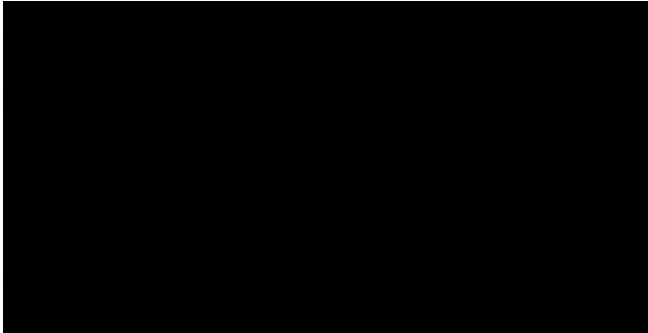


10 November 2020



**Re: Official Information Request – Copy of the ARPHS Exemptions SOP**

I refer to your Official Information Request dated 28 October 2020 requesting the following information:

**Could you provide me with a copy of the ARPHS Exemptions SOP**

I am responding from Auckland District Health Board (ADHB) as the DHB responsible for Auckland Regional Public Health Service (ARPHS).

ARPHS provides public health services to all three metro Auckland District Health Boards – Waitematā District Health Board, Counties Manukau Health and Auckland District Health Board, and the populations they serve. ARPHS's core role is to protect and promote public health.

Herewith please find included as annexure 1, a copy of the ARPHS exemptions SOP, V0.4 last edited on 3 September 2020.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland District Health Boards website.

Yours faithfully



Ailsa Claire, OBE  
Chief Executive of Te Toka Tumai (Auckland District Health Board)



# COVID-19 Operations Standard Operating Procedure (SOP)

## Requests for Exemption from Managed Isolation Process

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# COVID-19 Operations

## Standard Operating Procedure (SOP)

### Purpose

To outline the process for approving applications for exemptions from managed isolation (Quarantine Facility or QF and Managed Isolation Facilities or MIF) for returning travellers and community diagnosed cases of COVID19 resident in Auckland.

### Context

Managed isolation is an important part of keeping COVID-19 out of New Zealand. However, some people face exceptional circumstances. Releases from managed isolation are only issued in very limited circumstances, where the public health risk is low and where there is evidence that residual risk can be effectively managed in the community.

The managed isolation and quarantine website, run by the Ministry of Business, Innovation and Employment (MBIE), has information about exemptions, including:

- what an exemption is
- types of exemption available
- how to apply

[Guidance on exemptions at the managed isolation and quarantine website \(external link\)](#)

### Scope

Exemptions included in this SOP include the following:

- **Exemptions managed by MBIE (with Public Health input as needed)**
  - **Exceptional Circumstances**
    - **Compassionate:**
      - Exemptions for someone to visit a terminal/sick/deceased relative or other exceptional circumstances as assessed on a case by case basis. This can be a pass out for several hours and a return to MI.
    - **Early exit:** departure between 3-6 hours before end of required isolation period<sup>1</sup> – exemptions may be requested by MIFs on behalf of

<sup>1</sup> All people entering New Zealand must spend 14 days or 336 hours in managed isolation. MIFs can release people 3 hours early without reference to ARPHS/Medical Officer of Health. Any other early should obtain PH advice.

# COVID-19 Operations

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individuals (and for people travelling with them i.e. in the same bubble) in an isolation facility where there is evidence that there are circumstances that are:

- Urgent and important, or
- Unreasonable inconvenience (cost and time), and/or
- Alternative transport arrangements are not possible
- **Medical Exemption**
  - Exemptions for people to leave a MIF for medical care (excluding urgent transfers to hospital in an emergency which does not require an exemption) to attend an appointment or
  - Exemptions to isolate outside a MIF for medical reasons that cannot be accommodated in the facility.
- **Other exemptions managed by Health Sector stakeholders**
  - **Testing exemptions** - individuals in MIFs who request an exemption from testing on day 3 and 12 of their isolation period.
  - **Medical Evacuation (Medevac) exemptions** – these are exemptions authorised by the **Ministry of Health** with the relevant **DHB or medical facility**. These require local Medical Officer of Health transfer approval (in the knowledge that the necessity for treatment and the isolation plan has already been completed by the DHB and MOH teams).
  - **Community exemptions for COVID19 cases entering managed isolation** – these are exemptions generated from **ARPHS** for individuals living in the community who are cases, or household contacts of cases and for whom a MIF is not an appropriate location.
  - **Travel related to Maritime Border Order** – these exemptions are usually generated under the Maritime Border Order whereby a ship crew member is in managed isolation as they cannot isolate/quarantine on their vessel, and then needs to return to a departing ship or catch a flight international flight home. These exemptions involve the **ARPHS Shipping Pratique** team.

### Stakeholders

#### MBIE

MBIE is responsible for the Exceptional Circumstances i.e. compassionate and medical exemptions process. They receive and process requests from individuals to be exempt from managed isolation or when they wish to leave earlier than the 336 hours requirement. When these have been processed by MBIE they are referred on to the Auckland Regional Isolation and Quarantine Coordination (RIQC) team at the Northern Managed Facilities (NMF) to liaise with ARPHS for public health advice. **Ultimately MBIE is the decision maker.**

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### Regional Isolation and Quarantine Coordination at Northern Managed Facilities (RIQC)

RIQC is responsible for receiving applications for 3-6 hour exemptions, and requests for exemption/refusal of testing directly from MIFs. This is because the exemption types are generated during the MIF stay though returning travellers escalating concerns to facility management. **Ultimately MBIE is the decision maker.**

### ARPHS

This SOP outlines the role of an ARPHS Senior Medical Officer (SMO) or Medical Officer of Health (MOoH) in providing advice, and “approval” of an exemption application as presented by MBIE. It is not ARPHS role to approve the final exemption: in most instances this is undertaken by MBIE following advice from ARPHS regarding the extent to which plans provided to us satisfactorily mitigate risks to public health. In this SOP the recommendation of “approval” of the SMO/MOoH indicates that plans submitted by MBIE/NRHCC adequately mitigate risks to public health and that ARPHS supports MBIE in granting a final approval to the person(s) exemption. It is not the role of the SMO to formulate plans for managing exemptions, this is the responsibility of MBIE and other agencies involved e.g. DHBs (with the exception of community exemptions).

### District Health Boards

Exemption requests may be requested for family members to accompany or visit sick relatives in hospital, attend urgent hospital appointments or for Medical Evacuation from overseas to New Zealand. This needs to be planned in conjunction with the District Health Board. It is not the responsibility of ARPHS to liaise with the DHB and formulate plans; this is the responsibility of MBIE, or the Ministry of Health in the circumstance of a medical evacuation. ARPHS will review plans and provide feedback on any points of concern.

### Ports of Auckland

Requests for exemptions for maritime crew should be managed in conjunction with ARPHS Environmental Health and Pratique teams. The Medical Officer of Health on call may be required to provide assessment of travel plans, accommodation in MIFs and approve exemptions to leave MIFs early.

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	Applicant	MBIE	RIQC at NMF	ARPHS	MIF
<b>Application for exemption from managed isolation</b>	Responsible for completing the application form available on the MBIE website	Responsible for receipt of applications and initial processing			May facilitate applications for early exemption or for exemption from testing directly from MIF residents
<b>Processing application (including obtaining supporting information)</b>	Responsible for obtaining advice from clinicians or other verification of compassionate or other circumstances	Supplies guidance to applicants on supporting material required e.g. letters from treating clinicians.	Receives application from MBIE and is responsible for providing advice on MIF facilities and capacity to accommodate client needs.		
<b>Verification that application for exemption is justified</b>		Responsible for sighting verification that a compassionate/ medical reason exists.	May be involved in obtaining verification that applications for 3-6 hour exemptions are justified		
<b>Developing plans to support exemption arrangements</b>		Develops, or works with other stakeholders to develop; plans to support exemption e.g. travel plan, compliance plan, and clinical care plan etc.	Develops, or works with other stakeholders (NHRCC) to develop plans to support specific exemptions		
<b>Assessment of exemption arrangements</b>		Assesses application to ensure that circumstances described, and verifying documentation support the exemption applied for.		Responsible for assessing the public health risk from an exemption being allowed and to ensure plans exist that mitigate risks.	
<b>Approval of exemption application</b>		Taking into account public health advice, MBIE ultimately is responsible for accepting or declining applications.		Recommends to MBIE whether an application should be approved or declined from a public health perspective.	



