

In Confidence

Office of the Minister for COVID-19 Response

Cabinet Business Committee

COVID-19 response planning for the summer holiday period

Proposal

- 1 Informed by lessons from the response to the August COVID-19 resurgence in Auckland, this paper:
 - 1.1 provides details on response planning for the summer holiday period; and
 - 1.2 describes a principles-based approaches to setting future Alert Level boundaries and determining which businesses and services can operate at higher Alert Levels including those for which travel across Alert Level 3/2 boundaries is permitted.

Relation to government priorities

- 2 This paper seeks decisions to support the Government's response to the COVID-19 pandemic.

Executive Summary

- 3 On 10 August 2020 Cabinet noted that officials had developed a high-level Rapid Response Plan to guide the Government's response following the confirmation of a new case of COVID-19 in the community [CAB-20-MIN-0387 refers]. Since then, there have been several community outbreaks that have required this plan to be activated. The August resurgence was large and took several weeks to bring under control. Later resurgences have been contained much more quickly. This was largely due to the index case and subsequent close contacts being identified quickly, tested and isolated. Our responses have been effective, and we have been learning and gaining experience from each event. We have also increased preparedness and capability – e.g. in testing, contact tracing and containment.
- 4 However, we cannot be complacent. Future resurgences are possible and may be different in character to those we have previously experienced. Moreover, there are increased risks through the summer holiday period (21 December to 9 February) associated with higher than usual levels of people movement, a significant number of planned mass gathering events, lower levels of public engagement with normal communications channels, and a proportion of response workers also taking time for a holiday break or caring for children.

- 5 This paper details our preparedness to deal with a resurgence during the summer period. In particular, illustrated through three scenarios, it sets out the plans in place for the following:
- 5.1 testing and test processing capacity;
 - 5.2 contact tracing capacity;
 - 5.3 managed isolation and quarantine capacity;
 - 5.4 case investigation and contact tracing surge capacity;
 - 5.5 managing risk around major events;
 - 5.6 workforce planning; and
 - 5.7 public communications and engagement.
- 6 The Ministry of Health's assessment of District Health Boards' (DHBs) preparedness for an outbreak of COVID-19 in the summer holiday period is also included. From responses received to date, the Ministry is confident that DHBs will be ready to support a response to an outbreak of COVID-19 in their district, supported by the National Outbreak Response Team, and other DHBs as required.
- 7 The paper also sets out my role as Minister of COVID-19 Response, that of the Prime Minister, and the roles of portfolio and duty Ministers in managing a response.
- 8 To give Ministers, businesses, iwi and the public as much certainty as possible, the paper also describes:
- 8.1 how we will determine and operationalise Alert Level boundaries (e.g. if we need to move an area to Alert Level 3 where there is a resurgence, and other regions to Alert Level 2); and
 - 8.2 which businesses and services would be able to operate at Alert Levels 4 and 3.

The August resurgence in Auckland and subsequent system improvements

- 9 A number of things worked well in the response to the August resurgence in Auckland. Specifically, it tested the recently established decision making and governance structures, and the draft National Resurgence Response Plan

(the Plan)¹ and the Ministry of Health's draft COVID-19 Resurgence Plan that were both in development.

- 10** However, there were also a number of operational difficulties as it was the first and only time we have had regions at different Alert Levels:
- 10.1 Despite public messaging, there was uncertainty in the business and wider community about who was permitted to cross the boundary. Some businesses and individuals incorrectly assumed the previous Alert Level 4 settings (relating to essential services and permitted movement) applied.
 - 10.2 A number of businesses and services had workers living and working on different sides of the boundary, particularly where boundaries bisected primary production areas.
 - 10.3 People living outside of Auckland who usually accessed services such as supermarkets within the Auckland region were unable to do so.
 - 10.4 There were issues with the flow of information to key stakeholders at the start of the response particularly between central and local government.
- 11** Lessons from the Auckland resurgence have informed the refinement of the Plan. Improvements are detailed below. Policy work in relation to the definition of boundaries and permitted travel are described later in this paper.

Standard operating procedure for COVID-19 response under the National Resurgence Response Plan

- 12** The National Resurgence Response plan now includes a standard operating procedure (SOP) for the response to a case of COVID-19 being detected in the community. The SOP shows the key decisions to be taken and by whom. This is attached as Appendix 1. Contact details for all officials who would be involved in a response to a resurgence (including details for officials on duty or with delegated responsibilities during the summer holiday period) are included in the Plan.

A framework to assist decision making in the early stages of a potential response

- 13** Response decisions to newly identified cases need to be taken very quickly. The Director-General of Health will assess the plausible scenarios associated with any newly identified case. This will include expectations about the potential spread of infection beyond the index case, including assessments of the potential source, the likelihood of onward transmission and the nature of

¹ The Plan supports the public health response and provides a framework for a nationally led, regionally delivered response. It details governance and decision-making, how communities will be supported, public communications and intelligence processes. Under the plan a response is governed by the National Response Leadership Team, comprising the Chief Executives of Department of Prime Minister and Cabinet (DPMC), the Treasury and National Emergency and Management Agency; Deputy Chief Executive, COVID-19 Group, DPMC; Director-General of Health and Commissioner of Police. The Plan will be activated in parallel with the Ministry of Health's COVID-19 Resurgence Plan once defined triggers have been met – e.g. a case or cluster of unknown origin being identified.

the communities involved. This will inform the Director-General's and the National Response Leadership Team's advice to Cabinet in respect of the appropriate health response to contain the outbreak. Officials have developed a framework for decision-makers to assist this process, set out in Appendix 2.

Membership of the National Response Leadership Team

- 14** It has become clear at recent meetings of the National Response Leadership Team that it would benefit from the Solicitor-General being included in its membership to provide timely advice on legal issues and Crown legal risk. I therefore seek Cabinet's agreement to the Solicitor-General's membership.

Dynamics of the summer holiday period

- 15** The dynamics of the peak summer holiday period (21 December to 9 February) create a number of challenges for managing a resurgence during that time. These include:

- 15.1 a high level of population movement and significant concentrations of people (on holidays and seasonal workers) in areas in which they are non-resident and which have limited health and other services;
- 15.2 extended and more frequent social gatherings including large organised events such as concerts and festivals; and
- 15.3 a proportion of the health workforce and other workforces critical to the response being on leave and caring for children.

- 16** Any response will need to take into account the public health risks at the time. Some likely implications include:

- 16.1 An overall heightened degree of risk in terms of potential long transmission chains and high-risk exposure events across the country. This points to a lower risk tolerance in response, particularly in the initial stages, and an increased likelihood of having to move a wider area or even the whole country to a higher Alert Level.
- 16.2 For outbreaks in main centres a rapidly introduced boundary may again be critical to the response to avoid spread to other regions. If achievable, this may need to be implemented even more rapidly given higher risk of departure. However, given the highly mobile nature of the whole population over the summer period, a localised response is unlikely to be sufficient to mitigate risk.
- 16.3 For outbreaks that include smaller tourist-oriented centres, any boundary is likely to be less effective, although restricting movement into the area will remain important. It would still be necessary and appropriate to allow people to leave the affected area to return to their primary residence.
- 16.4 Any decision to encourage those who can 'shelter in place' would have significant flow on implications. It is likely to give rise to confusion and

operational challenges, particularly for the travel and accommodation sectors and the supply of fast moving consumer goods. It may be advisable to require people to shelter in place initially (consistent with the approach taken in the August resurgence to buy time while the extent of the outbreak is ascertained). However, many holiday makers, particularly those in campgrounds or short stay accommodations, are unlikely to have the necessary supplies to do so in the longer term, making it likely there will be a high demand for welfare support. In addition, advice to shelter in place is a departure from policy and messaging delivered to date and something the public will be unprepared for. Delivery of clear and effective communications in this scenario will be challenging.

- 16.5 If moving to Alert Level 3 is required regionally or nationally, some pragmatic adjustments to normal settings may be required (such as not requiring physical distancing on public transport) to enable necessary movement back to primary residences. Face coverings would still be required on public transport as is already the case under Levels 3 and 2, and in Auckland currently at Alert Level 1.
- 16.6 Communicating directly with the public over the summer holiday period will be more difficult given many people disengage with mass media.

Scenarios to inform planning for the summer holiday period

17 To inform and test our planning for the summer period we have developed the following scenarios:

- 17.1 Scenario A – Border worker in Auckland with limited movements and few close contacts. As this scenario is unlikely to involve multiple chains of transmission, standard case investigation, contact tracing and isolation would be likely be employed. The approach taken would not be affected by the holiday period.
- 17.2 Scenario B – Relative of border worker on holiday in campsite. Due to the mobile nature of holidaymakers, and at least one chain of transmission beyond a border worker, a precautionary approach to contact tracing and surveillance testing is likely. Depending on the area, support from an outside region may be required. Targeted restrictions or a local Alert Level increase, e.g. to cap the size of gatherings and require contact tracing may be justified.
- 17.3 Scenario C – Young person with no link to the border who attended the s9(2)(b)(ii) New Year's festival s9(2)(b)(ii) during infectious period. Exposing a large number of people s9(2)(b)(ii) is also a high risk for onward transmission across New Zealand. The nature of the event will make identifying close contacts more difficult, and alcohol use would increase transmission risk. The number of close contacts may exceed capacity to contact trace. A nationwide increase in Alert Level to at least Level 2 and possibly higher is likely.

- 18 Having had regard to the dynamics of the summer holiday period identified above, officials agree that in the event of a resurgence event in a holiday location, it is unlikely they would advise a local area or region be locked down and moved to a higher Alert Level with restrictions on movement across the boundary. In Scenario B or C, a number of exposed holidaymakers will have already moved outside the region before the index case and their close contacts are identified and isolated. In light of this, a more effective control is likely to be restricting movement over the whole country by moving to Alert Level 3 (or the North or South Island if most visitors to where the resurgence was identified are from one or the other island).
- 19 Appendix 3 sets out the Ministry of Health's advice on possible public health actions in response to the three outbreak scenarios.

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Response readiness and arrangements for the summer holiday period

Ministerial arrangements

- 20** The Duty Minister and Minister for COVID-19 Response will provide initial Ministerial decision making in the event of a resurgence over the summer holiday period, including advising the Prime Minister on whether it is necessary to convene the COVID-19 Ministers with Power to Act. While judgement will be needed to respond to the individual situation, the following should apply:
- 20.1 Any Ministerial decision making required – e.g. a decision to move up Alert Levels – should always include the Minister for COVID-19 Response. There are no decisions that should be taken by the Duty Minister unless the Minister for COVID-19 Response cannot be contacted.
 - 20.2 For any case of infection in the community, including a border worker, the Prime Minister and all Ministers in the COVID-19 Ministers with Power to Act group should be informed.
 - 20.3 For any situation where the Minister for COVID-19 Response or the Duty Ministers considers that an increase in Alert Levels may be required, the Prime Minister should be advised to convene the Ministers with Power to Act.
- 21** I recommend that the composition of the Ministers with Power to Act be updated to: the Prime Minister, Deputy Prime Minister, Minister for COVID-19 Response, Minister of Health, Minister for Emergency Management, Associate Minister of Health (the Hon Ayesha Verrall) and the Duty Minister (if any). Any other Minister would be able to participate in decision making at the invitation of the Prime Minister.

COVID-19 testing and test processing capacities

- 22** COVID-19 testing rates have recently averaged around 5,500 a day. Nationally, testing is currently available at 1,300 locations, ranging from hospital emergency departments, urgent care clinics, general practices, marae, community testing centres, “pop-up” testing facilities and mobile testing units.
- 23** As at 25 November, the combined processing capacity of laboratories was 26,000 test swabs a day. During the peak holiday period (21 December to 10 January), their capacity is forecast to fall to 14,000 a day and 12,000 a day on statutory holidays. If surge testing is required, laboratories estimate they could increase their capacity to 32,000 a day, but it would take up to three days to achieve this level during the summer holiday period as people. Capacity would progressively ramp up over a couple of days as people came back to work.
- 24** Even with lab capacity, testing will be constrained by local capacity to collect samples. While there is considerable variation across District Health Boards

(DHBs) and Public Health Units (PHUs), the sector has built-in capacity within its testing infrastructure to respond to an upsurge in demand. Contingency plans include:

- 24.1 deploying mobile testing units;
- 24.2 standing up testing facilities in areas forecast to experience considerable population increases due to the influx of holidaymakers;
- 24.3 calling on support from neighbouring DHBs – e.g. the three Auckland region DHBs (Auckland, Waitematā and Counties Manukau) work closely together, and also collaborate with the Northland DHB as necessary;
- 24.4 supplementing the business as usual testing workforce through a currently active programme of training nursing and other clinical staff (such as dental technicians) for testing. These supplementary testers can be called up to staff community testing centres where staff have needed to be reassigned, for example to provide mobile testing services at popular holiday destinations;
- 24.5 making greater use of hospital emergency departments, urgent care clinics and general practices; and
- 24.6 providing testing services through Māori and Pacific health providers and at marae and other community centres.

Case investigation and contact tracing capacity

- 25 PHUs have been increasing their case investigation and contact tracing capacity since March 2020, supported by additional funding. Over the summer, due to staff taking leave, it is expected that PHUs will have two-thirds of their target level of capacity ready and available to manage local outbreaks.
- 26 In order to utilise all available public health expertise and ensure support can be provided to those PHUs where demand exceeds capacity, the Ministry of Health has:
 - 26.1 worked with PHUs to develop a delegation framework which outlines how case investigation and contact tracing activities can be shared between PHUs and the Ministry's National Investigation and Tracing Centre (NITC); and
 - 26.2 developed a national outbreak response team of approximately 40 people, coordinated by the NITC, which would be available to provide additional support to a region where a significant outbreak occurs.
- 27 In addition, the NITC has readily available capacity to follow up close contacts on behalf of PHUs and is building additional case investigation capacity.

Managed isolation and quarantine capacity

- 28** The Ministry of Health is developing guidance to support Medical Officers of Health determine the most appropriate isolation arrangements for confirmed (or probable) cases and their household contacts. The guidance refers to transferring (through existing processes) confirmed cases to border managed isolation and quarantine (MIQ) facilities for those in Auckland, Wellington and Christchurch, and surrounding towns that are within a three-hour drive from a MIQ facility.
- 29** There may be occasions when the level of care, resources, or conditions needed to ensure wellbeing of the case are not able to be easily replicated in existing forms of managed isolation, and therefore the Medical Officer of Health will determine when isolation and quarantine outside of MIQ facilities may be appropriate.
- 30** There are around 400 contingency rooms in the wider MIQ system. The contingency is needed for unforeseen events (such as fire or other evacuations), if charter flights are not possible out of Auckland, or if people may need to stay for longer than expected, as was seen recently with the Russian and Ukrainian fishers in Christchurch. These rooms are not in one facility, but across facilities and regions.
- 31** In short there is very little additional capacity for either isolation or quarantine purposes for the foreseeable future. DHBs have limited capacity sufficient to manage very small scale outbreaks – e.g. through securing local motel units. However, the ability to do this is limited during the summer holiday period when there is less capacity in the accommodation sector.
- 32** The Ministry of Health is working with DHBs to improve their capability to establish additional managed isolation and quarantine facilities for cases and close contacts in the community if required, particularly in areas remote from existing MIQ facilities. There is existing funding available for this purpose. The decision on the establishment and use of these facilities can be made by the Director-General, or a local Medical Officer of Health if necessary.
- 33** If this is insufficient, other options include:
- 33.1 limiting quarantine to positive cases only, requiring their household contacts to self-isolate at home and providing them wrap around support (as is still done in some cases currently); and
 - 33.2 slowing the flow at the Border to create space within existing MIQ facilities, although this will only have a delayed effect.
- 34** Given the pressures on the MIQ system, there is increased importance on supporting self-isolation as a tool for responding to COVID-19. If individuals are required to self-isolate at home, there are opportunities to enhance existing interventions including a communications approach to further develop public understanding, financial and social support, and flexible and tailored service provision to support adherence for people in self-isolation.

- 35 Officials are working on advice on levels of adherence with self-isolation, and recommendations to maximise its effectiveness.

Managing risk around large events

- 36 The main event sector associations, in consultation with MBIE, have developed an Event Sector Voluntary Code. It was re-distributed in October to over 23,500 contacts. The Voluntary Code outlines what the event sector can do to safely deliver events based on Ministry of Health guidance to reduce COVID-19 related risks and support efforts for contact tracing.
- 37 Officials have collated a list of all major events with over 1000 attendees expected to be held across New Zealand from November 2020 to March 2021. There are approximately 650 events. The 30 events with the largest number of attendees are listed at Appendix 4.
- 38 The list of major events will be used to disseminate proactive communications to further support event organisers to operate safely and encourage contact tracing and other public health behaviours over the summer holiday period. If necessary, the list could also be used to contact event organisers in the event of a resurgence.
- 39 Work is underway to partner with 10–20 key events to keep public health behaviours top of mind with attendees through engagement, face to face interactions and visible branding. Event selection will prioritise events where attendees fit one or more of several identified risk criteria.
- 40 At Alert level 2 or higher, measures exist to limit events and gatherings. If there was known risk going into the summer holiday period, controls on gatherings could be applied nationally to prevent large gatherings going ahead to minimise the risk of transmission. Controls could be differentiated on the basis of risk.
- 41 MBIE have undertaken wide engagement with the sector on the code and their obligations in respect of record keeping. MBIE advise that the sector is also well attuned to the consequences of a case or cluster arising and the potential for a change in Alert Levels. There is evidence of a reduction in the number of events this year compared to previous years.
- 42 The Ministry of Health is reviewing all DHB summer testing plans this week and has issued guidance with an expectation that there will a testing presence at all large events where they exceed a 24-hour period. The Ministry is working closely with DHBs that have large events, to ensure symptomatic testing is available on-site or close to large events. Appendix 5 sets out Ministry of Health advice to PHUs on isolation and quarantine of cases at large events, and contact tracing of contacts of cases at large events.

