning processes	Mid-February
Review the suitability of current managed isolation facilities (against agreed criteria)	4 March

Annexes

Annex 1: Table of possible improvements

Annex One: Table of possible improvements

A: High impact but requires more advice

Options for change	Current process	Comment	Implications / Risks	Complexity
Consider reducing functional capacity in MIQ		There is a question about whether the optimum balance of capacity in MIQ has been struck to meet the level of demand, health requirements and legal requirements (for example, BORA risks).	<p>Reductions in capacity might provide some redundancy in the system to help strengthen the overall border response.</p> <p>On the other hand, there will be immediate and significant implications for New Zealanders offshore and critical workers who are booked to return.</p>	Very High
Allocation of cohorts to specific facilities or floors to reduce overlaps, including better staggering of arrivals and departures	Not in place	The focus would be on reducing the risk of cross cohort transmission. This advice could cover the need for management of cohorts within facilities as well as options for use of 'low' and 'high' risk facilities.	<p>This will impact on the current booking systems and will be logistically challenging to implement.</p> <p>May need to increase capacity and progress ideas of bespoke facilities – for example air crew and transit short stay.</p> <p>Public health support for this approach in principal but more consideration is needed.</p>	High

Options for change	Current process	Comment	Implications / Risks	Complexity
Transport – no mixing of cohorts during transfer from airport and to/from exercise	Current processes in place but some mixed cohort travel occurs	Health advise this is an area of risk and should be prioritised	Impact on resourcing – are there sufficient providers if additional buses are needed / more 'runs' would equal more cleaning. For some returnees this may mean reducing access to exercise.	High
Review the suitability of current managed isolation facilities	Facilities meet current agreed criteria	There could be value in revisiting specific criteria for the establishment of facilities to ensure that they address risks that have been identified	Contracts with facilities are currently in place which could potentially need to be renegotiated if there is a significant shift in requirements.	High

B: Actions we can give effect to quickly

Options for change	Current process	Comment	Implications / Risks	Complexity
All arrivals are required to stay in rooms for 48 hours or until the day 0/1 result arrives	Arrivals from all destinations (apart from some exemptions) are required to stay in the room until day 0/1 results arrives	From 25 Jan all of those who require a Day 0/1 test are restricted to their room until the test result is received. The criteria will be expanded so that those subject to a pre-departure test are restricted. This will pick up transit passengers.	Additional staffing may be needed.	Low

Options for change	Current process	Comment	Implications / Risks	Complexity
		We are still working through a question of whether those travelling from Australia also need to be restricted until their flight is cleared.		
Consideration of whether returnees should be restricted / encouraged to stay in their rooms after day 11/12 test taken until departure	No restrictions following day 11/12 test in place	Currently some do this voluntarily. Public Health advice is there is no benefit, but there may be benefit in self-isolation and a further test post departure if risk in MIF remains the same due to multiple cohorts of different isolation periods.	Mixing cohorts – viral level in cohort at all times.	Low
Full review across MIQ Ops Framework to determine if all still fit-for-purpose.	Operations framework and SOPs are in place but are an evolving process	A continuous improvement review to see if other opportunities exist for tightening current requirements, including an assurance approach.	Will need to understand implications and change processes for the facilities as we roll out any changes.	Medium
Stop all returnee movement other than for scheduled exercise / smoking	Generally no limitations other than managing bubble breach risks	Foot traffic plans are under review There is an impact on potential viral load in facilities if people are kept in their rooms without windows and balconies	Increased complaints and more staff needed to escort and enforce. Concerns relating to mental health and impact on staffing to enforce.	Low / Medium

Options for change	Current process	Comment	Implications / Risks	Complexity
Ventilation review (MOH lead)	Review currently underway. Pullman review this week.	This is a priority.	Need to find additional servicing providers for wider roll out.	Medium

C: Continuous improvement already underway

Options for change	Current process	Comment	Implications / Risks	Complexity
Staff testing – increase to seven days.	Staff in MQF tested seven day's others 14 days Quarantine facilities testing saliva tests.	MoH are progressing a review of the Testing Order, which is due in late February. This issue could be picked up as part of that review. New systems are coming into place to improve how we identify and track testing of MIQ workers. Possible impact on levels of health staff needed to complete testing alongside returnee testing.	Increasing testing requirements would require greater health input to conduct tests and lab processing time.	Low
Review current cleaning regime	Generally high touch cleaning requirements are in place to reduce likelihood of transmission between bubbles	Consistent approach should be in place across all facilities	Some additional resourcing may be needed to roll this out consistently. Further guidance on products and processes needed.	Low

Options for change	Current process	Comment	Implications / Risks	Complexity
	when using the communal areas			
Blue tooth technology roll out	Trial completed.	Community (MOH) and Staff (MIQ) trials have been underway. Some question over effectiveness versus cost.	Cost versus effectiveness are yet unknown.	Medium
Review and standardise exercise policy esp. "heavy" exercise.	Not provided in all facilities.	Change underway		Low

Health advice needed

Options for change	Current process	Comment	Implications / Risks	Complexity
Advice to returnees on exit regarding a 'take extra care' period	Some advice provided already Health follow up with those who have left MIQ to check for symptoms etc.	This could be expanded to provide for self-isolation post departure from MIQ and possibly a follow up test.	This is a health policy issue that can be picked up by the Ministry of Health.	Low