



BRIEFING

Further advice: Operational and capacity implications of change to 9 or 10 day managed isolation for border arrivals

Date:	19 October 2021	Priority:	High
Security classification:	In Confidence	Tracking number:	2122-1416

Action sought		
	Action sought	Deadline
Hon Chris Hipkins Minister for COVID-19 Response	<p>Note the risks and operational unfeasibility of differentiating length of stay based on final destination in New Zealand or MIQ region of stay, and the feasibility issues of releasing people straight after receiving a negative day 6/7 test.</p> <p>Note the implications for capacity, workforce, and operations set out in this briefing.</p>	21 October 2021

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Kara Isaac	General Manager, MIQ Policy	s 9(2)(a), s 9(2)(g)(ii)	✓
s 9(2)(g)(ii)	Principal Policy Advisor, MIQ Policy		

The following departments/agencies have been consulted

Minister's office to complete:

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 Withdrawn |

Comments



BRIEFING

Operational and capacity implications of change to 9 or 10 day managed isolation for border arrivals

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Purpose

To provide you further advice on the shift to 9 or 10 day managed isolation stay and the operational implications that were noted in the Cabinet paper provided to you on Monday 18 October.

Recommended action

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

- a **Note** that we estimate the shift to a 9 day stay would result in an increase of up to 1,500 rooms a month from the beginning of December under current settings. *Noted*
- b **Note** that this is dependent on no further managed isolation facilities being transitioned to quarantine facilities and that any facilities being converted quarantine will have a direct and commensurate impact on loss of rooms for border arrivals. *Noted*
- c **Note** that if a 9 or 10 day stay is introduced from 1 November, we expect approximately 1,600 arrivals would be eligible to be released from 1 November. *Noted*
- d **Note** the workforce and operational implications expected from a change to 9 or 10 day stay. *Noted*
- e s 9(2)(h) *Noted*
- f **Note** that differentiating length of stay across regions or based on a person's final destination in New Zealand would also be operationally unfeasible and create inequities for returnees. *Noted*
- g **Note** that a clear and consistent length of stay is required to provide certainty for returnees and managed isolation operations. Releasing people on an ad hoc basis when their negative day 6/7 test is returned would be operationally complex, would not allow for the new public health recommended day 9 test, and not allow for a planned approach to final health assessments (low-risk indicators) and release. *Noted*
- h **Note** that for these reasons officials do not recommend releasing people straight after returning day 6/7 tests but instead continuing with a specified day stay approach. *Noted*

- i **Agree** to proactively release this briefing with appropriate withholdings under the Official Information Act 1982.

Agree / Disagree



Kara Isaac
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Managed Isolation and Quarantine, MBIE

19/ 10 / 21

Hon Chris Hipkins
**Minister for COVID-19
Response**

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OFFICIAL INFORMATION ACT

Background

1. On Monday 18 October, officials provided you with a Cabinet paper setting out options to change the managed isolation period from 14 days to 9 or 10 days for border arrivals. This follows public health advice on shortening managed isolation from 14 days to 10 days, or 9 days with appropriate mitigations.
2. Cabinet deferred a decision on that paper to COVID-19 Ministers with Power to Act and Ministers are expected to meet later this week. This briefing provides further advice on the shift to 9 or 10 day period and the operational implications that were noted in the Cabinet paper.

Differentiating length of stay depending on what region someone entered MIQ or their final destination in New Zealand could be considered arbitrary detainment and would be operationally unfeasible

3. The Cabinet paper recommended that the shift to 9 or 10 days be implemented nationally. This is because the public health rationale for reducing the period of managed isolation applies equally across New Zealand.

s 9(2)(h)

Regional differentiation based on MIQ region or final destination in New Zealand would be operationally unfeasible with current settings

6. Currently, there is no connection between a person's final destination in New Zealand and where they do their managed isolation stay. Arrivals are allocated to facilities around the country based on flight schedules and cohort planning, and this is not confirmed until they arrive. In some instances, plans change quickly (for example, a flight planned to be transferred to Wellington having to stay in Auckland due to inclement weather). Once arrivals have completed their stay, they travel to their final destination.
7. This means that even if public health advice supported retaining 14 day stays for facilities outside of Auckland (which it does not), it would not make sense when a significant proportion of people who undergo managed isolation in Auckland then travel to other parts of the country upon departure.
8. Likewise, it would not be operationally possible to implement a length of stay based on a person's final destination. That is because a person's final destination in New Zealand is not known when planning decisions are made about the placement of a cohort or flight into facilities, and their plans about onward travel can change.
9. Different lengths of stay between regions would also mean there is no certainty for travellers about their length of stay because they would not know what region they were going to until

their arrival in New Zealand. This would increase the risk of uncooperative behaviour and add pressure and stress to people arriving into facilities.