Workforce planning for the summer holiday period

- 43 Te Kawa Mataaho Public Service Commission are responsible for the COVID-19 System Workforce and Resourcing Workstream. The current focus of the Workstream is on agency preparedness for the possibility of resurgence with

particular focus on the summer holiday period. Engagement with key agencies on their planning for resurgence is well advanced. Agencies plan to initially draw on their existing workforce to meet their agency or sector requirements. Where necessary they are identifying additional sources of capacity and ensuring these can be activated if needed.

- 44 The health system is prepared and able to deliver contact tracing through the NITC in the event of a resurgence over the summer holiday period. PHUs have developed delegation frameworks to support the national response, and the development of national outbreak response and close contact follow-up capacity.
- 45 Contingency planning for additional workforce capacity is underway for contact investigators and tracers in the NITC, able to be called upon in the event of a large scale national COVID-19 resurgence.² In the initial phase suitable public servants are being identified from core public service agencies. Those identified will receive training and pre-activation information prior to Christmas and will be asked to identify periods of availability over the Christmas New Year period. Additional contingent workers may need to be sourced from the wider public sector and elsewhere if the capacity needed is not met. In addition, the Ministry of Health is establishing the National Outbreak Response Team, as noted above, that can be deployed anywhere in the country.
- 46 The Ministry of Health has confirmed that DHBs have duty rosters for staff including Medical Officers of Health and Health Protection Officers over the summer holiday period.
- 47 In any significant resurgence, Police resources would be available to assist the response in a number of specific roles. This includes road checkpoints in an Alert Level 3/2 environment; assisting in contact tracing using their investigative skills to identify and reach contacts, and more generally in enforcement. The Police is committed to supporting any response, including moving resources around the country as required. Police would request assistance from the New Zealand Defence Force (NZDF) if this was required to augment Police resources. Enforcement responsibilities would remain exclusively with the Police, and any NZDF assistance would be in a supporting capacity only. In the enforcement role, Police will operate their graduated model, with a strong focus on engagement, education and encouragement, and punitive enforcement used only as a last resort. This approach has worked successfully in the past and helps maintain social licence and the support of the public. Details of how Police would support a COVID-19 response during the summer holiday period is included in Appendix 6.
- 48 In addition to supporting the Police, NZDF are continuing to deploy personnel to support MIQ facilities and have arrangements in place to provide additional personnel to support other agencies in the event of a resurgence. This support could include response planning and intelligence functions,

² Note that in the event of a major resurgence, contact tracing capacity is likely to be supported by other public health measures such as restrictions on mass gatherings and increases in Alert Levels.

transportation and assisting in the establishment of Community Based Assessment Centres. To enable this (and to respond to any non-COVID-19 events) NZDF have contingency forces that can be deployed with between 12 and 72 hours' notice. In combination these forces could provide a single 500-person response group. Further details of NZDF's capacity to support a COVID-19 response is attached as Appendix 7.

- 49** The COVID-19 Group within DPMC is preparing briefing packs for key decision makers in agencies with roles in a COVID-19 response over the summer holiday period. This will include contact lists for other agencies including details of who is on duty when. The National Response Leadership Team will have all these details also.

Communications and engagement

- 50** To mitigate the risk of a resurgence over the summer period, the DPMC COVID-19 Group has developed a multi-dimensional communications and engagement campaign centred on a call to "Make Summer Unstoppable". The campaign encourages New Zealanders to continue public health behaviours through summer. This includes scanning in using the app, activating Bluetooth functionality on mobile phones, isolating and getting tested if unwell, hand hygiene and sneeze and cough etiquette.
- 51** The campaign includes paid advertising on radio, television, social media, online and in outdoor locations such as bus stops, proactive media, targeted engagement with businesses and the events sector, partnering with iwi and collaborating with central and local government to promote positive COVID-19 behaviour messages and collateral through their channels and activities.
- 52** In a resurgence situation, the summer campaign will be paused and communications and engagement will be delivered through a range of channels. Messaging would focus on:
- 52.1 informing affected communities of the situation – e.g. Alert Level settings and boundaries;
 - 52.2 enabling and persuading people to comply with required measures and access support services – e.g. testing, self-isolation, business support and, social services; and
 - 52.3 providing reassurance around the government response and maintaining social cohesion – i.e. reflecting an understanding of the impact of decisions, outlining the rationale and encouraging unity and kindness.
- 53** Appendix 8 provides an overview of the national level communications messaging, including targeted messages for holiday makers, businesses and affected communities, and lists channels, and notification systems used in resurgence events.

Information dissemination to key stakeholders – local government, iwi and CDEM groups

- 54 Following the August resurgence, NEMA has scoped how the existing National Warning System (NWS) – a web-based notification system capable of sending text, email and voice notifications currently used for alerts and warnings such as tsunami – can be used to inform key stakeholders such as local government, iwi and CDEM groups in response to a significant COVID-19 event.
- 55 NEMA has worked with DIA to update contacts for local government (mayors, chairs and chief executives) and CDEM Group Managers. In many cases these people comprise the Regional Leadership Groups established under the Caring for Communities work programme and who coordinate the local operational response. Te Arawhiti is also exploring use of the NWS to communicate rapidly with Iwi Chairs and chief executives.
- 56 Limited embargoed information can be sent via text and email prior to public announcement. The system also provides the capability to bring stakeholders together for teleconferences to manage the consequences of an event. Additional arrangements are also in place to ensure appropriate timely connections with iwi, communities and businesses in a resurgence.

Priority areas during the summer holiday period

- 57 Officials have identified locations where it is expected there will be a significant influx of visitors during the summer holiday period. In many cases day visitors over the summer period in these places increases the usual resident population by over 50 times, and overnight visitors by up to 10 times. Such places include Papamoa, Whangamata, the Gisborne area and Raglan. These increases in population could be even greater given peoples' current inability to travel internationally.
- 58 As noted above, the Ministry of Health is working with DHBs to ensure their readiness to respond to any cases of COVID-19 in their communities and this includes capacity for supporting people to self-isolate, contact tracing and testing.
- 59 As noted above, officials advise that if there was a resurgence in a popular holiday location, it is unlikely that the response would involve locking down that area and creating an Alert Level boundary. However, if Ministers decided a local lockdown was the best course of action, within four hours officials could define a boundary for inclusion in a COVID-19 Act Order using either territorial local authority boundaries, or a bespoke boundary (using geospatial information systems discussed in the next section).
- 60 I also note that we are working to have systems in place to be able to quickly notify local authorities and DHBs if we have a COVID-19 event in their area, and know who the relevant contact people are over the summer holiday period.

Ministry of Health's assessment of DHB readiness for the summer holiday period

- 61 The Director-General of Health has written to all DHBs seeking assurance they are ready in terms of plans to establish Emergency Operations Centres, workforce planning, testing and contact tracing capacity and rosters for duty Medical Officers of Health to enable an effective response to an outbreak of COVID-19.
- 62 Appendix 9 presents the Ministry of Health's assessment of DHB readiness as at 7 December. As complete responses have not yet been received from all 20 DHBs, the Officials' Committee for Domestic and External Security Coordination will review health system readiness as part of its consideration of the wider national system for responding to COVID-19 outbreaks at its meeting on 17 December. The responses received to date have informed the assessment of readiness in the preceding sections of this paper. Prior to the Officials' Committee meeting on 17 December, DPMC's COVID-19 Group and the Ministry of Health will conduct scenario table top exercises to test system readiness to deal with an outbreak of COVID-19 during the summer holiday period.
- 63 Based on the responses received to date, the Ministry is confident that all DHBs will be ready to lead and/or support a response to an outbreak of COVID-19 in their district including having plans to activate Emergency Operations Centres if required. Importantly they note discussions with DHBs and PHUs are ongoing and are a continuation of their ongoing work to support and monitor in both their day to day operations and contingency planning for responses COVID-19.

The Ministry is actively encouraging DHBs and PHUS to work together and collaborate in their planning for how they would support to manage any COVID-19 outbreaks during the summer holiday period. Importantly such collaboration and support is common between DHBs, and the Ministry is confident they would support each other in the event of a COVID-19 outbreak over the summer holiday period (as they did in the August resurgence). **Establishing future Alert Level boundaries**

- 64 In the event of a resurgence during the summer holiday period it is unlikely that a regional holiday destination would need to move to a higher Alert Level on its own. Such an event is more likely to be national as the initial transmission will have occurred in a part of the country with border facilities. Additionally, by the time of detection a large number of people recently at the destination will have departed elsewhere in the country. Therefore, it is unlikely the assessment would be that the risk is confined to the holiday destination or its immediate surroundings.
- 65 However, we need to be able to quickly define Alert Level boundaries should they be needed. The risk assessments for Alert Levels mean the most likely scenario for an enforced boundary is an Alert Level 3/2 scenario. If a part of

the country is below Alert Level 3, it is unlikely the risk will be sufficient to justify having boundaries to prevent movement. Likewise if at least one part of the country is at Alert Level 3 it is unlikely adjacent areas will be below Alert Level 2. And a return to Alert Level 4 anywhere is unlikely given the proven effectiveness of Alert Level 3.

Principles for determining future Alert Level boundaries

- 66** Given the August resurgence experience, I propose a more nuanced approach to establishing Alert level 2/3 boundaries, rather than solely relying on existing administrative boundaries (e.g. council boundaries).
- 67** My officials have identified the following principles for determining future boundaries:
- 67.1 boundaries are appropriate and proportionate to support a public health response to COVID-19 that prevents and limits the spread of COVID-19 (primary consideration);
 - 67.2 boundaries minimise the need for people to travel between areas at different Alert Levels to go to work, a place of learning, or to receive medical treatment;
 - 67.3 boundaries are practical and safe to enforce;
 - 67.4 boundaries minimise economic disruption to business and supply chains – e.g. ensuring businesses can continue to operate if safe to do so; and
 - 67.5 boundaries minimise equity impacts – e.g. access to life critical services such as food.
- 68** The need to contain the spread of the virus and associated public health risks remain the primary considerations. The boundary will always be determined in light of that risk, and initially on limited and fast evolving information.

Approach to setting future Alert Level boundaries

- 69** Using geospatial information systems officials have developed maps for Alert Level boundaries for areas where there are managed isolation and quarantine facilities and a resurgence is more likely. Examples of boundary maps using this capability for Auckland, Bay of Plenty, Wellington and Christchurch are included as Appendix 10.
- 70** In addition, the geospatial information systems capability will allow officials to quickly develop bespoke boundaries that would be appropriate and proportionate to a specific outbreak. Such an approach takes into account the normal movement of people and the location of key businesses and their workforces to minimise the number of people needing to cross an Alert Level 3/2 boundary.

Interplay between boundaries and movement across the boundary

- 71 Movement across an Alert Level 3/2 boundary would generally be prohibited. In the August resurgence initially the permitted movement across the boundary was intentionally restrictive to buy time to enable officials to gain a better understanding of the extent of community transmission. Over the period of the resurgence the permitted movement across the boundary was expanded to incorporate most of the class exemptions the Director-General of Health had granted in the initial phase of the response. I would expect that this would be the case for any similar resurgence scenario in the future.

Principles for movement across Alert Level boundaries

- 72 In the event of a resurgence, a decision to create a boundary and thereby constrain movement must be proportionate, responsive and justified relative to the contextualised public health advice in relation to the specific resurgence event. However, there is also a need to be more explicit about how the balance is struck between public health and economic and social factors.

- 73 My officials have developed the following principles to guide decision-making for movement across an Alert Level 3/2 boundary:

- 73.1 public health objectives are paramount:
- 73.1.1 movement across the boundary should be prohibited, to manage the risk of the virus spreading, unless considered necessary, but;
 - 73.1.2 the economic and social costs, and the restrictions on human rights imposed by restricting movement, must be proportionate to the public health risk;
- 73.2 movement across the boundary should generally be limited to movement that enables activities necessary to:
- 73.2.1 support health, safety, wellbeing or animal welfare;
 - 73.2.2 ensure equitable access to critical services;
 - 73.2.3 maintain and effectively manage critical supply chains and key infrastructure;
 - 73.2.4 enable building and construction work for large and critical infrastructure projects or to ameliorate health or life safety risks;
 - 73.2.5 enable the basic functioning of society, including civil society and governance;
 - 73.2.6 maintain the law or provide for natural justice;
 - 73.2.7 provide for national security; or
 - 73.2.8 support the broader COVID-19 response; and

73.3 where those activities cannot reasonably be delayed or performed by anyone within the Alert Level area (i.e. movement across the boundary is necessary):

73.3.1 restrictions on movement should not lead to personal health risks in excess of the public health risks from enabling that movement; and

73.3.2 decision making should consider the specific risks associated with the movement across the boundary – e.g. whether or not the movement, or the reason for the activity, is generally and typically in enclosed, crowded spaces, or outdoor; and the length of time likely to be involved in the activity.

74 These principles provide a sound framework for an assessment of the public health risk of movement across a boundary and I would also expect advice on any proposed Order to also specifically assess cumulative effects.

Application of the principles and operating framework

75 Officials have reviewed all previous Orders and identified the permissions and exemptions for movement across the previous Alert Level 3/2 boundary. These have been grouped into three different categories:

75.1 Category 1 – movement that would be permitted under all circumstances, e.g. border services, emergency services and healthcare workers;

75.2 Category 2 – movement likely to be permitted, but for which an assessment would be required in each resurgence, e.g. rail and road construction;

75.3 Category 3 – all other movement may be allowed by specific exemption issued by the Director-General of Health.³

76 It may be that the nature of a resurgence event means that only Category 1 business and services are permitted to move across the boundary initially, with Category 2 being permitted over a longer period. The ability for Director-General to issue specific exemptions as per Category 3 would also be retained.

77 The permitted movement for business and services largely confirms the permissions that Cabinet has already agreed and were in place at the end of the last period of Alert Level 3/2. However, there are the following new items, which I recommend Cabinet agree be allowed to cross Alert Level 3/2 boundaries:

³ Category 3 provides for an exemption process intended as a "safety net" to enable movement across Alert Level boundaries in circumstances that were not anticipated and therefore captured in Categories 1 and 2. This would include personal circumstances and local issues such as the inability for people to exercise their customary rights or access local services because of the location of an Alert Level boundary.

- 77.1 production, processing and supply of food and beverage and associated supply chains;
- 77.2 veterinary and animal health and welfare services;
- 77.3 vehicle maintenance services⁴;
- 77.4 transportation of the deceased/tūpāpaku;
- 77.5 union representatives; and
- 77.6 State services and local government.

78 An analysis of each of these categories is attached as Appendix 11.

Business and services allowed to operate at Alert Levels 4 and 3

Alert Level 4 – businesses and services

79 The concepts of “essential services” and “essential workers” operate at Alert Level 4. On 23 March 2020 Cabinet agreed to the following set of principles to guide the provision of essential services during Alert Level 4:

- 79.1 public health is paramount, so we need to minimise risks to public health;
- 79.2 we must continue our response to COVID-19;
- 79.3 we must ensure the necessities of life for everyone in New Zealand; and
- 79.4 we must also maintain public health, safety and security [CAB-20-MIN-0133 refers].

80 During the March and April lockdown, an iterative approach was taken to determining which services were essential services in accordance with the Health Act Order made by the Director-General of Health. An initial list was amended over time, based on the application of the principles above. Consequently, the list of essential services operating at the end of Alert Level 4 is a comprehensive list of services that were considered "essential" at the highest level of movement restriction.

81 Officials have recently completed an assessment of any industry-level gaps in the previous list of essential services at Alert Level 4. This work highlighted that temporal issues including seasonality may provide a rationale for allowing an activity during Alert Level 4. For example, where a short delay in a major roading project can result in significant project delays, project cost escalation and downstream costs to the rest of the economy. This work noted that if Alert

⁴ This would apply to services required to keep vehicles operational in relation to businesses or services able to operate at the relevant Alert Level (e.g., mechanics, tyre services, aircraft maintenance services, vehicle testing services, vehicle recovery services and specialist cleaning services), and where the service could not be sourced with the relevant Alert Level area.

Level 4 was to be applied in the future, consideration should be given to the impact of temporal and seasonal issues, relative to the public health objective.

82 I therefore do not envisage any changes to Alert Level 4 settings at this time.

Alert Level 3 – businesses and services

83 At Alert Level 3 most businesses and services can operate (in accordance with the required public health measures), but there are restrictions on the businesses that can operate with customers on their premises. I propose two relatively minor changes to the list of businesses where customers are allowed on premises at Alert Level 3.

Contactless pick up created queuing outside malls during Alert Level 3

84 At Alert Level 3, most stores offer contactless delivery, or pick up at the store front. However, the collection point for retail stores within shopping malls is outside of the mall, rather than inside the mall at individual stores. In practice, having pick up at the entrance to a mall was problematic. Officials are aware of people congregating and queuing outside shopping malls to collect their purchases, creating public health risks from people potentially not observing social distancing measures.

85 I propose that under Alert Level 3, contactless pick-up be permitted to take place within malls, outside individual stores. I consider that this would alleviate the health risk of people congregating outside malls to collect goods. However, I also note that having people indoors does slightly increase transmission risk, but the mall would be subject to physical distancing and hygiene requirements similar to supermarkets.

Primary produce retailers other than supermarkets at Alert Level 3

86 Under current rules for Alert Level 3 primary produce retailers other than supermarkets and dairies are not permitted to have customers enter their premises. Primary produce retailers may only supply goods via remote ordering and contactless delivery or collection. Supermarkets and dairies are permitted to have customers on premises provided physical distancing is maintained. This delineation between supermarkets and other primary produce retailers at Alert Level 3 has raised two issues:

86.1 in some locations, such as South Auckland, primary produce retailers are an important source of fresh produce; and

86.2 there are supply chain effects when multiple outlets are closed, including more wasted fresh product, and risks to animal welfare from restricting operation of butchers, in particular.

87 I propose allowing primary produce retailers to operate on the same basis as supermarkets and dairies at Alert Level 3 – e.g. physical distancing and hygiene measures, and one in one out controls for smaller premises. I consider the additional public health risk to be low.

- 88 Based on previous Alert Level 3 and 4 settings my officials have developed a full list of business and services that can operate at Alert Levels 4 and 3, the respective conditions of operation and the rationale for their inclusion in the relevant Alert Level setting.

