



Proactive Release

The following items have been proactively released by the Rt Hon Jacinda Ardern, Prime Minister:

Paper: Responding to new cases of COVID-19 within the community

Minute of Decision: Responding to New Cases of COVID-19 in the Community

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant section of the Act that would apply has been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction code:

- 9(2)(f)(iv), to maintain the confidentiality of advice tendered by or to Ministers and officials
- 9(2)(h), to maintain legal professional privilege

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Office of the Prime Minister

Cabinet

Responding to new cases of COVID-19 within the community

Proposal

1. This paper sets out the overall approach and plan for responding to new cases of COVID-19, other than in border isolation facilities, should they emerge. This responds to Cabinet's direction of 25 May 2020 [CAB-20-MIN-0240].

Executive Summary

2. The Government's strategy for responding to the COVID-19 pandemic remains elimination. The pillars of the response are robust border controls (including managed isolation and quarantine), surveillance and testing, contact tracing, and hygiene measures. Underpinning this is the need for strong public support for – and cooperation with – the Government's approach. That approach has enabled our current situation: no community transmission and no need for onerous controls on individuals and businesses within New Zealand.
3. Strong border measures remain a critical part of our response, and will continue to be until such time as effective treatment, a vaccine, rapid reliable testing, or a change in the spread of the virus eventuates. However, even with these measures, new cases in the community are a realistic probability, as we have seen in countries such as Singapore, Taiwan and Australia. Given this, we need to map out how we would respond to new cases, and communicate our intentions to the public and businesses.
4. While our overall response to new cases will depend on the specific circumstances, communicating the Government's intended overall strategy will provide some certainty for the public and businesses about how we would respond to different potential scenarios. Important in this is emphasising that the public and businesses continue to have a major role to play in the fight against COVID-19 – the team of 5 million's job is not over.
5. The COVID-19 All-of-Government Response Group (AoG Group) has developed a 'Stamp it Out' plan to guide a response to new cases within the community. The plan addresses several potential scenarios identified by the AoG Group and the Ministry of Health. It identifies the actions, decision makers, and responsible organisations that would form part of an effective operational response, within our elimination strategy.
6. If there are new cases in the community, our public health measures of personal hygiene, testing, contact tracing, and isolation will be the core of our response. Our response will also make use of the existing Alert Levels framework, but seek to do so in a manner that can be adapted to the specific circumstances. This may include applying the Alert Levels at a regional or local level. We will seek to control COVID-19 with the least intrusive measures over the smallest area that gives us confidence that we will continue towards our strategy of elimination. In particular, we will seek to avoid the entire country returning to Alert Levels 3 or 4 if possible.
7. For all measures – whether local or national – we will maintain national-level visibility and leadership over the response, led by Cabinet. This will ensure adequate national-level

support and resourcing, continued confidence in our response, and the ability for central government to take action where appropriate.

Background

8. New Zealand is pursuing an elimination strategy for COVID-19 and we have made remarkable progress. However, this is against the background of a growing global pandemic with over 170,000 new cases per day. The global situation has deteriorated significantly over the past four months. When we shut the border on 19 March there were 243,000 cases in the world. There are now over 10 million cases worldwide, with large increases in the number of new cases daily.
9. The best evidence suggests that COVID-19 will continue to be an issue over the longer term, and daily case numbers will continue to increase for some time. As the number of cases at our border increases, there is a greater risk of spread into the community. Stamping out cases is difficult. We are therefore in a new phase of our response where we have to move from an emergency response towards a sustained state of readiness and response.
10. On 25 May 2020, Cabinet directed All-of-Government (AoG) officials to develop a plan for how to respond to a resurgence of cases of COVID-19 [CAB-20-MIN-0240 refers]. The plan is part of a range of measures the Government is taking to keep New Zealanders safe while also ensuring we are able to keep the economy moving and advance some of the economic opportunities our team of 5 million have created.
11. This paper outlines the Government's approach to managing new cases within the community – should they emerge – and provides an overarching plan to give effect to that approach.¹

Response plan

12. As directed, the COVID-19 All-of-Government Response Group has developed a 'Stamp it Out' plan to respond to new COVID-19 cases within the community. The plan is attached as Appendix 1. It contains a framework for the response and addresses a range of potential scenarios, identifies the actions, decision makers, and responsible organisations that would form part of an effective operational response. The key insights from the plan are presented in this paper and inform the approaches proposed.
13. While our overall response to new cases will depend on the specific circumstances, communicating the Government's intended overall strategy will provide some certainty about how we would look to respond to different potential scenarios. I therefore propose to release this plan publicly.
14. Part of what has made the Government's response successful has been our willingness to engage with the community and listen to calls for change. If, as a result of public feedback on the plan, and informed by targeted engagement with business, unions and iwi/Māori, there are substantive changes required, I will bring these back to Cabinet.
15. In addition, agencies across Government with a role in the COVID-19 response are developing agency-level plans that sit underneath the AoG plan.

¹ In this paper, "new cases in the community" refers to new cases transmitted in New Zealand outside of a border facility.

Our approach to reducing the chance of a new outbreak

16. Our first priority must remain doing everything we can to avoid new cases within the community wherever possible and to have systems in place to detect any such cases and immediately contain the spread. We can think of these as a series of safety nets. If one fails, the second net is in place, then a third, and so on. Ensuring these safety nets operate as an effective system will take time and constant improvements as we respond to changing circumstances. But they will remain the core of our response to keep New Zealanders safe and the economy moving.
17. At Alert Level 1, the key pillars or 'safety nets' that underpin the elimination strategy remain in place to prevent the spread of COVID-19. These are:
 - a. robust border controls (including managed isolation and quarantine);
 - b. surveillance and testing;
 - c. contact tracing; and
 - d. general hygiene measures (e.g. handwashing, staying home when sick).
18. Important in relation to all of these measures is the role the public, businesses, places of learning, and other organisations continue to play. Critically, we need to maintain the public's commitment to preventing the spread of any cases within the community – the team of 5 million's job is far from done.

Border controls and managed isolation and quarantine

19. Strict border controls are our first safety net, and underpin our approach to preventing new cases from entering New Zealand and minimising the number of people who are infected with COVID-19. Strict controls will continue to be necessary until such time as effective treatment, a vaccine, rapid reliable testing, or a change in the spread of the virus eventuates. Beyond our strict limits on who can enter New Zealand (largely only New Zealand citizens, permanent residents, and their families), our most important control is the system of 14 days of managed isolation or quarantine for people entering the country.
20. As set out in the COVID-19 Surveillance Plan (discussed further below), surveillance and testing are important elements of our border controls. As part of the Surveillance Plan, workers at the border and at managed quarantine and isolation facilities will undergo daily health checks, alongside voluntary asymptomatic testing. Any symptomatic border staff will be tested, along with all people in managed isolation and quarantine (at least twice), any close contacts of cases in the facilities, and workers exempt from quarantine such as New Zealand-based air crew.
21. The Minister with responsibility for Managed Isolation and Quarantine commissioned a rapid review of the Managed Isolation and Quarantine system. The review focused on understanding current and emerging risks and ensuring the end-to-end Managed Isolation and Quarantine process is robust. A number of improvements were identified and these are being rapidly implemented. The review also highlighted the need for additional resourcing for the system.
22. Dramatically increasing the number of people entering New Zealand would place stress on our border controls. Any decision to allow more people to enter the country must only be made with confidence that our border controls will be sufficiently scaled up to manage

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the risks of COVID-19 transmission posed by increased visitor numbers. Any decisions on travel bubbles which do not require quarantine need to meet the high threshold set by Cabinet.

Surveillance and testing

23. Cabinet recently considered the COVID-19 Surveillance Plan and Testing Strategy and approved additional funding for it [CAB-20-MIN-0301 refers]. The Surveillance Plan provides the overall approach to surveillance of COVID-19 as one pillar of the overall strategy of disease elimination. The Testing Strategy, which is a core component of the Surveillance Plan and our second safety net, seeks to:
- a. ensure rapid identification of all cases of COVID-19 to assess and clinically care for them as well as stop any ongoing transmission of infection by isolation, tracing and quarantining their contacts;
 - b. identify and minimise any undetected community spread in New Zealand;
 - c. monitor people at higher risk of exposure to COVID-19 to ensure that protections in place are working; and
 - d. ensure access to testing is effective and equitable for all groups, in particular Māori and Pasifika.
24. The strands of the Testing Strategy are to test those who have COVID-19 symptoms, and those that are asymptomatic but around confirmed or probable cases or operate at the border. Additionally, trends in how symptoms are presenting will be actively monitored with follow-up testing of asymptomatic people if required. Further details of the Testing Strategy are included as Appendix 3.
25. Testing rates have recently increased as a result of the announcement of new cases from recent arrivals into New Zealand, and an increase of testing at border facilities. In the seven days to 1 July there was an average of over 5,000 tests per day, including a single day with over 10,000 tests done. Currently, our testing capacity is over 12,000 tests per day. As at 2 July, test stock on hand in labs was 245,000, which is 46 days' supply at current levels.
26. The Minister of Health will report back to Cabinet on 20 July with an update on implementation of the Surveillance Plan and Testing Strategy and analysis of the results. Cabinet also invited the Minister of Health to provide weekly updates on COVID-19 testing, particularly at the border and in high risk populations [CAB-20-MIN-0301].