10. Under current settings it would also result in people who are placed in MIQs outside of Auckland being charged higher fees than those in MIQs in Auckland which would be inequitable.

A clear 9 or 10 day period is necessary for operational and workforce planning and to provide people with certainty around departure

11. In moving to a 9 or 10 day stay, an additional test on day 9 has been recommended by public health prior to departure. Depending on what type of test that is (PCR or rapid antigen), the results of the day 9 test may not be available until after a person has left managed isolation. This means that the day 6/7 test will be the last test guaranteed to be report back during a returnee's stay in managed isolation. People are still required to meet the low risk indicators on day 9 in order to leave managed isolation.
12. The low risk indicators are an important public health measure to ensure a person is safe to leave managed isolation. It is the final indicator that determines whether a person may leave MIQ, not the day 6/7 test. A clear and consistent 9 or 10 day stay provides certainty for travellers and MIQ's workforces, planning and operations.
13. It would be very operationally complex to release people as soon as their day 6/7 test is returned. Tagging release to the return of a test could mean that people are released on different days (day 7, 8, 9, or 10) and there would be no consistency or certainty. The lack of certainty would have the following impacts:
 - a. MIQ could not plan with any certainty for cleaning/incoming arrivals – we would have to assume the maximum stay time for everyone for cohort planning purposes (noting that we are still implementing cohorting where practicable).
 - b. Health staff could not plan for final health checks and low-risk assessments, and it would mean ad hoc demands for assessments to be carried out. This could seriously impact health staff who are already under significant pressure.
 - c. It could increase the risk of uncooperative behaviour between returnees and workers if people's expectations of when they will have their test result are not met (especially if people have made onward travel plans that have to be deferred).
 - d. Travellers would not be able to make onwards travel plans with any certainty before departure, and it could create additional stress and anxiety for people in difficult circumstances who would not know when they are able to leave.
14. It would also require the manual reconciliation of invoices before they are issued because MIQ finance would not know on what day someone left. To efficiently identify short stays would require changes to the invoicing system and a variable length of stay based on when a test result is received would undo recent gains made by automating invoicing.

Capacity implications of a 9 or 10 day stay

15. The shift from 14 to 9 or 10 days will have an impact on capacity available in the managed isolation and quarantine system.

16. For most of November, we do not expect that there will be any notable capacity gain as 575 managed isolation rooms have recently been converted from isolation to quarantine rooms in response to the current community outbreak.
17. To ensure that we continue to meet obligations to people who already have Managed Isolation Allocation System (MIAS) vouchers and are arriving in the upcoming weeks, we are using the entire operational contingency available, and undertaking other measures, such as deferring scheduled maintenance and suspending cohorting as required.
18. From the beginning of December, we estimate that the change to a 9 day stay plus a 2-day turnaround will result in an increase of about 1,500 managed isolation rooms per month (for a 31-day month). This assumes that no other managed isolation facilities are converted to quarantine facilities. If they are, this will have a direct impact of managed isolation capacity.
19. The availability of rooms for managed isolation will remain under some pressure until re-planning of flights to managed isolation facilities is completed. We expect this pressure to remain significant until the end of the year.

Numbers of people to be released between day 9 to 14 of their stay by 1 November

20. If delegated Ministers decides to reduce the time that all border arrivals stay in MIQ from 14 to nine days from 1 November, this means that border arrivals entering MIQ from 19 to 24 October will be eligible to be released from that day.
21. To estimate the likely number of people this would be, we used MIAS bookings as at 18 October. We expect 1,614 border arrivals will be eligible to complete their MIQ stay on 1 November. This number will shift as travel plans change and offline allocations are approved.
22. There are seven managed isolation facilities that would have people on days 9-14 on 1 November. These are the Crown Plaza Auckland, Stamford Plaza Auckland, Waipuna Auckland, Ibis Rotorua, Rydges Rotorua, Novotel Christchurch, and Sudima Christchurch.
23. It may not be possible to release everyone eligible on 1 November, however we will be able to release all eligible people as close as is reasonably practical to 1 November. To mitigate issues, we will prioritise the exit of the border arrivals who stayed the longest first. In other words, we would exit those who have been in an MIQ for 13 and 14 days first and so on.
24. We understand that it could take up to two days at some facilities in order to ensure IPC protocols are maintained and all border arrivals meet low-risk indicators to qualify for release. We expect significant comments or queries by returnees who have been in isolation for 9 or more days if their exit process is delayed beyond 1 November 2021 but will ensure this is communicated clearly.
25. As at 1 November 2021, it is forecasted that approximately 1,614 people will be at day 9 – 14 of their MIQ stay (i.e. people who entered between 18 October – 23 October). This equates to approximately 1,241 rooms that would be affected by the potential early release of these people. The table below sets out the number of people and the length of stay in their MIQF on 1 November as of today.

