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DEPARTMENT OF THE
PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

COVID-19 National Resurgence Response (Plan)

V 1.0

December 2020

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~~This plan is dependent on a number of Cabinet decisions and therefore until Cabinet has made a decision is not for Public Release or wider distribution.~~

1. Plan Overview

This plan is a living document and will undergo continuous improvements as lessons are learnt and processes is improved.

1.1.National Strategy

New Zealand's national COVID-19 strategy is to eliminate COVID-19 from New Zealand until a vaccination programme is implemented, or the virus attenuates sufficiently to be managed in other ways.

1.1.1.Context

The purpose of the National Resurgence Response Plan is to provide a framework for a nationally lead, regionally delivered response to a resurgence of COVID-19 cases within the community. This plan will provide assurance of the framework to respond to future outbreaks of COVID-19 within the community, as referenced in the Cabinet paper of 10 August 2020, Cabinet decision [CAB-20-MIN-0387] attached as annex 1.

National agencies are developing and maintaining resurgence plans to manage the effects of a resurgence of cases which informs the system plan. These plans will consider the national and regional elements of ongoing activities (business-as-usual plus additional COVID-19 related responsibilities) as well as a rapid re-escalation of critical Workstreams if required.

This plan outlines planning and operations processes to implement a coordinated response to any resurgence through the following phases.

- Readiness to Respond
- Phase one – Assessment of Community Transmission
- Phase two – Immediate Response
- Phase three – Sustained Response

[Note: activities within each of the phases may not occur in a linear fashion and are dependent on the specific scenario. This plan can also be implemented simultaneously with any concurrent significant emergency plans that may be activated in the event a significant concurrent emergency occurs.]

This plan will be activated in parallel with the Ministry of Health COVID-19 Resurgence Plan once triggers have been met (section 1.1.2) and therefore should not be read in isolation.

A key part in a resurgence of cases is preparedness. The DPMC COVID-19 Group and Ministry of Health (MoH) have developed a series of aligned, likely scenarios that demonstrate an escalation in cases and clusters over time to ensure alignment in readiness activities across the system (annex 2).

Successful implementation of resurgence plans will depend on the operational readiness of key agencies. The key elements of all agency resurgence plans are:

- ongoing activities that are impacted in differing COVID-19 scenarios and how they are managed;
- how the agency will surge capacity to respond to a resurgence scenario;
- what capacity and capability thresholds will trigger a resurgence plan activation;
- how does the system support the health response;
- how does the DPMC COVID-19 Group support agencies within the system; and
- what interdependencies and linkages there are.

1.1.2.Key Triggers for activation of plan

Triggers have been developed by MoH to outline when their resurgence plan may be activated and therefore this plan. This plan will only be activated if necessary, with potential triggers including;

- MoH have grounds to believe community transmission is, or may be, occurring; and/or
- Ministry of Health believes case/s or community clusters of COVID-19 are not contained, or may not be contained; and/or
- MoH equity consideration relating to known cases or clusters and population groups or communities that may be at particular risk or otherwise vulnerable; and/or
- a District Health Board increases alert level under the National Hospital Response Framework; and/or
- any other relevant information. Including other risk factors, changes in characteristics of the virus, clinical presentation of cases etc.

Note: any timings mentioned within this plan are dependent on the early notification from MoH once the above triggers have been met. Timings are indicative and may change depending on the context of the resurgence, however timings should be used as a guideline when the plan is activated.

1.1.3.National Objectives

The Response Group mission will be achieved through the following National Objectives;

- **Enable effective decision-making & governance:** provide representation to and support the operation of governance and decision-making structures as appropriate.
- **Enable effective and coordinated support to the COVID-19 Health System response:** Support the MoH, District Health Boards (DHB's), Public Health Units (PHU) and community providers to achieve the required COVID-19 related health outcomes.
- **Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms:** Establish effective coordination mechanisms, processes and structures between agencies and stakeholders.
- **Coordinate support for communities (including business) to minimise the social & cultural, and economic impacts:** Partner with support agencies, to identify and meet community needs where there are no other means of support.
- **Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements**
 - Messaging and strategic communications will be nationally led by the DPMC COVID-19 Group.
 - Public health messaging is generated and led by MoH, in partnership with DPMC COVID-19 Group.
 - Other messaging is generated by the appropriate agency.
- **Support and contribute to Intelligence processes:** Facilitate the flow of information through agreed AOG reporting processes, including, where necessary, supporting other agencies in the efficient sharing of information.

Agencies have prepared plans against these objectives. Key agency assurance can be found in section 3. Wider agency assurance can be found in annex 3.

All planning to respond to a resurgence of cases has been developed with the following scope;

- Aligning plans with the MoH COVID-19 Resurgence Plan;

- The roles and responsibilities of the DPMC COVID-19 Groups (NRLT, NRG and DPMC COVID-19 Group) in the response;
- Agencies plans are framed to support the wider system response; and
- The roles and responsibilities of the Regional Leadership Groups (RLG) and CDEM Groups as the coordinators of the regional response to a resurgence, with the Regional Leadership Groups providing a leadership role.

1.2. Execution and Implementation

Cabinet has agreed to governance and decision-making structures based on the roles and functions described in the Cabinet paper [CAB-20-MIN-0387] (annex 1).

There are several governance structures which are key in the decision making and implementation processes of the National Resurgence Response Plan. These include but are not limited to;

- National Response Leadership Team (NRLT)
- National Response Group (NRG)
- Ministry of Health COVID-19 Directorate
- DPMC COVID-19 Group
- Workstreams
- DPMC COVID-19 Strategy and Policy
- DPMC COVID-19 Operations and Planning
- DPMC COVID-19 Communications and Engagement
- DCE Resurgence Response Group
- Resurgence working group
- DCE Policy Group

Diagram 1 outlines the interaction between a number of these key governance groups.

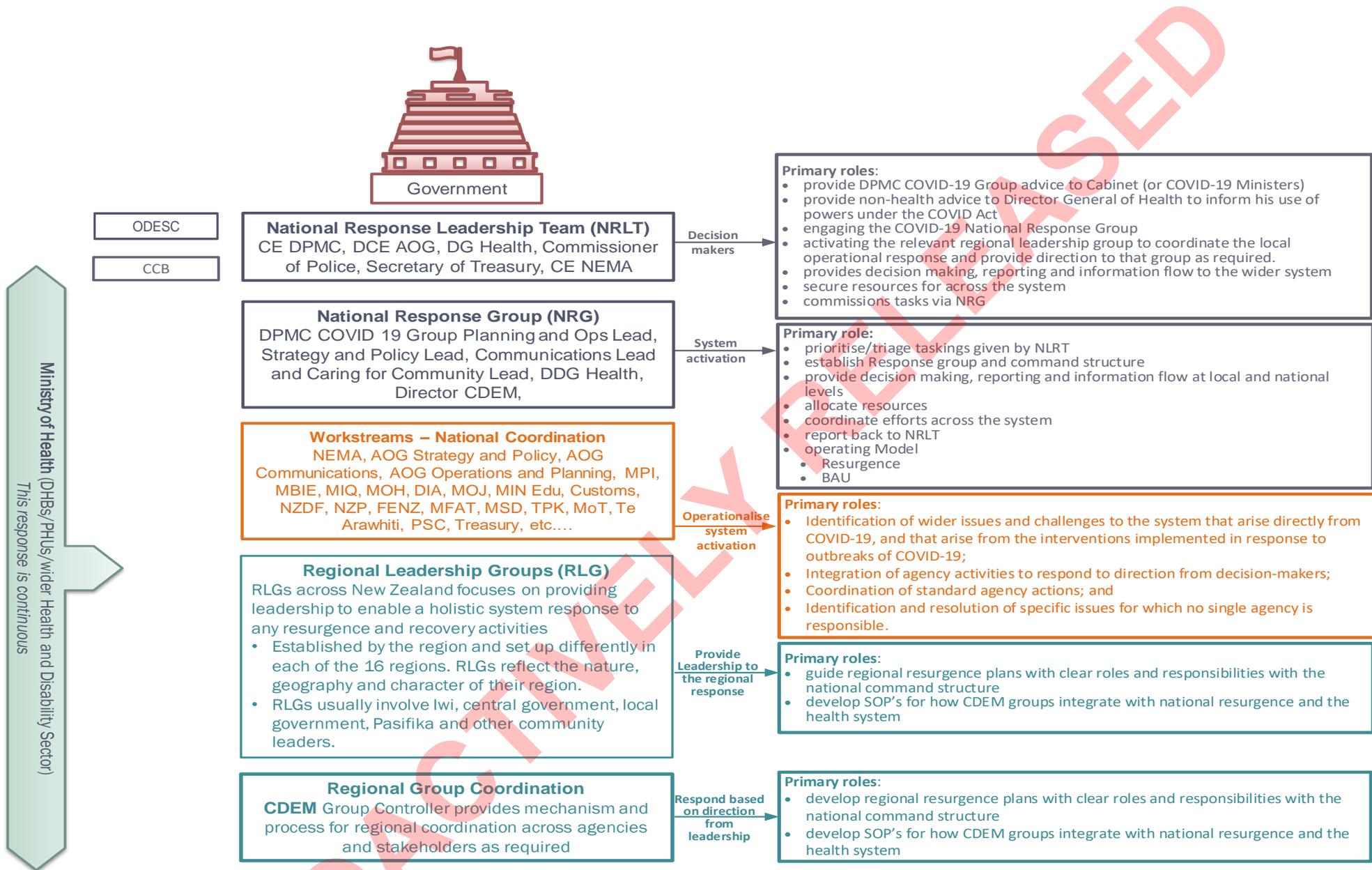


Diagram 1: National to Regional resurgence structures and responsibilities

1.2.1. National Response leadership Team – Intent

NRLT will lead the COVID-19 Resurgence Response by providing clear strategic direction, coordination as required, assurance and support to ensure that the system of government is prepared and able to execute a response commensurate with the nature of the resurgence. Responsible agencies will prioritise their effort and resources in support of the overall resurgence response. This Plan will be regularly reviewed, and any associated operational response will be agile, responding to changing circumstances as required, in accordance with the overall objective of eliminating elimination. It is expected that agencies will also prioritise readiness activities.