# COVID-19 Operations

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### Section 1 - Processing requests for exemptions

#### Application process

- Applicants apply via the MBIE website
- Some exemptions may be generated by MIF managers based on discussion with clients in the facility.
- MBIE assesses the application and requests more information if required from the applicant, from the RIQC, and potentially from health providers who may need to provide opinions prior to the exemption application being considered by ARPHS. This should include, verification of the reason for an exemption:
  - Evidence supporting a convincing reason/justification for the applicant to have an exemption on compassionate grounds. This could include a letter from a funeral director or a letter from a treating physician in the case of a dying relative.
  - Evidence supporting a convincing reason/justification for the applicant to have an exemption from isolation in a MIF on medical grounds. This could include clinical advice from a relevant specialist regarding the ability for the applicant to be adequately cared for in the MIF; psychiatric assessments, or medical advice confirming urgent clinical assessment in an outpatient setting is required.
- NMC (on behalf of MBIE) submits the completed application to ARPHS Exemptions inbox ([arphsexemptions@adhb.govt.nz](mailto:arphsexemptions@adhb.govt.nz)) for review. This should include:
  - Copies of supporting documentation
  - Completed MBIE exemption application form
  - A **Public Health Risk Assessment form** where indicated (See **Appendix 1**)
  - A **travel plan** if travel is required (See **Appendix 2**)
  - A **compliance assessment** (See **Appendix 3**)
  - And/or a **compliance plan** (See **Appendix 4**)
  - Clinical Care Plan (**Appendix 5**)

#### Timeframes

The [arphsexemptions@adhb.govt.nz](mailto:arphsexemptions@adhb.govt.nz) email inbox is monitored by the Exemptions SMO between 8.30am and 5pm seven days per week. Information on accessing the inbox will be provided to SMOs and Medical Officers of Health requiring access.

Generally an exemption will be reviewed and contact made with the requestor by the next day. Emails sent after 5pm will not be answered until the next business day.

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Any urgent matters will have to be discussed with the COVID MI Exemptions rostered SMO on phone 021 199 2779 (between 0830-1700) Monday to Sunday.

For urgent out-of-hours queries and notifications: 09 623 4600. This is the ARPHS answer services for after hours. Answer services will then pass on the message to the correct on call staff member regards this. This will likely have to be handled by the on call MOoH. Between 10pm and 7am, messages will parked and dealt with during business hours.

The exemptions process is often complex and requires assessment of both the public health risk and of plans formulated to mitigate this risk. It may require repeated contact with MBIE, or other stakeholders, in order to generate a comprehensive plan. Consequently it is essential that documentation is received from stakeholders as early as possible prior to the date from which the exemption is required. **Limited time frames or urgency from external stakeholders to rapidly approve a plan should not cause undue pressure on MOoH or SMO, nor limit their ability to seek all required information to assure that public health risks will be adequately managed.**

## Process

1. See **Appendix 6** for a visual capture of the process.
2. A request for exemption is notified to ARPHS by email to ARPHS Exemptions inbox ([arphsexemptions@adhb.govt.nz](mailto:arphsexemptions@adhb.govt.nz)) for review.
3. The Exemptions SMO will review supplied documentation and ascertain the reason for the exemption request, assess public health risk and how these have been addressed in the submitted plans, using the guidance developed (see **Section 2 – Assessment of exemptions from managed isolation**).
4. The Exemptions SMO summarises the exemption in the Exemptions Application Form (see **Appendix 7**) and emails the On-Call MOoH.
5. The On-call MOoH responds with their decision to the Exemptions SMO via email.
6. The Exemptions SMO communicates this to MBIE via an email reply from the ARPHS exemptions mailbox. Attached to this email is a completed letter to MBIE notifying them of ARPHS recommendation (see **Appendix 8**)
7. The Exemptions SMO logs the incident in the AMT log (for more detail see **Appendix 6**).

# COVID-19 Operations Standard Operating Procedure (SOP)

## Section 2 – Assessment of exemptions from managed isolation

Exemption applications are only approved by ARPHS if they meet exceptional circumstances criteria AND are deemed a low public health risk. The exemption request must be accompanied by, in general the application form, a completed Public Health Risk and Impact Assessment Tool (current version in **Appendix 1**), a travel plan, a compliance assessment and a compliance plan. If appropriate, the “severe medical exemption form” may need to be completed.

*Each exemption type is summarised below including an indication of the rationale for the exemption, the information required to be provided, and criteria for approval. Clinical judgement of the MOoH involved should guide assessment of the justification for seeking an exemption, the adequacy of the supporting materials and the decision to recommend approval or declination to MBIE.*

### 1. Compassionate exemptions

- To visit a close family member who is terminally ill
- To view the body of a deceased relative
- Other compassionate exemptions to be considered on a case by case basis.

Information required for an exemption: Medical evidence supporting the request is required for compassionate exemptions on the grounds of terminally ill or deceased family members. This could consist of a letter from a treating clinician or from a funeral home director. This exemption usually involves someone leaving MI facilities for a specified period and then returning.

Prior to approval the SMO/MOoH should be provided with:

- Copies of supporting documentation
- Completed MBIE exemption application form
- **A Public Health Risk Assessment form** where indicated (See **Appendix 1**)
- **A travel plan** if travel is required (See **Appendix 2**)
- **A compliance assessment** (See **Appendix 3**)
- **And/or a compliance plan** (See **Appendix 4**)
- **Clinical Care Plan** (**Appendix 5**)

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Criteria for Medical Officer of Health approval:

- the person/s remains symptom free and afebrile up until their departure,
- a day 3 and/or day 12 test for COVID-19 is negative,
- the person/s are not a close contact of a known confirmed case,
- there have been no bubble breaches that would change management (e.g. as per the bubble breaches SOP),
- the compliance assessment indicates they will be compliant with conditions to protect public health, and
- there is a suitable plan for travel to the location, the wearing of PPE and any other conditions required to prevent transmission of COVID-19 to the public.

The process for recording the request for an exemption in the AMT log is documented in **Appendix 6**.

Templates for approving or declining a request for an exemption are available in **Appendix 8**.

## 2. Medical exemptions

- To complete 14 day isolation period at a different location due to health issues that are unable to be managed in a managed isolation process
- To attend a health appointment that cannot be delayed for 14 days or done via Zoom
- To accompany a family member to hospital.

N.B. the Medical exemptions process does not cover a requirement to leave a MIF to be urgently admitted to hospital. That is a different process and does not need Medical Officer of Health approval.

Information required for an exemption:

Medical exemptions to complete 14 day isolation period at a different location will only be approved if the individuals health needs are not able to be met in the MIF. This should be confirmed with supporting clinical evidence from a relevant specialist, for example a psychiatrist for mental health and behavioural issues or the treating specialist for other conditions, that confirms a MIF is not an appropriate location for the individuals' condition to be managed in.

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For medical exemptions requesting to isolate at a different location, details of the place of isolation, travel to destination, security at destination (if required), PPE use by visiting healthcare staff, and information on how day 3 and day 11/12 swabs will be done are required.

Prior to approval the SMO/MOoH should be provided with:

- Copies of supporting documentation
- Completed MBIE exemption application form
- **A Public Health Risk Assessment form** where indicated (See **Appendix 1**)
- **A travel plan** if travel is required (See **Appendix 2**)
- **A compliance assessment** (See **Appendix 3**)
- **And/or a compliance plan** (See **Appendix 4**)
- Clinical Care Plan (**Appendix 5**)

In the case of medical exemptions requesting to attend an appointment at a hospital or to accompany a person to hospital details of the involvement of the appropriate DHB, travel to and from the facility and the plan on how isolation at the DHB will be undertaken are required. The DHB will need to agree that it can accommodate the accompanying person in isolation with the patient.

Prior to approval the SMO/MOoH should be provided with:

- Copies of supporting documentation
- Completed MBIE exemption application form
- **A Public Health Risk Assessment form** where indicated (See **Appendix 1**)
- **A travel plan** if travel is required (See **Appendix 2**)
- **A compliance assessment** (See **Appendix 3**)
- **And/or a compliance plan** (See **Appendix 4**)
- Clinical Care Plan (**Appendix 5**)
- Confirmation from the relevant DHB that the visit can be accommodated

Criteria for Medical Officer of Health approval:

- the person/s remains symptom free and afebrile up until their departure,
- the person/s are not a close contact of a known confirmed case,
- there have been no bubble breaches that would change management (e.g. as per the bubble breaches SOP),
- the compliance assessment indicates they will be compliant with conditions to protect public health, and

# COVID-19 Operations Standard Operating Procedure (SOP)

- there is a suitable plan for travel to the location, the wearing of PPE and any other conditions required to prevent transmission of COVID-19 to the public and for compliance with these directives in their place of isolation.

The process for recording the request for an exemption in the AMT log is documented in **Appendix 6**.

Templates for approving or declining a request for an exemption are available in **Appendix 8**.