Contact tracing

27. In the event that new cases are discovered through testing, contact tracing is critical to stopping further spread of COVID-19. In late April 2020, a review undertaken by Dr Ayesha Verrall highlighted a number of issues with the contact tracing system. The Ministry of Health has addressed Dr Verrall's recommendations by expanding contact tracing capacity in the Public Health Units (PHUs), undertaking preparedness planning, developing performance indicators and reporting, and requiring the PHUs to be part of the National Contact Tracing Solution (NCTS).
28. Any cases will initially be managed by the local PHU in accordance with the national COVID-19 Cluster Investigation and Control Guidelines. Further surge capacity is available in other PHUs and the National Close Contact Service. The National Contact

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Tracing Preparedness Plan ensures that if a PHU is getting close to the limits of its capacity, other PHUs and the Ministry are able to assist using the NCTS. Eleven out of 12 PHUs are now live on the NCTS, with the twelfth PHU transitioning to the NCTS by the end of July. There is also guidance to assist investigations that span PHU boundaries. A central National Cluster Coordinator role within the Ministry of Health is in place to ensure the investigation is seamless across the teams working on it.

31. The use of the NCTS is being extended to incorporate the wider border and managed isolation and quarantine health processes. Full implementation of this border component of the NCTS is anticipated by early August. This will enable the matching of arrivals against an existing or newly assigned National Health Index (NHI) number. Using the NHI will link all events associated with border entry, isolation and quarantine management, exemptions, and testing to an individual. Other information linked to people's NHI more widely in health sector applications across New Zealand will also support contact tracing.
32. The independent Contact Tracing Advisory Committee has just delivered a report to the Minister of Health. I expect that the Ministry of Health will quickly implement the Committee's final recommendations as well as any lessons from their recent experience tracing contacts of cases at the border. An immediate priority from this report will be to stress test the system through a simulation exercise to provide greater assurance that the changes that have been made are sufficient and will lead to the outcomes the Government is seeking.
33. In addition to the NCTS, the Ministry of Health has released the NZ COVID Tracer App to enable people to easily keep a record of where they have been. The latest release includes the ability to notify those people who have been in a place of interest. The next release, due at the end of July, will improve accessibility and allow manual recording of locations. The number of posters has been increasing but daily scans have decreased since the shift to Alert Level 1. As at 1 July, the App has 586,000 registered users. Almost 76,000 QR code posters have been printed by 29,000 entities (some entities have more than one location). The rolling average for poster scans is 13,000 per day (down from highs of 50,000 per day) with an all-time total of almost 1.3 million scans. A marketing plan beginning in the week of 6 July will encourage businesses to display QR codes. Once there are more codes displayed, marketing will shift to encourage people to scan the codes.
34. The Ministry of Health continues to investigate additional technologies to support contact tracing and the wider response. This includes regular contact with other countries. Singapore is seeing very good outcomes from their app: a number of close contacts are now self-isolating before they are contacted by contact tracers. This makes the whole process much more effective as it reduces pre-symptomatic transmission. A number of European countries are now rolling out apps based on the exposure notification service developed by Apple and Google.
35. Cabinet will also shortly consider the outcomes of the next stage of testing of the 'COVID Card' – a Bluetooth wearable device that records close contacts between users. The Singaporean government has also announced the development of a Bluetooth device to complement its Bluetooth application.

Hygiene measures and Personal Protective Equipment

36. The most important and constant safety net measures to restrict transmission within the community remain good hygiene, staying home if sick, and effective use of personal protective equipment (PPE) when required. While much of this sits with the public, the

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Government will do what it can to help make it possible for the public and businesses to do their part.

37. PPE supplies are vital to combatting any resurgence. At current usage rates, New Zealand has a minimum of three months' stock of all COVID-19 PPE items. For most items, we have over six months' supply.
38. We are ensuring there are mask stocks in contingency in various places around the country, so that in the event of a local outbreak where masks are required, they can be rapidly deployed.
39. The Auditor-General has highlighted a number of gaps in the procurement, distribution and management of PPE stocks. The Ministry of Health is currently addressing the Auditor-General's recommendations as part of strengthening the systems and processes for the supply of PPE and improving preparedness for any future event. I propose that the Minister of Health report back to Cabinet with a progress update from the Ministry of Health. The national approach to PPE ensures prioritisation of stocks for District Health Boards (DHBs), publicly and privately-funded health services, non-health emergency services, and non-health essential workers.
40. In light of emerging evidence and changes to the World Health Organization recommendations on the use of masks, I propose that the Minister of Health report back to Cabinet on the potential use of reusable non-medical-grade masks in the wider community as part of a response to any resurgence in cases.
41. Sick leave plays an important part in helping employees who have COVID-19 to stay at home and protect the wider community. The Minister for Workplace Relations and Safety will be considering possible options for improving statutory leave entitlements as part of the broader work underway to improve the Holidays Act 2003 and will report to Cabinet by 31 July 2020.
42. The COVID-19 Leave Support Scheme provides financial support for eligible workers who have to self-isolate in accordance with Ministry of Health guidelines. The Minister of Finance, Minister for Social Development and Minister for Workplace Relations and Safety will report to Cabinet at the end of July 2020 on the future of the Leave Support Scheme [CBC-20-MIN-0047], including options on the incentives and ability for an individual to enter self-isolation or quarantine, as well as the overall public health effects. That report will also consider how leave entitlements support the public health objectives of addressing new cases within the community.
43. In order to reduce household transmission and reduce the risk of further transmission into the community, on 3 June 2020, the Cabinet Social Wellbeing Committee agreed to the establishment of managed isolation facilities for all cases, as well as close contacts, who are either unable to safely isolate or unwilling to do so [SWC-20-MIN-0062]. I propose that the Minister of Health report back to the Social Wellbeing Committee by 5 August 2020 on progress.
44. Beyond this, we need to continue to use the communication tools we have and engagement with stakeholders in the businesses and unions to support an enduring cultural shift towards people staying home when sick. The work described above will include exploring options for a communications campaign to promote the use of sick leave and other flexible working arrangements when people need to stay away from the workplace.

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New cases are a realistic possibility

45. We now have among the strictest border measures in the world and we are continuing to improve our protection. But even the strictest protections cannot guarantee that no cases will get through the border. Possible risks include:
- a. a breakdown in infection prevention and control that leads to a worker in a managed facility becoming infected;
 - b. a managed isolation or quarantine breach (where a guest leaves a facility without permission);
 - c. those exempted from managed isolation, including air or maritime crew and diplomats; and
 - d. a case with a very long incubation period (longer than 14 days).
46. Even with strict and effective border management, such as the case in Taiwan, the nature of the virus means that there will always be risk of undetected spread, and through that, new cases in the community.
47. Appendix 2 contains a case study on recent experience in the Australian State of Victoria where there have been several outbreaks in recent weeks. The Victorian experience (along with many other countries) highlights the difficulty of getting an outbreak under control quickly. Our approach, therefore, is to have multiple lines of defence – do all we can to stop it from coming in to the country, but if it does emerge here, to eliminate it and stop the spread.

A new outbreak will be different from our previous experience

48. If there are new cases of COVID-19 in the community, we can expect both the outbreak, and the response, to be different from what we have experienced to date.
49. When New Zealand began responding in earnest to the threat of COVID-19 in March, we had to act urgently. Since then, our understanding of COVID-19 has increased significantly, particularly regarding the dynamics of transmission in New Zealand.
50. We are also in a very different position compared to our last outbreak. For example, we no longer have a transient population of approximately 200,000 overseas tourists in the country. Our testing, tracing, isolation and border control measures are more robust and continue to improve, as discussed above.
51. If there are new cases in the community, it is likely to result from a single case or a smaller group related to a single case (rather than a series of imported cases in close succession all over the country, as was previously the case) and start in a single region. Nevertheless, there is the possibility of the outbreak spreading to multiple locations and communities. There are also elevated risks if we have an outbreak in a vulnerable or hard to reach community. The location of our managed isolation facilities (predominantly Auckland) and demographics of both the guests and workers make this a possibility.
52. In the event of new cases, our objective must be to control the virus at lower cost and disruption than previously. This paper sets out the tools the Government will look to rely on if new cases in the community emerge.