Actions to support implementation – registration service for travel across Alert Level boundaries

- 89 Officials at the Ministry of Health and MBIE have developed a registration service for both personal and businesses and services movement across an Alert Level boundary. The service will be an end-to-end process that would:
- 89.1 automatically generate documentation for registered travel across Alert Level boundaries based on the information provided by requestors (these will not be scrutinised individually but a sample of such requests will be audited);
 - 89.2 enable businesses and services to register prior to any increase in Alert Levels coming into effect;
 - 89.3 enable businesses and services to request specific exemptions (these applications will be assessed by sector-lead agencies and forwarded to the Director-General of Health for their decision); and
 - 89.4 generate standardised, verifiable documentation to support Police enforcement and facilitate efficient movement through checkpoints.
- 90 Regular reporting generated from the system, coupled with traffic data, will enable the Ministry of Health to monitor the level and nature of cross-boundary travel, and therefore the aggregate public health risk, and the proportionality of the response.
- 91 MBIE has discussed the service with Business New Zealand, the Employers and Manufacturers Association, and Retail New Zealand who were supportive. MBIE and sector lead agencies will work with industry peak bodies to ensure uptake of the system, in addition to supporting the Unite Against COVID-19 campaign.

Legal status of documentation verifying legal right to travel across an Alert Level boundary

- 92 Officials recommend that verifiable documentation proposed as part of the system for both personal travel and businesses and services should be given legal status as evidence either that an exemption has been granted, or that the traveller or their employer has self-declared that the travel falls under a permitted category. I therefore seek agreement to any future Alert Level Order under the COVID-19 Public Health Response Act 2020 giving such documentation legal status. Importantly nothing in this service model detracts from a person's ability to seek a review of an exemption decision of the Director-General.

- 93 In addition, to support compliance and enforcement at the boundary by Police, I propose that individuals be required to produce relevant evidence (including the verification documentation) to support their intended permitted or exempted movement. The exception to this would be cases of permitted personal movement where it may not be practicable for individuals to produce evidence. While Police would retain a discretion, in general terms people without such evidence would not be permitted across the boundary.

Resourcing of checkpoints at Alert Level boundaries

- 94 s9(2)(f)(iv)

Financial Implications

- 95 The Minister of Finance has directed officials to work on specific business support measures in the event of any resurgence. This work includes a review of resurgence wage subsidy settings for use in the event of any return to Alert Levels 3 or 4, and the potential for a business support grant to support affected businesses during any move from Alert Level 1 to Alert Level 2. The Minister of Finance will report to Cabinet on these measures before the end of the year.

Legislative Implications

- 96 Following the decisions in this paper, the Parliamentary Counsel Office will draft template Orders that can be used if Alert Level settings need to change in response to a resurgence. These template orders will be based on previous Alert Level Orders but with adjustments to reflect the decisions in this paper and analysis by officials to improve clarity and operational effectiveness.
- 97 I propose that Cabinet authorise me as the Minister for Covid-19 Response to take any further minor and technical policy decisions in relation to the drafting of template Orders under the COVID-19 Public Health Response Act 2020.

Impact Analysis

- 98 The Treasury has determined that the regulatory proposals in this paper are exempt from the requirement to provide a Regulatory Impact Statement (RIS) because they are intended to alleviate the short-term impacts of a declared emergency event related to an outbreak of COVID-19. These proposals are required urgently to be effective, making a complete, robust, and timely impact analysis unfeasible. While a RIS is not required, the proposals will have significant impacts if activated and should be included in the comprehensive analysis of the suite of Alert Level options to be developed by Government agencies.

Population Implications

- 99 A resurgence of COVID-19 and the settings in response to it is likely to have a disproportionate impact on priority population groups. The economic and health impacts of the Alert Level settings are disproportionately felt by these groups. A full statement of these implications is attached as Appendix 12.

Human Rights

- 100 This paper has no direct human rights implications. A resurgence of COVID-19, and a shift to higher Alert Levels, would entail the reintroduction of measures that place significant restrictions on fundamental human rights affirmed in the New Zealand Bill of Rights Act 1990. For example, restrictions on the rights to freedom of movement, association and peaceful assembly. An assessment of such measures will be made at the time they are introduced to ensure they are proportionate to the risk and justified in the circumstances.

Consultation

- 101 This paper was prepared by officials in the COVID-19 Group within DPMC. Department of Internal Affairs, Inland Revenue Department, MBIE, Ministry of Education, Ministry of Foreign Affairs and Trade, Ministry of Health, Ministry of Justice, Ministry for Primary Industries, Ministry of Social Development, Ministry of Transport, National Emergency Management Agency, New Zealand Customs Service, New Zealand Police, Oranga Tamariki, Parliamentary Council Office, Public Services Commission, Te Arawhiti, Te Puni Kōkiri and Treasury have been consulted. The Crown Law Office reviewed the paper.
- 102 My officials have held workshops with agencies involved with responding to COVID-19 in Auckland, Christchurch and Wellington, and intend to hold further workshops with other regions. MBIE and the COVID-19 Group have discussed the proposals relating to Alert Level settings and boundaries with Business NZ, Retail NZ and the Employers and Manufacturers association who are broadly supportive. Our ongoing local engagement will include business sector representatives.

Communications

- 103 If the proposals around Alert Level boundaries and registration for travel across boundaries in this paper are agreed to by Cabinet, specific communications to explain the changes will be needed. This would be most effectively delivered by the DPMC COVID-19 Group alongside communications about the National Resurgence Response Plan and readiness for any summer resurgence. Input will be sought from the Ministry of Health and MBIE.
- 104 This is in addition to the DPMC COVID-19 Response Group summer campaign and resurgence approach noted above.

Proactive Release

105 I intend to proactively release this Cabinet paper following Cabinet consideration.

Recommendations

The Minister for COVID-19 Response recommends that the Committee:

National Resurgence Response Plan and planning for the summer holiday period

- 1 note officials have developed a National Resurgence Response Plan setting out how government will respond to future resurgences of COVID-19, building on the Rapid Response Plan agreed to by Cabinet on 10 August 2020 [MIN-20-CAB-0387 refers];
- 2 note that officials have developed a framework to assist decision makers in responding to a resurgence (attached as Appendix 2);
- 3 agree that the Solicitor-General be added to the membership of the National Response Leadership Team;
- 4 note the challenges of the peak summer holiday period, including lower system capacity and large numbers of people being away from their usual places of residence;
- 5 note that significant work is underway to ensure system-wide preparedness to mitigate the additional challenges posed by a resurgence event during the summer holiday period, including surge workforce planning and ensuring health system readiness;
- 6 agree that Ministers with Powers to Act convene in the event of a response requirement to increase Alert Levels and include the Prime Minister, Deputy Prime Minister, Minister for COVID-19 Response, Minister of Health, Minister for Emergency Management, Associate Minister of Health (the Hon Ayesha Verrall) and the Duty Minister;
- 7 note that based on information received to date in response to a request from the Director-General, the Ministry of Health's considers DHBs are well placed to respond to outbreaks of COVID-19 in terms of planning to establish Emergency Operations Centres, workforce planning, testing and contact tracing capacity and rosters for duty Medical Officers of Health;
- 8 note that the Officials' Committee for Domestic and External Security Coordination will review health system readiness as part of its consideration of the wider national system for responding to COVID-19 outbreaks at its meeting on 17 December;

Alert Level boundaries

- 9 note that officials have developed the following principles for establishing Alert Level 3/2 boundaries if required for responding to future resurgences:

- 9.1 boundaries are appropriate and proportionate to support a public health response to COVID-19 that prevents and limits the spread of COVID-19 (primary consideration);
- 9.2 boundaries minimise the need for people to travel between areas at different Alert Levels to go to work, a place of learning, or to receive medical treatment;
- 9.3 boundaries are practical and safe to enforce;
- 9.4 boundaries minimise economic disruption to business and supply chains – e.g. ensuring businesses can continue to operate if possible; and
- 9.5 boundaries minimise equity impacts – e.g. access to essential services such as food;

Principles for movement across Alert Level boundaries

- 10 note that officials have used the following principles to determine what movement should be permitted across an Alert Level 3/2 boundary:
 - 10.1 public health objectives are paramount:
 - 10.1.1 movement across the boundary should be prohibited, to manage the risk of the virus spreading, unless considered necessary, but;
 - 10.1.2 the economic and social costs, and the restrictions on human rights imposed by restricting movement, must be proportionate to the public health risk;
 - 10.2 movement across the boundary should generally be limited to movement that enables activities necessary to:
 - 10.2.1 support health, safety, wellbeing or animal welfare;
 - 10.2.2 ensure equitable access to critical services;
 - 10.2.3 maintain and effectively manage critical supply chains and key infrastructure;
 - 10.2.4 enable building and construction work for large and critical infrastructure projects, or where this is needed for immediate health or life safety risks;
 - 10.2.5 enable the basic functioning of society, including civil society and governance;
 - 10.2.6 maintain the law or provide for natural justice;
 - 10.2.7 provide for national security; or

- 10.2.8 support the broader COVID-19 response; and
- 10.3 where those activities cannot reasonably be delayed or performed by anyone within the Alert Level area (i.e. movement across the boundary is necessary):
- 10.3.1 restrictions on movement should not lead to personal health risks in excess of the public health risks from enabling that movement; and
- 10.3.2 decision making should consider the specific risks associated with the movement across the boundary – e.g. whether or not the movement, or the reason for the activity, is generally and typically in enclosed, crowded spaces, or outdoors and the length of time likely to be involved in the activity;
- 11 note that in the event of a resurgence, a decision to create a boundary and corresponding decisions to constrain movement must be proportionate, responsive and justified relative to the public health advice in relation to the specific resurgence event and the principles in recommendation 10 provide a sound framework for this they will inform the drafting of any relevant Orders for both permissions and exemptions;
- 12 note that while the COVID-19 Public Health Response Act 2020 explicitly confers the power to issue an Order under the Act on the Minister of Health, that power may be exercised by another member of the Executive Council under the Constitution Act 1986;
- 13 note that officials have reviewed all previous Orders and identified the permissions and exemptions for movement across Alert Level 3/2 boundary and grouped these into three categories:
- 13.1 Category 1 – movement that would be permitted under all circumstances, e.g. borders services and emergency services;
- 13.2 Category 2 – movement likely to be permitted, but for which an assessment would be required in each resurgence, e.g. primary industries; and
- 13.3 Category 3 – all other movement (primarily related to businesses and personal movement) unlikely to be permitted, unless through a specific exemption issued by the Director-General of Health;
- 14 note that permitted movement for business and services largely confirms the permissions that Cabinet has already considered and were in place at the end of the last period of Alert Level 3/2;
- 15 agree that the following business and services be include as Category 2:
- 15.1 primary processing, production and supply of food and beverage (for example, agriculture, horticulture, fishing, and aquaculture) and

associated supply chains and workers, and the production of packaging for the products of primary production for food or beverage;

- 15.2 veterinary and animal health and welfare services but only to the extent that travel between Alert Level areas is necessary to enable the service to be provided and not providing the service would otherwise result in animal welfare concerns;
 - 15.3 vehicle maintenance services so long as the relevant service cannot be provided within the relevant Alert Level area, or it is necessary for an employee of service (who resides outside of the Alert Level area) to travel into the Alert Level area to perform the service;
 - 15.4 services for the transportation of tūpāpaku/corpse;
 - 15.5 union representatives as long as it is necessary to enable the union to provide a service and the provision of the service cannot be reasonably delayed; and
 - 15.6 State services (inclusive of Crown entities) and services provided by local government);
- 16 agree that in respect of recommendation 15.6, chief executives of the relevant public service/local government organisation provide appropriate control over this permission and manage risk within their organisation;

Business and services allowed to operate at Alert Levels 4 and 3

- 17 note that I do not consider any changes to Alert Level 4 settings necessary at this time;
- 18 note that at Alert Level 3 most business and services can operate (in accordance with the required public health measures), but there are restrictions on the businesses that can operate with customers on their premises;
- 19 agree to amend the settings with regards to businesses and services at Alert Level 3 to:
 - 19.1 provide that contactless pick-up be permitted to take place within malls, outside individual stores rather than outside the mall itself; and
 - 19.2 allow primary produce retailers to operate on the same basis as supermarkets and dairies – i.e. with customers on their premises;
- 20 agree to authorise the Minister for Covid-19 Response to take any further minor and technical policy decisions in relation to the drafting of Orders under the COVID-19 Public Health Response Act 2020;

Registration service for travel across Alert Level boundaries

- 21 note the Ministry of Business, Innovation and Employment and the Ministry of Health are developing a service that will generate verifiable documentation for registered travel which, as self-reported by businesses, services and individuals are permitted to cross Alert Level boundaries;
- 22 agree that future Alert Level Orders under the COVID-19 Public Health Response Act 2020 gives legal status to documentation that verifies the travel noted in recommendation 19;
- 23 agree that to support compliance and enforcement at the boundary by Police, individuals be required to produce relevant evidence to support their intended permitted or exempted movement other than in cases of permitted personal movement where Officials have identified that it may not be practicable for individuals to produce evidence;

s9(2)(f)(iv)

Wage subsidy and business support schemes

- 25 note that the Minister of Finance:
 - 25.1 has directed officials to work on specific business support measures for the case of any resurgence situation, including a review of resurgence wage subsidy settings for use of a wage subsidy under any return to Alert Levels 3 or 4, and the potential for a business support grant to support affected businesses during any move from Level 1 to Level 2; and
 - 25.2 will report to Cabinet on these measures before the end of the year.

Authorised for lodgement

Hon Chris Hipkins

Minister for COVID-19 Response

Appendices

- Appendix 1: Standard Operating Procedure for the response to a case in the community
- Appendix 2: Decision Making in the early stages of a response
- Appendix 3: Possible public health actions in response to three outbreak scenarios
- Appendix 4: List of major events November 2020 to March 2021
- Appendix 5: Ministry of Health advice to PHUs on mass gatherings: isolation of contacts and contact tracing
- Appendix 6: NZ Police COVID-19 response planning for the summer holiday period
- Appendix 7: NZ Defence Force COVID-19 response for summer holiday period
- Appendix 8: Communications and engagement framework
- Appendix 9: Ministry of Health assessment of District Health Board readiness for the summer holiday period
- Appendix 10: Examples of Alert Level boundaries for priority regions
- Appendix 11: New categories for permitted movement across Alert Level 3/2 boundaries
- Appendix 12: Population implications statement

Appendix 1: Standard Operating Procedure (SOP) for response to a case of COVID-19 in the community

Note: Sequence is indicative, and the development of a sustained response will take place as fast as possible, dependent on the information available, and will continually be updated as the situation allows.

	Sequence	Actions	Responsibility
Initial identification - timeline dictated by MoH	0	Suspicious positive case identified	
		Laboratory notifies Public Health Unit (PHU) of case	Laboratory
		PHU notifies Ministry of Health (MoH) COVID-19 directorate.	PHU
		MoH undertake critical assessment - preliminary notification from MoH to National Response Leadership Team (NRLT) Chair and Deputy Chief Executive, Covid-19 Group, Department of Prime Minister and Cabinet (DPMC) - notifies National Response Group (NRG) Chair	MoH
		NRG Chair notifies workstreams to be on standby	NRG
	1	Head of MoH COVID-19 Directorate notifies DG Health of need to escalate response	MoH
Ongoing and concurrent	2	Ministry of Health implements resurgence plan (potentially in part dependent on the situation)	MoH
	3	DG Health notifies Minister for COVID-19 Response; DG Health, in consultation with Minister for COVID-19 Response, contacts PM, Minister of Health, and Duty Minister; DG Health notifies CE DPMC	MoH (DG Health)
		CE DPMC notifies PM Chief of Staff; CE DPMC notifies NRLT members and activates the NRLT to meet immediately (<30min)	CE DPMC
		Head: DPMC COVID-19 notifies Head: Operations and Planning (NRG Chair); Solicitor-General of confirmed community transmission	Head: DPMC COVID-19 Group
		Head: Operations and Planning (NRG Chair) notifies NRG members of confirmed community transmission	Head: Operations and Planning
		NRLT briefing to be prepared, information to be prepped by attendees of NRLT meeting (as information becomes available) (Annex 11).	Head: COVID- Directorate (MoH), Head: Operations and Planning, Head: Strategy and Policy, Head: Comms

		Concurrent activities to develop options for the immediate-term response to the resurgence.	NRLT NRG DPMC COVID-19 Group, AOG Compliance, C4C, Solicitor-General, PMCSA, MoH CSA and others as required.
	4	NRLT meets.	NRLT with attendance by Head: Operations and Planning, Head Strategy and Policy, Head Comms, Solicitor-General, PMCSA, MoH CSA + others, as required
Decision point: Decide on a recommended course of action from NRLT, based on all available information at the time, for Ministers.			NRLT (chair)
	5	NRLT (+Head: Operations and Planning and others as required) briefs Ministers of recommendation.	NRLT (+ Head: Operations and Planning and others as required)
		CE DPMC to consider holding ODESC to inform CEs following conclusion of Ministerial briefing.	CE DPMC
		COVID-19 Response Group (Head: Ops and Planning) notifies key agencies (Workstreams (annex 14)) that will be required to give effect to Ministers' decisions on immediate response.	DPMC COVID-19 Group (Operations and Planning)
		Head: Operations and Planning activates the resurgence response system (by contacting Workstream leads) so that it is postured to carry out Government direction.	
		Workstreams will convene as soon as practicable following Ministers' decision on the immediate response.	
	6	Head: Ops and Planning notifies NRG to prepare to meet immediately following conclusion of Ministers' decision	Head: Ops and Planning
	7	Ministers decide on immediate response	Minister for COVID-19 Response / Duty Minister
	8	PM, Minister for COVID-19 Response, Duty Minister and Hon Dr Ayesha Verrall on the immediate response plan, which is operationalised through NRLT → NRG → Workstreams/agencies.	NRLT Chair
	9	NRG meets to coordinate response across the system.	NRG
	10	DPMC COVID-19 comms activates SOP and prepare key messages.	Head comms w/ PMO, MoH
		IRT collaborate with MoH intel to identify critical information for decision making.	MoH science and data and DPMC COVID-19 IRT

		Local politician(s) informed. Regional Leadership Group (RLG), Iwi informed and CDEM Groups and RLGs stood up.	PMO NEMA, C4C, DIA via LG COVID19 Response Unit
	11	Workstreams meet.	Head: Operations and Planning (Chair) DPMC COVID-19 Group (Strategy and Policy, Comms) MoH, NZP, MoT, MBIE, MPI, C4C, NEMA, Crown Law, MFAT, Treasury, Education, PCO [and others as per situation]
	12	Minister for COVID-19 Response announces to the public, the confirmation of community transmission, and the details of the immediate response.	MO
Milestone: key agencies, groups (and public) informed; Ministers decisions made; national resurgence plan activated.			
	13	Strategy, Policy, and Operations to develop policy. MoH Legal, Crown Law, and DPMC COVID-19 Legal provide drafting instructions to PCO. PCO drafts new COVID Order.	DPMC COVID-19 Strategy and Policy, Policy MoH and DPMC COVID-19 legal. Minister of Health/DG Health, PCO
	14	Transport Response Team (Ministry of Transport Lead) activates resurgence plan based on direction from Ministers.	MoT
		Police activate resurgence plan, particularly with respect to boundaries, alert level compliance, community reassurance etc.	NZP
		AOG Compliance activates resurgence plan.	AOG Compliance
		MBIE activate resurgence plan with focus on MIQ, Alert Level advice for business, and business travel system	MBIE
		MPI activate resurgence plan with focus on Alert Level compliance for primary industry, interregional travel guidance for primary industry & services.	MPI
		C4C activate resurgence plan with focus on food, security, and shelter, engagement with relevant RLGs incl. Iwi, the Collective and connecting with the community provider / supports in health and disability sector.	C4C/NEMA
		Engage with the Iwi Communications Collective to ensure wider community support and activation of intelligence feedback.	PSC

		MSD activate resurgence plan with focus on income support for affected individuals and communities.	MSD
		NEMA activates resurgence plan with focus on engagement with the relevant CDEM Group(s) and RLG.	NEMA/C4C
		Ministry of Education activates resurgence plan and liaises with education providers [as required].	MoE
		Other agencies, as required, dependent on nature and location of resurgence will be engaged and activate resurgence plans.	Other agencies
		DPMC COVID-19 ready to implement tasks directly related to the immediate response to enable successful implementation.	DPMC COVID-19 Group
		Business liaison and provision of feedback.	PM business liaison, MBIE, MPI
		Engagement with regions.	NEMA/C4C

Milestone: agency resurgence plans activated; continual engagement channels with regions and business established; relevant Orders have been drafted and consulted on.