NRLT will meet when a community transmission has been confirmed by MoH. Depending on the situation, there may be situations where the National Response Group (NRG) meet prior to NRLT, particularly in relation to early notification.

1.2.2. Workstreams

Workstreams is chaired by the Head of Operations and Planning and is a forum that brings senior representatives from across the system together on a regular basis to provide a single point for information. Workstreams allows for of integration for all agencies to enhance readiness to respond to a resurgence of COVID-19, coordinate the response to a resurgence, task agencies, commission specific pieces of work, and report back on progress and issues across the system.

As well as ensuring uniformity of information flow and messaging. It is the basis for the provision of expertise, advice and action in response to a resurgence, while being an appropriate forum to convene cross-agency work groups to respond to specific issues.

Since inception, Workstreams have provided the forum to:

- Conduct ongoing inter-agency information exchange and liaison, and resurgence preparations activities;
- Coordinate inter-agency operations in response to a resurgence; and
- Task specific ad hoc programmes of COVID-related cross-government work for which no single agency is responsible.

During business-as-usual periods, Workstreams will meet as and when required to ensure readiness to respond across the system is maintained and risks to the system to respond to a resurgence are identified and mitigated. Attendance at Workstreams will vary depending upon the situation and associated context.

In the immediate response phase, senior representatives from agencies will be notified by the Head Operations and Planning of a resurgence. They will attend a Workstreams meeting to be held directly following Ministers' decision to respond, and daily until such time as it is deemed by the Head Operations and Planning that meeting frequency shall be increased or decreased.

1.2.3. Māori Crown relationship

Throughout the National Resurgence Response Plan Maori Crown relationships have been honoured through Treaty principles. The plan ensures early notification to and the acknowledgement of a formal, Cabinet approved role with the Regional Leadership Groups. Continuous engagement with Iwi will also occur through engagement within the Caring for Communities workstream, through the application of this and regional plans, and governance structures to any response to COVID-19.

1.3. Key legislative frameworks for the response

There are several key legislative frameworks which provide the basis for how the DPMC COVID-19 Group responds, these are summarised in annex 4 and include;

- COVID-19 Public Health Response Act 2020 (s. 11 orders)
- Health Act 1958
- CDEM Act 2002
- National CDEM Plan Order 2015 The plan

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1.4. Phased approach overview

As outlined, there are four main phases of responding to a resurgence of cases these are outlined at a high level below, followed by an implementation SOP section.

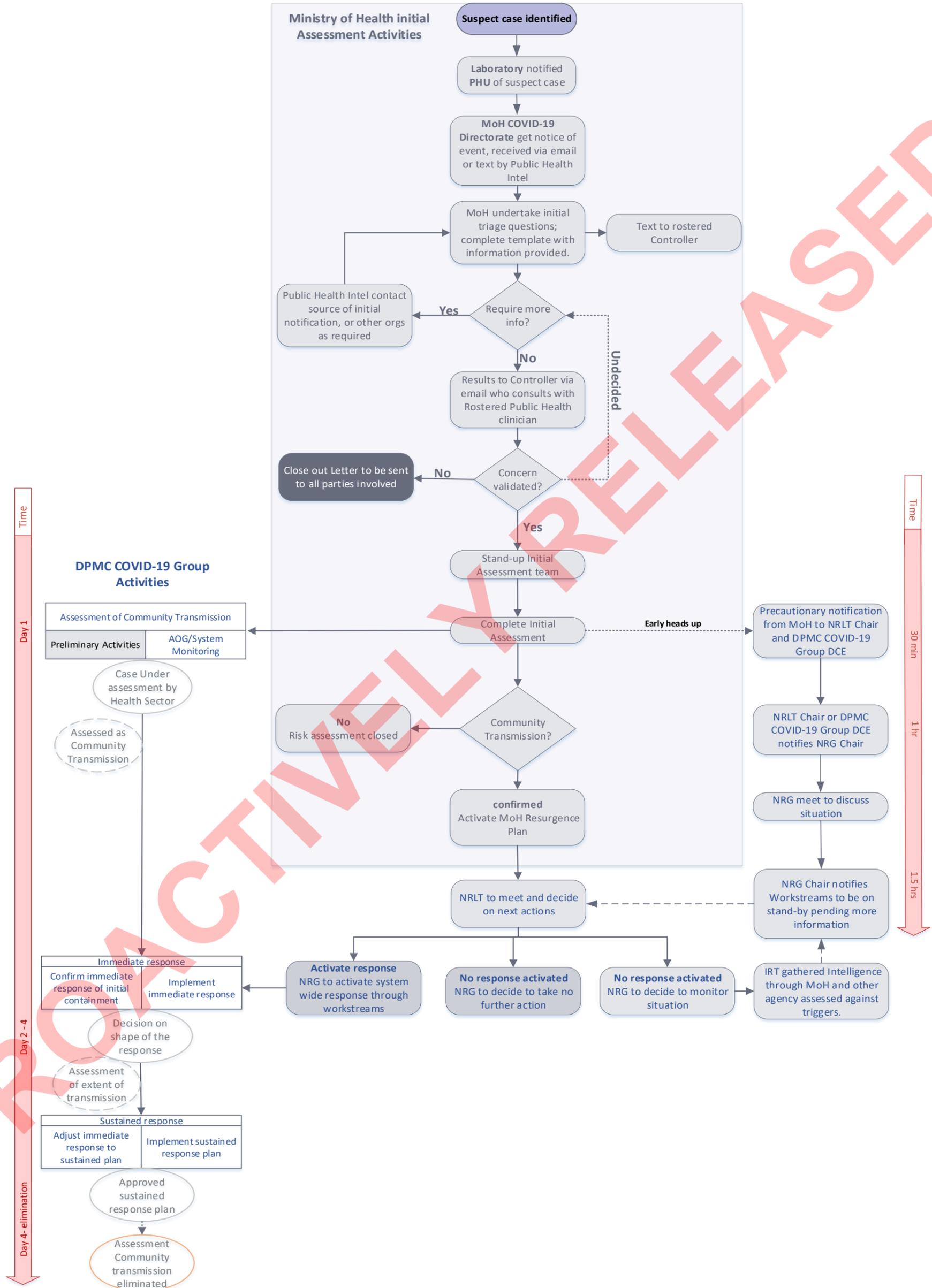


Diagram 2: outlines the MoH initial assessment process integrated with the AOG System activities.

1.4.1. Readiness to Respond

It is key the entire system is ready to respond to a resurgence of COVID-19 cases. This will be an enduring step across all phases of the response as lessons are learnt and processes are improved.

A system which is ready to respond is one where:

- plans are tested and practised;
- ongoing tabletop exercising with all agencies;
- notification process is agreed to and tested;
- a functioning inter-agency insights and information exchange system is in place to provide Indications and Warnings and a method to learn from overseas experience;
- a continuous improvement process is in place and is supported across the system;
- community support arrangements and funding are in place;
- personnel are identified and ready to contribute to surge demands; and
- an appropriate public communications system is ready with pre-agreed messaging.

Readiness to respond is addressed through Annex 2, which incorporates learnings from the August 2020 resurgence, and international resurgences (as compiled by the DPMC COVID-19 Insights and Reporting Team and the Strategy and Policy group). This phase will ensure continuous improvement and therefore develop a resilient system to achieve New Zealand's elimination strategy.

1.4.2. Phase One – Assessment of Community Transmission

MoH has responsibility and accountability for the monitoring and assessment of COVID-19 in New Zealand. This phase is focused on the health system function with an emphasis on early detection, rapid contact tracing, case and contact management and keeping the DPMC COVID-19 Group informed of any developments through the agreed channels. MoH will be responsible for resourcing their assessment capability and capacity and will be supported by all of government as and when needed. DPMC COVID-19 Group can aid through communication and guidance, particularly with any urgent surging capacity. Any non-surge capacity will be primarily assisted by the Public Service Commission (PSC).