Principles for responding to new cases in the community

53. As discussed above, there are significant increases in cases globally, with forecasts showing the disease will be a threat for the foreseeable future. Therefore, our preparedness as a nation will need to match that. We will need an approach that continues to deliver on our strategy of elimination, while responding to a changing domestic and international context in a way that is most effective, and provides the best outcomes for New Zealanders.
54. I am therefore recommending that Cabinet agree to the following principles to guide our response to new locally transmitted cases outside of border facilities, should they emerge:
- a. ongoing elimination (i.e. zero tolerance for cases as they emerge) will remain our strategy on the basis that it supports our continued recovery;
 - b. a continued focus on strengthening our public health measures across Alert Levels of public health messaging, personal hygiene, testing, contact tracing, and isolation will be the core of our response and our primary safety net. Local public health responses will be based on the national COVID-19 Cluster Investigation and Control Guidelines and follow other national clinical guidance as appropriate;
 - c. where these public health measures are insufficient (as determined by Ministers based on advice from the Director-General of Health and with regard to the eight factors that must be considered for a change in Alert Levels), we will seek to control COVID-19 by still going hard and early, but with surgical interventions and tailored local responses that give us confidence that we will continue to deliver on our strategy of elimination – this could include applying Alert Level controls regionally or locally or even to specific buildings or facilities;
 - d. in particular, we will only look to move to Alert Levels 3 or 4 as a measure of last resort, confining action around a case or cluster wherever possible; and
 - e. for all measures, whether local or national, we will maintain national-level visibility and leadership, led by Cabinet. This will ensure adequate national-level support and resourcing, continued confidence in our response, and the ability for central Government to take action where appropriate.
55. These principles reflect the situation as it currently is. As we have seen over the past six months, the situation has evolved rapidly. There are no guarantees. However, these principles represent the ambition of the Government and the best advice we currently have. We will continue to adapt as the situation evolves, constantly reassessing our position.
56. The remainder of this papers discusses some implications of these principles for what our response will look like in practice.

Delivering on the principles

New case scenarios

57. The 'Stamp it out' plan for responding to new cases includes several scenarios that illustrate how the principles in paragraph 52 would be applied and their impacts on individuals, businesses, and other organisations such as schools. The scenarios (and a brief description) are:

- a. **Contained cluster within a community** – such as small number of cases at an aged residential care facility. In this scenario, the response would likely be delivered primarily by the local PHU and DHB (supported by the Ministry of Health), and focused on rapid contact tracing and isolation, and scaled up and targeted testing. Very targeted measures such as shutting down, or restricting access to specific premises, would likely be applied. Local controls such as physical distancing or limits on gatherings in the area could also be part of the response if testing results indicate a need to take extra steps. We would likely remain at Alert Level 1 nationally.
- b. **A large cluster within a region** – such as a case infecting several individuals at a social event at a café, spreading throughout a region. A significant increase in testing would be the priority. In addition, a regional Alert Level of 2 or 3 is likely to be required. We may remain at Alert Level 1 nationally, depending on the evidence of risk of spread outside the region. The AoG Response Group would begin steps to scale to a national level response if required.
- c. **Multiple clusters, spread nationally – such as** two cases emerging at a similar time, with both attending large events with visitors from across the country (such as a sporting event and a concert), and multiple new clusters emerging in different parts of the country as a result. Under this scenario, we anticipate a national increase in Alert Level. We would scale logistical and planning support for national, regional and local operations and delivery.

Delivering an appropriate and proportionate response with national leadership

58. In our response in the first half of this year, the widespread nature of the outbreak meant that there was continual risk of undetected spread throughout the country, making a local or regional response less practical. Accordingly, we developed the Alert Level framework and applied it nationally. However, it was always intended that this framework could be applied locally or nationally if appropriate and there is some understanding of this amongst the public.
59. As the above scenarios demonstrate, due to the increased likelihood of any new cases resulting from a single breach of the border, and with only an initial local outbreak, there will be a much stronger case for tailored local action. Significant national controls in response to what is understood to be a local outbreak may be disproportionately costly and would risk eroding public support. Given this, applying nationwide controls is likely to be needed only where it is clear that a local or regional action is not sufficient.
60. Although our response may focus on actions in only a part of the country, given the nature of the risks we face, there is no such thing as a purely local issue when it comes to COVID-19. As the principles indicate, even where our actions are local or regional, national leadership will be required. Under the three scenarios above, and as previously, Cabinet and Ministers will set the strategic direction for our response, informed by advice on the public health risk from the Director-General of Health, as well as advice on other broader factors such as economic and social impacts. This will include decisions regarding Alert Levels at a national level, but also providing strategic direction for local responses.
61. In making the judgement as to whether a primarily local or national response is appropriate, Cabinet will in particular consider advice from the Director-General of Health on the degree of confidence that the spread remains geographically constrained. If there is a need to take nationally-led action in response to a case, then ideally Ministers should be making decisions on a response within 48 hours of a case investigation being completed. While we should not implement controls wider than necessary, we need to

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remember how quickly the virus can spread, and the lags that can occur between that spread and confirmation of cases.

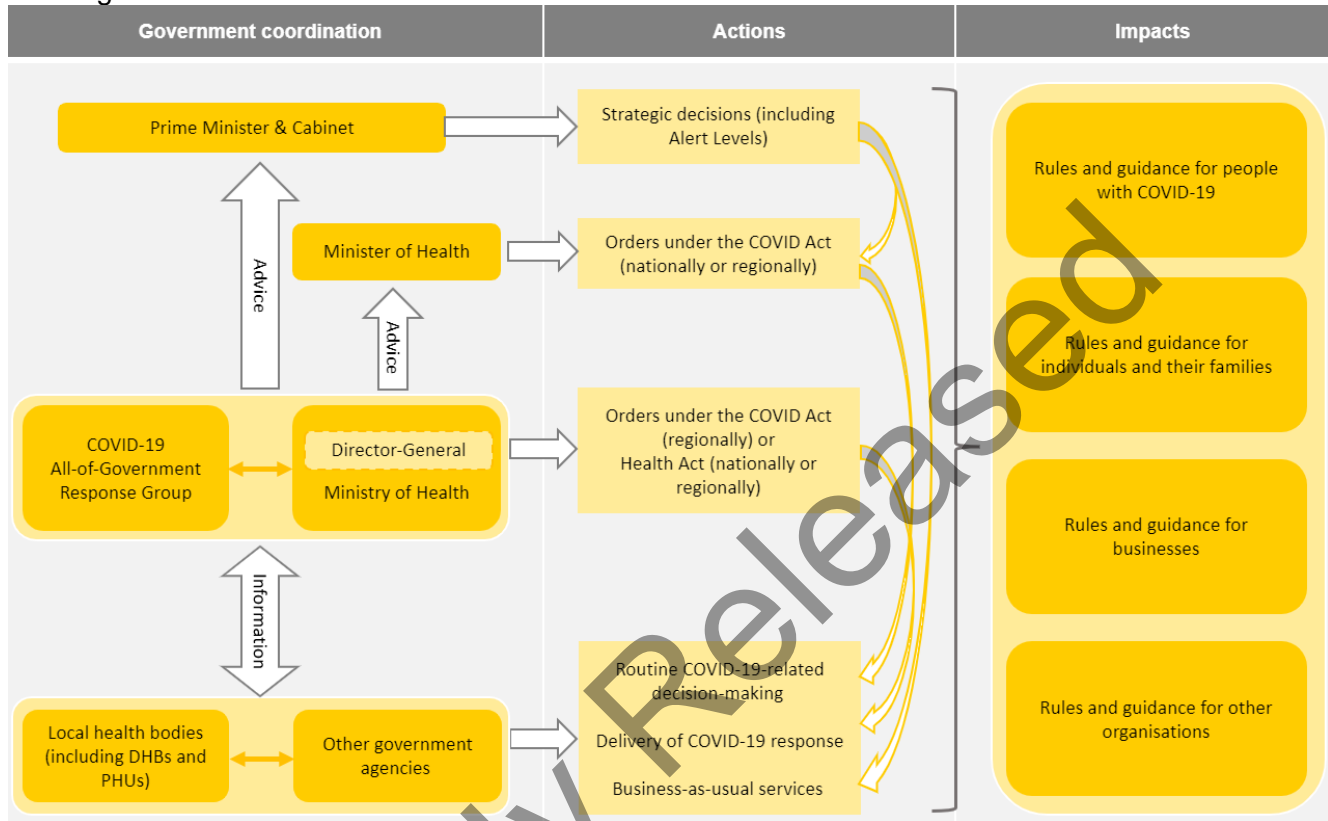
62. Where Cabinet decides that controls such as those applied under Alert Levels 2 to 4 are required at a local level, the Minister of Health may subsequently make an Order under the COVID-19 Public Health Response Act (COVID Act), having regard to Cabinet's strategic direction and advice from the Director-General of Health. The COVID Act was designed specifically to provide a flexible range of tools to respond to outbreaks of COVID-19, so it makes sense for this Act to be the primary mechanism for implementing controls in future.
63. In general, these controls will be those found in the Alert Level framework and will be familiar to the public and businesses, even if only applied locally, and are thus reasonably straightforward to implement. As previously, public announcements would be made, with lead-time given where possible. Depending on the nature of the specific outbreak and advice from officials regarding the appropriate communications strategy, these controls could be 'branded' as formal Alert Level shifts within a local area, or treated as controls that sit outside of the Alert Level system.
64. The main precondition for effectively implementing regional controls is having the ability to control movement between regions. Previous planning by officials has confirmed that such controls are workable, provided that they only need to be implemented in a relatively small number of regions at any one time, that officials have sufficient warning to implement controls (ideally at least 72 hours, but at shorter notice if need be), and that essential movement between regions (including all freight) is able to continue. This would be implemented through a combination of public information, electronic road signage, and physical control points – both 'soft' (i.e. Police checkpoints) and 'hard' (i.e. roadblocks operated by the New Zealand Defence Force) if needed.