Sustained Response SOP			
Days 2 - 3	1	Once the immediate response has been decided and implemented, evaluation of the immediate response plan begins.	Head: Operations and Planning
Ongoing and concurrent	2	Constant information and intelligence gathering to evaluate immediate response and impacts on health, social, legal and economic aspects (situational awareness).	DPMC COVID-19 IRT, MoH science and data, MoH, MBIE, MBIE MIQ MPI, Transport, Compliance, NZP, Treasury, MSD, MoT, NEMA, MSD, Education, Police, NZDF, Treasury, MFAT, Crown Law, PMO, DIA, TPK (and other key agencies as required based on the situation)
Ongoing and concurrent	3	NRLT will undertake development of medium-term strategic response options to refine and adapt the immediate response to the impacts while achieving the health outcomes.	DPMC COVID-19 Group + key agencies dependent on the situation.
		NRLT will provide AOG advice to Ministers on the strategic direction of the sustained response.	NRLT
		Briefing of Workstream leads to share updates and coordinate sustained response planning.	Head: Operations and Planning

		Scaling of AOG response and workforce planning.	PSC
Daily	4	Head: Operations and Planning daily briefing to NRG and NRLT to update on progress.	Head: Operations and Planning
Daily	5	NRLT meet daily to provide further guidance to NRG on progress.	NRLT
Daily	6	CE DPMC/DG Health (+ others as required) brief PM and Ministers on developing situation.	CE DPMC/DG Health
Daily	7	Operations and Planning hold workshop with key agencies to assess impacts of sustained response plan on health, economic and social determinants and modify as required.	Key agencies to respond: MoH, MoT, NZP, AOG Compliance, MBIE, MPI, MoE, C4C/NEMA, MSD, Treasury
Daily	8	DPMC COVID-19 Comms continue to modify and implement communications plan.	DPMC COVID-19 comms w/ PMO, MoH
Day 4 or earlier.	9	Initial sustained response plan agreed to by agencies.	Head: Operations and Planning
	10	Head: Operations and Planning briefs NRG on sustained response plan and receives feedback.	Head: Operations and Planning
	11	Operations and Planning incorporates feedback into sustained response plan.	Head: Operations and Planning
	12	Head: Operations and Planning (+ others as required) brief NRLT on sustained response plan.	Head: Operations and Planning
	13	Feedback from NRLT received and incorporated.	NRLT/ Head: Operations and Planning
Milestone: Proposed sustained response plan agreed to by agencies and governance groups (NRLT + NRG)			
Day 4 or earlier	14	NRLT (Head: Planning and Operations and others as required) brief Prime Minister and Ministers on proposed sustained response and incorporate feedback.	NRLT
Day 4 or earlier	15	Ministers decide on sustained response plan.	Ministers
Day 5 or earlier	16	Prime Minister and Ministers decide on the sustained response plan, which is operationalised through NRLT, NRG, and Workstreams/agencies. Head: Operations and Planning briefs outcome of Ministers decision and tasks workstreams.	NRLT Head: Operations and Planning
	17	Officials in relevant region(s) and CDEM Groups informed of the sustained response direction.	PMO, NEMA, C4C

		Advice to business sector of direction.	PM business liaison, MBIE, MPI
	18	Prime Minister announces to the public, the details of the sustained response.	PMO
Milestone: key agencies, groups (and public) informed;			
Day 5 or earlier	19	Strategy, Policy, and operations to develop policy. MoH Legal, Crown Law, and DPMC COVID-19 Legal provide drafting instructions to PCO. PCO drafts new COVID Order.	DPMC COVID-19 Group, MoH and legal; Minister of Health/DG Health
Ongoing	20	The approved contingency plan is put into effect legislatively, legally, and operationally.	Agencies through Workstreams (centrally co-ordinated by DPMC COVID-19 Group) C4C and NEMA to link to regions
ongoing	20	DPMC COVID-19 communications continues to modify and implement communications and engagement activities to ensure maximum compliance and key messages continue to be appropriate.	DPMC COVID-19 comms w/ PMO, MoH
		Insights group collaborate with MoH intel to identify critical information for decision making and to inform sustained response.	MoH science and data and DPMC COVID-19 IRT
ongoing	21	MoH scales testing contact tracing, rapid case investigation processes, including genomic and serological analysis, and exemptions for personal movement, in response to situation.	MoH
		Key agencies modify resurgence contingency plans to align with national sustained response.	Key agencies: MoT, NZP, AOG Compliance, MBIE, MPI, MoE, C4C/NEMA, MSD
		Other agencies, as required, to modify resurgence plans.	Other agencies
Ongoing	Ongoing	DPMC COVID-19 ready to implement tasks directly related to the sustained response to enable successful implementation.	DPMC COVID-19 Group
		Business liaison and provision of feedback.	PM business liaison, MBIE, MPI
		Engagement with regions.	NEMA/C4C DPMC COVID-19 Comms
Milestone: post-resurgence de-escalation of system processes, resources and capability, and launch of lessons learned review.			

Appendix 2 – Decision making in the early stages of a response

1

Health officials gather and present relevant evidence and key factors to inform the extent and nature of the outbreak

Scenario identification

<p>Presenting case</p> <ul style="list-style-type: none"> A1: Border worker tests positive (minimal exposures) A2: Close contact of border worker tests positive (some exposures) B1: More distant link to border worker or recent MIQ guest (some exposures) B2: No known source (many exposures) 	<p>Case factors</p> <ul style="list-style-type: none"> Number of cases Number of close contacts Location of cases Timing of infectious period Known and likely movement and social patterns of case(s) and of their close contacts during infectious period (Likely) generations of transmission from source
	<p>Community factors</p> <ul style="list-style-type: none"> Recent testing rates in relevant areas/communities Movement patterns in relevant/areas of communities Assessment of community awareness Vulnerability of impacted populations

Our understanding of which scenario we are in may change as information emerges. Case and community factors will continually evolve.

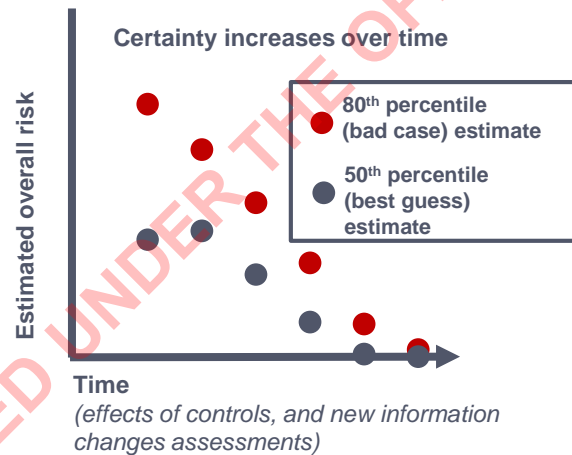
Response factors (if after the initial response)

- How have case and community factors evolved?
- How effective does our response seem to be on case reductions?
- Does compliance appear good?

2

Health officials use key factors to model, and qualitatively assess both most plausible and bad-case estimates of size of the outbreak (including unidentified cases) and geographic spread. This will inform the DG Health's initial advice on an appropriate health response.

<p>Most-plausible (50th percentile) assessment</p>	
Assessment of size of the cluster	Assessment of the geographic spread of the cluster
<p>Bad-case (80th percentile) assessment</p>	
Assessment of size of the cluster	Assessment of the geographic spread of the cluster



As time goes by, uncertainty will reduce and the 'bad case' and 'best guess' assessments will converge. In some situations, our best guess assessment will get worse as we get more information, but our 'bad case' assessment will get worse only in rare circumstances.

3

Compare against the expected transmission and economic /social impact of different Alert Levels and core public health response measures.

Level 4	$R_{eff} = 0.3-0.5$ (March-April)
Level 3	$R_{eff} = 0.6-0.8$ (August)
Level 2.5	$R_{eff} = 0.6-0.8$ (Late in Aug/Sep outbreak. Not a reliable estimate in the early stages of a response.)
Level 2	?
Level 1	$R_{eff} = 2.0-2.5$ (August)

Estimates of effectiveness are not static over time. As the outbreak progresses and contact tracing gets closer to the 'edges' of the cluster, the effectiveness of all Alert Levels goes up and less restrictive measures can achieve the same outcomes.

A critical judgement is deciding when an Alert Level below Level 3 will be sufficient to reduce case numbers.

4

Select least-impact approach that would return to elimination in the current bad-case scenario ie our short-term response will be as strong as we'd want 4 out of 5 times.

Determine appropriate Alert Level setting – In region(s) where outbreak is centred
Determine appropriate Alert Level setting – In regions with few or no known active cases

NOTE: The above settings may be the same In situations with good information, this will generally align with the Cabinet agreed risk assessments.

Current risk assessments (summarised)

Level 4	Sustained and intensive community transmission (not-epidemiologically linked) occurring. Widespread outbreaks
Level 3	Multiple unknown source cases. Multiple active clusters in multiple regions.
Level 2	Any case with an unknown source. Multiple active clusters in different regions.
Level 1	COVID-19 is uncontrolled overseas. Sporadic imported cases. Isolated transmission could be occurring in New Zealand.

Application: Two basic scenarios applying the proposed approach for initial response after detection of new cases - Those which clearly link to the border (A) and those which don't (B).

The difference between A1 and A2 is the timeframe associated with infection and implications of this. If the first case detected is, for instance, a family member of a border worker, there is likely a window of opportunity for other contacts of the border worker to also have been exposed, depending on the recent testing schedule for that person.

Sometimes, scenarios will be ambiguous (for instance if the first case is a close contact of a border worker, but there is no sign of infection within the border worker). When at the edge, a precautionary approach should assume the more risky scenario is in play

1.Scenario based on first detected case <i>Minimum number of infection generations</i> <i>Indicative frequency</i>	1. Other risk factors <i>Any new cases come with a range of other risk factors which will be explored through initial interviews. These risk factors are interdependent</i>	2.Key factors to consider in this scenario	2. Indicative potential cluster size and situation at point of detection <i>(dependent on case movements in infectious period)</i>		3+4. Rule of thumb initial response driven by bad-case scenario <i>Initial response may only be in place for the first few days while more information is gathered. Can revise response up or down based on new information</i>
				Most likely scenario	Bad-case scenario
A1 - Border worker tests positive (with minimal exposure events during infectious period) <i>1 generation</i> <i>Occurs most months</i>	Features of these factors which increase the risk faced would include:	Case factors <ul style="list-style-type: none"> Greater number of known cases/contacts Location of cases <ul style="list-style-type: none"> In an area without border facilities In an area with higher population density In an area with vulnerable populations Significant time elapsed since exposure, symptom onset Known and likely movement and social pattern: <ul style="list-style-type: none"> Attendance at potential super-spreading events Highly mobile/social routine Uncertainty about recent movements 	1-3 cases <i>Most likely contained to close contacts</i>	5-6 cases <i>Most likely contained to close contacts and identifiable casual contacts in region</i>	No Alert Level change. Aggressively contact trace, test and isolate.
A2 - Close contact of border worker or recent MIQ guest tests positive (with some exposure events during infectious period) <i>2 generations</i> <i>Occurs several times a year</i>	Community factors <ul style="list-style-type: none"> Infection in community with higher risk of transmission (ie young people) Low recent recent testing rates in relevant community Typically high movement patterns in the community Lower awareness and social licence for response in the community 	Case (and contact) events and behaviours in infectious period are of critical importance. These factors may dominate decision-making, relative to any characteristics of the initial positive case.	10-15 cases <i>contained to close contacts and mostly identifiable casual contacts of known cases, all in region</i>	20-30 cases <i>Including several non-identified casual contacts, and some cases 2-transmission steps away from currently known case. At least one case has recently travelled outside the region.</i>	Other risk factors become more significant and may lead to different judgements on the appropriate response, such as: <ul style="list-style-type: none"> As A1: No AL change, aggressively contact trace, test and isolate. Moderate escalation locally (eg AL2) while information is gathered. Escalate to AL2+ or AL3 for 3-4 days.
B1 - Possible or casual link to border worker or recent MIQ guest (with some exposure events during infectious period) <i>2-3+ generations</i> <i>Frequency difficult to predict, should be rare</i>	It is critical to understand what remains unknown, as well as what is known. This informs what our 'bad-case' scenario that forms the basis for response looks like.	<ul style="list-style-type: none"> Recent surveillance testing metrics will influence expectations of cluster size. Precise timeframes for known cases remain important but are less significant than in A1/A2. B2 more likely to be at upper end of risk range than B1. 	20-30 cases <i>Including several non-identified casual contacts, and some cases 2-transmission steps away from currently known case. At least one case likely to have recently travelled outside the region.</i>	40-60 cases <i>including many cases 2-3 transmission steps from known cases that will likely take a number of days to trace</i>	Escalate to Alert Level 2+ or Level 3 in the region for at least 3-4 days. Likely AL2 in surrounding regions, but depends on location and movement details.
B2 - No known links to a border worker (with many significant exposure events) <i>At least 3 generations</i> <i>Frequency difficult to predict, should be rare</i>					Escalate to Alert Level 3 in the region for at least 3-4 days. Likely AL2 in surrounding regions, but depends on location and movement details.

Detail of the Ministry of Health considerations which inform response advice to the Director-General of Health

Case factors

Firstly, any notification of a case of interest may come into the Ministry of Health through a number of different channels of varying levels of certainty, e.g. the case may be overseas, and notified through the media, or the case may be tested in the New Zealand community and notified to the Medical Officer of Health through an accredited laboratory. The assessment of the veracity of any case report will inform next steps.

Secondly, the risk to the wider New Zealand public is considered from a forward contact tracing perspective. It is a key element of the response to any case that the risk of exposure to others is immediately assessed and mitigated. The movements of the case (if any) in the appropriate infectious period (2 days prior to symptom onset or positive test result if asymptomatic to the time of detection) must be ascertained as a priority for forward contact tracing. The breadth of these movements will be considered to determine the likely level of risk of exposure to the wider community.

Next, a consideration is made to the source of the infection. While direct links to the border or MIQF system can provide some level of assurance into the potential chain of transmission, it does not rule out intermediary cases. If a case has no known or direct link to the border the possibility of undetected community transmission or chains of transmission should be considered in determining the likely size of already infected persons in the New Zealand community. Whole genome sequencing can provide some information to likely links to other cases in New Zealand and is a key tool in determining the potential risks, however it is important to note that whole genome sequencing requires a good sample and in some cases, may not be possible.

Beyond the case, an assessment of the known and unknown close contacts will be made to determine the likelihood of transmission and subsequent incubation and shedding of viral material before they can be or have been contacted and isolated. If the time from exposure to detection is of a sufficient length, identified 'close contacts' may already be cases in their own right. These close contacts and their own histories increase the likelihood of geographic spread of exposure events.

An assessment of the at-risk or vulnerable groups involved will be undertaken to determine the likely impact. Settings such as aged-residential care facilities, vulnerable communities or other healthcare settings may be disproportionately impacted by COVID-19 which must be considered.

Finally, there may be factors, known or unknown in the above considerations or in considerations not yet known which will impact the assessment, which will be detailed alongside the other information.

It is also important to note that this assessment may be made over a number of cases identified concurrently, however the underlying principles and considerations for assessment of transmission risk still stands.

Alert Level	In response to:
Level 4	Sustained and intensive community transmission Widespread outbreaks
Level 3	Multiple unknown source cases Multiple active clusters in multiple regions
Level 2	Any case with an unknown source Multiple active clusters in different regions
Level 1	COVID-19 is uncontrolled overseas Sporadic imported cases

Wider Government and health system factors

On 4 May 2020, Cabinet agreed 8 principles for moving between alert levels.