### 3. Early exit - Departure between 3-6 hours before end of required isolation period

Exceptions to the requirement to remain in managed isolation for 14 days (336 hours) risk compromising controls on the transmission of disease and should not be provided unless there is no reasonable alternative. Exemptions may be requested by individuals (and for people travelling with them i.e. in the same bubble) in an isolation facility where there is evidence that there are circumstances that are:

- Urgent and important, or
- Unreasonable inconvenience (cost and time), and/or
- Alternative transport arrangements are not possible

Information required for an exemption:

In general, catching a flight or other form of transport should not be considered sufficient reason alone to warrant approval of an exemption. Currently MBIE is supporting individuals with temporary accommodation should it be needed. Consequently, the availability of a flight the next day should not cause unreasonable inconvenience to individuals in a MIF. They are able to depart the MIF, providing they meet all pre-departure health checks, when their isolation is complete and either to make their own arrangements, or stay in MBIE provided accommodation until the next available flight.

In general “urgent and important” reasons for leaving a MIF, including early exit, are better captured under the compassionate and medical exemptions. In rare situations these may be appropriately dealt with as an “early exit”. Examples could include a scheduled appointment that requires the individual to leave between 3 and 6 hours before the end of isolation and where they would not return to the facility prior to the end of their isolation period, or

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where there are compassionate grounds that only become apparent close to their scheduled exit from the MIF.

In both of these cases MIFs should provide;

- Early exit exemption form (see **Appendix 7**)

Criteria for Medical Officer of Health approval:

- the traveller/s must meet the low risk indicators as per the COVID-19 Public Health Response (Air Border) Order 2020 (e.g. a negative test for COVID-19),<sup>2</sup>
- the traveller/s remains symptom free and afebrile up until their departure,
- the traveller/s are not a close contact of a known confirmed case, and
- there have been no bubble breaches that would change management (e.g. as per the interim guidance on managing bubble breaches).

As per Ministry of Health guidance, anyone granted an early exit must have a follow-up phone call at the expiry of 336 hours period to confirm they are COVID-19 symptom free. A duty nurse from the managed facility should make the phone call and document this in the facility record pertaining to the person so that it can be audited as required. Anyone symptomatic at the 336 hours contact should be urgently referred to APRHS for further assessment.

The process for recording the request for an exemption in the AMT Log is documented in **Appendix 6**.

Templates for approving or declining a request for an exemption are available in **Appendix 8**.

#### 4. Testing exemptions – individuals who request exemption from testing

People must give consent for testing undertaken at day 3 and day 12 in an isolation facility. They cannot be coerced or compelled. In rare occasions they may qualify for an exemption. If unable or unwilling to be tested with the appropriate test, they may need to be managed

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<sup>2</sup> For the purposes of the order, a person meets the low risk indicators, and is thus able to be released from a MIF, at completion of their 14 days (336 hours of isolation) if -

- a. the person submits to a medical test for COVID-19 and the result of that test is negative; and
- b. any other medical tests or information relating to the person indicate that the person is at low risk of having or transmitting COVID-19.

Within the [National MIF Operations Framework](#) there is more detail on exiting managed isolation in Appendix 13 where the National SOP can be found.

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for a longer stay in managed isolation in order to satisfy the condition that they are of low risk to the public upon release from a MIF.

Information required for an exemption:

- Individuals may either refuse testing or apply for exemption from testing through the MIF in which they are residing for their 14 day isolation period. This requires public health assessment as testing is a requirement of the COVID-19 Public Health Response (Air Border) Order 2020.

For the purposes of the order, a person meets the low risk indicators, and is thus able to be released from a MIF, at completion of their 14 days (336 hours of isolation) if -

- a. the person submits to a medical test for COVID-19 and the result of that test is negative; **and**
- b. any other medical tests or information relating to the person indicate that the person is at low risk of having or transmitting COVID-19.<sup>3</sup>

Within the National MIF Operations Framework there is more detail on testing isolation in Appendix 10 where the National SOP can be found. In practice, this means that a person can be released from managed isolation if they meet all the following criteria:

- Have been in managed isolation for at least 14 days (336 hours), and
- Have tested negative for COVID-19 on around day 12 of managed isolation, and
- Have received and passed a health screening check immediately prior to their anticipated departure time, and
- All members of their bubble (the people they have been isolating with) satisfy criteria 1 – 3.

Under the order, the only exception to the requirement to submit to a medical test for COVID-19 is “in relation to a person who has particular physical or other needs that a medical officer of health or health protection officer determines would make it inappropriate for the person to undertake the medical test”. ‘Physical or other needs’ that a Medical Officer of Health may deem appropriate as grounds for exemption from a nasopharyngeal test could include (but are not limited to)<sup>4</sup>:

- Physical/structural conditions that make nasopharyngeal testing inappropriate;

<sup>3</sup> COVID-19 Public Health Response (Air Border) Order 2020 is available [here](#).

<sup>4</sup> See National MIF Operations Framework.



# COVID-19 Operations Standard Operating Procedure (SOP)

- Anxiety or other mental health concerns that would make nasopharyngeal testing unreasonably distressing;
- Children who are distressed by nasopharyngeal testing, e.g. an autistic child.
- Or other reasons at the discretion of the MOoH.

The National MIF Operations Framework provides more detail on the national testing SOP and identifies other scenarios where someone may be exempt from testing:

1. Diplomatic staff arriving at the border are exempt from testing, managed self-isolation, and quarantine. However, they are strongly encouraged to voluntarily (and/or with the agreement of their Government) enter a managed isolation facility or self-isolation and submit to testing.
2. Children under six months of age (infants) are not required to undergo nasopharyngeal testing, unless they are symptomatic or close contacts of a confirmed or probable case. While asymptomatic infants are not required to undergo nasopharyngeal testing, the parents or guardians can request that the infant be tested. Other testing modalities, as described above, can also be used. A health professional and/or Medical Officer of Health must exercise their clinical judgement to determine the most appropriate form of testing for infants less than 6 months.

Prior to approval the SMO/MOoH should be provided with:

- a. If an individual has a medical reason why they should be exempt from testing (e.g. cranio-facial, naso or oro-pharyngeal disease or mental or behavioural health reasons) then supporting clinical evidence from a suitably qualified medical practitioner should be provided. It is anticipated these instances would be rare.<sup>5</sup>
- b. Documentation of factors required for public health risk assessment (see **Appendix 7**). This can be completed on the Public Health Risk Assessment form (see **Appendix 1**).

Criteria for Medical Officer of Health approval:

- the assessment of the exposure risk as documented on the Public Health Risk Assessment form (low risk may indicate satisfaction with an alternate form of testing<sup>6</sup>, medium or high risk may indicate an extension of stay in the MIF is required to satisfy the low risk indicators required under the order).

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<sup>6</sup> Nasopharyngeal testing is the most sensitive (and therefore preferred) testing method. Oropharyngeal swabbing has low sensitivity in asymptomatic people, therefore it should only be offered as an alternative to

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- the person/s remains symptom free and afebrile up until their departure,
- the person/s are not a close contact of a known case,
- there have been no bubble breaches that would change management (e.g. as per the bubble breaches SOP), and
- the number of persons in a bubble (lower is better due to lengths of potential chains of transmission).

## Management of an individual with an approved exemption from testing:

If a person has physical or other needs that preclude them from both nasopharyngeal testing, a Medical Officer of Health may deem them exempt from nasopharyngeal testing and may determine another 'testing' method, or combination of methods, as an appropriate alternative (e.g. symptom checking, temperature checking, or chest auscultation)<sup>5</sup>.

In such cases, the risk assessment should be considered to determine if the person can be considered 'low-risk', and released, after 14 days at the MIF. If the person/bubble is not assessed to be low risk, they will be required to stay at the MIF for an additional 10 days from day 12 test refusal (22 days in total). Decision making may be aided by the tool in **Appendix 9 – Risk assessment for those who are not tested at day 12**.

The decision should be communicated to the person(s) who refuse the test using the template letter in **Appendix 10**. This letter is signed by the MOoH and will be emailed by the Exemptions SMO to the applicant to be delivered to the person(s) to whom it applies.

## Refusal of testing:

Testing at day 3 is a requirement of the order; however a refusal to be tested at day 3 does not prevent someone exiting the facility at day 14 providing they remain well and have a negative test around day 12. If a person refuses the test at day 3, then they should be encouraged to reconsider. The MIF facility they are staying at should give them an information sheet informing them of their rights (**Appendix 11**)

An educational approach should be taken by the MIF to remind the returnee of the benefits of testing, the requirement to undergo testing under the Air Border Order 2020, and the following potential implications of refusing testing at day 3:

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people who cannot undergo nasopharyngeal testing, or who refuse nasopharyngeal testing, and who are symptomatic. If a person refuses nasopharyngeal testing, but submits to another form of testing as defined in the Air Border Order 2020 (symptom checking, temperature checking, and/or chest auscultation), although they will have satisfied the requirement to be 'tested' under the Order, it is unlikely that they will be able to be deemed 'low-risk' after 14 days in a MIF. This is because these alternative (non-nasopharyngeal swab) 'testing' methods are unlikely to identify asymptomatic cases of COVID-19.