Urgent local responses

65. The national nature of this challenge will require a national response, but urgent local action will be required in some cases. I anticipate that urgent targeted measures, such as shutting down a particular school or workplace, will in some cases may be made by the Director-General of Health or a local Medical Officer of Health using their authority under the Health Act 1956.
66. Similarly, DHBs, PHUs and other local bodies (such as local Civil Defence Emergency Management Groups) are expected to continue to take routine COVID-19 response decisions – such as treatment of cases, operation and scaling up of testing centres as needed, delivery of contact tracing, and provision of emergency support – while working closely with the Ministry of Health, but with no expectation that central approval is required for rapid operational response. Nevertheless, I expect information on that response to come quickly to Cabinet as we rapidly shift to a nationally-led response.
67. I note that in line with this direction the Civil Defence and Emergency Management Act has been amended to require the approval of the Minister of Civil Defence for any declaration of a state of local emergency related to COVID-19 matters (while a national emergency remains in effect). This is to ensure that a nationally consistent approach continues to be taken to COVID-19.

Roles and responsibilities

68. The key flows of information, actions, and decision-making responsibility are outlined in the diagram below.



Alert Level Settings

69. The principles and direction set out in this paper may have implications for some our Alert Level settings. I will report back to Cabinet on any changes to Alert Level settings, including adjusted risk assessments to inform moving between levels.

Ministerial Group with Power to Act

70. During the previous outbreak, Cabinet established the COVID-19 Ministerial Group and gave it Power to Act to take decisions on the government response to COVID-19. The Group met daily in the early days of the crisis, but has not met recently. I propose that in the event of new cases in the community, the group would likely begin meeting again, and taking action on the basis of the existing delegations, which remain in force. Any significant strategic decisions, such as those relating to national Alert Level changes, would be considered by the full Cabinet.

Financial Implications

71. This paper has no direct financial implications.

Legislative Implications

72. This paper has no direct legislative implications.

Impact Analysis

73. The impact analysis requirements do not apply to this paper.

Population Implications

74. A resurgence of COVID-19 and the response to it is likely to have a disproportionate impact on priority communities. The preparations required by this paper will assist in minimising those impacts. New Zealand was fortunate that in the previous outbreak COVID-19 did not establish a foothold in vulnerable communities, such as low-income communities where people may live in more crowded houses, with greater levels of pre-existing conditions. This risk factor will need to be carefully considered and mitigated against, should there be a resurgence.

75. 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.

76. Māori are vulnerable to COVID-19 as they have higher rates of co-morbidities due to pre-existing health inequalities. Māori have been 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. The model of care seeks to ensure:

- a. that community, mobile and primary care based testing is available;
- b. whānau, hapū, iwi and Māori communities and government services (e.g. Health, Education, Social Development and Te Puni Kōkiri) are partners in the design, development, delivery and monitoring of contact tracing to improve tracing efficiency;
- c. that they are partners in providing support to Māori in isolation or quarantine to minimise any adverse health and economic effects; and
- d. that there is tailored public messaging for Māori that meets regional and local needs, as required.

The model of care is included in the COVID-19 Māori Health Response Plan.

77. Pacific communities are particularly vulnerable due to a range of factors, including a higher prevalence of long-term conditions and diseases, access barriers (including financial) to quality health care and social services. Further living circumstances, such as low phone or internet coverage and household overcrowding, can 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.

78. Pacific representatives should be integrated into every level of the national response structure to anticipate needs, identify gaps and make concrete suggestions about the extra care required. Moreover, close coordination across the social and health sector will

be critical, as COVID-19 is likely to exacerbate underlying unmet complex needs among Pacific families.

79. 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.

Human Rights

80. This paper has no direct human rights implications. s9(2)(h)

[Redacted text block]

Consultation

81. This paper was prepared by the COVID-19 All-of-Government Response Group. The following agencies were consulted: Ministry of Transport, Department of Corrections, Te Puni Kōkiri, Department of Conservation, Te Arawhiti, the Treasury, Department of Internal Affairs, Ministry for Primary Industries, New Zealand Customs Service, Ministry of Justice, Crown Law Office, New Zealand Police, Ministry for Pacific Peoples, Ministry of Health, Ministry of Social Development, Department of Prime Minister and Cabinet, Ministry of Housing and Urban Development, Ministry of Education, Ministry of Foreign Affairs and Trade, Oranga Tamariki, Ministry of Defence, Ministry of Business, Innovation and Employment, National Emergency Management Agency, WorkSafe New Zealand, Sport New Zealand, Ministry for Women and State Services Commission.

Treasury comment

82. There are likely to be ways of achieving similar effectiveness at lower economic and fiscal cost if controls are required again in future. Since this proposal is not to be implemented immediately, the Treasury recommends public consultation on a more detailed review of the alert level settings.
83. Testing potential thresholds for triggering different controls could improve compliance with any future controls, support people to plan for alternative ways of working and prepare businesses for shutdowns of uncertain duration. As a first step, targeted consultation could reveal evidence about risks posed by different activities and inform options about targeting or phasing containment measures.
84. In line with the Cabinet decision to reinstate Impact Analysis requirements from 1 July, a Supplementary Analysis Report, informed by international experience of the effectiveness of alternative public health measures, is recommended.

Communications

85. The COVID-19 All-of-Government Response Group has developed a draft communications and marketing plan to support the public release of the 'Stamp it out' plan for responding to new cases in the community. The intent is to:

IN CONFIDENCE

- a. provide some assurance and certainty to the public and businesses as to how the Government will respond to a resurgence of COVID-19;
 - b. emphasise that we will seek to control an outbreak at a local level with the least intrusive measures over the smallest area possible, and avoid going to national Alert Levels 3 or 4 if possible; and
 - c. emphasise that the public and businesses continue to have a major role to play in the fight against COVID-19 – the team of 5 million’s job is not over.
86. In the event of new cases in the community, effective and detailed communication is essential to maintain public trust and confidence in the response to COVID-19 and to enable New Zealanders to comply with any relevant measures.
87. The approach will build on the success of the Unite Against COVID-19 public information campaign that was delivered under Alert Levels 2 through 4, and that was received positively by the public. This would be coordinated centrally through the COVID-19 All-of-Government Response Group and implemented regionally and locally as appropriate. Messaging will focus on public health measures and actions, supplemented by signposting the social and economic support that is available.
88. Communications will be targeted at the affected area(s) and at high-risk, priority and community audiences including iwi, businesses, older people, vulnerable people and those least likely to comply (often males under 30).
89. Prior to the release of the ‘Stamp it out’ plan, officials will inform iwi (through the Iwi Chairs Forum) and business sector and trade union representatives.