The Director-General of Health's satisfaction on four health matters:

- trends in the transmission of the virus (the threshold varies by Alert Level), including his confidence in the data,
- the capacity and capability of our testing and contact tracing systems,
- the effectiveness of our self-isolation, quarantine and border measures,
- the capacity in the health system more generally to move to the new Level, including the workforce and ICU capacity, plus the availability of PPE for those for whom it is recommended.

Plus four wider factors for Cabinet to consider:

- evidence of the effects of the measures on the economy and society more broadly,
- evidence of the impacts of the measures for at risk populations in particular,
- public attitudes towards the measures and the extent to which people and businesses understand, accept and abide by them, and
- our ability to operationalise the restrictions, including satisfactory implementation planning.

In relation to the health matters...

The single most important factor is the spread of cases:

Alert Level One assumes some low level of sporadic cases or even a cluster.

The key difference between level 1 and level 2 is whether there are cases where we cannot identify the source. One such case is enough to move to level 2, given the rapidity of spread possible.

The other health system factors influence direction of alert level shift but are unlikely to be decisive in themselves. They contribute to our ability to keep cases contained and thus remain in lower alert levels.

Contact tracing and testing

Contact tracing should be capable of contacting and isolating 80% of known contacts within 48 hours. If this target is not being achieved, it may a factor to move up alert level.

Testing – we should be able to test anyone who meets the COVID-19 case criteria. This is likely to mean capability for around 4000 per day. At present we can test around 12000 per day on a sustainable basis, with a peak capacity of 25000 per day. Results should be returned within 24 hours.

Border controls

Essentially this is a measure of how secure our border is. It considers whether quarantine arrangements are robust, and infection prevention and control measures work. If there is pressure or issues at the border, it may indicate the need for a higher alert level.

Capacity in the health system more generally

This factor is about whether the health system has sufficient capacity to manage likely COVID-19 cases requiring intervention, with the potential to move to a higher alert level to reduce spread and keep cases within the system's ability to manage. Because our numbers have stayed very low, this has not been an issue, except for initial supply difficulties with PPE, which are now resolved.

Appendix 3 – Possible public health actions in response to three outbreak scenarios

	Case A – border worker limited movements, known source	Case B – camper, some movements, second order link to border	Case C – concert goer, national movements, no source
Contact tracing	<ul style="list-style-type: none"> - Close contact tracing and second order household close contact tracing - Consider workplace contact tracing and testing - Consider testing of staff at locations of interest e.g. restaurants - Source investigation into MIF IPC breaches - Testing anyone who left the MIF during a breach (if identified) 	<ul style="list-style-type: none"> - Close contact tracing and second order household close contact tracing - Contact trace campsite contacts and treat as close contacts - Contact trace casual contacts e.g. retail outlets - Source contact tracing to identify potential border connection 	<ul style="list-style-type: none"> - Close contact tracing and second order household close contact tracing - Consider how the concert is segmented and cases movements during infectious period, likely large number of close and casual contacts (low threshold for considering attendees as "close"). - Extensive source contact tracing
Testing	<ul style="list-style-type: none"> - Surveillance testing at workplace – possible adjustment of dates of routine testing - Testing of staff at locations of interest - Consider testing asymptomatic casual contacts 	<ul style="list-style-type: none"> - Surveillance testing in the area near or close to locations of interest - Local surge in testing of symptomatic and possibly asymptomatic people - Regular testing for close contacts during potential incubation period 	<ul style="list-style-type: none"> - Surveillance testing in the area near or close to locations of interest - Testing of all concert attendees who are symptomatic and asymptomatic - Testing of asymptomatic people in wider region - Increased symptomatic testing across the country
Messaging	<ul style="list-style-type: none"> - COVID Tracer App push notifications in locations of interest for infectious period - Strong public health messages e.g. washing hands etc - If you were in locations of interest and were or are symptomatic, get tested - In location of interest with no symptoms, stay vigilant 	<ul style="list-style-type: none"> - COVID Tracer App push notifications in locations of interest for infectious period - Increase strong public health messages e.g. washing hands etc - Specific messaging for campers isolating at home on how to get home safely - Deep clean campsite shared areas 	<ul style="list-style-type: none"> - COVID Tracer App push notifications in locations of interest for infectious period - Increase strong public health messages e.g. washing hands etc - Concert attendees to get tested and isolate – with a focus on symptomatic attendees - Strong messaging across country for testing symptomatic people
Movements	<ul style="list-style-type: none"> - Unlikely to impose any movement restrictions on wider population - Isolation of case and close contacts as appropriate 	<ul style="list-style-type: none"> - While "remain in place" may be the best option for contact tracing, likely to tell campers to go home and isolate there (see return safely messaging in Appendix 8). Likely to reduce travel by limiting size of gathering which would lead to the cancellation of mass gatherings. 	<ul style="list-style-type: none"> - Likely restrictions on movements for whole country given positive tests in different areas of the country to appropriately contact trace and ringfence exposed persons and break the chain of transmission. Also required to support source identification and contact tracing.

NOTE: The above are example scenarios with possible actions that may result if those scenarios became a reality. Any actions taken in a real situation will be informed by the unique circumstances surrounding each positive case as outlined in. Considerations including the source, movements, length of infectious period, high risk activities, vulnerable groups at risk, number of close and casual contacts, mobility of pool of contacts, and wider health system considerations will build a risk profile which will inform the actions outlined above, as well as any Alert Level advice that is developed. All public health actions will be considered as a suite of actions which, taken together, address the level of risk identified, including the use of the Alert Level framework. This is supported by the stand-up of incident management structures at both a national and regional level.

Appendix 4 – List of Major Events December 2020 to March 2021 with over 10,000 attendees

Event	Region	Start Date	End Date	Estimated Attendance	Source
A Very Palmy Christmas	Palmerston North Manawatu	03/12/2020	06/12/2020	10,000	MBIE *
Kāpiti Food Fair	Kāpiti	05/12/2020	05/12/2020	22,000	MBIE*
Maori All Blacks v Pasifika Team	Waikato	05/12/2020	05/12/2020	15,000	MBIE*
Downtown Shakedown	Wellington city	05/12/2020	05/12/2020	10,000	MBIE*
Tauranga's Christmas In the Park 2020	Tauranga	05/12/2020	05/12/2020	10,000	MBIE*
Dunedin Santa Parade	Otago	06/12/2020	06/12/2020	12,000	MBIE *
World of Wearable Art: Up Close	Wellington city	12/12/2020	14/02/2021	43,000	MBIE*
Pak'N Save Papamoa Christmas In Toyland Parade 2020	Tauranga	13/12/2020	13/12/2020	15,000	MBIE*
TSB Festival of Lights	New Plymouth	19/12/2020	31/01/2021	150,000	MBIE*
The Mount Festival of Multisport	Tauranga	23/12/2020	23/12/2020	15,000	MBIE*
International Summer of Cricket - BLACKCAPS vs. Pakistan	Tauranga	26/12/2020	30/12/2020	10,000	MBIE*
Rhythm and Vines	Gisborne	28/12/2020	01/01/2021	23,000	Police
Rhythm and Alps	Queenstown Lakes District	29/12/2020	31/12/2020	10,000	MBIE *
Whare Flat Folk Festival	Otago	30/12/2020	03/01/2021	10,000	MBIE *
New Years - Queenstown and Wanaka	Queenstown Lakes District	31/12/2020	31/12/2020	30,000	MBIE*
New Year's Eve in the Octagon	Otago	31/12/2020	31/12/2020	10,000	MBIE *

2021 Tupuna (Tūpuna) Maunga Authority Maungauika Summer Festival	Auckland	01/01/2021	31/03/2021	50,000	MBIE*
Bay Dreams	Tauranga	03/01/2021	03/01/2021	15,000	MBIE*
Waihi Beach Summer Fair	Waihi Beach	04/01/2021	09/01/2021	10,000	MBIE*
Six60 Concert	Hawke's Bay	23/01/2021	23/01/2021	20,000	MBIE*
Gibbston Valley Winery Summer Concert	Queenstown Lakes District	23/01/2021	23/01/2021	16,000	MBIE*
Brighton Gala Day	Otago	24/01/2021	24/01/2021	10,000	MBIE *
Wellington Cup Day	Upper Hutt	30/01/2021	30/01/2021	15,000	MBIE*
Buskers International Festival	Auckland	30/01/2021	01/02/2021	20,000	MBIE*
Six60 Concert	New Plymouth	30/1/2021	30/1/2021	15,000	MBIE*
Taupō Summer Concert	Taupō	30/01/2021	30/01/2021	16,000	MBIE*
Great Kiwi Beer Festival 2021	Christchurch	30/01/2021	30/01/2021	12,000	MBIE*
Christian Music Festival	Waipa	30/01/2021	02/01/2021	20,000	Police
Kite Day 2021	Christchurch	30/01/2021	30/01/2021	10,000	MBIE *
2021 SeePort Festival Summer Festival	Auckland	31/01/2021	31/01/2021	14,000	MBIE *
Bread & Circus - World Buskers Festival	Christchurch	31/01/2021	15/02/2021	50,000	MBIE*
Petone Fair	Lower Hutt	20/02/2021	20/02/2021	20,000	MBIE*
2021 L.A.B. Concert	Auckland	27/03/2021	27/03/2021	15,500	MBIE*

*Collated via MBIE using content provided by local government regional events leads

Appendix 5 – Ministry of Health advice to PHUs on mass gatherings: isolation of contacts and contact tracing

Purpose of this advice

1. The Ministry of Health has prepared this advice to ensure that Public Health Units (PHUs) have a clear understanding of Ministry guidance around mass gatherings over the 2020 summer holiday period in relation to the risk of COVID-19 infection.
2. The advice for mass gatherings is in two parts – isolation and quarantine of contacts while away from home, and contact tracing for contacts at mass gatherings.

Advice for contacts expected to isolate/quarantine while away from home

Background

3. Over the summer period greater numbers of people travel to other parts of New Zealand, frequently outside of the major population centres where much of the infrastructure and public health workforce is based. Should these areas experience even small outbreaks, it is likely that contacts will struggle to effectively isolate. It was proposed that national guidance is issued to PHUs to ensure that there is a nationally consistent approach taken.
4. An outbreak in a summer holiday destination will place a significant burden on the local PHU response. It is anticipated that confirmed cases and contacts are less likely to be able to effectively isolate/quarantine in one place for the expected time. It is also likely that there will be limited alternative accommodation and support services available at this time. Therefore, alternative options to support isolate/quarantine should be considered.

Isolation / Quarantine options (in order of preference)

5. The Ministry of Health's advice for isolation and quarantine of people that have been in contact with COVID-19 cases at mass gatherings is as follows (in order of preference):
 - 5.1 Remain in place – the best option is to isolate/quarantine in place, away from others for the expected period.
 - 5.2 Return home safely – return home by motor vehicle by themselves or with other contacts, avoiding public transport and interactions with any people not in their bubble. This option would require a clear travel plan that must consider:
 - 5.2.1 The practicality of driving home safely without significant stops e.g. overnight, or crowded public places.
 - 5.2.2 On route, the travel must minimise any stops or keep them brief e.g. petrol, toilets, food and drink. The on-route plan should consider how contact with others will be minimised or eliminated

e.g. provision and use of personal protective equipment (masks, gloves,) contact with surfaces and cleaning methods.

- 5.2.3 If borrowing or renting a car, consideration and plan must be made to post travel cleaning of the car.

Additional considerations include:

- 5.2.4 Travel by public transport is not permitted including aircraft, boat, train, taxi or car share.

- 5.2.5 Long distance car travel that would require overnight stop should not be permitted Interisland travel would not be permitted.

- 5.3 Local alternative accommodation – the local DHB and or welfare services may be required to arrange alternative local accommodation for the length of the isolation/quarantine period. DHBs need to identify alternative accommodation in the event of a local outbreak. If this is not feasible then consideration should be given to activating the DHB's local escalation plan which might include activation of the local civil defence plan to support solutions.

Note that cases will need to be managed actively by the PHU and this may require relocation to a managed isolation facility.

Advice on contact tracing for mass gatherings

Background

6. Communications with contacts who have attended mass gathering is logistically complex if the numbers needing to be contacted are large. Having systems and processes in place before events could mitigate this logistical challenge.
7. While mandating organisers to take various actions is problematic, it is recommended that PHUs work with organisers to implement pragmatic systems to support contact tracing should this be required.

Advice for PHUs working with event organisers

8. Contact tracing following an event could involve large numbers of people. Manual notification of contacts will not be feasible and alternative approaches will be required. Direct electronic communication to attendees and the use of mass media could be considered.
9. To support direct electronic communication with attendees, event organisers should strongly encourage that all people attending event (attendees and staff) electronically 'check-in' to the event. This could be via either:
- 9.1 scanning of COVID Tracer App QR codes; or
- 9.2 capturing key data via an electronic register.

10. To facilitate this:
 - 10.1 event organisers should take steps to ensure that everyone is checked-in;
 - 10.2 QR codes should be easily visible and posted at all event locations;
 - 10.3 QR codes should be consistent throughout the event (i.e. there should not be different QR codes posted around the event locations, they should all be the same);
 - 10.4 for multi-day events consideration should be given to ensure that there are sufficient charging facilities for mobile devices;
 - 10.5 if attendees do not have the COVID Tracer App or it is more reliable to capture attendees in a register, the organiser should ensure that the following information is captured: first name, last name, date of birth, email, mobile phone number, and time of entry; and
 - 10.6 electronic registers should be readily available to PHUs should they be requested.

Appendix 6 – NZ Police COVID-19 response for summer holiday period

- 1 New Zealand Police will continue over the summer period to operate a 24/7 agile response to the COVID-19 pandemic; working alongside several key agencies to strengthen the response. Planning for this summer has been completed to ensure that Police is able to effectively respond in collaboration with other government agencies to changes in the COVID-19 operating environment. Police is ready to respond to various scenarios that may present over the Christmas holiday period.

Scalable COVID-19 response structure and processes

- 2 Police has maintained its scalable structure to ensure an effective response to changes in the COVID-19 operating environment. The Police's national COVID-19 Support Team oversees our response, ensuring connectivity with government agencies and across the 12 Police districts. Operation orders and staff guidelines are prepared and tested to ensure an appropriate response. Police will continue to use its highly effective graduated "four Es" response model to manage compliance and maintain the social licence – engage, educate and encourage, with enforcement only used when necessary.

Centrally coordinated deployment

- 3 Changes to the COVID-19 operating environment are reported via the National Command and Coordination Centre (NCCC) to the Police COVID-19 Support Team. Information is then shared with relevant District Command Centres (DCCs) to ensure national alignment and effective deployment. DCCs are prepared for changes in the environment. In case of a resurgence, the Major Operation Centre can be stood up in approximately 3 hours (depending on the time of day) and rosters and processes have been finalised for the summer period to ensure readiness. Police has planned for seasonal population movement to summer destinations and can redeploy staff across the country as needed to support demand.

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- 4 Police has 212 frontline and 15 support staff assigned to the 24/7 Managed Isolation and Quarantine facility operation, providing support and information for guests, law enforcement and the prevention of disorder. Police is committed to this operation for the foreseeable future.

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- 5 In the case of a response requiring restrictions on movement between different areas or regions, all districts have planned for rapid deployment at various pre-approved checkpoints to ensure that requirements of COVID-19 Act Orders are followed. For example, in Tāmaki Makaurau staffing checkpoints would require approximately 220 officers working a 24/7 roster in collaboration with NZDF. Planning has been completed in conjunction with DPMC and all Police districts and table-top scenarios are underway to ensure readiness.

Contact tracing

- 6 Police assists the Ministry of Health with identifying close contacts during contact tracing as required, and will assist MoH-led investigations when appropriate.

Personal Protective Equipment (PPE)

- 7 Police has adequate stores of PPE to ensure it can respond over extended periods with supplies maintained at 30 weeks capacity. Guidelines are prepared to ensure the safety of our people.

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Appendix 7 – NZ Defence Force COVID-19 response for summer holiday period

- 1 Presently the New Zealand Defence Force (NZDF) is supporting the response to COVID-19 through Operation PROTECT, and has agreed to provide up to 990 personnel to support the Managed Isolation and Quarantine (MIQ) system. As at 3 December 2020, there were 845 NZDF personnel deployed on Operation PROTECT; broken down as follows:
 - 1.1 27 personnel providing support to central agencies and the Managed Isolation & Quarantine system in Wellington;
 - 1.2 818 personnel supporting the operation of the MIQ facilities – roles being undertaken include Command and Control of the NZDF elements, management and coordination functions within MIQ facilities, and the provision of security personnel at the MIQ facilities; and
 - 1.3 in addition to the above, there are approximately 250 NZDF personnel who are either preparing to deploy on Operation PROTECT or are returning to normal duties following a rotation at the MIQFs.
- 2 Under the National Resurgence Response Plan (NRRP) the NZDF will be employed to support other agencies. Likely NZDF tasks include:
 - 2.1 additional planners/staff to augment other government agencies including the support to DPMC's COVID-19 Group intelligence efforts;
 - 2.2 supporting the health system, e.g. assisting establishing and coordinating Community-Based Assessment Centres;
 - 2.3 supporting the Police in the provision of cordons/roadblocks; and
 - 2.4 transportation of personnel and resources.
- 3 In order to meet these tasks and other non-COVID-19 related events, NZDF have contingency forces for initial short-term emergency responses – usually for 24-48 hours. Should these forces be employed for a Covid-19 response, this will affect the ability of the NZDF to respond to other contingencies; particularly domestic, and possibly regional, disaster relief responses. Noting that some of these responses are non-discretionary. The contingency forces consist of:
 - 3.1 eight 25-person Local Emergency Response Groups (LERG) – a LERG is located at all of NZDF main Camps/Bases and are able to respond on 12 hours' notice;
 - 3.2 two 100-person Reserve Emergency Response Groups that are able to respond on 72 hours' notice; and
 - 3.3 provision for the above groups to be combined with an additional 100 personnel to provide a single 500-person NZDF Emergency Response Group, deployable on 72 hours' notice.

