

**REVIEW OF MANAGED ISOLATION AND QUARANTINE**

**Executive Summary**

1. The Managed Isolation and Quarantine (MIQ) work stream was set up as part of the COVID-19 All of Government (AoG) Response. The MIQ's purpose is to ensure that, following border processing, all international arrivals into New Zealand are placed into a Managed Isolation Facility (MIF) or Quarantine Facility (QF) dependant on the results of a health assessment.
2. There is a need to provide assurance to COVID-19 AoG leadership that the current system is fit for purpose.
3. A review was conducted of the MIQ end to end process to identify and understand current and emerging risks and to inform any change required in order to ensure that the system is robust.
4. A team consisting of Tony Millar (NZDF), Andy Milne (Corrections), and Kathryn Gibson (Police) was assigned the task, which was carried out 19-20 June 2020, in Auckland.
5. The MIQ system is complex and acts within a dynamic environment. This report focusses on the consistent themes and identifies opportunities for rapid changes in tandem with longer-term process improvements.
6. Throughout their interaction with MIQ, returnees must experience a robust and organised process where expectations are clear and enforced. This will provide confidence and encourage voluntary compliance.
7. The successful management of the MIQ system over the medium to long term requires a careful balancing of efficiency and effectiveness, which is illustrated most clearly in the need to ensure that the number of people entering New Zealand does not overwhelm the MIQ system.
8. The system was first stood up about 20 March over a period of several hours. While the system was manageable under Level 4, since the move to Level 1 there has been a growing increase in demand for MIQ services. This is placing increasing pressures on the system. The demand for MIQ beds has grown significantly over time, and the rate of growth is accelerating. For example 1457 people entered the MIQ system during the first week in April compared with 2526 per week in mid-June, an increase of 73-percent. Returnees are now accommodated in 20-sites across NZ. Further sites will be required as demand continues to grow.
9. A consistent theme encountered was of a system under extreme stress. Counter-intuitively, the move to Level 1 requires more MIQ resourcing than under national lockdown. There are a range of reasons for this: a reduction in personnel available to support MIQ as agencies return to business as usual; the increased demand for border entries; New Zealanders' desire to enjoy domestic travel again; and the commercial imperative of hotels.
10. The staff servicing the MIQ system have almost all been involved in the response for a significant period with little or no real respite. Fatigue increases the risks of error. The morale of staff at the 'frontline' is also challenged by the behaviours of some travellers and the need to operationalise short notice policy changes.
11. Efforts to keep MIQ returnees in a Level 4 'bubble' during their time in MIQ is difficult when the communities around them are experiencing Level 1. This is particularly so when MIQ facilities are located in the CBD. There have been some notable instances of frustration

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exhibited by individuals arriving into MIQ, mainly from Australia, who have reportedly been surprised by the 14-day isolation requirement. There has been a consequent demand and desire for a more permanent Police presence at MIQ facilities.

12. Current staff resourcing to coordinate the MIQ system is sufficient only to manage the immediate issue of trying to balance limited bed space against increasing passenger numbers. We note that staff are dependent in this regard on the final manifests provided by airlines, with minimal advance notice. The current resourcing capacity is not sufficient to carry out forward planning, to ensure that policies are aligned, or to test the system and provide assurance that it is adhering to those policies.
13. The Review Team identified misalignment between different agencies' perceived responsibilities, their policies, and operational realities. This is particularly noticeable for the wearing of PPE, with different entities appearing to have different policies regarding PPE usage. It could be that this is, in part, due to individual Chief Executives carrying out their Person Conducting a Business or Undertaking (PCBU) responsibilities under the Health and Safety at Work Act. Any perceived misalignment of procedures is liable to cause frustration, both for MIQ staff and the returnees. An immediate PPE policy review is needed and for the results to be reported to PCBUs to improve alignment where appropriate. Where there remain differences in PPE policies the rationales for these need to be clearly communicated to all stakeholders.
14. There needs to be greater organisational alignment, and delegations that are aligned to accountabilities to ensure timely decision-making. For the purposes of running an MIQ system, a single clear lead agency is needed along with clear lines of accountability, protocols around inputs and information and data sharing. The Ministry of Health has a critical role to play in ensuring the robustness of the MIQ system through key inputs in the form of specialist public health advice and services. It does not automatically follow however that the Ministry of Health should be the agency responsible for running the MIQ operations.
15. There were occasions when policy decisions were made with little understanding of the operational consequences. These occasions have increased the stress on staff on the ground. The recently implemented changes to testing requirements have placed additional strain on the system. Timeliness issues regarding test result returns directly inhibit the ability to forward plan effectively. The late reception of tests prevents the discharge of returnees, making the beds unavailable for new arrivals. It is understood that MoH is amending its testing regime to ensure that the results of the final test are available on day-13.
16. Immediate actions to consider:
  - an increase in personnel resourcing and capabilities to provide greater staff capacity and respite;
  - break down perceived organisational siloes between agencies to allow a more comprehensive, operationally effective and timely response;
  - clarify lines of accountability (including through possible changes to the relevant legislative instruments), and amend delegations to enable appropriate decision making;
  - a comprehensive audit of policy, practice, procedure and documentation with a view to achieving standardisation and simplification across the MIQ system;
  - development of a national MIQ strategic planning capability;
  - increase oversight of the transfer process of returnees between airside activity to MIQ facilities;