The resurgence response activation will formally commence when the Director-General of Health has confirmed community transmission is or may be occurring and cannot, or is unlikely to be, contained by immediate and targeted public health interventions. It remains integral that early communication between NRLT, NRG and MoH occurs at the appropriate levels to allow preparations to be undertaken in parallel with the assessment process.

A confirmed test result of COVID-19 in the community, will be notified by the testing laboratory to a local Medical Officer of Health or Public Health Unit (PHU). A rapid case investigation process will be commenced to identify the source, associated exposure events and contacts, and assess whether the infection represents community transmission. This may also include genomic and serological analysis. Upon assessment that community transmission is or may be occurring, the DG Health will inform the Minister of Health and the Chair of NRLT.

Information on assessment is to be treated as sensitive with limited internal and no public dissemination. The free flow of information amongst trusted partners is necessary to ensure the entire system is ready to respond as soon as it has been determined that community transmission has occurred. On most occasions information sharing will not result in an activation of the resurgence plan. However, the advantage of preparation time outweighs any potential inconvenience.

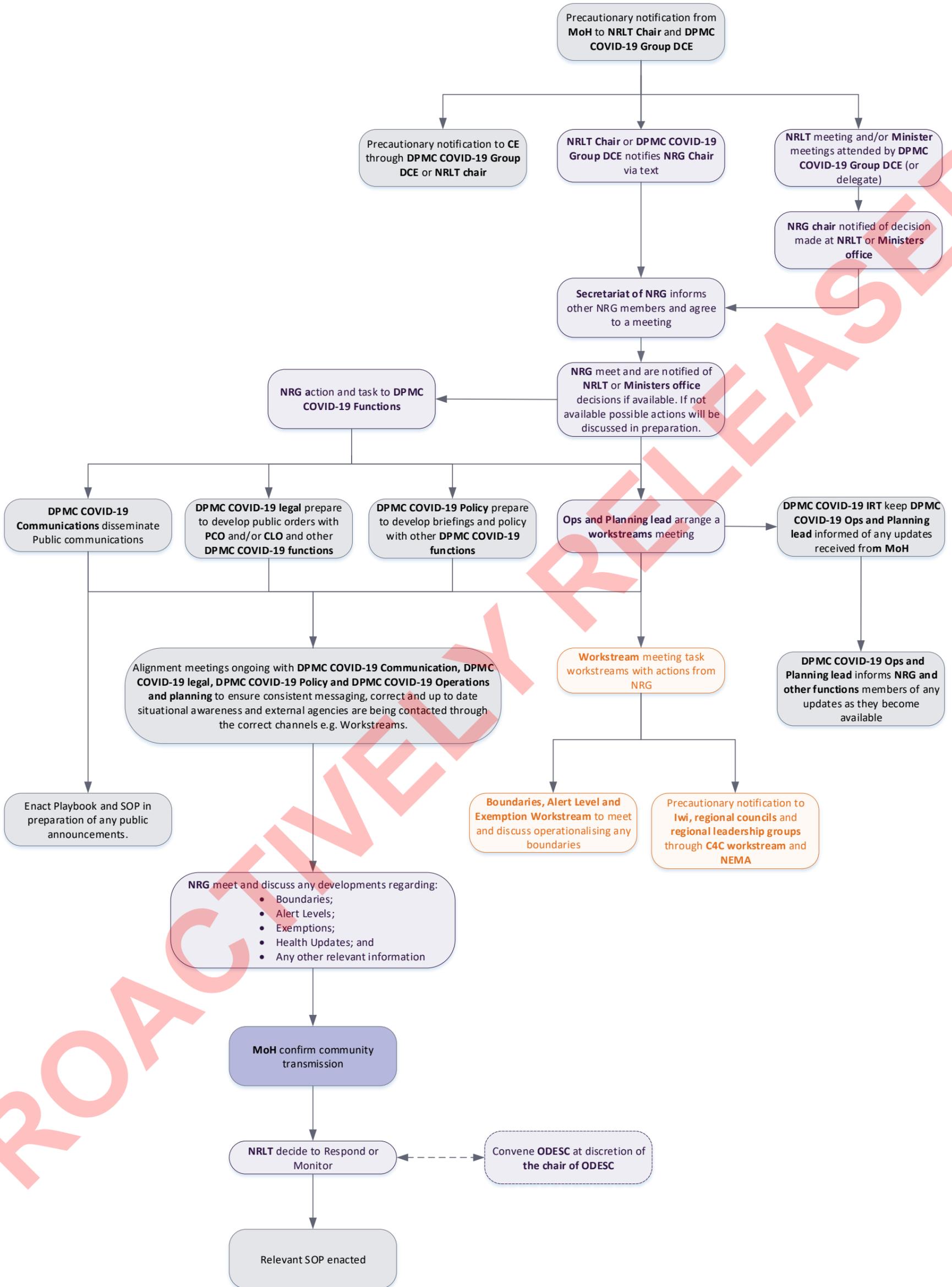
1.4.3. Precautionary Notification

To ensure the system is prepared to respond to a confirmed community transmission a precautionary notification from MoH will be given to the NRLT Chair and DPMC COVID-19 Group DCE. This will occur concurrently as MoH undertakes their assessment of community transmission. Diagram 3 outlines the notification cascade through the DPMC COVID-19 Group and stakeholders.

The NRLT chair will notify the NRG chair who will arrange to convene an NRG meeting to discuss outcomes from NRLT and or ministers meeting. If no outcomes are available, the meeting will discuss any possible preparatory actions required to provide assurance the system is ready to respond if required. This is a preparatory meeting only.

As more information and clear actions are decided NRG Chair/DPMC COVID-19 Operations and Planning Lead will convene a workstreams meeting. This meeting will enable workstreams to be informed as a group and undertake work in preparation to respond if required. This will include further engagement with Iwi, Regional Councils, and RLG through C4C and NEMA. Annex 5 addresses regional precautionary notification.

Precautionary Notification Phase (Meetings and Actions)



1.4.4.Phase Two - Immediate response

When community transmission has been confirmed by DG Health, MoH will activate their resurgence plan. This will trigger simultaneous activation of this plan. Upon notification of community transmission, the NRLT is to meet as soon as practicable (ideally within 30 minutes) to receive an initial health risk assessment from DG Health, and information from other members and attendees.

The initial risk assessment will provide information regarding the location and extent of the outbreak, noting that further investigative work is ongoing. This risk assessment will inform the response required to stamp out the resurgence (It should be noted that activation of the system could include either undertaking activities to monitor the situation or activities to control, contain and eliminate the virus). At this point, the NRLT will formally make a recommendation to Ministers on the proposed direction of the response from the following options:

- no further activation is required;
- monitor the situation; or
- activate the system to respond.

The DPMC COVID-19 Group is likely to be operating with very limited information. Throughout this phase, information will be continually gathered across key groups and agencies and shared through NRG to the NRLT to inform decision making. The process is reliant on strong and well-practiced information flow from MoH to groups across government. Success during the immediate response will enable containment of the situation and provide time to allow greater information analysis to be conducted, enabling a fit-for-purpose sustained response.

If a decision is made by NRLT to recommend the system monitor the situation, DG Health will keep NRLT apprised of the situation, MoH will issue SitReps, and information will also be gathered through other government agencies. The NRLT will notify DPMC COVID-19 Group to stand-by for escalation to response if required. On notification from the NRLT the Chair of the NRG will prepare to activate the wider system through Workstreams. Preparation for activation can include notification to relevant persons and groups, in-confidence, to ensure that contingencies can be stood up and key messages prepared.

If a decision is made by NRLT to recommend the system be activated, initial containment actions will be taken and any COVID Order to make Alert Level changes will be recommended to Ministers. Any drafting of legal orders will be directed by NRLT and will be supported by the DPMC COVID-19 Group (Operations and Planning, Strategy and Policy, and Communications) and will coordinate their implementation.

The DPMC COVID-19 Group Communications team upon activation from the DCE DPMC COVID-19 Group will inform associated Alert Level and necessary containment obligations through public messaging. This will include information regarding; public health measures; physical distancing; use of masks/face coverings; limits to commercial operations; work from home options; and the operation of any boundaries and checkpoints.

RLG's and CDEM groups will activate regional support, providing leadership enabling execution of governance decisions. These groups will activate existing structures such as Caring for Communities (C4C). Focus for C4C will be on food, security, shelter, and ongoing engagement with relevant RLG's including Iwi, as well as connecting with the community provider/ supports in the health and disability sector. RLG are focussed on the social and economic recovery, and services which are being delivered to the community throughout all phases of the response.

It should be noted that these groups, C4C and RLG's, will be undertaking low level activities outside of an immediate response phase. This means there will be existing mechanisms which can be utilised during a resurgence.