Appendix 8 – Communications and Engagement Framework

<p>Purpose empower New Zealanders to stamp out COVID-19 when it reappears in the community.</p>	
<p>Strategic objectives</p> <ol style="list-style-type: none"> 1. Provide assurance our response is saving lives and preventing disease 2. Provide assurance our response is minimising economic disruption and social harm 3. Provide assurance our response is sustaining international connection 4. Ensure the public has trust in the government's response 5. Empower the public throughout the response 	<p>Communication objectives</p> <ul style="list-style-type: none"> • Maintain and build public confidence in official sources of COVID-19 information • Ensure New Zealanders know what to do • Ensure all New Zealanders and businesses know where to get support • Motivate public to use key behaviours, counter misinformation and apathy, and other barriers to effective communication • Build integration and assist with resolving problems • Build economic, psychosocial and social resilience
<p>Partners and stakeholders</p> <p>Core: DPMC COVID-19 response group, Ministry of Health, MIQ/MBIE, iwi/Maori, business groups</p> <p>AOG: Central government agencies, crown entities and state-owned enterprises, local and regional government</p> <p>Other: DHBs, PHUs and primary care organisations; schools, early childhood, tertiary and private education; non-governmental organisations; advertising and media agencies; culturally and linguistically diverse communities (CALD); key influencers including scientists, epidemiologists and other experts; community and religious leaders.</p> <p>To support diverse communities, we work to enable our partners and stakeholders to use their own insights, channels and networks effectively. This includes a specific focus on those most at risk or hardest to reach.</p>	
<p>Channels</p> <p>Communications channels will depend on the scale and nature of any resurgence and associated decisions but may include;</p> <ul style="list-style-type: none"> – announcements from the Prime Minister – used to notify the country of a move in alert levels that affects a significant area; – using Emergency Mobile Alert technology to send a notification to all alert capable smartphones – used to support any significant upward shift in alert levels and delivered through the National Emergency Management Agency in line with existing criteria; – regular messages on Radio New Zealand, TVNZ and other key broadcasters – used to share key information about required behaviours, delivered by activating the National Emergency Management Agency Media Memorandum of Understanding; – transport providers and transport hubs (airlines and airports, bus train and ferry operators as well as the NZTA electronic sign network) - used to share targeted messages with travellers/people returning home; – accommodation providers and vehicle rentals (including campervans) - used as appropriate to push notifications to holiday makers – the www.covid19.govt.nz website – used to present all the key information around the government response in an accessible, effective way. Hosts information in 23 languages and 5 alternative formats; – Unite Against Covid public information campaign – used to share nationally consistent information about all required behaviours, alert level settings and government decisions; covers TV, radio, print media, social and digital media and outdoor/out of home advertising; – media briefings and media releases – used to share key updates on the health response, cases, testing and contact tracing led by Ministry of Health; and local or central government stakeholder relationships and channels – used to share detailed guidance and advice specific to affected communities' sectors or industries; – partnership models with Iwi and Maori-led communications practitioners – critical to support the dissemination of fit-for-purpose messaging to relevant audiences. <p>The complexity and time involved in the processes to identify, test and confirm any potential positive case means multiple opportunities exist for information to enter the public domain from sources outside official channels. When this situation arises, Ministry of Health and the COVID-19 Group will work together to manage engagement, provide a suitable communications response and to provide advice to the National Response Group, National Response Leadership Team and Ministers if required.</p>	<p>Audiences</p> <ul style="list-style-type: none"> • General public • Māori • Pacific peoples • Culturally & linguistically diverse communities (CALD) • Returnees to New Zealand • Frontline MIQ and border workers & their families • Port workers and seafarers • Businesses & business associations • Immuno-compromised people • Young people • People with disabilities • Older New Zealanders • Marginalised people • People financially impacted by COVID-19 or already unemployed • Public service including frontline teachers and workers • People susceptible to misinformation • People experiencing addiction and other mental health issues • Families with children & shared care • Event organisers, promoters and coordinators
<p>Tactics</p> <ul style="list-style-type: none"> • Produce clear, consistent messaging across government, local government, stakeholders and partners 	

- Partner with iwi Māori to ensure strong connection with local communities
- Produce material for Māori, Pacific peoples and culturally and linguistically diverse communities (CALD)
- Engage with partners and key stakeholders to ensure appropriate awareness of and response to arising issues and communications gaps, in particular for affected businesses and communities
- Uses insights and data to inform targeted public information campaign messaging (TV, internet, radio, out-of-home etc.) that informs and enables affected audiences
- Support regional agencies to amplify and deliver targeted consistent messaging
- Coordinate resurgence messaging across the COVID-19 Response Unit, All-of-Government, the governance structure, Māori (iwi) and amongst other key stakeholders and partners
- Provide strong inter-agency communication between and across all of government and iwi Māori
- Work with key influencers including scientists, epidemiologists and other experts to counter misleading information

Key Messages

In resurgence, the DPMC COVID-19 Group would work with the appropriate range of government agencies including the Ministry of Health as well as affected local government and iwi partners to develop and deliver messaging that effectively communicates specific details of relevant public health orders, government policy and alert level setting decisions to key affected communities and stakeholders. The Ministry of Health leads the development and delivery of key messages to the health sector.

All messages communicate policy settings and decisions through a framework of enable, inform, reassure;

- inform affected communities of the situation i.e. alert levels, boundaries, travel arrangements
- enable and persuade them to comply with required measures and access support services i.e. testing, self-isolation, business support, social supports
- and provide reassurance around the government response and maintain social cohesion i.e. reflecting an understanding of the impact of decisions, outlining the rationale and encouraging unity and kindness.

The table below indicates the types of messaging that would be used in a resurgence scenario. Some messaging will need to be updated following Cabinet decisions (for example business that can operate at Alert Level 3 and permitted reasons for crossing boundaries).

The exact detail of all messaging is determined by the nature of a resurgence. The table assumes level 4 settings will not be used and level 1 settings and messaging (if relevant to any area of the country) will remain unchanged.

	Alert level 2	Alert level 3	Alert level change
Overarching themes	<ul style="list-style-type: none"> – Get tested as soon as possible if you have symptoms – Testing is free and available to anyone who needs it, wherever you are – Wherever you go, scan in and turn your bluetooth on. If you don't have the app, keep track of where you go and who you see.. – Keep your distance from people you do not know – use 2 meters when out in public (e.g. shops) or 1 metre in controlled environments like schools and workplaces – You must wear a face covering on public transport and aircraft. This includes trains, buses, and ferries 	<ul style="list-style-type: none"> – Shop normally so others can do the same – Be kind – If you have symptoms or have been at location of interest, call Healthline as soon as possible for advice on when and where you should get tested. – Testing is free and available to anyone who needs it, wherever you are. – Wherever you go, scan in and turn your bluetooth on. If you don't have the app, keep track of where you go and who you see. – Keep your distance from people outside your bubble – use 2 metres outside home, or 1 metre in controlled environments like schools and workplaces. – You must wear a face covering on public transport and aircraft. This includes trains, buses, and ferries. You are also strongly encouraged to wear a face covering when you're outside your home and in a place where it's hard to stay 2 metres away from other people. 	<ul style="list-style-type: none"> – We are acting quickly and decisively now to stop the spread of Covid-19 and keep communities safe – Protecting each other, our economy and the rest of our summer means our team of 5 million must make sacrifices – The more we 'go hard and go early' the sooner we will eliminate Covid-19 again – If you have symptoms or have been at location of interest, call Healthline as soon as possible for advice on when and where you should get tested.

Holiday makers/those moving around the country	<ul style="list-style-type: none"> – People can travel domestically to regions at the same level, if following public health guidance. – Travel across boundaries is permitted for certain businesses and personal reasons. – Anyone crossing a boundary must have the correct documentation. – Go to www.covid19.govt.nz to check whether your travel is allowed and apply for your documents. 	<p>As right plus:</p> <ul style="list-style-type: none"> – Travel across boundaries is permitted for certain businesses and personal reasons. – Anyone crossing a boundary must have the correct documentation. – Go to www.covid19.govt.nz to check whether your travel is allowed and apply for your documents. – Travel across a boundary is allowed for urgent medical or safety reasons. 	<ul style="list-style-type: none"> – Go home, stay home – Do not go on holiday, to a bach or second home – Do not take detours – Please return to your primary residence as soon as you can – Everyone travelling should: <ul style="list-style-type: none"> o wear a mask or face covering as much as possible o Keep your distance from people you don't know o wash hands well and often, especially before and after using any public facilities o limit your stops on the way home as much as possible o If using any public transport or public facilities, turn on your bluetooth and scan in – You can cross boundaries on your way home – Expect delays, travel safely, plan your journey and take your time
Related policy settings/decisions	As right	<p>As right plus;</p> <ul style="list-style-type: none"> – Settings for business and personal travel 	<ul style="list-style-type: none"> – Boundary locations and settings, including time window to return home – Physical distancing requirements on public transport, planes and ferries – Support for people facing unexpected travel costs – Support for people without a mode of transport – Isolation and management of positive cases including travel arrangements
Businesses and events in affected areas	<ul style="list-style-type: none"> – Anyone with symptoms should not go to work. – The COVID-19 Leave Support Scheme is available for employers, including self-employed people, to help pay their employees who need to self-isolate and can't work from home. – Event facilities, including cinemas, stadiums, concert venues and casinos can have more than 100 people at a time, if there are no more than 100 in a defined space, and the groups do not mix. – Hospitality businesses legally must keep groups of customers separated, seated, and served by a single person. Maximum of 100 people at a time. – Businesses can open to the public if following public health guidance including physical distancing and record keeping. – Alternative ways of working encouraged where possible. – Travel across boundaries is permitted for certain businesses and personal reasons. – Anyone crossing a boundary must have the correct documentation. – Go to www.covid19.govt.nz to check whether your travel is allowed and apply for your documents. <p><u>Talking points</u> <i>We know that everyone has been looking forward to their summer holidays - this year more than ever.</i></p>	<p>As right plus:</p> <ul style="list-style-type: none"> – Events are cancelled – Anyone with symptoms should not go to work. – The COVID-19 Leave Support Scheme is available for employers, including self-employed people, to help pay their employees who need to self-isolate and can't work from home. – People must work from home unless that is not possible. – Businesses cannot offer services that involve close personal contact, unless it is a supermarket, pharmacy, petrol station or hardware store providing goods to trade customers, or it is an emergency or critical situation. – Other businesses can open premises but cannot physically interact with customers. – Travel across boundaries is permitted for certain businesses and personal reasons. – Anyone crossing a boundary must have the correct documentation. – Go to www.covid19.govt.nz to check whether your travel is allowed and apply for your documents. <p><u>Talking points</u> <i>We know that everyone has been looking forward to their summer holidays - this year more than ever – and a return to Level 3 will be hard to face.</i></p>	<ul style="list-style-type: none"> – We know the summer period is a critical time for many businesses and events, everything possible will be done to eliminate Covid-19 quickly. – Business and event specific support and advice are available from the Business Helpline, MBIE, MSD and Worksafe – There is a new system to support business to understand whether they can travel across boundaries and provide the required documents to staff. – Restrictions around crossing boundaries will change over the next few days, please check the website often. – To find out more go to www.covid19.govt.nz . <p><u>Talking points</u> <i>We know that everyone has been looking forward to their summer holidays - this year more than ever.</i></p> <p><i>The team of 5 million have made sacrifices to keep each other safe, and this time is no different. Be kind.</i></p> <p><i>For some businesses in particular, navigating through the restrictions that COVID-19 has forced us to put in place to keep New Zealand safe hasn't been easy.</i></p>

	<p>For some businesses in particular, navigating through the restrictions that COVID-19 has forced us to put in place to keep New Zealand safe hasn't been easy. We thank you for all the sacrifices you've made.</p> <p>To show our support, we have confirmed/are working on a grant for businesses to help with the cost of escalating Alert Levels – this is separate from the Wage Subsidy.</p> <p>I can assure you that we do not take any decision to shift Alert Levels lightly. The sooner we can get this outbreak under control, the better our chances of getting back to Alert Level 1 as quickly as possible.</p>	<p>Cancelled events will be incredibly disappointing, but remember - we've done this before, and we can do it again. The team of 5 million have made sacrifices to keep each other safe, and this time is no different. Be kind.</p> <p>For some businesses in particular, navigating through the restrictions that COVID-19 has forced us to put in place to keep New Zealand safe hasn't been easy. To help maintain quality food supply, primary producers such as butchers and greengrocers will be able to operate under the same guidelines as supermarkets and dairies.</p> <p>To show our support, we have confirmed/are working on a grant for businesses to help with the cost of escalating Alert Levels – this is separate from the Wage Subsidy, which will be available again during this difficult time.</p> <p>I can assure you that we do not take any decision to shift Alert Levels lightly. The sooner we can get this outbreak under control, the sooner we'll be back with our whānau and friends doing all the things we love to do in summer. Kia kaha Aotearoa.</p>	<p>To show our support, we have confirmed/are working on a grant for businesses to help with the cost of escalating Alert Levels – this is separate from the Wage Subsidy.</p> <p>I can assure you that we do not take any decision to shift Alert Levels lightly. The sooner we can get this outbreak under control, the sooner we'll be back with our whānau and friends doing all the things we love to do in summer.</p>
Related policy settings/decisions	As right	As right plus; <ul style="list-style-type: none"> – Wage subsidy/business support packages – Support for affected individuals/sectors i.e. travel and accommodation providers, event organisers – Settings for events including any differentiation based on risk 	<ul style="list-style-type: none"> – Boundary settings for permitted business travel across boundaries
Communities and families in affected areas	<ul style="list-style-type: none"> – You can gather and socialise in groups of up to 100, including weddings, birthdays and funerals and tangihanga, make sure contact tracing is possible. – Sport and recreation activities are allowed, subject to conditions on gatherings, record keeping, and physical distancing where practical. – Public venues such as museums, libraries and pools can open if they comply with public health measures and ensure 1 metre physical distancing and record keeping. 	As right plus: <ul style="list-style-type: none"> – Keep your bubbles small – Those more at risk of severe illness should take extra care, stay home when possible and take extra precautions when leaving home – Gatherings of up to 10 people are allowed but only for wedding services, funerals and tangihanga. Physical distancing and public health measures legally must be maintained – Low risk local recreation activities are allowed – Public venues are closed. For example, libraries, museums, cinemas, food courts, gyms, pools, playgrounds, markets. 	<ul style="list-style-type: none"> – Food, healthcare and the essentials of living will always be available to everyone who needs it – We've done this before, and we can do it again – Look after each other, check in virtually with friends and whanau
Related policy settings/decision		As right plus; <ul style="list-style-type: none"> – Ability of school holiday programmes and childcare to continue – Settings for social gatherings 	<ul style="list-style-type: none"> – Provision of welfare and support services (food, housing etc)

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Appendix 9 – Ministry of Health assessment of District Health Board readiness for the summer holiday period

Introduction

1. The Director-General of Health has written to DHBs seeking assurance in relation to five key criteria for readiness to manage any COVID-19 outbreaks during the upcoming summer holiday period. The Ministry of Health has also asked DHBs for their summer readiness plans.
2. In response DHBs have either provided written reports or have had key DHB and PHU staff participate in calls with Ministry officials. A summary of their responses as at 7 December is included in the table below.
3. The Director-General will provide an update to the 17 December meeting of the Officials Committee for Domestic and External Security Coordination meeting. By then, complete responses will have been received from all DHBs. Discussions between DHBs and the Ministry are ongoing. This is a continuation of the Ministry's work to support and monitor DHBs and PHUs in both their day-to-day operations and contingency planning for COVID-19.
4. The Ministry is actively encouraging DHBs and PHUs to work together and collaborate in their planning for managing any COVID-19 outbreaks during the summer holiday period. Such collaboration and support is common between DHBs, and the Ministry is confident DHBs would support each other in the event of an outbreak over the summer holiday period.
5. Based on the responses received to date, the Director-General is assured DHBs have surge capacity ready if required to respond to any outbreaks of COVID-19. Overall health system readiness will be confirmed at the Officials Committee for Domestic and External Security Coordination meeting on 17 December.

Criteria 1 – DHBs have plans in place to activate, if required, an Emergency Operations Centre (EOC) using a CIMS structure

6. In response to the Director-General's request, the Ministry has received responses from DHBs on their plans to activate an EOC if required.
7. All DHBs will have:
 - 7.1 incident control centres resourced by senior/experienced staff and controllers to enable quick responses throughout the holiday period; and
 - 7.2 on call arrangements with senior executives and other key roles should a DHB be required to scale up quickly.
8. DHBs have advised a number of their senior leadership team are able to respond to supplement the group of on-call cover as needed.

9. DHBs are well integrated with local government, Iwi and Maori. They all have representation at all levels of the response in their local regions.

Criteria 2 – DHBs have an on-call duty roster to respond to any resurgence or other emergency within a 2/4/6 hour period over the summer holiday period

10. For the period 25 December to 5 January, DHBs have increased the number of people in the public health service who are on-call to do case investigation and contact tracing.
11. The PHUs will have on-call rostered staff to respond to both resurgence and other emergencies including Health Protection Officers and Medical Officers of Health. Cover for Public Health Nurses will be as required.
12. DHBs have given examples of staff trained to swab, and administration staff trained to support the swabbing clinics.
13. DHBs have also identified available staff to provide surge testing capacity as well as to supply PHUs with additional contact tracing capacity. For example, one PHU noted they currently have 17 staff trained for contact tracing with six more to finish training before Christmas. Another DHB has eight people on call every day. Some DHBs have trainers identified for both swabbing and contact tracing who can provide rapid training in order to further boost available staff to support testing and contact tracing.

Criteria 3 – PHUs have two-thirds of their target level of case investigation and contact tracing capacity in place available to manage outbreaks over this period.