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- tightening the MIQ system to align the reporting of non-compliance with supporting enforcement measures;
- the development of a process to regularly account for returnees at MIQ facilities;
- exploring opportunities to improve the testing/analysis process to ensure that results are reported on day-13;
- ensuring that actions arising from this report align with appropriate recommendations from the MoH assurance review; and
- the immediate review of PPE policy throughout the MIQ process and the communication of policy settings to all stakeholders.

**Review**

17. The report records the observations made during the visit to the MIQ organisation in Auckland and will offer comments and suggestions to improve issues that were identified.

18. Communications and Co-ordination

- Situation
  - i. The MIQ system should present a coherent, professional and robust system to all returnees, which provides confidence and encourages voluntary compliance. Any gaps in oversight, communications and information will compromise the effectiveness of the system.
  - ii. The MIQ work stream functions at three levels; national (MIQ), regional (RIQ) and site (MIF/QF). The success of this system requires excellent communication and co-ordination to maintain unity of effort. At each level there is currently insufficient structure and role clarity, and there is a need for a clear chain of authority.
  - iii. It appears that the system response is not sufficiently integrated. There are occasions when independent actions are appropriate, such as the provision of specialist medical advice, but too much separation hampers decision-making and co-ordination.
  - iv. The resources required to support the MIQ function have failed to keep pace with the increased volume of returnees. This has resulted in a very dedicated team having to confront immediate issues with limited capacity to plan ahead. This is impacting on staff wellbeing and the confidence that returnees have in the process.
  - v. MIQ staff at all levels tend to rely on informal relationships to escalate issues and have no single avenue for reporting.
  - vi. Notwithstanding the above, recent well-meaning decisions to enhance staffing without notice produced challenges to logistical support and staff accommodation.
  - vii. There are examples of disparities in procedures and documentation. There is little organisational reserve to conduct assurance activities. More generally, there is an absence of standardised information (uniform look and feel) for returnees.
  - viii. Unity of effort is also challenged as each government agency has assigned different operational names and procedures to the response. E.g. Operations Protect, Mercy, Catalyst.
  - ix. Management of staff contracts requires specific attention to prevent capability loss. In particular, the failure to provide early renewal of contracts risks the loss of corporate knowledge and increases risk to the system.
  - x. Adherence to MoH clinical policy directives appears to be discretionary at DHB level. This could result in health care disparities and risks a reduction in confidence in the system.
- Comment
  - i. It is recommended that a thorough review be conducted of personnel capability, capacity and continuity at all levels. Any enhanced structure must enable holistic oversight, planning, communications, assurance activities and timely decision-making. Given the likely medium to long-term nature of MIQ, duty roles and/or points of contact should be established at all levels to ensure consistency of operations and avoid the over-burdening of key individuals.

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- ii. Consideration should be given to a comprehensive review of policy, procedure and documentation with a view to achieving standardisation and simplification. Version control and coherency of procedures would be aided by routine communication of the amendment state of policy documents. An assurance framework should be designed that gives confidence that the system is operating as envisaged.
- iii. Given the complex nature of the COVID-19 response, there is a need to establish clear accountabilities and delegations, and leadership that will drive for unity of effort across government.