Regardless of the recommendation made by NRLT, all decisions should flow through NRLT to NRG and then the national and local response groups and agencies to allow them to be formally alerted and enable an appropriate level of reaction to government direction. It is important that before any public notification of community transmission, RLG's, local CDEM Groups and Iwi are notified and provide clear and accurate information and messages.

1.4.5. Phase three - Sustained response

Following the implementation of the immediate response, the development of a plan for a sustained response will take place over several days. This will include gathering and dissemination of information and intelligence across key agencies via the Workstreams function, to build an accurate picture of the evolving situation. Information will be continually fed into the development of the sustained response to inform and prepare for the transition from an immediate response to a sustained response.

An important aspect of longer-term thinking will be the requirement to manage the effects of disruptions and uncertainty caused by the response. These include assessment and mitigation of risk factors and ongoing care for vulnerable persons and communities, the provision of education services and support to business and any additional effects on international travel, including a reduction in returnee numbers to increase domestic quarantine capacity. A sustained response may include widening or refining of containment measures dependent on the information and intelligence available.

1.4.6. End-state/De-escalation of response resurgence

A response to a resurgence of COVID-19 cases within the community will be assessed as complete when all identified outbreaks have been contained, with no further community transmission having occurred for a period that satisfies the DG of Health. At this point the system will be systematically stood down and poised ready to respond if required. Any lessons learnt should be gathered and incorporated into the plan through the readiness to respond phase.

1.5. Standard Operating Procedures (SOPs)

The following section outlines each of the response phases in detail and the key tasks that are required to be undertaken. Accountable agencies and persons responsible for the tasks have been identified.

Annex 6 outlines Cabinet agreed principles to for Alert Levels and Boundaries. These are ongoing considerations which will be developed over time based on information gathered and the situation being dealt with.

1.5.1. Readiness to Respond

For New Zealand to successfully respond to cases of community transmission, the response will need to incorporate the principles of readiness and preparedness. This will include; continually improving systems and processes, adapting to the latest technology and emerging science to understand the virus behaviours, as well as developing, modifying and exercising the resurgence plan and associated contingency plans.

The below outlines the tasks and responsibilities of each agency/function that are to be undertaken as readiness activity in order to respond to a resurgence of COVID-19 cases.

| Governance and assurance | |
|---|--|
| <ul style="list-style-type: none"> Agree roles and responsibilities during a resurgence | NRG |
| <ul style="list-style-type: none"> Establish policy and associated operationalisation to respond. | DPMC COVID-19 Group (Strategy and Policy, and Operations and Planning) MoH Policy |
| <ul style="list-style-type: none"> Validate resurgence plans Confirm regional capabilities to respond to a resurgence Inform regions of progress and status of planning and policies to enable business; iwi; elected officials to plan Establish a continuous improvement process Develop a communications plan for resurgence | All agencies Workstreams |
| Exercising | |
| <ul style="list-style-type: none"> Continuous exercising of national and agency resurgence plans | NRG DPMC COVID-19 Group (Strategy and Policy, and Operations and Planning) |
| <ul style="list-style-type: none"> Identify the interdependencies between agency resurgence plans Identify agency resource shortfalls or capacity to support other agencies Confirm supporting arrangements to coordinate capacity to address resource shortfalls | All agencies Workstreams |
| Boundaries and exemptions | |
| <ul style="list-style-type: none"> Establish and agree to potential boundaries in an immediate and sustained response. | DPMC COVID-19 Group (Strategy and Policy, and Operations and Planning) MoH Policy |
| <ul style="list-style-type: none"> Identify exemptions process to manage interregional movement | Relevant agencies Workstreams |
| Health Readiness | |
| <ul style="list-style-type: none"> Issue Health System Resurgence Plan and ensure alignment with this plan Ensure scalable testing and contact tracing process is in place Ensure readiness of process is in place for exemptions | MoH, DHB, PHU |
| National Readiness | |
| <ul style="list-style-type: none"> Identify <i>critical</i> MIQ facilities | MBIE MIQ |
| <ul style="list-style-type: none"> Develop Plans, Policies and SOPs | Relevant agencies Workstreams |
| Community Support | |
| <ul style="list-style-type: none"> Identification of target groups, conduct initial needs assessment and plan support options Engagement with local authorities and Iwi | C4C/ NEMA/MSD |
| Intelligence | |
| <ul style="list-style-type: none"> Conduct risk assessments and strategic analysis | DPMC COVID-19 Group (IRT) |
| <ul style="list-style-type: none"> Establish relationships across government for information and intelligence sharing Monitoring and sharing of information on international developments with regards to: <ul style="list-style-type: none"> virus mutation, global spread, treatment methods, vaccination progress, testing methods | All agencies Workstreams |
| Local Government | |
| <ul style="list-style-type: none"> Involving local government representation in regional testing | NEMA DPMC COVID-19 Group (Operations and Planning) |
| Support Activities | |
| <ul style="list-style-type: none"> Prepare for concurrent events | NEMA, The Emergency Services Working Group (NZP, St John, WFA, NZDF, NEMA, FENZ) |
| <ul style="list-style-type: none"> Identify personnel requirements including holiday rosters Work prioritisation to mitigate workforce attrition across government Confirm resurgence coordination centre | All agencies Workstreams |

1.5.2.Phase one - Assessment of Community Transition

When community transmission is confirmed this plan is activated, information sharing between MoH and DPMC COVID-19 Group will allow personnel to be best placed to rapidly respond when a case of community transmission is confirmed.

Confirmation of community transmission is dependent on notification to NRLT Chair and DPMC COVID-19 Group DCE from MoH through their Health Laboratories. Information regarding community transmission will only become available during normal business hours. Therefore, although the system remains poised to respond anytime of the day any notification outside normal business working hours will be impacted by the need to notify, congregate and engage personnel.

The below table provides a high-level overview of the tasks that will be performed during the assessment of community transmission phase, an associated description, and the agencies that are responsible or involved in the completion of these tasks.

| Detection | |
|--|---|
| <ul style="list-style-type: none"> Maintain community testing at all levels to enable early identification of potential cases that may lead to community transmission. Conduct in-depth contact tracing, activated based on triggers as detailed in the MoH resurgence plan. | MoH, DHB, PHU |
| Initial assessment | |
| <ul style="list-style-type: none"> Concern identified and initial interview / triage undertaken to validate / invalidate concern. Stand-up of MoH initial assessment team. | MoH |
| Information Sharing | |
| <ul style="list-style-type: none"> Triggers as noted in section 1.1.2 Based on internal triggers DPMC COVID-19 IRT advise NRLT via [needs to be confirmed by IRT] of developing situation. NRLT decide on promulgation of case status in order to prepare response elements for activation. | NRLT, NRG |
| <ul style="list-style-type: none"> Head: COVID-19 Directorate (MoH) communicates to Head: Operations and Planning (Chair National Response Group (NRG)) when a concern has been identified (as per sequence 1, MoH Resurgence Plan) | MoH Head: COVID-19 Directorate (MoH) Head: Operations and Planning (Chair NRG) |
| Confirmation of community Transmission | |
| <ul style="list-style-type: none"> Completion of MoH risk assessment that confirms community transmission | MoH |
| <ul style="list-style-type: none"> Notification of community transmission to relevant decision-makers. | Minister of Health, DG of Health |
| | NRLT, NRG, DPMC COVID-19 Group |
| | RLG, CDEM |

1.5.3.Phase two - Immediate response

The below table provides a high-level overview of the tasks that will be performed during the immediate response phase which is overseen by COVID-19 Group, an associated description, and the agencies that are responsible or involved in the completion of these tasks.

The below table is an SOP that details the immediate response to a resurgence of COVID-19 from the moment that MoH confirms community transmission of COVID-19 within New Zealand and NRLT decide to activate a response. The purpose of this SOP is to ensure that the necessary actions are taken at the right time by the appropriate individuals and agencies.