Contact tracing and investigation capacity

14. All PHUs have been asked specifically to ensure they have a level of baseline resourcing and surge capacity for contact tracing. PHUs have the capacity to manage 350 low complexity cases per day with ability to surge to 500.
15. DHBs have been asked to provide assurance that their PHUs have two-thirds of their ready capacity available over the summer period with the ability to surge their workforces in the event of the significant outbreak.
16. The Ministry of Health is establishing the National Outbreak Response Team that will have a roster of approximately 40 people on call from 24 December 2020 for the remainder of the summer holiday period. This team can be deployed anywhere in the country.
17. Medical Officers of Health and other staff from PHUs around the country have been rotating through Auckland Regional Public Health Service to gain experience dealing with outbreaks which they have taken back to their PHUs.
18. The Ministry's National Investigation and Tracing Centre (NITC) has been working closely with all 12 PHUs to increase their case investigation and contact

tracing capacity. The NITC has assessed each PHU's readiness to respond to future outbreaks, and will be working closely with four PHUs (Northland, Toi Te Ora, Mid Central and Tairāwhiti) prior to the Christmas period to ensure that they have adequate capacity and robust plans in place to respond to any outbreaks. This will also include provision of onsite training for the National Contact Tracing Solution (NCTS), the information technology platform used by PHUs and the NITC to record and manage cases and close contacts. The NITC will be visiting the four PHUs before 18 December to provide support and NCTS training which will provide assurance of their ability to respond outbreaks.

National Response Team

19. The Ministry has been working with PHUs on a national response team that enables staff to be deployed, either virtually or in person, to a PHU where additional support is required in the event of an outbreak. The two-thirds capacity includes support for a national response, including deployment teams. The Ministry is working with PHUs on what the model will look like and ensuring an implementation plan is in place prior to Christmas.

National Delegation Model

20. A national delegation model has been established and tested which enables the safe delegation of case investigation and contact tracing work between PHUs and the NITC, thereby allowing those PHUs managing outbreaks to focus on the high value work (including PHU MIQ work). Delegation occurs through the NCTS.
21. The NCTS will be fully operational during the summer holiday period. It provides operational support to all PHUs, and enables the ability to work nationally if required.
22. Targeted operational advice has been provided to PHUs on the management contact who attend mass gathering and or are away from their homes.

Criteria 4 – DHB/PHUs have established surge capability to support community testing, swabbing stations and laboratory capacity within respective communities.

Surge testing capability

23. In November 2020, the Testing Operations team within the Ministry's COVID-19 Directorate has asked DHBs to advise of their preparedness and planning for surge testing during the coming summer holiday season. DHBs were asked to outline their preparedness and planning across six areas:

- 23.1 surge planning / ability to increase capacity for testing;
- 23.2 regional testing collaboration to meet increased population spikes;
- 23.3 clarity of public communications around the availability of testing (when and where);

- 23.4 preparedness for seasonal increase to local population (i.e. holiday makers);
 - 23.5 oversight of large events occurring within their region district; and
 - 23.6 trained testing workforce.
24. In a number of instances, the Ministry's enquiries and follow-up have prompted DHBs to formally assess and review their current level of preparedness and contingency planning. The Ministry is continuing to work closely with DHBs as they develop and refine their summer testing plans.

Seasonal increases to local population and large events

25. To assist DHBs with their planning, the Ministry has shared with them a MBIE/DPMC paper which:
- 25.1 identifies popular holiday destinations expected to experience large influxes of holiday-makers; and
 - 25.2 lists all known public events likely to be attended by more than 10,000 people.
26. DHBs have good visibility of popular holiday destinations in their areas as they routinely perform other health functions in these places and are well aware of the need to ensure testing is easily accessible to holiday-makers.
27. DHBs' main approach to ensuring testing is readily available and accessible to holiday makers is to:
- 27.1 increase capacity at hospital emergency departments;
 - 27.2 ensure general practices are prepared to test holiday-makers and other "walk ins" not on their books; and
 - 27.3 deploy community testing centres, pop-ups and mobile testing units as required, depending on holiday-maker numbers and the distance of holiday hotspots (e.g. camping grounds) from existing testing facilities.

On site testing facilities at events

28. The Ministry is reviewing all DHB Summer testing plans this week and has issued guidance with an expectation that there will a testing presence at all large events where they exceed a 24-hour period. The Ministry is working closely with DHBs that have large events, to ensure symptomatic testing is available on-site or close to large events
29. The Ministry is engaging with DHBs to ascertain the extent of their concerns and is exploring alternative funding mechanisms to address this issue and

ensure that funding consideration do not hinder the availability or equitability of testing.

30. An example of this engagement is in relation to the Bay Dreams festival in Nelson on 5 January. The Ministry of Health advises that a testing team of six can be organised to be available in addition to the medical team already there, if required, and that the normal laboratory daily capacity 480 tests a day can flex to 700 a day. The Nelson Marlborough Health's Public Health Operations Manager and Emergency Manager are both on the stakeholder planning group for the festival. Organisers are recording and preparing participant information to enable easy of contact tracing should it be required, and Public Health messaging is being developed to be shared on large screens at the event and via social media platforms before and during it.

Criteria 5 – DHB and PHUs have coverage for a Medical Officer of Health over the holiday period and an understanding of the potential risks/ limitations that may be associated with this coverage

31. In response to the Director-General's request, the Ministry has received responses from DHBs on coverage for a Medical Officer of Health. DHBs have developed both on-call rosters and availability rosters (those who can be contacted to provide additional support).
32. The Ministry of Health intends DHBs create a regional Medical Officer of Health roster to cover both local COVID-19 outbreaks. This roster will be in place by Christmas and will include the availability of Medical Officers of Health who can be part of a national response if required. DHBs have additional clinical support from a Medical Officer Special Scale who will be working for some of the holiday period.

Detailed assessment of DHB readiness for the summer holiday period as at 7 December 2020

33. The following table summarises the readiness of DHBs, grouped by region, to respond to COVID-19 outbreaks during the summer holiday period in terms of the following criteria in the Director-General's letter to them:
 - 33.1 Confirmation that your DHB has plans in place to activate, if required, an Emergency Operations Centre (EOC) using a CIMS structure.
 - 33.2 Confirmation that your DHB has an on-call duty roster to respond to any resurgence or other emergency within a 2/4/6 hour period over the period 14 December 2020 – 9 February 2021.
 - 33.3 Confirmation that your public health unit has two-thirds of its target level of case investigation and contact tracing capacity in place (refer to COVID-19 contact tracing/capability service specification) and available to manage outbreaks over this period. I expect that this capacity will also contribute to a national outbreak response team that will be available to provide additional support to a region where a significant outbreak occurs. The National Investigation and Tracing

Centre within the Ministry has been working closely with your PHU to progress these key priorities for readiness.

- 33.4 Confirmation that your DHB/PHU has established surge capability to support community testing, swabbing stations and laboratory capacity within respective communities.
- 33.5 Confirmation that your DHB/PHUs have coverage for a Medical Officer of Health over the holiday period and an understanding of the potential risks/ limitations that may be associated with this coverage.
34. Written responses have been incorporated into the table as well as information received through conference calls convened with DHB's to discuss the five points listed above. In addition the table includes normal DHB support for public events over the Christmas/New Year period, and COVID-19 specific DHB interaction and support for public events. Full responses from all DHBs have not yet been received but will be by 17 December.
35. Prior to the Officials' Committee meeting on 17 December, DPMC's COVID-19 Group and the Ministry of Health will conduct scenario table top exercises to test system readiness to deal with an outbreak of COVID-19 during the summer holiday period.

DHB		Emergency Operations Centre on-call and Medical Officer of Health cover	Testing and contact tracing capacity	Regional variation and agreements
Northern Region	Auckland DHB, Northland DHB, Waitematā DHB, Counties Manukau DHB	<p>Plans in place for Emergency Operations Centre (EOC) and confident in the capability</p> <p>On call rosters in place for resurgence capacity</p> <p>IMT at each northern DHB able to be rapidly activated within hours.</p> <p>Medical Officer of Health (MOoH) availability is consistent and able to support large events and any surge capacity required in the northern region and beyond.</p>	<p>Local and regional plans are well advanced to:</p> <ul style="list-style-type: none"> - support the identification and management of new community cases - surge contract tracing and case investigation capacity as the number of cases increases. <p>ARPHS and Northland PHU have surge capacity plans which draw on DHB and other resources from across the region.</p> <p>Testing in Auckland is coordinated by the Northern Region Health Coordination Centre working with primary care partners, and hospital and community laboratories. A surge capability framework for community testing in metro Auckland is in place which includes community testing centres, pop-up testing centres, and mobile units. We have an established group of providers and are currently procuring additional surge testing capacity through a GETS process. Testing in Northland is coordinated by NDHB and planning is well underway.</p> <p>The Northern Region laboratory network has a plan in place for surge capability during this period. More detailed planning for testing is underway for large scale events across the region.</p>	<p>Regional resourcing and planning completed including exercises between the Northern DHBs.</p> <p>The DHBs are well prepared given high concentration of MIQ facilities in region</p> <p>The Ministry is reviewing all DHB Summer testing plans this week and has issued guidance with an expectation that there will a testing presence at all large events where they exceed a 24-hour period. The Ministry is working closely with DHBs that have large events, to ensure symptomatic testing is available on-site or close to large events.</p> <p>The Ministry has advised all DHBs that we expect them to use and promote through their websites and health promotion materials www.healthpoint.co.nz</p> <p>This website link provides testing site information across the country and detailed site information, and it is linked to the COVID tracer App and Healthline.</p>

DHB	Emergency Operations Centre on-call and Medical Officer of Health cover	Testing and contact tracing capacity	Regional variation and agreements	
	<p>Bay of Plenty DHB</p>	<p>A plan is in place to stand up an EOC with all staff available to work over Christmas having either completed a CIMS course, or a recent refresher course. Nurses are currently undertaking training to support surge capacity and ongoing training continues.</p> <p>MOoH availability is sufficient for the summer period and to address surge capacity.</p>	<p>Confident in capacity and capability for resurgence</p> <p>Has capacity to contact trace up to 10 new cases a day and has been working with Lakes DHB to increase capacity and share resources across the region.</p> <p>Confident in testing and lab capacity.</p> <p>Will utilise national resources and tap into the National Outbreak Response Team if required.</p>	<p>An integrated cross-region approach with Lakes DHB for case investigation and contact tracing over the Christmas period is in place to ensure capacity and capability if a surge occurred in the region.</p> <p>The Ministry is reviewing all DHB Summer testing plans this week and has issued guidance with an expectation that there will a testing presence at all large events where they exceed a 24-hour period. The Ministry is working closely with DHBs that have large events, to ensure symptomatic testing is available on-site or close to large events.</p>
	<p>Lakes DHB</p>	<p>Plans in place for EOC, with majority of Controllers having experience throughout the COVID-19 response. Ongoing training and upskilling is occurring.</p>	<p>Have adequate capacity for contact tracing and swabbing, with training available. Has identified available staff to provide surge testing capacity as well as to supply the PHU with additional contact tracing capacity. Currently have 17 staff trained for contact tracing with six more to finish training before Christmas. Currently have 40+ staff trained to swab and 22 admin staff trained to support the swabbing clinics. (this does not include the swabbing teams used in the MIF's which are a separate team.) Have trainers identified for both swabbing and contact tracing and can provide training in order to further boost available staff, but in such circumstances would need to reduce activity in other areas in order to free up staff. Detailed plan provided for testing surge capacity.</p> <p>The Ministry has advised all DHBs that we expect them to use and promote through their websites and health promotion materials www.healthpoint.co.nz</p> <p>This website provides testing site information across the country and will assist with access to detailed site information, it is linked to the COVID tracer App and Healthline.</p>	

DHB	Emergency Operations Centre on-call and Medical Officer of Health cover	Testing and contact tracing capacity	Regional variation and agreements
<p style="text-align: center;">Tairāwhiti DHB</p>	<p>Setting up an EOC structure this week</p> <p>Finalising on call roster</p> <p>Limited MOoH availability (one) in region but able to access national support and working closely with BOP DHB.</p>	<p>Gathering teams and structure for contact tracing and case investigation. Confident in ability to reach 2/3 capacity (will be supported by further planning.)</p> <p>Has been working closely with primary care to develop a process for GP support to kick in. Working through MIQF support plans.</p> <p>A key region for MOH national surge support and will tap into the National Outbreak Response Team for any additional support if required.</p> <p>Ministry of Health officials are meeting with Tairāwhiti DHB this week to complete a final deep dive on Summer readiness.</p>	<p>Rhythm and Vines is a key area of focus and a tabletop was completed in the week ending 4 December with the MOH.</p> <p>A second tabletop with a national focus is scheduled for this week, this exercise will be working through scenario C (in this cabinet paper), where we have an individual who has attended a large event.</p> <p>Working with BOP DHB as both have large concerts in summer.</p>
<p style="text-align: center;">Hawkes Bay DHB</p>	<p>Plans in place for EOC and confident in the capability</p> <p>On call rosters in place for resurgence capacity, noting that some limited staff availability for some key roles</p> <p>One MOoH available, and will have access to additional MOoH and resources from across the region should an outbreak occur</p>	<p>Case investigation and contact tracing capacity in place with national support. PHU providing leadership and coordination across the region. Available to assist other PHUs.</p> <p>Have been actively working on a surge response plan which includes a local testing strategy. Confident in ability to mobilise teams and logistics to deliver, if required, up to 1500 tests per day. The plan utilises already established Community Testing Centres and supported General Practices to deliver the testing within the community. Mobile testing is not a primary feature of the plan but could be "stood up" if required.</p>	<p>Works closely with other central DHBs for surge capacity given likely influx of holiday makers</p> <p>The Ministry is reviewing all DHB Summer testing plans this week and has issued guidance with an expectation that there will a testing presence at all large events where they exceed a 24-hour period. The Ministry is working closely with DHBs that have large events, to ensure symptomatic testing is available on-site or close to large events.</p> <p>The Ministry has advised all DHBs that we expect them to use</p>

DHB		Emergency Operations Centre on-call and Medical Officer of Health cover	Testing and contact tracing capacity	Regional variation and agreements
Central region				<p>and promote through their websites and health promotion materials www.healthpoint.co.nz</p> <p>This website link provides testing site information across the country and detailed site information, it is linked to the COVID tracer App and Healthline.</p>
	Mid Central DHB	<p>Plans in place for EOC and confident in the capability</p> <p>Confident in capacity and capability for resurgence, and have factored national response team into planning</p> <p>MOoH roster in place with Taranaki and Hawkes Bay.</p>	<p>Developed a Pandemic Plan ahead of COVID-19 which has provided a more up to date baseline to work from.</p> <p>Confirmed 2/3 contact tracing capacity.</p> <p>Confirmation from local PH that they can maintain testing levels at the same as during the rest of the year.</p>	<p>Have completed co-planning with Taranaki and Hawkes Bay, including how to support each other.</p> <p>If an outbreak is occurring in all three similar regions (Taranaki, Hawkes Bay and Mid Central), testing capacity will strain.</p>
	Taranaki DHB	<p>Plans in place for EOC</p> <p>On-call duty roster in place to respond to any resurgence integrated with Mid Central and Hawkes Bay DHB.</p>	<p>Have been working to intensify the PHU's activity and have processes in place to reach 2/3 target, will require national support and support from other PHUs</p> <p>Very comfortable with surge capacity to support community testing; staff, process and facilities in place. Can draw on Māori Health and Primary Care providers.</p> <p>Mid Central and Whanganui DHBs support the on-call roster for Taranaki.</p>	<p>The Ministry is reviewing all DHB Summer testing plans this week and has issued guidance with an expectation that there will a testing presence at all large events where they exceed a 24-hour period. The Ministry is working closely with DHBs that have large events, to ensure symptomatic testing is available on-site or close to large events.</p>

DHB	Emergency Operations Centre on-call and Medical Officer of Health cover	Testing and contact tracing capacity	Regional variation and agreements
			<p>The Ministry has advised all DHBs that we expect them to use and promote through their websites and health promotion materials www.healthpoint.co.nz</p> <p>This website link provides testing site information across the country and detailed site information, it is linked to the COVID tracer App and Healthline.</p>
<p>Waikato DHB</p>	<p>Well prepared with an EOC structure.</p> <p>Working through on-call roster for EOC that includes community providers.</p>	<p>Completed plans to deal with Coromandel as high-risk area</p> <p>On-call roster is in place, and also includes additional people available at short notice.</p> <p>A lot of testing capacity which can be moved if surge capacity is required elsewhere, including mobile testing units. Strong links with PHOs.</p> <p>Confident with meeting the case investigation and contact tracing capacity target and have trained additional contact tracing workforce to double what it was earlier in the year. Admin support on call.</p>	<p>Ability to support other regions with mobile testing units e.g. in smaller regions or more isolated areas.</p> <p>The Ministry has advised all DHBs that we expect them to use and promote through their websites and health promotion materials www.healthpoint.co.nz</p> <p>This website link provides testing site information across the country and detailed site information, it is linked to the COVID tracer App and Healthline.</p>

DHB		Emergency Operations Centre on-call and Medical Officer of Health cover	Testing and contact tracing capacity	Regional variation and agreements
	Whanganui DHB	This is the last DHB meeting to be scheduled and will be held face to face.		
	Capital & Coast DHB, Wairarapa DHB, Hutt Valley DHB	Meeting scheduled for 7 December.		
South Island	Canterbury DHB, West Coast DHB, South Canterbury	<p>Plans in place for EOC and confident in the capability</p> <p>Confident in MOoH coverage.</p> <p>More training for executive members planned prior to the holiday period beginning.</p>	<p>PHU covers three DHBs (Canterbury, West Coast and South Canterbury). Confident in capacity and capability for resurgence regarding on call roster and ability to respond to demand for contact tracing, case investigation and testing and swabbing. 3 CBACs remain open and available in Christchurch over the holiday period with the ability to surge if required.</p> <p>Worked with MOH and PHU to ensure MIQ capacity is supported (e.g. next tranche of fisherman coming in Jan 2021).</p>	<p>All South Island PHUs have a working agreement to provide support to each other for resourcing including contact tracing and MOoH support, which they have been utilising throughout the year.</p> <p>The Ministry is reviewing all DHB Summer testing plans this week and has issued guidance with an expectation that there will a testing presence at all large events where they exceed a 24-hour period. The Ministry is working closely with DHBs that have large events, to ensure symptomatic testing is available on-site or close to large events.</p> <p>The Ministry has advised all DHBs that we expect them to use and promote through their websites and health promotion materials www.healthpoint.co.nz</p>

DHB	Emergency Operations Centre on-call and Medical Officer of Health cover	Testing and contact tracing capacity	Regional variation and agreements
			<p>This website link provides testing site information across the country and detailed site information, it is linked to the COVID tracer App and Healthline.</p>

Appendix 10 – Examples of Alert Level boundaries for priority regions

s9(2)(f)(iv)



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Appendix 11 – New categories for permitted movement across Alert Level 3/2 boundaries

Production, processing and supply of food and beverage and associated supply chains

- 1 Movement across the boundary for primary producers (e.g. dairy, meat and poultry farming and horticulture) and their workforces was a significant issue in the August resurgence. This was exacerbated by the location of the southern boundary, which displaced many workers from their workplaces. During the resurgence the Director-General of Health progressively granted exemptions for specific sectors to address some of the workforce issues. The approach to placement of boundaries (described above) will address some of the issues of workers and workplace displacement. However, this would not provide an enduring approach for any future Alert Level 3/2 boundary scenario.
- 2 The biggest exempted primary sector group was sheep and beef farmers (approximately 500 people) whose properties were bisected by the boundary. The second biggest was horticulture workers (approximately 300 people), who were affected by the placement of the boundary running through the key production region of Pukekohe. Smaller exemptions were needed for workers in named businesses and facilities, such as specific dairy plants, poultry operations and beekeepers. Some activities cannot tolerate a delay, as they involve perishable and time critical inputs. Disruptions could create risks to human and animal health, safety and welfare.
- 3 I note that the supply of food and beverage has been recognised as being of critical importance during the response to COVID-19 and will continue to be so during a resurgence. I propose that primary processing, production and supply of food and beverage (for example, agriculture, horticulture, fishing, and aquaculture) and associated supply chains and workers, and the production of packaging for the products of primary production for food or beverage be included in Category 2 for movement across a boundary.