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- Test refusal can impact the length of stay at managed isolation – should the returnee test positive on day 12, they would be required to undertake a minimum of a further 10 days in isolation. If they test positive at Day 3, then the minimum 10-day isolation may not impact their 14-day quarantine period.
- The choice to refuse a test can impact others – should the returnee test positive at any later point in their stay, their bubble and/or close contacts will also have to extend their time in isolation.

A Medical Officer of Health may need to become involved for individuals who refuse day 12 nasopharyngeal testing, and who do not have a physical or other reason deemed appropriate, they will be required to stay at the MIF for an additional 10 days following their day 12 test refusal (22 days in total), provided they do not develop symptoms during this time. Under the Air Border order stays can be extended up to 28 days if indicated. This can be extended in exceptional circumstances by a public health order. Decision making may be aided by the tool in Appendix 8 – Risk assessment for those who are not tested at day 12.

The rationale for requiring people to remain in the MIF for an additional 10 days following day 12 test refusal aligns with the criteria for release from isolation for a mild confirmed case. Mild confirmed cases must remain in a facility for at least 10 days following the onset of symptoms, or since they tested positive (whichever is later), including 72 hours symptom-free.

The person should be offered nasopharyngeal testing each day during their extended stay. If they submit to testing at any point after spending 14 days in the MIF, and test negative, they should be released immediately (provided they meet the other exit criteria).

The decision should be communicated to the person(s) who refuse the test using the template letter in Appendix 9. This letter is signed by the MOoH and will be emailed by the Exemptions SMO to the applicant to be delivered to the person(s) to whom it applies.

### 5. Medical Evacuation (Medevac)

Medical evacuations from other countries for urgent healthcare are approved by the Ministry of Health but legally the local on call Medical Officer of Health will still be required to review the associated documentation and approve the transfer.

Information required for an exemption:

- The Ministry of Health will provide a plan in conjunction with the relevant DHB. For ADHB this is termed an International Medical Referral. It may vary depending on the

# COVID-19 Operations Standard Operating Procedure (SOP)

DHB. The role of the SMO/ MOoH may be to provide additional advice to the Ministry of Health and DHB if there are any gaps identified in the plan.

Criteria for Medical Officer of Health approval:

The MOoH is requested by the MOH Medevac assessor to approve the transfer (in the knowledge that the necessity for treatment and isolation plan has already been completed by the DHB team). The MOoH may request additional public health precautions if indicated.

Some considerations for the MOoH with regards to plans formulated by the DHB include:

- clearance procedures in the country of origin (e.g. COVID-19 testing, symptom check etc.),
- estimated length of stay in hospital,
- indication that the DHB approves the transfer and has capacity (including ICU capacity if required),
- confirmation that the individual will be managed under COVID-19 precautions during their admission,
- confirmation that day 3 and 12 testing will be undertaken by admitting DHB,
- where any escort or support persons, travelling with the ill person, are housed and that they will receive daily symptom monitoring and day 3 and 12 tests, and
- where the ill person themselves will be accommodated if they are eligible for discharge from the hospital prior to completing their period of 14 days isolation (ideally this would be a MIF unless there are medical reasons as to why a MIF is not suitable).

## 6. Community exemptions

Under the direction of the Director-General of Health, all Public Health Units have been advised that they are to accommodate all cases, who are identified in the community, within a MIF until they have completed their required period of isolation.

The voluntary compliance of individuals with this directive should be sought in the first instance. People who do not agree to voluntarily enter a MIF may do so for a variety of reasons. In many cases these are due to welfare concerns, for example not understanding whether their needs for medication or special diets will be met, or concerns about potential costs. These can generally be ameliorated through discussion with the Case and Contact Management Team (CCMT) to which they have been assigned. In some cases, more specialised concerns, such as care of pets, may need to be addressed through referral to community based services. The Cultural and Welfare Liaison team at APRHS can assist in connecting families to the appropriate supports.

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In rare instances there may be unresolvable issues that lead a case +/- their bubble to remain adamant that their needs cannot be accommodated in a MIF. In this scenario a SMO/MOoH may need to become involved in determining whether there is a convincing reason that justifies the family being managed in an alternate location (usually their home) or whether there is no convincing reason.

A convincing reason for refusal to transfer to a MIF may include:

- Inability to leave animals unattended, for example on a farm<sup>7</sup>.
- Health needs are not able to be met in the MIF. This should be confirmed with supporting clinical evidence, either from ADHB clinical records where available, or from a relevant specialist, for example a psychiatrist for mental health and behavioural issues or the treating specialist for other conditions. This clinical evidence should confirm a MIF is not an appropriate location for the individuals' condition to be managed in.

If an SMO/MOoH identifies a convincing reason then ARPHS is responsible for developing an appropriate plan for management of the case +/- their household contacts outside of the MIF. This work is undertaken by the lead PHMS/SMO of the Case and Contact management team following up this person(s). The PHMS should liaise with the COVID CRU Clinical Lead if they are not a designated Medical Officer of Health or liaise with the On Call Medical Officer out of hours. The Medical Officer of Health should liaise with ARPHS Clinical Director around Community exemptions.

Required documentation should include:

- Memo to CEO of the Regional DHB response approver (currently Margie Appa) outlining the convincing reasons for the person(s) to isolate in an alternate location (see **Appendix 13**)
- A letter to the case(s) concerned outlining that they have permission to isolate in an alternate location, and providing details of the place of isolation (see template letter **Appendix 14**).
- A compliance assessment (see **Appendix 3** if relevant)
- A compliance plan (see **Appendix 4**)

All required documentation is to be submitted to the Medical Officer of Health for review by the SMO team lead for the involved Case Contact Management Team. The MOoH will submit final paperwork to the Clinical Director ARPHS.

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<sup>7</sup> Ordinary pet care can generally be accommodated through a welfare referral to the appropriate community agency.

# COVID-19 Operations Standard Operating Procedure (SOP)

The Clinical Director will email the approver with the supporting documents requesting an exemption.

If no convincing reason is identified, and the case(s) persist in refusing to be managed in a MIF they may need to be compelled to do so by a Public Health order. Generally this is referred to as a Section 70. Details on how to undertake a Section 70 order can be found in the SOP [Legal Directions and Orders under the Health Act 1956](#). A template Section 70 order is provided in Appendix 14.

It is important to recognise, that in the case of community members who have previously been isolating voluntarily in a quarantine facility such as the Jet Park, that there is no legally enforceable means of requiring them to stay in that facility **until a Section 70 has been obtained**. In the situation where an extension of isolation is required, or where an exemption is unlikely to be forthcoming, it is essential that a Section 70 be provided **as soon as possible** in order to meet the directive of the Director-General of Health (available [here](#)). Consequently, it may be necessary to pre-emptively prepare section 70 instructions prior to discussion with the person(s) concerned so that they do not abscond. In general contacts cannot be compelled to isolate at Jet Park, though in some instances a Section 70 order could be used to mandate they isolate in this location if there was a high risk of non-compliance.

## 7. Travel exemptions for maritime workers

- For maritime workers who have come ashore to join a flight that is not leaving the same day, but that leaves before the 14 day isolation period is completed.<sup>8</sup>
- For maritime workers arriving by air to join a ship, where the ship leaves before the 14 day isolation period is completed; this may involve travelling to another domestic port or to Auckland Airport.<sup>9</sup>

**At ARPHS this work is undertaken by the Shipping/ Pratique Environmental Health team. At times this may result in getting the ON call MOsH involvement for approval.**

<sup>8</sup> Where the flight leaves the same day, maritime workers may proceed directly to the airport. In this case the shipping agent may approach the PHU directly in order to receive approval of a travel plan to transfer the maritime worker directly to the airport. In cases where the air departure is not due to leave New Zealand on the same day, maritime workers may need to enter a MIF and this should be negotiated between the shipping agent and the PHU. They will remain at the MIF for 14 days, or until the flight departs (whichever happens first).

<sup>9</sup> If the ship leaves “as soon as is reasonably practicable” (generally within 48 hours of their arrival) crew may proceed directly to the ship where crew members should self-isolate on board. In this case the shipping agent may approach the PHU directly in order to receive approval of a travel plan to transfer the maritime worker directly to the ship. In cases where the ship departure is >48 hours maritime workers may need to enter a MIF and this should be negotiated between the shipping agent and the PHU.