A timeline of key response decisions as well as key public communications actions is outlined in annex 7. This is a high-level summary and more detail can be found in the SOP below.

| Time | Sequence | Actions | Responsibility |
|--|---|---|---------------------------|
| Initial identification - timeline dictated by MoH | 0 | Suspicious positive case identified | |
| | | Laboratory notifies Public Health Unit (PHU) of case | Laboratory |
| | | PHU notifies Ministry of Health (MoH) COVID-19 directorate. | PHU |
| | | MoH undertake critical assessment - preliminary notification from MoH to NRLT Chair and DCE COVID-19 Group - notifies NRG Chair | MoH |
| | | NRG Chair notifies workstreams to be on standby | NRG |
| T=0 | 1 | Head of MoH COVID-19 Directorate notifies DG Health of confirmed community transmission | MoH |
| Ongoing and concurrent | 2 | <p>Ministry of Health implements resurgence plan including testing, contact tracing, rapid case investigation process, including genomic and serological analysis, and individual exemptions for personal movement.</p> <p>During the first 48 hours of the response, the Ministry of Health will provide two SitReps per day. Following this, the regular cadence of reporting will be one SitRep per day and an end-of-day update</p> | MoH |
| +15min | 3 | DG Health notifies Minister for COVID-19 Response; | MoH (DG Health) |
| | | DG Health, in consultation with Minister for COVID-19 Response, contacts PM, Minister of Health, and Duty Minister; | |
| | | DG Health notifies CE DPMC | |
| | | CE DPMC notifies PM Chief of Staff; | CE DPMC |
| | | CE DPMC notifies NRLT members and activates the NRLT to meet immediately (<30min) | |
| | | Head: DPMC COVID-19 notifies Head: Operations and Planning (NRG Chair); | Head: DPMC COVID-19 Group |
| Solicitor-General of confirmed community transmission | | | |
| Head: Operations and Planning (NRG Chair) notifies NRG members of confirmed community transmission | Head: Operations and Planning | | |
| NRLT briefing to be prepared, information to be prepped by attendees of NRLT meeting (as information becomes available) (Annex 8). | Head: COVID- Directorate (MoH), Head: Operations and Planning, Head: Strategy and Policy, Head: Comms | | |

| | | | |
|--|---|--|--|
| | | <p>Information to be gathered to include:</p> <ul style="list-style-type: none"> • Health information from testing, • any available contact tracing info, • genomic and serological information (location of cases, spread of disease) <p>During the first 48 hours of the response, the Ministry of Health will provide two SitReps per day. Following this, the regular cadence of reporting will be one SitRep per day and an end-of-day update.</p> | MoH IRT |
| | | <p>Concurrent activities to develop options for the immediate-term response to the resurgence.</p> | NRLT NRG DPMC COVID-19 Group, AOG Compliance, C4C, Solicitor-General, PMCSA, MoH CSA and others as required. |
| +30min | 4 | <p>NRLT gets notified of meeting via Signal message and meet virtually initially. Draft agenda is in annex 9.</p> <p>Purpose: understand the situation and devise strategic direction to recommend course of action to Ministers.</p> <p>Outcome: recommended course of action to Ministers.</p> <p>The development of immediate response options is the core element of this meeting. Assurance that plans can be operationalised and address elements like legal, legislative, policy, and comms, is integral when considering additional attendees outside of NRLT.</p> <p>NRLT to complete the checklist at annex 10 in formulating its recommendation to Ministers.</p> | NRLT with attendance by Head: Operations and Planning, Head Strategy and Policy, Head Comms, Solicitor-General, PMCSA, MoH CSA + others, as required |
| <p>Decision point: Decide on a recommended course of action from NRLT, based on all available information at the time, for Ministers.</p> | | | NRLT (chair) |
| +1.5 hour | 5 | <p>NRLT (+Head: Operations and Planning and others as required) briefs Ministers of recommendation.</p> <p>Inform all levels of resurgence and immediate response planning process.</p> <p>NRLT will provide AOG advice to Ministers on the strategic direction of the response. This will include:</p> <ul style="list-style-type: none"> • Changes to local/national Alert Level settings and locations of boundaries • Considerations to declare a state of local/national emergency under | NRLT (+ Head: Operations and Planning and others as required) |

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| | | <p>CDEM Act 2002</p> <p>Any recommended changes to the predetermined detailed Alert Level settings, such as:</p> <ul style="list-style-type: none"> • Gathering sizes • Education attendance • Face coverings • Physical distancing including on public transport • At-risk groups (aged care facilities etc.) • Assurance of relationship management with affected communities (Iwi, health and disability sector, local government, peak business bodies, communities & NGOs etc.) | |
| | | CE DPMC to consider holding ODESC to inform CEs following conclusion of Ministerial briefing. In attendance at ODESC are the COVID-19 Group members. | CE DPMC |
| | | <p>COVID-19 Group (Head: Ops and Planning) notifies key agencies that will be required to give effect to Ministers' decisions on immediate response.</p> <p>Head: Operations and Planning activates the resurgence response system (by contacting Workstream leads) so that it is postured to carry out Government direction.</p> <p>Workstreams will convene as soon as practicable following Ministers' decision on the immediate response at location TBC.</p> | COVID-19 Group (Operations and Planning) |
| +1.5 hour | 6 | Head: Ops and Planning notifies NRG to prepare to meet immediately following conclusion of Ministers' decision | Head: Ops and Planning |
| +2 hour | 7 | Ministers decide on immediate response | Ministers (key trigger) |
| +3 hour | 8 | <p>PM, Minister for COVID-19 Response, Duty Minister and Hon Dr Ayesha Verrall on the immediate response plan, which is operationalised through NRLT → NRG → Workstreams/agencies.</p> <p>NRLT Chair informs Ministers' decision to Head: Ops and Planning (NRG Chair); NRLT Chair informs Ministers' decision to DCE COVID-19 Health System Response.</p> | NRLT Chair |
| +3 hour | 9 | NRG meets to coordinate response across the system. | NRG |
| +3 hour | 10 | DPMC COVID-19 comms activates SOP and prepare key messages. | Head comms w/ PMO, MoH |

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| | | IRT collaborate with MoH intel to identify critical information for decision making. Local politician(s) informed. | MoH science and data and DPMC COVID-19 IRT PMO |
| | | RLG, Iwi informed and CDEM Groups and Regional Leadership Groups stood up. | NEMA, C4C, DIA via LG COVID19 Response Unit |
| +4 hour | 11 | Workstreams gets notified of meeting via Signal message to meet virtually initially. Purpose: MoH provide brief on situation and Head: Operations and Planning briefs on outcome of Ministers' decision and tasks Workstream leads. Outcome: coordinate agencies to immediately give effect to Ministers' decision. Workstreams will operate as a central coordination hub for the COVID-19 Group to brief agency leads and for agency leads to brief the COVID-19 Group. Agency leads that attend Workstreams will implement the decisions made by Ministers. The first 24 hours will be crucial to stand up and coordinate the systems needed to implement these decisions. | Head: Operations and Planning (Chair) DPMC COVID-19 Group (Strategy and Policy, Comms) MoH, NZP, MoT, MBIE, MPI, C4C, NEMA, Crown Law, MFAT, Treasury, Education, PCO [and others as per situation] |
| +5 hour | 12 | Prime Minister or Minister for COVID-19 Response announces to the public, the confirmation of community transmission, and the details of the immediate response. Note that local politicians, Iwi, CDEM Groups, and RLGs will be informed in advance of PM announcement. Public messaging needs to be aligned through DPMC COVID-19 Comms and Legal to ensure clarity and correctness and Convey this to the PMO. | PMO |
| Milestone: key agencies, groups (and public) informed; Ministers decisions made; national resurgence plan activated. | | | |
| +5 hour | 13 | Strategy, Policy, and Operations to develop policy. MoH Legal, Crown Law, and DPMC COVID-19 Legal provide drafting instructions to PCO. PCO drafts new COVID Order. In accordance with section 9 of the COVID-19 Public Health Response Act 2020, — <ul style="list-style-type: none"> • BORA and proportionality checks undertaken: • Ministerial consultation undertaken: • DG provides Health Report to the Minister. | DPMC COVID-19 Strategy and Policy, Policy MoH and DPMC COVID-19 legal. Minister of Health/DG Health, PCO |

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| Ongoing | 14 | Transport Response Team (Ministry of Transport Lead) activates resurgence plan based on direction from Ministers. | MoT |
| | | Police activate resurgence plan, particularly with respect to boundaries, alert level compliance, community reassurance etc. | NZP |
| | | AOG Compliance activates resurgence plan. | AOG Compliance |
| | | MBIE activate resurgence plan with focus on MIQ, Alert Level compliance for business, particularly stand up of process for class exemptions for businesses and services as well as undertaking any preparation for MIQ facilities. | MBIE |
| | | MPI activate resurgence plan with focus on alert level compliance for primary industry, interregional travel guidance for primary industry & services. | MPI |
| | | C4C activate resurgence plan with focus on food, security, and shelter, engagement with relevant Regional Leadership Group(s) incl. Iwi, the Collective and connecting with the community provider / supports in health and disability sector. | C4C/NEMA |
| | | Engage with the Iwi Communications Collective to ensure wider community support and activation of intelligence feedback. | PSC |
| | | MSD activate resurgence plan with focus on income support for affected individuals and communities. | MSD |
| | | NEMA activates resurgence plan with focus on engagement with the relevant CDEM Group(s) and regional leadership. | NEMA/C4C |
| | | Ministry of Education activates resurgence plan and liaises with education providers [as required]. | MoE |
| | | Other agencies, as required, dependent on nature and location of resurgence will be engaged and activate resurgence plans. | Other agencies |
| | | DPMC COVID-19 (Strategy and Policy, Operations and Planning, and Comms) ready to implement tasks directly related to the immediate response to enable successful implementation. | DPMC COVID-19 Group |
| Business liaison and provision of feedback.. | PM business liaison, MBIE, MPI | | |
| Engagement with regions. | NEMA/C4C | | |