Veterinary and animal health and welfare services

- 4 During the August resurgence access to some veterinary and animal health and welfare services became an issue. The Director-General of Health issued a class exemption for specialist veterinary services. The issue goes to core animal welfare concerns, including enabling people to meet their legal obligations under the Animal Welfare Act 1999. Most people will be able to secure veterinary services from within their Alert Level area. However, some specialist expertise and/or surge resourcing needs may mean that veterinarians and others need to cross boundaries to ensure obligations under the Animal Welfare Act are met.
- 5 Initially, during the August resurgence, MPI estimated that approximately 50 veterinarians in total may need to cross the boundary, a small volume of which would cross on any one day.

- 6 I propose that veterinary and animal health and welfare services are included as Category 2 for movement across a boundary but only to the extent that travel between Alert Level areas:
- a. is necessary to enable the service to be provided (e.g., because the customer does not have access to an appropriate person within their Alert Level area who can provide the service); and
 - b. will provide services without which would result in an animal welfare concern.

Vehicle maintenance services

- 7 Under Alert Levels 3 and 4 there is an existing permission for services that are required to keep vehicles operational in relation to business or services able to operate at those levels (e.g., mechanics, tyre services, aircraft maintenance services, vehicle testing services, vehicle recovery services and specialist cleaning services).
- 8 I am advised that some of these services are specialist services and not available in all parts of the country, but are critical not only to the COVID-19 response but also to meeting wider regulatory requirements. Volumes of such movement is difficult to estimate. I propose that these vehicle services are included in Category 2 for movement across a boundary, so long as the relevant service cannot be otherwise provided within the relevant Alert Level area, or it is necessary for an employee of service (who resides outside of the Alert Level area) to travel into the Alert Level area to perform the service.

Transportation of the deceased/tūpāpaku

- 9 During the August resurgence a class exemption was granted for funeral directors and tūpāpaku/corpses. This was specifically to enable the transportation of the deceased to the venue for the tangi/funeral (generally the deceased's hometown).
- 10 I propose that transportation of the tūpāpaku/corpses be included in Category 2 for movement across a boundary. Officials advise that there will be a limited number of people that would be travelling in this manner. I note that anyone wishing to attend a tangi/funeral across the boundary will need to seek an exemption from the Director-General of Health.

Union representatives

- 11 Unions were essential services at Alert Level 4. Union representatives offer support services and advice to workers that are important both for wellbeing and to ensure legal standards are met. Union representatives are also an important part of the implementation of the Alert Level framework, providing advice and support to workers and feedback to officials on implementation. This support for workers is even more important during a resurgence event and I expect the number of union representatives needing to cross Alert Level boundaries would be low.

- 12 Accordingly, I propose that union representatives be included as Category 2 for movement across a boundary as long as:
- 12.1 it is necessary to enable the union representative to provide a service (e.g., because the service cannot be provided by an appropriate person who is already within the relevant Alert Level area); and
 - 12.2 provision of the service cannot be reasonably delayed (e.g., because a delay could risk the health and safety of workers).

State services and Local Government

- 13 State services (inclusive of Crown entities) and services provided by local government can be critical to our response. Many such services are already listed in Category 1, e.g. border services. However, this is not comprehensive or inclusive of local government. I propose that there is a general permission for State services (inclusive of Crown entities) and services provided by local government to be included in Category 2 with the condition that:
- 13.1 the service is a regulatory or social service, or relates to infrastructure;
 - 13.2 the travel between Alert Level areas is reasonably necessary to enable the service;
 - 13.3 the service cannot be provided by an appropriate person who is already within the relevant Alert Level area; and
 - 13.4 provision of the service cannot be reasonably delayed (e.g., because a delay would breach a legal obligation, risk harm to people or communities, or risk damage to the environment).
- 14 It is difficult to quantify the volume of this proposed permission. However, my expectation is that the chief executive of the relevant State service or local government organisation would provide appropriate control over this permission and manage risks within their organisation and to the public. Accordingly, I would expect minimal impact in terms of volume of workers needing to cross the boundary.

Appendix 12: Population implications statement

- 1 A resurgence of COVID-19 and the settings in response to it is likely to have a disproportionate impact on priority population groups. The economic impacts of the Alert Level settings are disproportionately felt by these groups.
- 2 Older people are much more likely to experience higher morbidity and mortality from COVID-19 than younger people. For this reason, the public health measures and the Alert Levels have prescribed different advice and protections for older people. Aged residential care facilities have been particularly affected by COVID-19 clusters and the Ministry of Health has reviewed that experience to ensure that improvements are made in COVID-19 management in all aged residential care facilities.
- 3 The disabled population is also more likely to be at increased risk of COVID-19 and faces increased difficulties to physically distance in social settings. It is important that the disabled population, noting the high correlation between age and impairment, have the opportunity to continue to feel safe and be safe in participating in public events and settings. Issues with usability of technology and access to web-based information, especially for the blind or vision-impaired, can make public health measures less effective for disabled people.
- 4 Māori are vulnerable to COVID-19 as they have higher rates of co-morbidities due to pre-existing health inequalities. Māori are generally very aware of the risks that COVID-19 poses to their communities. The Ministry of Health is developing an integrated public health model of care for Māori, which is included in the COVID-19 Māori Health Response Plan.
- 5 Pacific communities are particularly vulnerable due to a range of factors, including a higher prevalence of long-term conditions and diseases, and access barriers (including financial) to quality health care and social services. Living circumstances, such as low phone or internet coverage and household overcrowding, can also make contact tracing and social distancing difficult or impossible. These factors, challenging in normal circumstances, are likely to be amplified during a COVID-19 outbreak. Based on experience with past outbreaks (e.g. measles), Pacific communities are expected to be disproportionately affected by any COVID-19 resurgence, both in numbers and in severity.
- 6 Migrant, ethnic and hard to reach communities are highly varied in their demographics and risk profiles but there are potentially some common factors that may make some of these groups more vulnerable to outbreaks. This could include not being reached by mainstream public health messaging, an unwillingness to engage with government services such as testing or contact tracing, and lower levels of health literacy.
- 7 Requirements to produce evidence may disadvantage certain populations who may not have equitable access to technology such as cell phones and printers.

Any resurgence planning and Alert Level enforcement will need to be cognisant of this.

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Cabinet Business Committee

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

COVID-19 Response Planning for the Summer Holiday Period

Portfolio COVID-19 Response

On 2 December 2020, the Cabinet Business Committee:

- 1 **noted** the contents of the submission under CBC-20-SUB-0096 reporting on preparedness for a response to a resurgence of COVID-19 during the summer holiday period;
- 2 **invited** the Minister for COVID-19 Response to report to Cabinet before the end of 2020 on operational readiness, including health and wider-system response constraints, transport capacity, managing large numbers of people away from their homes, compliance, and communications and engagement;
- 3 **authorised** the Minister for COVID-19 Response to instruct the Parliamentary Counsel Office to draft template Alert Level Orders under the COVID-19 Public Health Response Act 2020.

Gerrard Carter
Committee Secretary

Present:

Rt Hon Jacinda Ardern (Chair)
Hon Grant Robertson
Hon Kelvin Davis
Hon Dr Megan Woods
Hon Chris Hipkins
Hon Carmel Sepuloni
Hon Nanaia Mahuta
Hon Poto Williams
Hon Damien O'Connor
Hon Stuart Nash
Hon Kris Faafoi
Hon Jan Tinetti
Hon Dr Ayesha Verrall
Hon Aupito William Sio
Hon Meka Whaitiri
Hon Priyanca Radhakrishnan

Officials present from:

Office of the Prime Minister
Department of the Prime Minister and Cabinet

Hard-copy distribution:

Minister for COVID-19 Response



Cabinet Business Committee

Minute of Decision

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COVID-19 Response Planning for the Summer Holiday Period

Portfolio COVID-19 Response

On 9 December 2020, the Cabinet Business Committee, having been authorised by Cabinet to have Power to Act [CAB-20-MIN-0517]:

National Resurgence Response Plan and planning for the summer holiday period

- 1 **noted** that officials have developed a National Resurgence Response Plan setting out how government will respond to future resurgences of COVID-19, building on the Rapid Response Plan agreed to by Cabinet on 10 August 2020 [CAB-20-MIN-0387];
- 2 **noted** that officials have developed a framework to assist decision makers in responding to a resurgence, attached as Appendix 2 to the submission under CBC-20-SUB-0122;
- 3 **agreed** that the Solicitor-General be added to the membership of the National Response Leadership Team;
- 4 **noted** the challenges of the peak summer holiday period, including lower system capacity and large numbers of people being away from their usual places of residence;
- 5 **noted** that significant work is under way to ensure system-wide preparedness to mitigate the additional challenges posed by a resurgence event during the summer holiday period, including surge workforce planning and ensuring health system readiness;
- 6 **agreed** that Ministers with Powers to Act convene in the event of a response requirement to increase Alert Levels and include the Prime Minister, the Deputy Prime Minister, the Minister for COVID-19 Response, the Minister of Health, the Minister for Emergency Management, the Associate Minister of Health (Hon Dr Ayesha Verrall), and the Duty Minister;
- 7 **noted** that based on information received to date in response to a request from the Director-General, the Ministry of Health considers that district health boards are well placed to respond to outbreaks of COVID-19 in terms of planning to establish Emergency Operations Centres, workforce planning, testing and contact tracing capacity and rosters for duty Medical Officers of Health;
- 8 **noted** that the Officials' Committee for Domestic and External Security Coordination will review health system readiness as part of its consideration of the wider national system for responding to COVID-19 outbreaks at its meeting on 17 December 2020;

Alert Level boundaries

- 9 **noted** that officials have developed the following principles for establishing Alert Level 3/2 boundaries if required for responding to future resurgences:
- 9.1 boundaries are appropriate and proportionate to support a public health response to COVID-19 that prevents and limits the spread of COVID-19 (primary consideration);
 - 9.2 boundaries minimise the need for people to travel between areas at different Alert Levels to go to work, a place of learning, or to receive medical treatment;
 - 9.3 boundaries are practical and safe to enforce;
 - 9.4 boundaries minimise economic disruption to business and supply chains – e.g. ensuring businesses can continue to operate if possible; and
 - 9.5 boundaries minimise equity impacts – e.g. access to essential services such as food;

Principles for movement across Alert Level boundaries

- 10 **noted** that officials have used the following principles to determine what movement should be permitted across an Alert Level 3/2 boundary:
- 10.1 public health objectives are paramount:
 - 10.1.1 movement across the boundary should be prohibited, to manage the risk of the virus spreading, unless considered necessary, but;
 - 10.1.2 the economic and social costs, and the restrictions on human rights imposed by restricting movement, must be proportionate to the public health risk;
 - 10.2 movement across the boundary should generally be limited to movement that enables activities necessary to:
 - 10.2.1 support health, safety, wellbeing or animal welfare;
 - 10.2.2 ensure equitable access to critical services;
 - 10.2.3 maintain and effectively manage critical supply chains and key infrastructure;
 - 10.2.4 enable building and construction work for large and critical infrastructure projects, or where this is needed for immediate health or life safety risks;
 - 10.2.5 enable the basic functioning of society, including civil society and governance;
 - 10.2.6 maintain the law or provide for natural justice;
 - 10.2.7 provide for national security; or
 - 10.2.8 support the broader COVID-19 response; and

- 10.3 where those activities cannot reasonably be delayed or performed by anyone within the Alert Level area (i.e. movement across the boundary is necessary):
- 10.3.1 restrictions on movement should not lead to personal health risks in excess of the public health risks from enabling that movement; and
 - 10.3.2 decision making should consider the specific risks associated with the movement across the boundary – e.g. whether or not the movement, or the reason for the activity, is generally and typically in enclosed, crowded spaces, or outdoors and the length of time likely to be involved in the activity;
- 11 **noted** that in the event of a resurgence, a decision to create a boundary and corresponding decisions to constrain movement must be proportionate, responsive and justified relative to the public health advice in relation to the specific resurgence event and the principles in paragraph 10 provide a sound framework for this they will inform the drafting of any relevant Orders for both permissions and exemptions;
- 12 **noted** that while the COVID-19 Public Health Response Act 2020 explicitly confers the power to issue an Order under the Act on the Minister of Health, that power may be exercised by another member of the Executive Council under section 7 of the Constitution Act 1986;
- 13 **noted** that officials have reviewed all previous Orders and identified the permissions and exemptions for movement across Alert Level 3/2 boundary and grouped these into three categories:
- 13.1 Category 1 – movement that would be permitted under all circumstances, e.g. borders services and emergency services;
 - 13.2 Category 2 – movement likely to be permitted, but for which an assessment would be required in each resurgence, e.g. primary industries; and
 - 13.3 Category 3 – all other movement (primarily related to businesses and personal movement) unlikely to be permitted, unless through a specific exemption issued by the Director-General of Health;
- 14 **noted** that permitted movement for business and services largely confirms the permissions that Cabinet has already considered and were in place at the end of the last period of Alert Level 3/2;
- 15 **agreed** that the following business and services be include as Category 2:
- 15.1 primary processing, production and supply of food and beverage (for example, agriculture, horticulture, fishing, and aquaculture) and associated supply chains and workers, and the production of packaging for the products of primary production for food or beverage;
 - 15.2 veterinary and animal health and welfare services but only to the extent that travel between Alert Level areas is necessary to enable the service to be provided and not providing the service would otherwise result in animal welfare concerns;
 - 15.3 vehicle maintenance services so long as the relevant service cannot be provided within the relevant Alert Level area, or it is necessary for an employee of service (who resides outside of the Alert Level area) to travel into the Alert Level area to perform the service;

- 15.4 services for the transportation of tūpāpaku/corpse;
 - 15.5 union representatives as long as it is necessary to enable the union to provide a service and the provision of the service cannot be reasonably delayed; and
 - 15.6 State services (inclusive of Crown entities) and services provided by local government);
- 16 **agreed** that in respect of recommendation 15.6, chief executives of the relevant public service/local government organisation provide appropriate control over this permission and manage risk within their organisation;

Business and services allowed to operate at Alert Levels 4 and 3

- 17 **noted** that the Minister for COVID-19 Response does not consider any changes to Alert Level 4 settings necessary at this time;
- 18 **noted** that at Alert Level 3 most business and services can operate (in accordance with the required public health measures), but there are restrictions on the businesses that can operate with customers on their premises;
- 19 **agreed** to amend the settings with regards to businesses and services at Alert Level 3 to:
- 19.1 provide that contactless pick-up be permitted to take place within malls, outside individual stores rather than outside the mall itself; and
 - 19.2 allow primary produce retailers to operate on the same basis as supermarkets and dairies – i.e. with customers on their premises;
- 20 **authorised** the Minister for Covid-19 Response to take any further minor and technical policy decisions in relation to the drafting of Orders under the COVID-19 Public Health Response Act 2020;

Registration service for travel across Alert Level boundaries

- 21 **noted** the Ministry of Business, Innovation and Employment and the Ministry of Health are developing a service that will generate verifiable documentation for registered travel which, as self-reported by businesses, services and individuals are permitted to cross Alert Level boundaries;
- 22 **agreed** that future Alert Level Orders under the COVID-19 Public Health Response Act 2020 gives legal status to documentation that verifies the travel noted in paragraph 21;
- 23 **agreed** that to support compliance and enforcement at the boundary by Police, individuals be required to produce relevant evidence to support their intended permitted or exempted movement other than in cases of permitted personal movement where Officials have identified that it may not be practicable for individuals to produce evidence;

Support for Police at checkpoints

- 24 s9(2)(f)(iv)

Wage subsidy and business support schemes

25 **noted** that the Minister of Finance:

25.1 has directed officials to work on specific business support measures for the case of any resurgence situation, including a review of resurgence wage subsidy settings for use of a wage subsidy under any return to Alert Levels 3 or 4, and the potential for a business support grant to support affected businesses during any move from Level 1 to Level 2; and

25.2 will report to Cabinet on these measures before the end of 2020.

Gerrard Carter
Committee Secretary

Present:

Hon Grant Robertson (Chair)
Hon Dr Megan Woods
Hon Chris Hipkins
Hon Carmel Sepuloni
Hon Andrew Little
Hon David Parker
Hon Nanaia Mahuta
Hon Poto Williams
Hon Damien O'Connor
Hon Michael Wood
Hon Dr Ayesha Verrall

Officials present from:

Office of the Prime Minister
Department of the Prime Minister and Cabinet