# COVID-19 Operations Standard Operating Procedure (SOP)

More advice on scenarios involving the travel of maritime workers in New Zealand are available in the Ministry of Health advice available [here](#). Appendix 1 of this document contains advice on transporting people in ways that minimise the risk of COVID-19 transmission.

In the case of asymptomatic maritime workers there is generally no requirement for testing or to complete a 14 day period of isolation. Rather Public Health Unit advice is based on assessing the travel plan to make sure transmission risk is reduced through public health precautions while in transit. These may include:

- Appropriate use of PPE,
- Dedicated private transport as quickly and directly as possible to and from the airport, and with appropriate physical distancing in the vehicle, and sanitising post transfer.
- Staying in a MIF for any period of time crew need to be accommodated landside.

Symptomatic maritime workers should be identified in the Ill traveller protocol (if arriving by air) or during Pratique (if disembarking ship) and may be subject to quarantine and investigation based on their health status and the international health regulations.

Information required for an exemption:

- The major purpose of these exemptions is to protect the public's health for the period of time maritime workers are in New Zealand transiting to and from their ship, or from their ship to a flight. For maritime workers who will see out the full isolation period (14 days/336 hours) in a MIF they will be subject to the usual exit processes. In some cases they may need to leave a MIF early, either to travel to their ship, or to leave New Zealand on a scheduled flight. To apply for an exemption from a managed isolation facility (to leave the facility prior to the 14-day isolation period to travel to a vessel, or to the airport), applicants should email MBIE on: [IsolationExemptions@mbie.govt.nz](mailto:IsolationExemptions@mbie.govt.nz) . Applications are generally made by the Shipping Agent and require approval by a Medical Officer of Health.

All travel exemption requests must be sent with supporting travel documentation. In the case of crew returning to a ship the ARPHS Environmental Health team and pratique team should be consulted.

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### Factors indicating exemption is likely to be 'declined' by PH and by MBIE

- Person(s) who travelled on a flight where someone on the same flight has been diagnosed with COVID-19
- Person(s) with a high score on the Public Health Risk and Impact Assessment Tool
- Person(s) with COVID - like symptoms
- Person(s) who have not had a day 3 swab returned negative
- Person(s) staying at a quarantine facility e.g. Jet Park
- Person(s) who are a close contact of a confirmed COVID-19 case
- Plans that do not satisfactorily identify that the public health risk of COVID-19 spreading through proposed activities will be mitigated.
- Where no exceptional circumstances or convincing reason for an exemption have been demonstrated

Also to be considered is the country of origin and burden of disease there – this is captured by the Public Health Risk and Impact Assessment Tool.



# COVID-19 Operations Standard Operating Procedure (SOP)

## Appendix 1: Public Health Risk and Impact Assessment Tool

(for exemption or early release from managed isolation)

### Health requirements under COVID-19 Public Health Response (Air Border) Order 2020:

- 1) Assess impact that the person's leaving the place might have on the risk of an outbreak or spread of COVID-19
- 2) Based on advice of suitably qualified health practitioner, the person meets the low risk indicators.

### Low risk indicators:

These indicators need to be met before a person can leave a facility – if any of the below are not met, the exemption must be rescinded.

	Result/Answer	Date(s)	Verified document(s) sighted
Day 3 COVID-19 test result?			
How many days of managed isolation completed?			
How many people in bubble?			
<b>No evidence of acute respiratory infection including one or more of the following:</b>			
Temperature check undertaken (less than 38C)			
No cough (new or worsening)			
No shortness of breath/tight chest			
No sore throat			
No runny nose, lack of smell			

### Public health risk indicators:

Has this person been a close contact of a positive COVID-19 case within the last 14 days?

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Yes/No

**Yes = High Risk**

**No = Proceed with Health Risk Matrix**

Has this person been a close contact of a positive COVID-19 case whilst in transit to New Zealand?

Flight number	Flight date	Result
---------------	-------------	--------

**Yes = High Risk**

**No = Proceed with Health Risk Matrix**

Is there anyone in the person's bubble who is in a quarantine facility or otherwise sick with acute respiratory symptoms?

Yes/No
--------

**Yes = High Risk**

**No = Proceed with Health Risk Matrix**

**Health risk matrix:**

Has the person come from a high-risk country?<sup>1</sup> (list provided separately)

High risk country – 5 points	Medium risk country – 3 points	Low risk country – 1 point	Result
Country:		City/Region:	

How many countries has the person visited during the past 14 days?<sup>2</sup>

More than 3 countries – 2	2 countries – 1 point	Only 1 country – 0 points	Result
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# COVID-19 Operations Standard Operating Procedure (SOP)

Which countries:

How many international airports has the person passed through in transit to New Zealand?

1 point for each airport other than origin	Origin and arrival airport (i.e. direct flight) – 0 points	Result
Which airports/what was the flight path:		

Does the person have potential COVID-19 exposure events in the 14 days prior to entering NZ?

Either <b>occupational risk</b> such as healthcare worker, or person has been in a location where <b>COVID-19 is present and community transmission controls are not in place</b> , (e.g. where mass gatherings are permitted)	Otherwise – 0 points	Result
What was risk:		

Length of time travelling to destination (self-isolation location or facility to be visited)

Inter-island travel - 2 points	More than 5 hours – 1 point	Less than 5 hours – 0 points	Result
Intended isolation location or destination: Mode of travel:			

Length of time until isolation is complete

More than 7 days left – 4 points	Between 7 and 4 days left –	Less than 4 days left – 1 point	Result
When does isolation end:			

# COVID-19 Operations Standard Operating Procedure (SOP)

## Risk activities during isolation

Intent to attend a gathering – 5 points	Intent to visit hospital/hospice – 3 points	Intent to visit dying person in home/deceased at a viewing	No intent to leave self-isolation address – 0 points	Result
Detail on activity including location:				

Sum of points =

<b>6 or less points – advise low risk</b>	<b>Between 7 and 9 points – refer to escalation pathway for support</b>	<b>10 or more points – advise high risk</b>
---	---	---

Advice on extra conditions from Dr \_\_\_\_\_ if required  
Date:

### Health assessment result:

Is the risk to public health too high to approve an early exemption or early release from managed isolation (with appropriate measures in place to minimise the chance of COVID-19 spread)? <i>(refer to transport and self-isolation requirements)</i>	Yes/No
---	--------

<sup>1</sup> This designation has been developed using a Ministry of Health approved Country Risk Assessment Tool – please ensure you are using the most up to date version of the assessment

<sup>2</sup> This means has visited those countries, not just transited through

# COVID-19 Operations Standard Operating Procedure (SOP)



## Appendix 2: Travel plan

Still awaiting info from MBIE – Email sent 26/8

# COVID-19 Operations Standard Operating Procedure (SOP)

Auckland Regional Public Health Service

Ratonga Hauora ā Iwi o Tāmaki Mōkaurau



## Appendix 3: Compliance assessment

Still awaiting info from MBIE – Email sent 26/8

# COVID-19 Operations Standard Operating Procedure (SOP)

## Appendix 4: Compliance plan

**Date:**

**Name of Case:**

**Household members:**

**Last day of isolation/quarantine:** To be advised by the Auckland Regional Public Health Service (ARPHS)

**Self-isolation address(es):**

**Telephone Number(s):**

**Email address(s):**

**Approval:** Dr (insert name), Medical Officer of Health, Auckland

Conditions as outlined on the Approval letter

- Outline any relevant conditions as per the approval letter

<b>Isolation plan</b>	
Who is living at the address?	
Describe the environment	
Agreeing to this plan constitutes confirmation from those living at the address that they are aware of and accept risk	A Section 70 notice for isolation / quarantine at Jet Park hotel (or other managed isolation / quarantine facility) will be issued by the Medical Officer of Health if there are breaches of the conditions.