### 19. Strategic Planning

- Situation
  - i. There is limited understanding of future demand. This is necessary in order to conduct long-range planning of MIQ. There is also currently an implicit assumption that the flow of returnees, and more importantly the rate of this flow, cannot be modulated.
- Comment
  - i. An investment in strategic planning will result in better resource allocation, a cost-effective operation and enhanced trust and confidence in the MIQ process both from staff and returnees.
  - ii. There is a need to review policy settings regarding: better management of numbers; the regulations governing the MIF site selection; and the use of private isolation facilities with appropriate oversight.

### 20. Pre-Entry Requirements

- Situation
  - i. Flight manifests are not received by the system until the inbound aircraft departs its overseas origin. This impacts significantly on the ability to commence planning prior to physical entry into NZ, particularly for flights from Australia.
  - ii. It is evident that overseas health screening processes are limited and therefore every person entering NZ must be treated as a potential COVID-19 carrier.
  - iii. There is currently no written information provided to returnees prior to entry or a process to record their acknowledgement that they will be required to enter into the MIQ system.
- Comment
  - i. Enhanced early (48hrs) receipt of draft aircraft manifest and schedules would support planning and effectiveness of operations.
  - ii. Request airlines inform returnees during the booking process that they will be required to undergo MIQ.
  - iii. Formal MIQ information provided inflight including legislative sanctions in the appropriate language.
  - iv. Consider amending the arrival card, or provide a similar instrument, to include acknowledgement of MIQ requirements via signature to support compliance.

### 21. Airside Operations

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- Situation
  - i. Staff from multiple agencies are working well together in this environment. Greater planning will only enhance this.
  - ii. Although met at the air bridge by Customs, there is no evidence that passengers are briefed about the MIQ requirements they will face upon entry into NZ.
  - iii. The initial health interview provides an opportunity to conduct a rudimentary health assessment which results in transfer to either quarantine or managed isolation.
  - iv. The health interview is the first time that written MIQ advice is provided to returnees.
  - v. No PPE is required to be worn by returnees during the process.
- Comment
  - i. The NZ Government representative at the air bridge should provide a verbal briefing to returnees concerning the MIQ process. This will only enhance the presentation of an aligned system to the returnees and encourage compliance.
  - ii. Consider reviewing policy for PPE usage based on clinical guidance.

### 22. Transfer to MIF/QF

- Situation
  - i. The process for entering quarantine is excellent, however the process for returnees entering MIF needs improvement. The majority of returnees are transferred to MIF, which takes place via bus. This process lacks clear NZ Government oversight and places unrealistic expectations on commercial partners.
  - ii. Although business kiosks are currently closed, the environment of the arrivals hall increases the risk of absconding, as well as contact with the families and members of the public, while transferring to coaches.
  - iii. Operational planning is based on numbers alone and does not take into account family groups or cultural needs.
  - iv. It was reported that bus capacity is limited by baggage volumes. This leads to inefficient transfers. An increase in transfer numbers would not affect the hotel check in process and would be welcomed by hoteliers.
  - v. No PPE is required to be worn by returnees during the process.

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- Comment
  - i. Consider greater control and separation of returnees from public access areas throughout the process with increased oversight from NZ Government agencies.
  - ii. Enhanced operational planning would allow more deliberate placement and better resource utilisation. It would enable hoteliers to better cater for the needs of returnees which would reduce frustration and enhance their experience.
  - iii. Consider a more efficient transfer process.
  - iv. Consider reviewing policy for PPE based on clinical guidance.
  - v. Consider providing a NZ Government representative to accompany returnees on buses. E.g. Rotorua transfer.

### 23. MIF/QF

- Situation
  - i. The location and facilities at Jet Park Hotel (QF) should be an exemplar for all MIF/QF. It is well-managed with robust systems in place. However its dual use as an MIF and QF should be reconsidered.
  - ii. At the sites visited we were impressed by the commitment and professionalism demonstrated by hotel management and on site staff. Positive feedback was received from hotel management regarding the benefits of staff continuity.
  - iii. Policy changes announced in Wellington without prior consultation create frustration and potential conflict for staff on the ground to have to manage. Some facilities' settings (e.g. laundry restrictions) have the same effect.
  - iv. Planning limitations inhibit the ability of hotels to prepare facilities. In particular, a lack of knowledge of arrivals and associated timings as well as delays and/or changes create logistical issues and additional cost.
  - v. Strict adherence to 336 hours in isolation restricts accommodation planning and cleaning, which could be mitigated by a little clinically based flexibility. This is exacerbated by the timeliness of day-12 test results. Any delay in the reporting of test results beyond day-13 risks further frustration as they are required to remain confined until a negative result is returned.
  - vi. MIF locations in the CBD create greater opportunities for frustration and logistical challenges. E.g. limited physical exercise options, bus parking and proximity with the AL1 public.
  - vii. Physical distancing requires constant oversight. This is particularly problematic for smokers and the mixing of cohorts.
  - viii. No PPE is required to be worn by returnees when in public areas of the MIF.
  - ix. It is evident that health check procedures differ between MIFs. There did not appear to be a standard procedure for the accounting of individuals and the daily checking of their health and wellbeing.
  - x. Hotel management appear to be going to great lengths to meet the needs of their returnees but would like more certainty around contracts. Hotel staff are fatigued, and management observed that it was difficult for staff to cope with rapid policy changes