Proactive Release

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

Recommendations

The Prime Minister recommends that Cabinet:

1. **note** that Cabinet directed All-of-Government officials to develop a plan for how to respond to a resurgence of cases of COVID-19, and to review settings under Alert Levels 2 to 4 [CAB-20-MIN-0240 refers];
2. **note** that the COVID-19 All-of-Government Response Group has developed a ‘Stamp it Out’ plan for responding to new cases of COVID-19 in the community. The plan outlines the principles, objectives and key pillars of a response, a range of potential scenarios, and some of the actions that would be taken to stop the spread of COVID-19 in the community;
3. **approve** the contents of the attached plan for public release;
4. **delegate** authority to the Prime Minister to approve minor changes to the plan prior to public release;
5. **note** that if in response to feedback from the public, and informed by targeted engagement with businesses, unions and iwi/Māori, substantive changes are proposed to the plan, the Prime Minister will bring it back to Cabinet for approval;

IN CONFIDENCE

6. **note** that significant progress continues to be made by the Government on strengthening our border, surveillance, testing, contact tracing and isolation systems;
7. **invite** the Minister of Health to report back to Cabinet by 20 July with a progress update from the Ministry of Health on addressing the Auditor-General's recommendations on procurement, distribution and management of PPE stocks.
8. **invite** the Minister of Health to report back to the Cabinet Social Wellbeing Committee by 6 August on the potential use of reusable non-medical-grade masks in the wider community as part of a response to any resurgence in cases;
9. **invite** the Minister for Workplace Relations and Safety to report back to Cabinet by 31 July 2020 on non-statutory measures that can be taken to ensure that no one is working while ill;
10. **note** the Minister of Finance, Minister for Social Development and Minister for Workplace Relations and Safety will report to Cabinet at the end of July 2020 on the future of the Leave Support Scheme [CBC-20-MIN-0047], including options on the incentives and ability for an individual to enter self-isolation or quarantine, as well as the overall public health effects. That report will also consider how leave entitlements support the public health objectives of addressing new cases within the community;
11. **note** that on 3 June 2020, the Cabinet Social Wellbeing Committee agreed to the establishment of managed isolation facilities for all cases, as well as close contacts, who are either unable to safely isolate or unwilling to do so [SWC-20-MIN-0062]
12. **invite** the Minister of Health to report back to the Cabinet Social Wellbeing by 6 August on progress in establishing these facilities referred to in recommendation 11;
13. **note** that any new outbreak is likely to be significantly different from our previous experience, due to it likely resulting from a single case of importation, and our improved public health response;
14. **note** that there is likely to be a stronger case for local or regional actions than was the case during the previous outbreak, but this will need to be underpinned by national leadership and support;
15. **invite** the Prime Minister to report back to Cabinet on any changes to Alert Level settings including updated risk assessments;
16. **agree** that in the event of new cases beyond the border, the COVID-19 Group of Ministers with Power to Act would begin meeting again, and take action on the basis of the existing delegations, which remain in force;
17. **agree** that the following principles apply to the Government's response to new cases:
 - a. ongoing elimination will remain our strategy on the basis that it supports our continued recovery;
 - b. our public health measures across Alert Levels of public health messaging, personal hygiene, testing, contact tracing, and isolation will be the core of our response and our primary safety net;

IN CONFIDENCE

- c. where these public health measures are insufficient, we will seek to control COVID-19 with the least intrusive measures, including tailored local responses, that give us confidence that we will continue to deliver on our strategy of elimination;
 - d. we will seek to avoid going to national Alert Levels 3 or 4 if possible, although we will do so if necessary; and
 - e. for all measures, whether local or national, we will maintain national-level visibility and leadership, led by Cabinet;
18. **note** that, given the speed at which COVID-19 spreads and the lag between spread and confirmation of cases, if there is a need to take nationally-led action in response to a case, then ideally Ministers should be making decisions on a response within 48 hours of a case investigation being completed.

Authorised for lodgement

Rt Hon Jacinda Ardern
Prime Minister

Proactively Released

Appendix 1 – Draft plan to respond to new COVID-19 cases in the community

Proactively Released

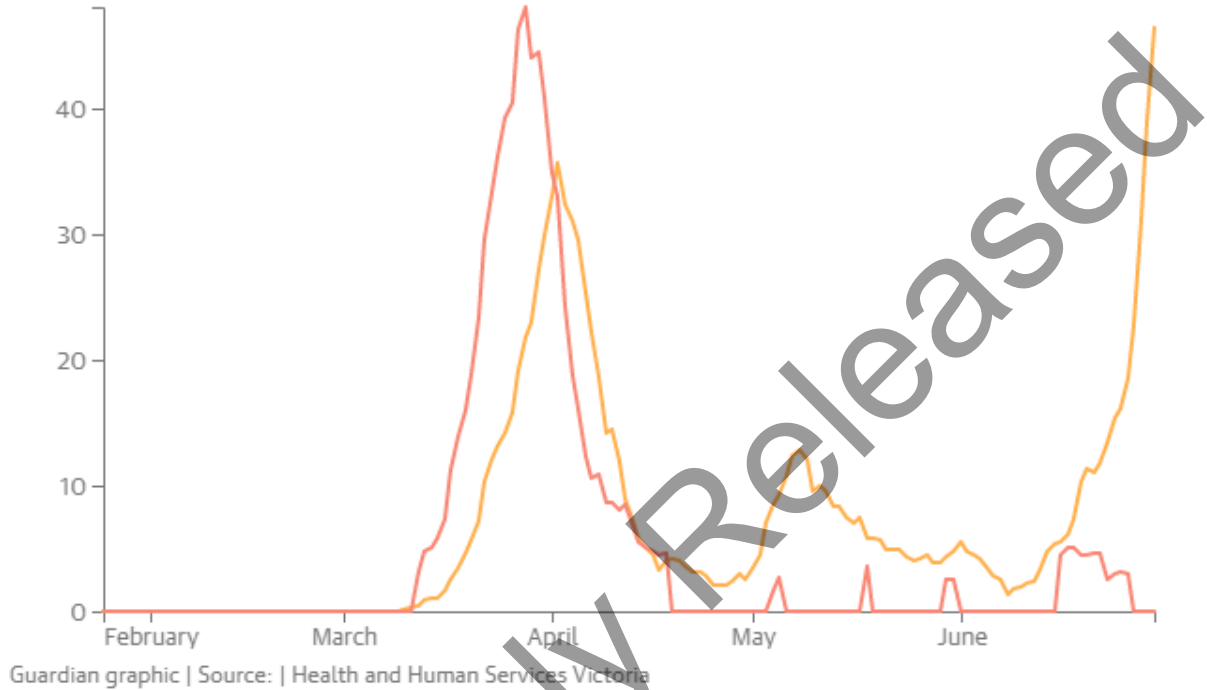
Appendix 2 – Victoria case study

1. The Australian state of Victoria had been on a reasonably strong downward case trajectory in late April but had a large cluster break out in a meat works at the start of May. This was largely brought under control and the state progressively eased restrictions. On 25 May, the state shifted towards a version of our Level 2 restrictions with a general maximum gathering size of 20 people. Since then, there have been a number of extended family clusters. These seem to have been the result of large family gatherings, affecting several households in the same family. In some cases, people visited each other despite waiting for test results or experiencing symptoms. Genomic evidence shows that most of these cases can be linked to breaches of infection in quarantine hotels. There are breaches from at least two different quarantine hotels.
2. The state has suspended new arrivals from overseas with flights being diverted to other cities for the next two weeks. An inquiry has commenced into the operation of the hotel quarantine programme. The inquiry, led by a former judge, will report in eight to ten weeks. There is reporting of: hotels being staffed by under-trained private security guards; shortages (or perceived shortages) of PPE; a lack of cleaning protocols; and that COVID-19 positive cases were quarantined in the same facilities as those who were undertaking isolation.
3. Some of the clusters are in migrant communities with higher household size (and possibly over-crowded housing) and relatively low levels of health literacy and engagement with health messaging. The Victorian government has been accused of failing to engage with culturally and linguistically diverse communities. The outbreak also illustrates some of the challenges and difficulties of controlling outbreaks in vulnerable communities.
4. On 21 June, restrictions were tightened across the state. The gathering size was restricted with a maximum of 10 people in a group (and no more than 20 in any venue). On 25 June, the state announced a 10 day testing blitz across the most affected suburbs. The army has been door-knocking every household in those suburbs and encouraging residents to get tested (whether symptomatic or not) at mobile testing stations. On 1 July, the Premier announced that people in 36 suburbs across 10 postcodes would be locked down, returning to Stage 3 Stay at Home restrictions. These are similar to New Zealand's Level 3 restrictions.
5. Case numbers are high, with 75 new cases reported on 30 June and 73 cases on 1 July. A breakdown of average daily case numbers is set out in the graph below.

Trend in local and overseas-related transmission of Covid-19 in Victoria

Showing the 7 day rolling average of locally and overseas-acquired cases, with those under investigation added to the local category. Last updated 2020-07-01

● Local and under investigation, 7 day average ● Overseas, 7 day average



Proactively Released

Appendix 3 – Details of Testing Strategy

1. Under the Testing Strategy for COVID-19 testing will focus on:
 - a. anyone presenting with symptoms consistent with COVID-19, including all those who meet the high-risk classification and a proportion of other symptomatic people to ensure sufficient testing for surveillance purposes;
 - b. close contacts of any confirmed or probable cases;
 - c. close contacts of any known cases, including those that are asymptomatic;
 - d. appropriate repeat testing, for example when the first test for a contact is negative but they subsequently develop symptoms;
 - e. individuals arriving at the border and those who work at the border – this will include testing all people who arrive into New Zealand in managed isolation or quarantine facilities, at least twice during their stay (on or around day 3 and day 12);
 - f. people exempted from completing the full period of managed quarantine on compassionate grounds, prior to exiting the isolation facility;
 - g. proactive surveillance testing (including asymptomatic testing) and regular health checks of all border facing workers (for example air crew, customs, biosecurity and aviation security staff, frontline staff at ports), and managed facilities staff, with testing of those with any symptoms consistent with COVID19; and
 - h. any symptomatic maritime crew (who must be immediately tested) – the mechanisms for this are related to the declarations made at the border.
2. Testing guidance may be expanded following analysis of data from surveillance of influenza-like and respiratory illnesses presenting to healthcare services (such as general practice, Healthline calls and Māori health services).
3. DHBs will be required to take specific actions to increase access to testing in population groups if there is significant variation to the national average in a DHB region or within population groups.
4. In addition to the above, the testing strategy will be supplemented by the use of genome sequencing in certain circumstances; and appropriate surge capacity will be in place to manage any potential future outbreaks.