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

Below is an alternative SOP for if it is decided a response is not activated but monitoring must occur.

| Time | Sequence | Actions | Responsibility |
|---|----------|--|---|
| Initial identification -timeline dictated by MoH | 0 | Suspect case identified. | |
| | | Laboratory notifies PHU of suspect case. | Laboratory |
| | | PHU notifies MOH COVID-19 directorate via email or text from PH Intel . | PHU |
| | | MoH undertake critical assessment preliminary notification from MoH to NRLT chair and DPMC Group DCE notifies NRG Chair. | MoH |
| | | NRG Chair notifies workstreams to be on standby. | NRG |
| | | NRLT meet to decide on next actions: 1. Activate response; 2. No further action; or 3. NRG to monitor situation. Decision on next actions is consistent with established triggers. | NRLT |
| Decision point: decision of NRLT for NRG to monitor the situation is made based on available information | | | NRLT |
| | 1 | COVID-19 Group DCE notifies Chair NRG of decision from NRLT and instructs NRG to monitor situation. | COVID-19 Group DCE |
| | 2 | NRG Chair notifies NRG members of decision from NRLT and instructs to prepare for meeting to coordinate monitoring of situation and assessment of information against triggers to escalate. | NRG Chair |
| | 3 | NRG Chair instructs DPMC COVID-19 IRT to gather intelligence to assess against triggers to activate resurgence plan. Intelligence to be presented at NRG meeting (see sequence 11). | Chair NRG |
| | 4 | DPMC COVID-19 IRT to liaise directly with MoH intelligence team in the gathering of intelligence. | AOG IRT MoH intel |
| | 5 | NRG Chair convenes meeting of NRG to coordinate monitoring of situation. Intelligence from IRT and MoH is to be presented against triggers to escalate response. Outcomes from this meeting can include: 1. Recommendation to NRLT to activate the response; 2. No response is required to be activated; or 3. Monitoring of situation will continue | Chair NRG Input from NRG members & MoH intel |
| Decision point: Recommendation from NRG to NRLT formulated based on available intelligence | | | NRG Chair |

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| | 6 | NRG Chair reports back to COVID-19 Group DCE outcome of meeting to inform any further action from NRLT. | Chair NRG |
| | 7 | COVID-19 Group DCE communicates decision to Chair NRLT. | DCE COVID-19 Group |
| | 8 | Chair NRLT communicates decision to NRLT members and decides on next steps. | NRLT Chair |
| Ongoing | 9 | <p>If decision is to continue monitoring the situation, the following tasks will be undertaken simultaneously:</p> <p>MoH to continue tasks in Phase One – Assessment of Community Transmission and monitor for community transmission of COVID-19.</p> <p>DG Health to communicate case data (location of cases, spread of disease and projected spread of disease) daily to NRLT Chair and NRG Chair as soon as case data is available.</p> <p>DPMC COVID-19 Group to lead work on establishment of boundaries around area(s) of concern. This will involve required agencies on standby (see Sequence 6).</p> <p>IRT and MoH intel to continue gathering intelligence.</p> | MoH DG Health DPMC COVID-19 Group |
| Ongoing | | NRG to meet daily to monitor the situation (or more frequently, dependent on the case data and intelligence) and report recommendations and outcomes to NRLT. | NRG Chair NRG members IRT and MoH Intel |
| Ongoing | | <p>NRLT to receive and action recommendations from NRG meetings.</p> <p>At NRLT meetings, DG Health to provide case data updates and assessment.</p> | NRLT Chair |
| <p>Decision point: following monitoring of the situation by NRG, a recommendation from NRG to NRLT will result in one of two outcomes:</p> <ol style="list-style-type: none"> 1. Activation of the system-wide response to a resurgence (National Resurgence Plan); or 2. No activation of the system-wide response (revert to BAU) | | | NRLT Chair NRG Chair |

1.5.4. Phase three - Sustained response

The below table is an SOP that details the development and implementation of the sustained response to a resurgence of COVID-19 following the implementation of the immediate response. The purpose of this SOP is to ensure that the necessary actions are taken at the right time by the appropriate individuals and agencies.

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

| Time | Sequence | Actions | Responsibility |
|------------------------|----------|--|--|
| Days 2 - 3 | 1 | Once the immediate response has been decided and implemented, evaluation of the immediate response plan begins. | Head: Operations and Planning |
| Ongoing and concurrent | 2 | <p>Constant information and intelligence gathering to evaluate immediate response and impacts on health, social, legal and economic aspects (situational awareness). Information to be gathered to include:</p> <ul style="list-style-type: none"> ○ Health information from testing, contact tracing, genomic and serological information (location of cases, spread of disease) ○ Non-health information on impacts on social and economic aspects of immediate response <p>NRG, MoH, and agencies will provide information and advice to NRLT on the resurgence, the sustained response options, and community/business impacts from the immediate response.</p> <p>IRT to establish reporting requirements and timings for agencies to provide sitreps and produce insight and sentiment reports as tasked by the NRG. The Ministry of Health will provide one SitRep per day and an end-of-day update.</p> | DPMC COVID-19 IRT, MoH science and data, MoH, MBIE, MBIE MIQ MPI, Transport, Compliance, NZP, Treasury, MSD, MoT, NEMA, MSD, Education, Police, NZDF, Treasury, MFAT, Crown Law, PMO, DIA, TPK (and other key agencies as required based on the situation (e.g. Election Commission)) |
| Ongoing and concurrent | 3 | <p>NRLT will undertake development of medium-term strategic response options to refine and adapt the immediate response to the impacts while achieving the health outcomes. The following information, inter alia, should be considered when developing the sustained response:</p> <p>Decision-making and governance:</p> <ul style="list-style-type: none"> ○ Authorising environment and availability of key decision makers ○ Alert levels <p>Health:</p> <ul style="list-style-type: none"> ○ community testing and evaluation, case investigation, contact tracing, genomic information ○ Reporting and public health messaging ○ Equity considerations (Māori, Pacific, Disability, Psychosocial wellbeing, etc.) ○ Is this a science / evidence-based response? ○ MIQ quarantine of positive cases (and potentially scaling to meet demand) ○ Time of year (e.g. in middle of flu season) ○ PPE for Health sector <p>Social:</p> <ul style="list-style-type: none"> ○ Impact of the location of a boundary(ies) | DPMC COVID-19 Group (Head: Operations and Planning, Head: Policy and Strategy, Head: Comms), + key agencies dependent on the situation but normally MoH, MBIE & MBIE MIQ, MoT, NEMA, MSD, MPI, Police, NZDF, Education, Crown Law, PCO, Treasury, PMO, MFAT, IRT, TPK, C4C, compliance |

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| | | <ul style="list-style-type: none"> ○ Compliance with requirements (e.g. face coverings, physical distancing) ○ Requirements for income support, food security, and other social determinants ○ Provisions of emergency support, if required ○ Impact on educational facilities, students and teachers (dependent on time of year e.g. just before exams or during holidays) ○ Exemptions (personal) ○ Gathering sizes ○ Physical distancing in public and in businesses ○ Face coverings/PPE availability, standards and distribution ○ Impact of travel restrictions (regional/national/international) <p>Economic:</p> <ul style="list-style-type: none"> ○ Consideration of impact of and on major events (e.g. elections, mass gatherings, Christmas) ○ Exemptions (business) ○ Boundaries, location and associated rules ○ Boundaries, location and associated rules and resourcing ○ Impact of travel restrictions (regional/national/international) <p>Political:</p> <ul style="list-style-type: none"> ○ Impact on New Zealand’s international reputation and connections to other countries (especially impact on and connections with the Pacific) ○ Consider variations to MIQ/border requirements and any additional effects on international travel, including a reduction in returnee numbers to increase domestic quarantine capacity. <p>Communications</p> <ul style="list-style-type: none"> ○ Considerations for communications that are tailored to the outbreak and situation | |
| | | NRLT will provide AOG advice to Ministers on the strategic direction of the sustained response. This will include updates to the advice provided under the immediate response phase. | NRLT |
| | | Briefing of Workstream leads twice daily to share updates and coordinate sustained response planning. | Head: Operations and Planning |
| | | Scaling of AOG response and workforce planning. Assurance that the appropriate workforce is in place to affect a response. | PSC |
| Daily | 4 | Head: Operations and Planning daily briefing to NRG and NRLT to update on progress of sustained response development. | Head: Operations and Planning |