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that would occur following media criticism. Some hotels have experienced damage to facilities and are concerned over cost recovery.

- xi. Language barriers create challenges. Some hotels can overcome this with multi-lingual staff however this does not address the difficulties when conducting health checks and can compromise privacy.
  - xii. The *SO/ Auckland Hotel* caters for paying guests in managed isolation from overseas. Hotel management expressed the need for clear policy to deal with these cohorts to ensure this remains an attractive proposition.
  - xiii. MIF staff felt able to escalate matters to NZ Police but thought that a permanent Police presence would be beneficial.
- Comment
    - i. Greater investment is required in deliberate planning. This will result in improved resource utilisation, reduction of conflict and enhanced outcomes for returnees.
    - ii. Consider extending contracts to provide business certainty and associated employment opportunities.
    - iii. Consider standardised check out times at MIFs with a left luggage/waiting room service for returnees. This will provide early access for cleaning staff and increase bed availability.
    - iv. Consider benefits of cohort demarcation and PPE use based on clinical advice. If there is no benefit to separating cohorts, this needs to be communicated. If cohorts should be separated, consider clear identification methods, possibly delineating between cohorts 0–7 and 8–14 days, or to identify those who have returned negative COVID-19 tests.
    - v. Consider permanent deployment of Police to MIFs or adopt a risk-based approach to deployment.
    - vi. Consider a more robust response to breaches of MIF/QF obligations/requirements.
    - vii. Consider policy settings relating to MIF exit requirements, including testing regime timeliness to ensure results are received on day-13. It is understood that MoH is amending its testing regime to ensure that the results of the final test are available on day-13.
    - viii. Ensure policy settings are consulted prior to enactment to allow the efficacy to be tested.
    - ix. Review and research non-CBD locations for MIF.
    - x. Review of the suitability requirements for MIF.
    - xi. Consider providing a standard procedure for daily whereabouts checks.
    - xii. Consider providing a standard procedure for health/wellbeing checks.
    - xiii. Consider establishing a telephone-based interpretation service.

### 24. Testing Process

- Situation



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- i. The efficient turnaround of COVID-19 tests is critical to the system however the Review Team was unable to establish the capacity of the collection, analysis and reporting system.
  - ii. The policy to implement testing at days 3 and 12 was enacted without notice causing a significant bottleneck in the system and frustration. Attempts to prioritise the day-12 samples were unsuccessful due to laboratory constraints.
  - iii. Health advice to returnees indicated that test results would be returned within 24–48 hours. This language sets expectations at 24 hours and creates unnecessary demands on staff to answer queries.
- Comment
    - i. Consideration should be given to a prioritisation process for day-12 tests to ensure that results are received on day-13. It is understood that MoH is amending its testing regime to ensure that the results of final test are available on day-13.
    - ii. Amend advice to returnees to reflect maximum return time for test results.

### 25. Conclusion

The team found that the system, whilst not broken, is under extreme stress and is not readily able to respond to the increasing demands being placed upon it. Increased traveller numbers continue to challenge the provision of accommodation and staff are only able to respond to daily challenges.

The system would be improved with enhancements to staffing, structure and strategic planning as well as the implementation of a robust assurance framework. It would also benefit from greater management of the inbound traveller flow. An essential part of any system will be the successful communication of expectations and arrangements to returnees as well as appropriate enforcement of these conditions.

There is a need to better coordinate and align the efforts of all agencies and to establish clear lines of authority, delegation and accountability to aid decision-making at all levels.

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Kathryn Gibson

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Andrew Milne

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Anthony Millar

Date: 26 June 2020

Annexes:

A. Review Terms of Reference

B. Action Plan