Stamp it out: Our plan to respond to new COVID-19 cases in the community

July 2020

Introduction

- New Zealand is pursuing an elimination strategy for COVID-19 and we have made remarkable progress
- We went hard and early and have not had any locally transmitted cases since mid-May
- But this required a significant sacrifice by our team of 5 million
- The global pandemic is growing with over 170,000 new cases per day and, as New Zealanders return home, we can expect to have new cases entering New Zealand
- Our strict border controls and managed insolation and quarantine system provide our main line of defence to stop new cases entering the country
- However, we cannot rule out new cases making it past these controls
- In the event new cases of COVID-19 emerge in the community, this plan sets out how we will deal with them

- This document explains:
 - where we are now
 - the objectives and principles underpinning a response
 - the four pillars of our ongoing fight against to COVID-19
 - the basis for any decision to move up Alert Levels
 - key features of Alert Levels 2, 3 and 4
 - the proposed response to different scenarios (local, regional or national spread)
 - the different levels of decision making in a response to an outbreak

The COVID-19 situation in New Zealand and globally has changed dramatically from late March

- Our understanding of COVID-19 transmission and controls has increased significantly
- Our testing, tracing, isolation and border control measures are now more robust
- We have a national response structure in place and it is ready to be rapidly reactivated
- Meanwhile, daily new cases in the rest of the world are rapidly increasing to new highs, and we are seeing a greater flow of New Zealanders returning from countries with large outbreaks
- Even with the strongest border controls, the nature of the virus means an undetected case remains a possibility. This is a risk that we need to be ready for, and the risk is increasing as the situation worsens overseas
- However, if there is a new outbreak in the community in New Zealand, it is likely to result from a single imported case (rather than a series of imported cases all over the country, like last time) and start in a single place. There is still a risk that it would spread more widely
- Given that we expect only an initial local outbreak, there will be a greater emphasis on local and regional action
- In addition to the local cluster management activities such as targeted testing that we used before, we may also use local or regional controls (including local changes to Alert Levels)
- We have developed the legislative tools and capability to implement controls at a local or regional level if needed.

Any response will be underpinned by a set of objectives and principles

If there are new cases of COVID-19 beyond the border, our response will have three key objectives:

- **Objective 1:** Minimise the number of people infected with and potentially exposed to COVID-19
- **Objective 2:** Minimise the negative health outcomes for those infected with COVID-19
- **Objective 3:** Minimise the economic and social impacts of any control measures

Our response will be based on Cabinet's principles:

- **Principle 1:** Continue to pursue an elimination strategy for COVID-19. This means a sustained approach of keeping it out, finding it, and stamping it out
- **Principle 2:** The core of our response will be personal hygiene, staying home when sick, testing, contact tracing, and isolation
- **Principle 3:** Where this is insufficient, we will seek to control COVID-19 with the least intrusive measures, including tailored local responses, that give us confidence that we will continue to deliver on our strategy of elimination
- **Principle 4:** We will seek to avoid going to Alert Levels 3 or 4 if possible, although we will do so if necessary
- **Principle 5:** There will be strong national oversight over any response, regardless of whether the response is local or national in scale. This will ensure adequate national-level support and resourcing, continued confidence in our response, and the ability for the government to take appropriate action

Our approach to reducing the chance of a new outbreak is based on four pillars

Border controls

- We have strong restrictions on who can enter New Zealand – mostly only New Zealand citizens, permanent residents, and their families.
- There is mandatory 14-day managed isolation or quarantine – along with health screening and testing – for all arrivals.
- We will only loosen our border restrictions if we are confident that we can do so safely.

Surveillance and testing

- We have a testing and surveillance strategy to maximise our chances of quickly detecting any COVID-19 in the community.
- The aim is to enable treatment and prevent transmission, identify and minimise any undetected community transmission, monitor high-risk communities, and ensure equitable access to treatment for all groups.
- The focus for testing is to test those who have symptoms, are close contacts of cases, or work at the border; and to monitor trends and test asymptomatic people if required.

Contact tracing

- If new cases are discovered through testing, contact tracing is critical to identifying contacts of a person with COVID-19 to prevent further transmission.
- Local Public Health Units undertake contact tracing, supported by the Ministry of Health. We now have a high level of capacity to undertake contact tracing.
- The NZ COVID Tracer App enables people to record where they have been, and can notify people who have been in the same place as someone with COVID-19, which will speed up contact tracing in the event of new cases.

Hygiene measures

- People continue to be advised to wash and dry their hands, cough into their elbow, stay home if they are sick and report flu-like symptoms.
- We have good stocks of personal protective equipment for those who need it.
- Eliminating COVID-19 requires the ongoing efforts of the public alongside businesses and other organisations – the team of 5 million's job is not done.

Any change in Alert Level would be guided by a number of factors

A key part of our plan for dealing with new cases in the community is being as clear as possible about the conditions under which we would move up Alert Levels.

While our response to new cases will depend on the specific circumstances, decisions about whether to change Alert Levels will be guided by eight specific factors:

Four public health factors:

- trends in the transmission of the virus, including the Director General of Health's 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

Four wider factors:

- 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
- Government's ability to operationalise the restrictions, including satisfactory implementation planning

The table below describes the state of the virus that we would expect to see at each Alert Level. This is tied to the first of the public health factors listed on the left of this page.

These are not firm triggers that determine when we change Alert Levels– all of the factors outlined on the left are taken into consideration for those decisions– but they signal the general situation that might lead to a change in Alert Level.

| Alert Level | Proposed risk assessment |
|-------------|--|
| Level 4 | <ul style="list-style-type: none"> • Community transmission is occurring • Widespread outbreaks and new clusters |
| Level 3 | <ul style="list-style-type: none"> • Community transmission might be happening • New clusters may emerge and can be controlled through testing and tracing |
| Level 2 | <ul style="list-style-type: none"> • Household transmission could be occurring • Single or isolated cluster outbreaks |
| Level 1 | <ul style="list-style-type: none"> • COVID-19 is uncontrolled overseas • Isolated household transmission could be occurring in New Zealand |

Our Alert Level settings remain largely unchanged

New Zealand's Alert Level System specifies measures to be taken against COVID-19 at each Alert Level. The system helps people understand the current level of risk and the restrictions that must be followed.

If we need to move back up Alert Levels, our settings will be similar to how they were previously. We have made some small changes to enable more economic activity, without materially increasing the public health risk, if we have to move back up in Alert Levels.

Our broad settings for Alert Levels 2 to 4 are outlined below – more information is available at [COVID19.govt.nz](https://www.covid19.govt.nz) and detailed information – including any further changes to our settings at each Alert Level – will be provided in advance of any change in Alert Level.

Alert Level 2 – Reduce

- People can connect with friends and family, go shopping or travel domestically.
- Physical distancing of 2 metres from people in public and retail, 1 metre in controlled environments like workplaces unless mitigating measures in place.
- QR codes must be displayed, and record keeping for contact tracing required at most businesses and services (except retail).
- No more than 100 people at gatherings, including weddings, birthdays, funerals and tangihanga.
- Businesses can open to the public. Alternative ways of working are encouraged.
- Hospitality businesses must keep groups of customers separated, seated and served by a single person.
- Sport and recreation activities are allowed.
- Public venues can open.
- 100 person limit per defined space in event facilities and hospitality venues.
- Health and disability care services operate as normally as possible.
- It is safe to send children to schools, early learning services and tertiary education.

Alert Level 3 – Restrict

- People instructed to stay home in their bubble other than for essential personal movement.
- Physical distancing of 2 metres outside home, or 1 metre in controlled environments like schools and workplaces unless mitigating measures in place.
- People can have an expand household bubble to connect with close family/whānau, or include caregivers or support isolated people.
- Schools between years 1 to 10 and Early Childhood Education centres can open but children should learn at home if possible.
- Tertiary Education Orgs can operate limited classes where these cannot be taught online, with appropriate control measures in place.
- People must work from home if possible.
- Businesses can open premises, but cannot physically interact with customers.
- Low-risk local recreation activities are allowed.
- Public venues are closed.
- Gatherings of up to 10 people are allowed but only for wedding services, funerals and tangihanga.
- Healthcare services use virtual, non-contact consultations where possible.
- Inter-regional travel is highly limited.