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| Daily | 5 | NRLT meet daily to provide further guidance to NRG on progress of sustained response and impacts of immediate response. | NRLT |
| Daily | 6 | CE DPMC/DG Health (+ others as required) brief PM and Ministers on developing situation. | CE DPMC/DG Health |
| Daily | 7 | Operations and Planning hold workshop with key agencies to assess impacts of sustained response plan on health, economic and social determinants and modify as required. | Key agencies to respond MoH, MoT, NZP, AOG Compliance, MBIE, MPI, MoE, C4C/NEMA, MSD, Treasury |
| Daily | 8 | DPMC COVID-19 Comms continue to modify and implement communications plan to ensure maximum compliance and key messages continue to be appropriate. | DPMC COVID-19 comms w/ PMO, MoH |
| Day 4 or earlier. | 9 | Initial sustained response plan agreed to by agencies. | Head: Operations and Planning |
| | 10 | Head: Operations and Planning briefs NRG on sustained response plan and receives feedback. | Head: Operations and Planning |
| | 11 | Operations and Planning incorporates feedback into sustained response plan. | Head: Operations and Planning |
| | 12 | Head: Operations and Planning (+ others as required) brief NRLT on sustained response plan. | Head: Operations and Planning |
| | 13 | Feedback from NRLT received and incorporated. | NRLT/ Head: Operations and Planning |
| Milestone: Proposed sustained response plan agreed to by agencies and governance groups (NRLT + NRG) Note: The timing to develop a sustained response plan for consideration by Ministers will be dependent on the extent of the resurgence. Indicative timings are shown in this SOP. NRLT + NRG should develop a sustained response plan as soon as reasonably possible. | | | |
| Day 4 or earlier | 14 | NRLT (+ Head: Planning and Operations and others as required) brief PM and Ministers on proposed sustained response and incorporate feedback. | NRLT |
| Day 4 or earlier | 15 | Ministers decide on sustained response plan. | Ministers |
| Day 5 or earlier | 16 | PM & Ministers decide on the sustained response plan, which is operationalised through NRLT → NRG → Workstreams/agencies. Head: Operations and Planning briefs outcome of Ministers decision and tasks workstreams (incl. Comms tasking) to implement sustained response. | NRLT Head: Operations and Planning |
| | 17 | Officials in relevant region(s) and CDEM Groups informed of the sustained response direction. | PMO, NEMA, C4C |
| | | Advice to business sector of direction. | PM business liaison, MBIE, MPI |
| 18 | Prime Minister announces to the public, the confirmation of community transmission, and the details of the sustained response. | PMO | |
| Milestone: key agencies, groups (and public) informed; Minister decisions made; national resurgence plan modified; agency resurgence plans modified. | | | |

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| Day 5 or earlier | 19 | <p>Strategy, Policy, and operations to develop policy. MoH Legal, Crown Law, and DPMC COVID-19 Legal provide drafting instructions to PCO.</p> <p>PCO drafts new COVID Order.</p> <p>In accordance with section 9 of the COVID-19 Public Health Response Act 2020:</p> <ul style="list-style-type: none"> • BORA and proportionality checks undertaken: • Ministerial consultation undertaken: • DG provides Health Report to the Minister. | DPMC COVID-19 Group Strategy and Policy, MoH and legal; Minister of Health/DG Health |
| Ongoing | 20 | The approved contingency plan is put into effect legislatively, legally, and operationally. | <p>Agencies through Workstreams (centrally co-ordinated by DPMC COVID-19 Group)</p> <p>C4C and NEMA to link to regions</p> |
| ongoing | 20 | <p>DPMC COVID-19 comms continues to modify and implement communications and engagement activities to ensure maximum compliance and key messages continue to be appropriate.</p> <p>Insights group collaborate with MoH intel to identify critical information for decision making and to inform sustained response.</p> | <p>DPMC COVID-19 comms w/ PMO, MoH</p> <p>MoH science and data and DPMC COVID-19 IRT</p> |
| 3x weekly | 21 | Workstreams reverts to meeting three times a week to share updates and monitor sustained response to ensure readiness to modify, if required. | Head: Operations and Planning |
| ongoing | 22 | <p>Ministry of Health scales testing contact tracing, rapid case investigation processes, including genomic and serological analysis, and exemptions for personal movement, in response to situation.</p> <p>Key agencies modify resurgence contingency plans to align with national sustained response.</p> <p>Other agencies, as required, to modify resurgence plans.</p> | <p>MoH</p> <p>Key agencies: MoT, NZP, AOG Compliance, MBIE, MPI, MoE, C4C/NEMA, MSD</p> <p>Other agencies</p> |
| Ongoing | Ongoing | <p>DPMC COVID-19 (Strategy and Policy, Operations and Planning, and Comms) ready to implement tasks directly related to the sustained response to enable successful implementation.</p> <p>Business liaison and provision of feedback.</p> <p>Engagement with regions.</p> | <p>DPMC COVID-19 Group (Strategy and Policy, Operations and Planning, and Comms)</p> <p>PM business liaison, MBIE, MPI</p> <p>NEMA/C4C</p> |

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| | | | DPMC COVID-19 Comms |
| Milestone: post-resurgence de-escalation of system processes, resources and capability, and launch of lessons learned review. | | | |

PROACTIVELY RELEASED

2. Agency Planning

This section outlines the key agency planning against national objectives.

| Objective one | | |
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| Enable effective decision-making & governance: provide representation to and support the operation of governance and decision-making structures as appropriate. | | |
| Agency | Critical Function | |
| | Lead | Support |
| All agencies | | <ul style="list-style-type: none"> Attend Workstream as required Liaison with DPMC COVID-19 Group as required Attend workshops as required Attend Watch Groups/ ODESC as required |
| MOH | <ul style="list-style-type: none"> Advise on public health settings Provide timely evidence to enable decision making around public health and DPMC COVID-19 Group response. | <ul style="list-style-type: none"> Participate in the NRLT, NRG and other DPMC COVID-19 Group decision-making processes as required. DG Health attend COVID Chairs |
| DPMC | <ul style="list-style-type: none"> activate the resurgence response system and convene National Response Group to coordinate response to a resurgence coordinate and lead Workstreams to respond to a resurgence coordination through workstreams to inform policy advice to Ministers on the response and instructions to PCO for Orders coordination of central communications provide an assurance function through exercising of National Resurgence Plan as continuous tabletop exercising, and continuous development of lessons learned, which are in turn fed into the plan. identification of agency resurgence plan interdependencies and gaps development of New Zealand strategy NRG chair to communicate with business community via Rob Fyfe (Prime Minister's Business Liaison adviser) Support the local RLG structure | <ul style="list-style-type: none"> NEMA and C4C to ensure governance and leadership coordination with regional structures NEMA for production of continuous improvement framework agencies to develop resurgence plans C4C and NEMA to engage with RLG and CDEM Group structures during readiness PSC to maintain strategic workforce and aid in surge capacity where required. |
| NEMA | <ul style="list-style-type: none"> Represent CDEM at NRG. | <ul style="list-style-type: none"> Represent CDEM on the NRLT for resurgence readiness and activation. Understand and support CDEM Group initial engagement and regional planning with RLG. |

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| | <ul style="list-style-type: none"> Identify NEMA-specific readiness and activation requirements for integration in BAU processes (e.g. Duty activation processes). Review and update the SOP for CDEM Group Coordination to reflect coordination arrangements as they are updated. Inform CDEM Groups of governance and decision-making arrangements. Ensure surge support mechanisms are in place for inter-group staffing support. Support the local RLG structure | <ul style="list-style-type: none"> Support DPMC COVID-19 Group planning by identifying gaps that require early closure or coordination at the National level, including gaps informed by CDEM Groups at the local level through existing arrangements and relationships. Be prepared to engage in DPMC COVID-19 Group tabletop exercising with the NRG and test integration of CDEM Groups with the National response and Health system. Support regional development of CDEM regional resurgence plans, with emphasis on clear roles, responsibilities consistent with national arrangements. Provide representation at DPMC COVID-19 Group resurgence planning, communications or workstream meetings Be prepared to assist development of an DPMC COVID-19 Group de-escalation pathway. Sustain and, if required, strengthen relationships between NEMA / CDEM, C4C and DIA. |
| MBIE | <ul style="list-style-type: none"> Various workstream leads | <ul style="list-style-type: none"> Attend COVID Chairs |
| New Zealand Police | <ul style="list-style-type: none"> Deliver core police functions such as checkpoints, Compliance & Exemptions | <ul style="list-style-type: none"> Membership of the NRLT Membership of the NRG |
| Transport Response Team/ Ministry of Transport | <ul style="list-style-type: none"> Lead transport Workstream | <ul style="list-style-type: none"> Provide a Liaison Officer as required. Attend COVID Chairs |
| Te Arawhiti | | <ul style="list-style-type: none"> CE attend COVID Chairs |
| New Zealand Customs Service | <ul style="list-style-type: none"> Lead boarder Workstream Incident Management Team continues to be linked to AOG strategic response (Wellington level), to inform Customs senior management, and to pass Customs objectives, intentions and requirements onto other agencies | <ul style="list-style-type: none"> Attend Border Sector Governance Group meetings Attend COVID Chairs |
| Ministry for Primary Industries (MPI) | | <ul style="list-style-type: none"> Attend Border Sector Working Group and AOG Compliance Governance Group. Data and Geospatial information sharing to support effective decision making. |