Forecast Rooms/People on 1 November							
Day of stay	14	13	12	11	10	9	Totals
Rooms	282	154	181	292	136	196	1,241
People	367	200	235	380	177	255	1,614

Expected capacity based on facilities coming online

26. As advised, we are in discussions with two more Auckland facilities convert to quarantine, the Sudima (190 rooms) and Naumi (150 rooms) although both have a range of maintenance issues or factors that need to be overcome before they can be considered for dedicated quarantine [briefing 2122-1377 refers].
27. Moving to a 9 or 10 day stay may enable these facilities to be converted to quarantine facilities in November if needed while still allowing us to accommodate existing border arrivals with MIAS vouchers.
28. However, this depends on a number of other decisions. For example, should the dedicated allocation for Health workers be brought forward from the end of November, this would mean that additional managed isolation space will be required to meet this commitment.
29. There is a direct trade-off between converting managed isolation rooms to quarantine rooms to accommodate more community cases and close contacts over border arrivals. While changing to a 9 or 10 day stay means we can meet our existing obligations to border arrivals in November and accommodate 575 rooms for quarantine, converting further rooms to quarantine will constrain any ability to release further MIAS vouchers or increase throughput of border arrivals.
30. We will provide further advice to you early next week to support Ministers making a strategic decision about the minimum number of rooms that will be committed to managed isolation going forward particularly if the community outbreaks worsen.

Operational implications of 9 or 10 day stay

Workforce and operations in facilities

31. Shifting to a 9 or 10 day stay will impact MIQ workforces. In particular, health staff will likely need to be increased to support testing requirements and low-risk indicator assessments for departures. Hotel staff will also be impacted and workforce rostering will need to be adjusted to reflect earlier departures.
32. There will be an increase in transport logistics to support onward travel for people who are released, including air transfers. Additional staff and carriers will need to be brought in to support more frequent onwards travel plans.
33. Departure protocols will also need to be revised and aligned to ensure border arrivals are able to leave on time. This includes operational practices around shutting down common areas, lifts and lobbies for arrivals, departures and testing. Cohorts will also need to be kept separate within facilities where possible, e.g. during exercise and may require additional staff supervision to ensure compliance with IPC measures.

Cohorting

34. You have agreed to suspend cohorting nationally [2122-1377 refers]. However, due to the improvements in the national planning of arrivals into our facilities and to continue to support best practice IPC, it will continue where practicable.
35. The unallocated rooms as a result of cohorting have dropped substantially and there is no need to remove cohorting from the forward plan. However, there is likely to be occasions where we can fit in additional arrivals into facilities and will do so to maximise capacity.

Where possible, these groups will be kept separate from the main cohort during exercise and smoking time.

Exemptions to leave earlier than day 9 or 10

36. If a move to day 9 or 10 is agreed expect there will be an increase in requests for early release exemptions as returnees test their individual circumstances with health criteria created for QFT participants.
37. We will be working with Public Health regarding changes to exemptions from MIQ in light of any change to a 9 or 10 day stay. Currently the earliest a person can leave is at 7 days if low risk and 10 days if they are higher risk.

MIAS vouchers

38. If a decision is made to move to a 9 or 10 day MIQ stay we will be reviewing voucher releases to align with a 9 or 10 day MIQ stay. Although 575 managed isolation rooms have been converted to quarantine for the community, there are currently no plans to cancel MIAS vouchers because all voucher holders can be accommodated by changing to a 9 or 10 day stay.
39. However, if the MIQ stay remains at 14 days managed isolation capacity be significantly constrained for the immediate future including no ability for MIQ to respond to any concurrent events. Additionally, there will be no capacity for any further facilities to be converted to quarantine in early November as all existing managed isolation facilities will be required to fulfil existing commitments to border arrivals who already hold MIAS vouchers and those approved for an emergency allocation in the coming weeks.
40. A small voucher release (with vouchers for January only) is happening on Thursday.

Next steps

41. We will provide you with a further update on quarantine and managed isolation capacity at the end of the week.