Alert Level 4 – Lockdown

- People instructed to stay at home in their household bubble other than for essential personal movement.
- Safe recreational activity is allowed in the local area.
- Travel is severely limited.
- All gatherings cancelled and all public venues closed.
- Businesses closed except for essential services, such as supermarkets, pharmacies, clinics, petrol stations and lifeline utilities.
- s9(2)(f)(iv)
- Educational facilities closed.
- Rationing of supplies and requisitioning of facilities possible.
- Reprioritisation of healthcare services.

We have developed three possible scenarios involving new cases

Despite our strong border controls, we still cannot guarantee that no cases will get through. New cases could enter the community through:

- Someone exempt (or partially exempt) from managed isolation (such as air or maritime crew or diplomats)
- A managed isolation or quarantine breach (where a guest leaves a facility without permission)
- A breakdown in infection prevention and control that leads to a worker in a managed facility becoming infected
- A case with a very long incubation period (longer than 14 days)

We have developed three scenarios about what happens once the case enters the community:

Scenario 1: Contained cluster within a community – Example: Aged residential care facility

A case visits a relative in an aged residential care facility who goes on to infect a nurse, a carer and eight residents. Over two weeks this triggers a small, localised cluster of ten cases

Scenario 2: Large cluster within a region – Example: Café

A case goes to a social event at a local café and subsequently infects several attendees. Over three weeks this triggers twenty to thirty cases across two or three towns within a region

Scenario 3: Multiple clusters, spread nationally – Example: large sporting event and concert

Two cases emerge at a similar time, with both attending large events with visitors from across the country (such as a sporting event and a concert). Each case infects a large number of people, who subsequently return home across New Zealand. Over two weeks this triggers outbreaks across the country, with several locations reporting confirmed community transmission.

For each scenario, the next pages set out:

- The sorts of response that would be triggered
- The actions that will be taken within the health system, locally, and nationally
- The role of public communications
- What community leaders, businesses, education providers, and people and families can do in response

Scenarios 1 & 2: local and regionally contained outbreaks

Scenario 1: Contained cluster within a community - Aged residential care facility

- A case visits a relative in an aged residential care facility who goes on to infect a nurse, a carer and eight residents. Over two weeks this triggers a small, localised cluster of ten cases
- New Zealand will likely remain in Alert Level 1. The response will be local with national support
- The Prime Minister and Cabinet will provide national oversight and strategic decision-making
- Government agencies will implement Ministerial orders under the Health Act and/or the COVID-19 Public Health Response Act, if necessary, and also provide operational support and guidance to iwi, business, schools, communities and the public to support the local response

Scenario 2: Large cluster within a region - Café

- A case goes to a social event at a local café and subsequently infects several attendees. Over three weeks this triggers twenty to thirty cases across two or three towns within a region
- New Zealand will likely remain in Alert Level 1, unless there is evidence of risk of spread outside the region
- National decision-making and the scalable response will be similar to in Scenario 1, but there may well be more controls implemented at the regional level, including potential regional or local Alert Levels of 2 or 3

Health response

The Health response will be led by Ministry of Health in conjunction with the local Public Health Unit, District Health Board, and NGOs. Their active management of the outbreak will include:

- Testing of cases and close contacts
- Contact tracing to determine source of outbreak and prevent ongoing transmission
- Provision of appropriate care to cases
- Implementation of the appropriate Alert Level of the Ministry of Health COVID-19 National Hospital Response Framework and the Community Response Framework

Local response

In addition to the health response described above, there could be use of targeted measures such as:

- Shutting down or restricting access to specific premises
- Requirements for physical distancing, limits on gatherings, and record keeping in the affected area
- Declaration of a state of local emergency under the Civil Defence Emergency Management Act if needed, with potential for delivery of associated emergency support to affected communities

National response

The national response will include:

- Operational and logistical support to enable the local response
- Operational support for District Health Boards and Primary Health Units as required
- Providing the required legal mandate to support authorities' response at regional and local levels

Public communications

The focus for public communications will be:

- Delivering messages on actions that business, schools, communities and families must and can take
- Coordination of central communications with those provided by relevant local and regional bodies

What community leaders can do in response

Community leaders can:

- Ensure strong connections are in place with District Health Boards and Public Health Units to support their communications, orders and guidance
- Ensure that iwi, businesses, schools and community organisations communicate their needs and views to central and local decision-makers and operational responders
- Deploy local resources as appropriate e.g. volunteer networks to support the provision of emergency food packages
- Provide information to central government about operational and logistical issues as they arise

What business can do in response

Businesses can:

- Test their Business Continuity Plans
- Support branches or stores that could be subject to localised restrictions, if they are part of a nationwide business
- Continue to improve COVID-19 health and safety systems to respond to local outbreaks
- Respond quickly to local or national orders as they are communicated
- Increase staff and customer hygiene protection and supplies of PPE as appropriate
- Be ready to implement record keeping and QR code systems
- Be ready to implement physical distancing and barriers (e.g. Perspex dividers) in the workplace and with customers
- Support remote working where possible and necessary or desirable
- Be ready to shift to or expand online and home delivery sales

What education providers can do in response

Education providers can:

- Work with the Public Health Unit to support any affected early learning services or schools
- Be ready to implement the relevant guidance available on the Ministry of Education website

What people and families can do in response

- Comply with any local restrictions
- Follow the Golden Rules: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-general-public/protecting-yourself-and-others-covid-19>
- Monitor the COVID website: <https://covid19.govt.nz>

Scenarios 3: local outbreak, national spread

Scenario 3: Multiple clusters, spread nationally – large sporting event and concert

- Two cases emerge at a similar time, with both attending large events with visitors from across the country (such as a sporting event and a concert). Each case infects a large number of people, who subsequently return home across New Zealand. Over two weeks this triggers outbreaks across the country, with several locations reporting confirmed community transmission.
- In this scenario, an increase in Alert Level will be implemented, in line with the risk presented by the outbreaks
- The Prime Minister and Cabinet will provide national oversight and strategic decision-making, and depending on the risk level, take control of the response
- Government agencies will implement Ministerial orders under the Health Act and/or the COVID-19 Public Health Response Act, and also provide support and guidance to iwi, business, schools, communities and the public to support the response

Health response

In addition to the health responses outlined in scenarios 1 & 2:

- The National Level Cluster Coordination plan will be activated
- Testing and contact tracing will likely be scaled up, in line with the scale of the outbreak

National Response

In addition to the national responses implemented in scenarios 1 & 2, the following actions will take place:

- Likely implementation of Alert Level 2-4 controls across the country
- Continuous monitoring of the situations to consider changes to Alert Levels
- Scale logistical and planning support for national, regional and local operations and delivery
- Enforcement of Alert Level restrictions
- Potential declaration of a state of national emergency under the Civil Defence Emergency Management Act, with associated delivery of emergency support

Public communications

In addition to the public information management measures implemented in scenarios 1 & 2, there will be:

- A nationwide scale-up of All-of-Government messaging to outline rules and guidance, minimise confusion, and encourage safe behaviours
- Widespread engagement by individual government agencies with businesses and sectors to provide sector-specific guidance

What community leaders can do in response

Community leaders can:

- Support their community to remain resilient and connected and ensure that adherence to the national Alert Levels is prioritised
- Ensure strong connections are in place with District Health Boards and Public Health Units and central agencies as needed to support their communications, orders and guidance
- Ensure that iwi, businesses, schools and community organisations communicate their needs and views to central and local decision-makers and operational responders
- Deploy local resources as appropriate e.g. volunteer networks to support the provision of emergency food packages
- Provide information to central government about operational and logistical issues as they arise.