<b>Travel Plan</b>	
How will applicant travel from facility to self-isolating address	

# COVID-19 Operations

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<b>Compliance</b>		
<b>Emergency Care Plan</b>		
<b>If any of the household occupants become unwell with COVID symptoms:</b>	Cough, fever/chills, shortness of breath, wheezing or difficulty breathing, sore throat, runny nose, muscle aches/pains/headaches, nausea/vomiting/diarrhoea, rash, loss of smell	If needed seek medical advice directly as below. Mild symptoms: inform ARPHS staff at daily symptom check.
<b>If any household occupants become unwell and require medical assistance commence the following:</b>	<ol style="list-style-type: none"> <li>1. Contact usual GP, or after hours ( insert contact details of nearest facility)</li> <li>2. Explain that you are currently in isolation for COVID-19 and outline your medical needs. You will be required to wear a surgical mask if you are seen by a doctor or nurse.</li> </ol>	
<b>In the event of an emergency:</b>	<ol style="list-style-type: none"> <li>1. Dial 111- request your service i.e. ambulance, fire, police</li> <li>2. Inform that you are in Quarantine/isolation for COVID-19</li> <li>3. State your emergency, address etc.</li> </ol>	
<b>Alert to emergency services</b>	An email will be sent to fire, police and ambulance to flag the names and physical address of those in isolation/quarantine in their system so if a call comes in anyone responding will be aware of the situation	
<b>Mental Health Needs:</b>	Via usual GP or Free call or text 1737 any time for support from a trained counsellor	
<b>Wear a surgical disposable mask if you come into contact with anyone outside your quarantine/isolation bubble. Maintain social distancing of 2m.</b>		



# COVID-19 Operations Standard Operating Procedure (SOP)

Auckland Regional Public Health Service

Ratonga Hauora ā Iwi ō Tāmaki Makaurau



## Appendix 5: Clinical Care plan

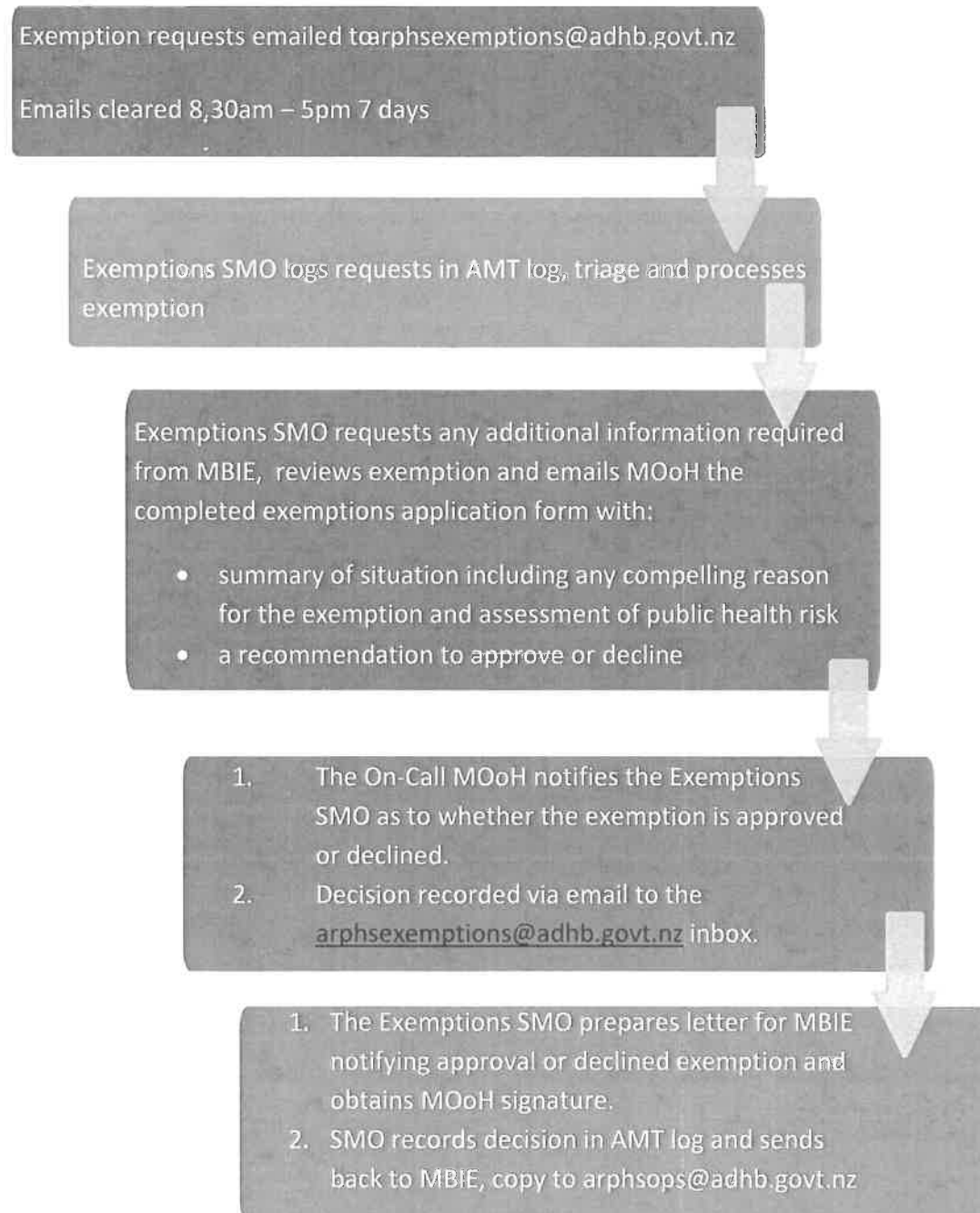
Still awaiting info from MBIE – Email sent 26/8

# COVID-19 Operations

## Standard Operating Procedure (SOP)

### Appendix 6: Process for recording the request for an exemption

Proposed exemption process in hours – Unit business hours 8.30am – 5pm Monday to Sunday



# COVID-19 Operations Standard Operating Procedure (SOP)

## Notes:

Any requests outside of these hours can wait until next morning or if urgent will go through to on-call MOoH.

A request for exemption should be recorded in the AMT log on NDCMS by the Exemptions SMO. Further information of how to record these exemptions in the AMT log can be found here: [AMT Log](#). The call type is classified as ENQUIRY, the call category as EMERGENCY MANAGEMENT and the subcategory as BORDER HEALTH PROTECTION.

- a. Assignment notes are written documenting the reason for the request and the decision made.
- b. Any supporting evidence/application forms can be attached as attachments.

# COVID-19 Operations Standard Operating Procedure (SOP)

## Appendix 7: COVID-19 EXEMPTIONS APPLICATION FORM

This form is for internal use only.

<b>Name</b>	
<b>Date of Birth</b>	
<b>NHI</b>	
<b>Managed isolation facility</b>	

<b>Request Category:</b>	Medical	Compassionate
	Testing	Early exit
	Medical evacuation	Community
	Travel	

Please provide detailed information about the **CONVINCING** reason for the request below:

<b>Address where traveller wishes to isolate</b>	
--	--

# COVID-19 Operations Standard Operating Procedure (SOP)

<b>Public health risk and impact assessment score</b>	
---	--

<b>Day 3 swab results</b>		<b>Day 12 swab results</b>	
---------------------------	--	----------------------------	--

<b>Presence of COVID-like symptoms</b>	Y/N
--	-----

<b>Close contact of a case</b>	Y/N
--------------------------------	-----

Please provide details for travel to destination below:

Please provide details for security at destination below:

Please provide details for community swabbing at destination below:

# COVID-19 Operations Standard Operating Procedure (SOP)

Please provide details for PPE use in transit and at destination if required below e.g. for visiting healthcare workers:

Please provide details of agreed plans with external providers (e.g. DHBs) below:

Please provide details for community swabbing at destination below:

Supporting medical evidence attached	Y/N/NA
--------------------------------------	--------

Supporting travel documentation attached	Y/N/NA
--	--------

Form completed by \_\_\_\_\_

Medical Officer of Health Decision	Approved	Declined
------------------------------------	----------	----------

Medical Officer of Health \_\_\_\_\_ Date \_\_\_\_\_

# COVID-19 Operations Standard Operating Procedure (SOP)

## Appendix 8: Templates for approving or declining an exemption

### *Standard letter approving an application for exemption*

Date

Name

Address

Dear [name],

#### **Exemption for [name] from transfer to managed isolation facility**

This letter confirms that your request for [name] to be exempted from transfer to the managed isolation facility for COVID-19 positive cases has been recommended for **APPROVAL** under the following conditions:

- [Edit/Delete as applicable]
- The duration of this exemption to leave managed isolation is from [time/date] until [time/date].
- Travel to and from the location [name] will be as agreed to in the travel plan submitted.
- PPE consisting of [describe] will be worn at all times.
- They will remain in isolation at (enter location of agreed isolation) until cleared by the Medical Office of Health at the Auckland Regional Public Health Service (ARPHS), and not have contact with anyone other than the bubble members isolating or quarantining with them (names).
- The only exception would be for any urgent health care needs as outlined in the attached plan.
- Essential goods delivered to (location) may be picked up by a member of the household after the delivery agent has left.

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- Day 3 and 12 testing will be undertaken by [mobile testing unit or other provision]
- Daily symptom checking will be undertaken by [name of service]
- A Section 70 notice for isolation/quarantine at [managed isolation / quarantine facility] will be issued by the Medical Officer of Health if there are breaches of the conditions.
- They acknowledge the possible risks associated with this course of action, as discussed with ARPHS staff (risk of rapid deterioration in health without on-site medical oversight, risk of unwanted attention occasioned by security in the street)

Our advice that an application is recommended for approval is based on the information provided with this application. Please do not hesitate to get in contact if the circumstances of the exemption change.