What business can do in response

Businesses can:

- Put their Business Continuity Plans into place
- Implement COVID-19 safety plans for Alert Levels 2-4
- Respond quickly to national orders as they are communicated
- Increase staff and customer hygiene protection and supplies of PPE as appropriate
- Implement record keeping and QR code systems, if required
- Implement physical distancing and barriers (e.g. Perspex dividers) in the workplace and with customers, if required
- Support remote working where possible
- Shift to or expand online and home delivery sales where possible

What education providers can do in response

Education providers can:

- Implement the relevant guidance available on the Ministry of Education website
- Provide support and resources to parents, teachers and students to enable home and online learning if needed and monitor the well being of students, teachers and parents

What people and families can do in response

- Comply with any Alert Level restrictions
- Follow the Golden Rules: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-general-public/protecting-yourself-and-others-covid-19>
- Monitor the COVID website: <https://covid19.govt.nz>
- Build a support network and stay in touch with friends and relatives

Leadership of the response

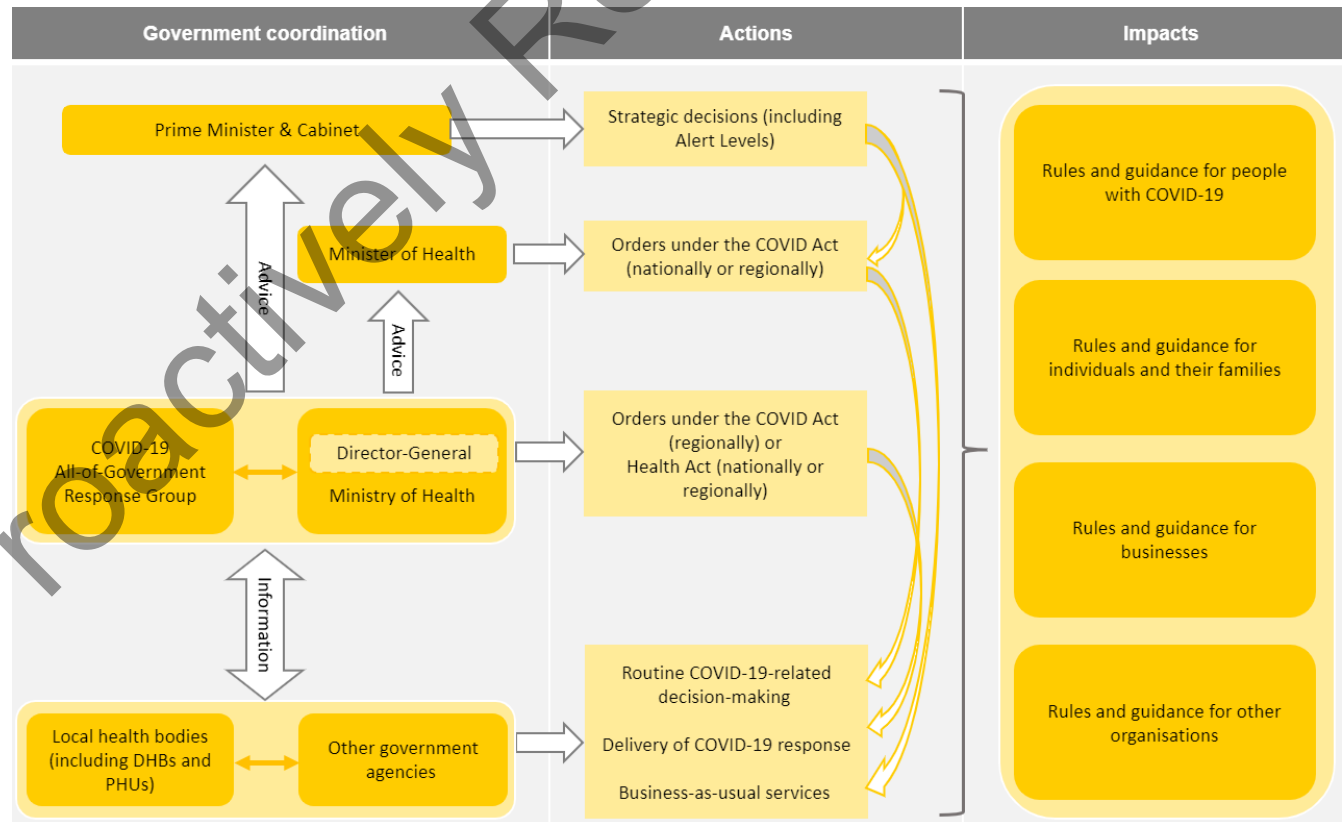
Our response to any new cases of COVID-19 will involve coordination between different local, regional, and national-level organisations. Some of our responses will only be local in nature. However, given the nature of the risks we face, there is no such thing as purely local issue when it comes to COVID-19: Even where our response only focuses on actions at a local or regional level, national leadership will be required.

In making the judgement as to whether a primarily local or national response is appropriate, Cabinet will in particular consider advice from the Director-General of Health on the degree of confidence that the spread remains geographically constrained.

Even if controls are only implemented locally, these controls will generally be the same as those found in the Alert Level framework and will be familiar to the public and businesses. Depending on the situation, these may be implemented as formal Alert Level shifts within a local area, or as targeted controls that sit outside of the Alert Level system.

Alongside national leadership, District Health Boards, Primary Health Units and other local bodies are expected to continue to take business-as-usual decisions regarding the management of local cases, supported by central leadership and guidance, but with no expectation that central approval is required for rapid responses.

The diagram to the right sets out the links between different levels of government, the different types of actions that can be taken, and the impacts these have on different people and organisations.





Cabinet

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.

Responding to New Cases of COVID-19 in the Community

Portfolio Prime Minister

On 6 July 2020, Cabinet:

- 1 **noted** that Cabinet directed All-of-Government officials to develop a plan for how to respond to a resurgence of cases of COVID-19, and to review settings under Alert Levels 2 to 4 [CAB-20-MIN-0240 refers];
- 2 **noted** that the COVID-19 All-of-Government Response Group has developed a ‘Stamp it Out’ plan for responding to new cases of COVID-19 in the community, which outlines the principles, objectives and key pillars of a response, a range of potential scenarios, and some of the actions that would be taken to stop the spread of COVID-19 in the community;
- 3 **approved** the contents of the plan attached to the submission under CAB-20-SUB-330 for public release, **subject to** any amendments agreed to by the Prime Minister;
- 4 **authorised** the Prime Minister to approve further amendments and minor changes to the plan prior to public release;
- 5 **noted** that if in response to feedback from the public, and informed by targeted engagement with businesses, unions and iwi/Māori, substantive changes are proposed to the plan, the Prime Minister will bring it back to Cabinet for approval;
- 6 **noted** that significant progress continues to be made by the government on strengthening our border, surveillance, testing, contact tracing and isolation systems;
- 7 **invited** the Minister of Health to report back to Cabinet by 20 July 2020 with a progress update from the Ministry of Health on addressing the Auditor-General’s recommendations on procurement, distribution and management of PPE stocks;
- 8 **invited** the Minister of Health to report back to the Cabinet Social Wellbeing Committee (SWC) by 6 August 2020 on the potential use of reusable non-medical-grade masks in the wider community as part of a response to any resurgence in cases;
- 9 **invited** the Minister for Workplace Relations and Safety to report back to Cabinet by 31 July 2020 on non-statutory measures that can be taken to ensure that no one is working while ill;

- 10 **noted** the Minister of Finance, Minister for Social Development and Minister for Workplace Relations and Safety will report to Cabinet at the end of July 2020 on the future of the Leave Support Scheme [CBC-20-MIN-0047], including options on the incentives and ability for an individual to enter self-isolation or quarantine, as well as the overall public health effects. This report will also consider how leave entitlements support the public health objectives of addressing new cases within the community;
- 11 **noted** that on 3 June 2020, SWC agreed to the establishment of managed isolation facilities for all cases, as well as close contacts, who are either unable to safely isolate or unwilling to do so [SWC-20-MIN-0062];
- 12 **invited** the Minister of Health to report back to SWC by 6 August 2020 on progress in establishing the facilities referred to in paragraph 11 above;
- 13 **noted** that any new outbreak is likely to be significantly different from our previous experience, due to it likely resulting from a single case of importation, and our improved public health response;
- 14 **noted** that there is likely to be a stronger case for local or regional actions than was the case during the previous outbreak, but this will need to be underpinned by national leadership and support;
- 15 **invited** the Prime Minister to report back to Cabinet on any changes to Alert Level settings including updated risk assessments;
- 16 **agreed** that in the event of new cases beyond the border, the COVID-19 Ministerial Group, with Power to Act, would begin meeting again, and take action on the basis of the existing delegations, which remain in force;
- 17 **agreed** that the following principles apply to the government's response to new cases:
- 17.1 ongoing elimination will remain our strategy on the basis that it supports our continued recovery;
 - 17.2 our public health measures across Alert Levels of public health messaging, personal hygiene, testing, contact tracing, and isolation will be the core of our response and our primary safety net;
 - 17.3 where these public health measures are insufficient, we will seek to control COVID-19 with the least intrusive measures, including tailored local responses, that give us confidence that we will continue to deliver on our strategy of elimination;
 - 17.4 we will seek to avoid going to national Alert Levels 3 or 4 if possible, although we will do so if necessary; and
 - 17.5 for all measures, whether local or national, we will maintain national-level visibility and leadership, led by Cabinet;
- 18 **noted** that, given the speed at which COVID-19 spreads and the lag between spread and confirmation of cases, if there is a need to take nationally-led action in response to a case, then ideally Ministers should be making decisions on a response within 48 hours of a case investigation being completed.

Michael Webster
Secretary of the Cabinet