Yours sincerely,

Dr [name of MOoH]

Medical Officer of Health



# COVID-19 Operations Standard Operating Procedure (SOP)



## *Standard letter declining an application for exemption*

Date

Name

Address

Dear [name],

### **Exemption for [name] from transfer to managed isolation facility**

This letter confirms that your request for [name] to be exempted from transfer to the managed isolation facility for COVID-19 positive cases has been recommended to be **DECLINED** for the following reason(s):

- [Edit/Delete as applicable]
- The applicant does not meet low-risk criteria.
- A convincing reason justifying the request for exemption has not been provided.
- There is insufficient information provided to be satisfied that the [travel plan/compliance plan/compliance assessment/clinical care plan] appropriately mitigates risks to public health.

Our advice that an application is declined is based on the information provided with this application. Please do not hesitate to get in contact if the circumstances of the exemption change.

Yours sincerely,

Dr [name of MOoH]

Medical Officer of Health

# COVID-19 Operations Standard Operating Procedure (SOP)

## Appendix 9: Risk assessment for those who are not tested at day 12

### Process for refused swab test on/around day 12 where an adult or child is asymptomatic

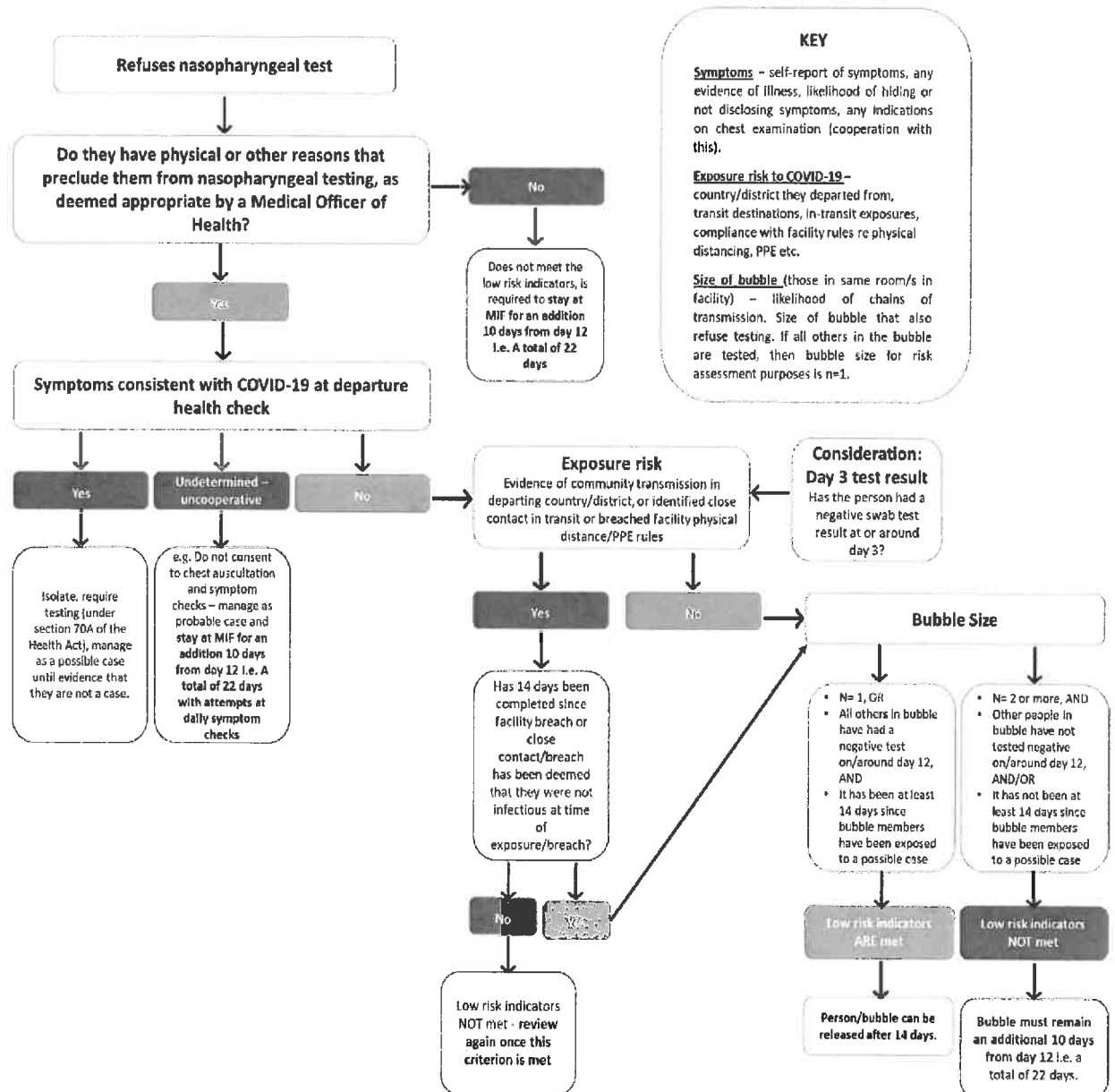


Figure 1: Risk assessment for adults and children who refuse swab testing on or around day 12

# COVID-19 Operations Standard Operating Procedure (SOP)

## Appendix 10: Template letters for an extension of stay due to refusal of testing or for individuals deemed exempt from testing at day 12

*Standard letter: Extension of Stay in a Managed Isolation Facility due to refusal of testing*

[Date]

[Recipient name]

[Managed isolation facility]

[City]

Dear [*Recipient Name*]

### **Extension of stay in managed isolation facility**

Under the COVID-19 Public Health Response (Air Border) Order 2020, you are required to remain in your place of managed isolation for the required period.

That period is:

- (a) the period ending 14 days after the start date of arrival if the Director-General is satisfied (as close as is reasonably practicable to the end of that period and on the advice of a suitably qualified health practitioner) that the person meets the low risk indicators; or*
- (b) any longer period needed to satisfy the Director-General that the person meets the low risk indicators (but no longer than the period ending 28 days after the start date).*

At the end of the 14-day period, you have **not** satisfied the Director General of Health that you have met the low risk indicators. In order to meet those indicators, you are required to have:

- (a) submitted to a medical test for COVID-19 and the result of that test is negative; and*
- (b) any other medical tests or information about you indicate that you are at low risk of having or transmitting COVID-19.*

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As a result of you declining the day 12 nasopharyngeal swab, you are required to remain in your place of managed isolation and agree to undergo daily symptom checks until day 22 after your arrival. Your release will therefore be re-considered on [date].

Alternatively, if you [and all family/bubble members] agree to a COVID-19 nasopharyngeal swab, and the results are negative, then you may be considered for release at an earlier date, providing you have completed 14 days of isolation and remain asymptomatic.

You have the right to instruct and consult a lawyer in accordance with the New Zealand Bill of Rights Act 1990.

It is an offence not to comply with the COVID-19 Public Health Response (Air Border) Order 2020. By refusing to submit to a medical test for COVID-19, you are intentionally failing to comply with a requirement under the Order and are committing an offence under section 26(1) of the Act.

Yours sincerely

[signature]

[Name of Medical Officer of Health]  
Medical Officer of Health – [DHB]  
On behalf of the Director-General of Health

# COVID-19 Operations

## Standard Operating Procedure (SOP)

*Standard letter: Release from managed isolation following an exemption from medical testing*

[Date]

[Recipient Name]

[Managed isolation facility]

[City]

Dear [*Recipient Name*]

### **Release from managed isolation following an exemption from medical testing**

I am designated as a medical officer of health for [*region*], in accordance with section 7A of the Health Act 1956.

Under the COVID-19 Public Health Response (Air Border) Order 2020, a person does not need to submit to a medical test (namely a nasopharyngeal swab) if a medical officer of health has determined that it would be inappropriate for the person to undertake the medical test.

I have determined that it would be inappropriate for [*name*] to be required to submit to a medical test (namely a nasopharyngeal swab) due to their particular physical and other needs, namely [*reason(s) e.g. their documented autism or young age*].

I am satisfied that they meet the low-risk indicators and may be released from the managed facility after 14 days, as they are [*reasons – e.g. has remain asymptomatic for final health check, other family/bubble members have all tested negative etc.*]

If you have any follow up questions or queries regarding your health, please call Healthline on 0800 358 5453.

Yours sincerely

[signature]

[Name of Medical Officer of Health]

Medical Officer of Health – [DHB]

# COVID-19 Operations Standard Operating Procedure (SOP)

## Appendix 11: Information Sheet: Declining Covid-19 tests in Managed Isolation

### Information Sheet

#### Declining Covid-19 tests in Managed Isolation

The COVID-19 border response has been established to protect New Zealand from introduction of new cases of COVID-19 from overseas. The release of a single positive case into the community can lead to rapid community transmission and sharp increases in case numbers.

Under the COVID-19 Public Health Response (Air Border) Order 2020, you are required to remain in your place of managed isolation or quarantine for a minimum of 14 days or until you meet the low risk indicators as determined by the Ministry of Health.

Most managed isolation Covid-19 positive cases have been detected at the Day 3 test. This allows earlier access to medical support and actions to reduce the transmission risk to others. The “around Day 12” test helps confirm you are a low risk to other New Zealanders and is one of the required low risk indicators that is required for you to leave managed isolation.

If you decline the COVID-19 tests at day 3, this can impact the length of stay at managed isolation – should you then test positive on day 12, they would be required to undertake a minimum of a further 10 days in isolation. If you test positive at Day 3, then the minimum 10-day isolation may not impact your 14-day quarantine period. The choice to refuse a test can also impact others in your bubble – should you test positive at any later point in your stay, your bubble and/or close contacts will also have to extend their time in isolation.

If you choose to refuse day 12 testing you and your ‘bubble’ will be required to remain in your place of isolation or quarantine until it is determined by the Medical Officer of Health that you are a low risk. This is likely to result in a stay for you of at least 22 days but may be longer.

We ask you to re-consider and agree to undertake the Covid-19 tests. If you have any further questions please contact your on-site health team to discuss this further.

# COVID-19 Operations Standard Operating Procedure (SOP)

## Appendix 12: Early Exit Exemption Approval form

### Early Exit Exemption Approval form (3-6 hours) – to be filled in by Facility Operations Liaison

The information on this form is required for the ARPHS Medical Officer of Health to decide that the person or group has a low risk of having or spreading COVID-19 to the community and to demonstrate that the Facility is satisfied there is evidence the test for circumstances have been met and the facility can accommodate the request.

<b>GUEST INFORMATION</b>		
<b>1</b>	<b>Name of returned traveller/s (travel bubble)</b>	
<b>2</b>	<b>NHI and DOB of traveller/s</b>	
<b>3</b>	<b>Contact details</b>	
<b>4</b>	<b>Room number</b>	
<b>5</b>	<b>Arrival date and country</b>	
<b>6</b>	<b>Expected date and time of release</b>	

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7	Proposed date and time of release	
8	Reason for leaving 3-6 hours early	
9	Result and dates of COVID-19 tests (for each traveller in the bubble)	
10	Results of daily symptom checks (for each traveller in the bubble)	<i>e.g. Traveller 1 name, asymptomatic throughout</i>
<b>FACILITY ASSESSMENT</b>		
11	Has the Site Operations Liaison been provided with evidence that the person has circumstances that meet the test of “urgent and important, or unreasonable inconvenience” and believes the evidence to be credible?	Yes/No
12	Is the Site Operations Liaison satisfied that alternative transport arrangements are not possible or that alternatives would be unduly costly/would create hardship?	Yes/No
13	Is the Site Operations Liaison satisfied that the resulting departure time will not place an unreasonable expectation on facility staff?	Yes/No
14	Has the traveller or group of travellers received a negative day 11/12 swab? The result is required before	Yes/No



# COVID-19 Operations Standard Operating Procedure (SOP)

	submitting the application	
<b>FACILITY INFORMATION</b>		
15	Name of Facility	
16	Name, designation and cell phone contacts of person filling out this form	
17	Date form completed	

Please email completed form to [arphsexemptions@adhb.govt.nz](mailto:arphsexemptions@adhb.govt.nz)

N.B If the risk is deemed low, the Medical Officer of Health will provide approval that is conditional on the applicant passing the exit health questionnaire less than three hours prior to leaving the facility.

The facility duty nurse must also conduct a symptom check over the phone at the expiry of their 336 hour period to ensure they remain symptom free and record the outcome of this call on the person's record held at the facility:

- If symptomatic, inform ARPHS via the ARPHS exemptions email ([arphsexemptions@adhb.govt.nz](mailto:arphsexemptions@adhb.govt.nz)) and direct the person to self-isolate (until the results of the test are known and ARPHS has released from isolation) and seek an urgent health assessment and additional testing within 24 hours.  
ARPHS will follow-up any person that has been notified as symptomatic to determine the outcome of the test or ensure compliance with the direction to be tested and manage as per usual protocols.

# COVID-19 Operations Standard Operating Procedure (SOP)

## Appendix 13: Memo to approver outlining reasons for the person(s) to isolate in an alternate location

TO

FROM

DATE

SUBJECT Case for exemption from entering a managed isolation facility for confirmed COVID 19 cases in the community

### Background

This memo documents the compelling reasons for the following community confirmed COVID 19 cases to stay in their own household during the period of isolation. They do not wish to move into a managed isolation facility for confirmed COVID 19 cases

Name of a Cases

Name of person(s)

Address of Domicile for Cases

Address

Compelling reason for wishing to remain in current domiciled address

- Provide an explanation of why the person(s) have a convincing reason to isolate in an alternate location other than a MIF

Summary of situation and public health risk

- Affirm whether ARPHS supports the request for exemption
- Outline an assessment of public health risk and how any identified risks will be mitigated
- Provide an assessment of the person(s) ability to be compliant with the requirements of the plan
- Identify any welfare concerns and how these will be addressed

# COVID-19 Operations

## Standard Operating Procedure (SOP)

### Appendix 14: Template letter outlining requirements for community cases/household contacts to isolate in an alternate location

Date

Name

Address

Dear [name],

#### Exemption for [name] from transfer to managed isolation facility

This letter confirms that your request for [name] to be exempted from transfer to the managed isolation facility for COVID-19 positive cases has been agreed to under the following conditions:

- They will remain in isolation at [enter location of agreed isolation] until cleared by the Medical Office of Health at the Auckland Regional Public Health Service (ARPHS), and not have contact with anyone other than the bubble members isolating or quarantining with them [names].
- The only exception would be for any urgent health care needs as outlined in the attached plan.
- Essential goods delivered to [location] may be picked up by a member of the household after the delivery agent has left.
- A Section 70 notice for isolation/quarantine at Jet Park hotel (or other managed isolation / quarantine facility) will be issued by the Medical Officer of Health if there are breaches of the conditions.
- You acknowledge the possible risks associated with this course of action, as discussed with ARPHS staff (risk of rapid deterioration in health without on-site medical oversight, risk of unwanted attention occasioned by security in the street)

Please acknowledge your acceptance of these conditions in writing to [arphsops@adhb.govt.nz](mailto:arphsops@adhb.govt.nz).

# COVID-19 Operations Standard Operating Procedure (SOP)



Thank you for your role in protecting others through having been tested and isolating yourself and family. ARPHS will continue to stay in touch and support you and family in whatever way we can throughout your period of isolation and quarantine.

Yours sincerely,

Dr [name of MOoH]

Medical Officer of Health

# COVID-19 Operations

## Standard Operating Procedure (SOP)



### Appendix 15: Template Section 70 Case to Isolate in a MIF



#### Notice under Health Act 1956, s 70(1)(f) and (h).

Date of notice:        /        /

Full Name	
Street Address	
Suburb/City Address	
Date of birth	
National Health Index Number	

#### Order

Acting as a Medical Officer of Health for the Auckland Health District, with the authority of the Minister of Health and/or in circumstances where a state of emergency has been declared under the Civil Defence Emergency Management Act 2002 and/or there being an epidemic notice in force, for the purpose of preventing the spread of COVID-19, an infectious disease, I make the following order pursuant to s 70(1)(f) and (1)(h) of the Health Act 1956:

**I require** \_\_\_\_\_ **to be isolated or quarantined at a facility**  
**authorised by the Ministry of Health from** \_\_\_\_\_ **until** \_\_\_\_\_ **, or until**  
**released by a Medical Officer of Health.**

#### Details of isolation/quarantine:

A Government authorised quarantine or isolation facility in Auckland as determined by the Ministry of Health;

From \_\_\_\_\_ until \_\_\_\_\_ , or until authorised to leave by a Medical Officer of Health.

#### Notes

It is an offence to fail or refuse to comply with a requirement of a medical officer of health, punishable by up to 6 months' imprisonment and/or up to a \$4000 fine.

# COVID-19 Operations Standard Operating Procedure (SOP)



Constables may do anything reasonably necessary to assist in ensuring compliance with this requirement (Health Act 1956, s 71A)

Name and signature of medical officer of health issuing the requirement:

Medical Officer of Health  
Auckland

*Signature*