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| Ministry of Education (on behalf of the Educator sector) | <ul style="list-style-type: none"> • Membership of 5 Regional Leadership Groups | <ul style="list-style-type: none"> • Education liaison / connection point in DPMC COVID-19 Group Policy and Strategy Group • Through these connections / memberships, advise on potential impacts of policy decisions for education sector to inform decisions |
| New Zealand Defence Force (NZDF) | | <ul style="list-style-type: none"> • Provide MBIE MIQ with Operations support |
| Te Kawa Mataaho Public Service Commission (PSC) | <ul style="list-style-type: none"> • Continuity of Public Service leadership including Chief Executives • AoG COVID System Workforce and Resourcing workstream including: <ul style="list-style-type: none"> ○ enabling and coordinating critical workforce deployment linking available staff with areas of need. • Public sector workforce guidance including: <ul style="list-style-type: none"> ○ Issue workforce guidance for public sector management of staff ○ Regular connection with Heads of HR on implementation of the guidance ○ Agency implementation of the guidance and resolution of issues ○ Communication, advice and issue resolution with PS on workforce guidance and related matters • Staffing surge capacity across the public service including and not limited to prioritisation of BAU functions versus system COVID-19 requirements. | <ul style="list-style-type: none"> • Attend Chair of Chairs Public Service Commissioner and Deputy Public Service Commissioner |
| Ministry of Social Development (MSD) | <ul style="list-style-type: none"> • Caring for Communities Governance Group (Chair) • Employment, Education & Training Governance Group (Chair) | <ul style="list-style-type: none"> • Attend COVID Chairs |

Objective Two

Enable effective and coordinated support to the COVID-19 Health System response: Support the Ministry of Health, District Health Boards, Public Health Units and primary and community providers to achieve the required COVID related health outcomes

| Agency | Critical Function | |
|---------------------------|--|--|
| | Lead | Support |
| MOH | <ul style="list-style-type: none"> • Lead the following: <ul style="list-style-type: none"> ○ Joint elimination Strategy ○ MoH Covid-19 Resurgence Plan ○ Covid-19 Health & Disability Sector Resurgence Planning Tool ○ Surveillance Plan ○ Testing Strategy ○ National Hospital Response Framework and Community Response Framework. • Contact tracing • Personal exemptions | <ul style="list-style-type: none"> • Support other plans as appropriate • Healthline / National Telehealth Service provides health and social wellbeing support for public and clinical advice to health professionals |
| DPMC | <ul style="list-style-type: none"> • the coordinated response to Ministry of Health requests; <ul style="list-style-type: none"> ○ non-hospital or medical supplies of PPE such as face mask supply chains etc. | <ul style="list-style-type: none"> • health policy, planning and operations, and communications, as required • requests and requirements, as needed |
| NEMA | <ul style="list-style-type: none"> • Review and ensure alignment of NEMA/CDEM planning to the Health Resurgence Action Plan (CDEM NCC Controller and supporting staff). • Identify support and coordination opportunities between NEMA and CDEM Groups in supporting the implementation of the Health Resurgence Action Plan (CDEM NCC Controller and supporting staff). | <ul style="list-style-type: none"> • Local response |
| MBIE | | <ul style="list-style-type: none"> • Support public health messaging at MIQ facilities |
| New Zealand Police | | <ul style="list-style-type: none"> • other agencies with functions such as compliance checks, exemptions and public education on Health Order requirements • MBIE at all Managed Isolation and Quarantine facilities • MOH in respect of operational response capability • Police Districts supporting local DHB/PHU's, Local Government and CDEM groups |

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| Transport Response Team/ Ministry of Transport | <ul style="list-style-type: none"> • Lead public health measure on transport | <ul style="list-style-type: none"> • Engage with the Ministry of Health (or DPMC COVID-19 Group) to clarify the regulations and guidance, on the following public health measures: • Contact tracing (with respect to transport services) • Physical distancing (with respect to transport services) • Use of face coverings on public transport • Movement restrictions • Cleaning measures (with respect to transport services). • Ministry of Transport to issue guidance to the transport sector to support the implementation of the above public health measures. Maritime New Zealand, Civil Aviation Authority, and Waka Kotahi to issue sector specific guidance. • Provide direct support to transport sector entities (as required) to support public health measures – including incidents requiring contact transport involving a public transport service, or disinfection of an aircraft/ship/vehicle. |
| Te Arawhiti | | |
| New Zealand Customs Service | <ul style="list-style-type: none"> • Maintain travel restrictions at the border (air and maritime). • Public health checks at airports • Receive and process all arriving air passengers, and pass onto MIQ • Oversee the isolation of maritime crews (both commercial and small craft) • Integrate local operations with health officials, with established testing procedures for staff and arrivals, and escalation for positive tests. | <ul style="list-style-type: none"> • Supports the testing strategy |
| Ministry for Primary Industries (MPI) | | <ul style="list-style-type: none"> • contributes resources to the MOH response on request. We currently have 10 staff seconded to MOH or DPMC contributing to response efforts. • can surge staff to support MOH as required. |
| Ministry of Education (on behalf of the Educator sector) | | <ul style="list-style-type: none"> • Work in partnership with public health units when cases are confirmed in school and early learning service communities – supporting schools and early learning services to communicate with and support their community • Regular communications and detailed guidance to education sector to support health’s prevention and response messaging – potential audience reach of more than 2 million |

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| | | <ul style="list-style-type: none"> Have resource to support exemption processes – for example can process education-related requests for exemptions for boundary restrictions and access to education sites in Level 4 |
| New Zealand Defence Force (NZDF) | | <ul style="list-style-type: none"> Provide capability and resource support as required/available |
| Te Kawa Mataaho Public Service Commission | <ul style="list-style-type: none"> Assistant Commissioner support to Director-General of Health and to ensure MoH sustainability | <ul style="list-style-type: none"> MoH in providing critical workforce resources where needed (MOH to lead this for health workforces) Reinforce public health messaging through workforce guidance and communication |
| Ministry of Social Development (MSD) | | |

Objective Three

Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms: Establish effective coordination mechanisms, processes and structures between agencies and stakeholders.

| Agency | Critical Function | |
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| | Lead | Support |
| MOH | <ul style="list-style-type: none"> Inform the development and implementation of national and regional responses to community cases and clusters Ministry, DHBs and PHUs to participate in national and regional response coordination mechanisms Implement the Covid-19 Cluster Investigation and Control Guidelines | |
| DPMC | <ul style="list-style-type: none"> development of boundaries legal and regulatory implementation of response effective communications campaign to enhance public understanding and compliance development of contingency plans to respond to a resurgence of COVID-19 | <ul style="list-style-type: none"> boundary exemptions process agency operationalisation of Alert Levels |

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| | <ul style="list-style-type: none"> • Tabletop exercise agency resurgence plans to ensure COVID-19 is contained • AOG compliance operations • Stand up AOG C4C in the delivery of assistance to vulnerable communities | |
| NEMA | <ul style="list-style-type: none"> • Support CDEM Groups to engage within RLG and other governance structures during readiness. • Provide support to the C4C and RLG to engage with RLGs and establish effective governance arrangements. | |
| MBIE | <ul style="list-style-type: none"> • MIQ Service • Infrastructure Workstream • Service owner and sector lead agency for travel exemptions reviews and approvals. New automated process using Business Connect. • Essential Services (Which businesses can open under alert level changes) | <ul style="list-style-type: none"> • Internal border movements • Exceptions from external border closure • Contributions to and where necessary leading system policy imperatives |
| New Zealand Police | <ul style="list-style-type: none"> • Lead the Compliance workstream and support exemptions. • Responsible for implementing and operationalising check point for boundaries. | <ul style="list-style-type: none"> • policy and legal advice, provides specialist policing capability and capacity to support lead agencies • Key support role working with other Government agencies across Iwi, Pacifica and vulnerable communities • Key role in communicating with major supplies and essential businesses- e.g. supermarket owners, Pharmacies, petrol stations etc |
| Transport Response Team/ Ministry of Transport | <ul style="list-style-type: none"> • the Infrastructure and Supply Chain ICT workstream (set up through PSLT) • Issue guidance to the transport sector to support the implementation of the above public health measures (as above). • Engage with industry: • though the Maritime Sector Meeting (MoT – Chair); note this is a regular meeting. • though the Aviation Sector Meeting (MoT – Chair); note this is a regular meeting. • though the Regional Council Meetings on Public Transport (Waka Kotahi – Chair) note this is a regular meeting. • though the Road Transport Forum • directly with KiwiRail (with respect to Rail Freight). | |

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| Te Arawhiti | | |
| New Zealand Customs Service | <ul style="list-style-type: none"> • COVID-19 resurgence managed through normal BAU structures, with exception of Operation Takutai (Maritime Border Order enforcement). Op Takutai is transitioning to BAU over time. • IMT remains active and has pre-existing links externally to DPMC COVID-19 Group, and internally to operational and tactical layers within Customs. | |
| Ministry for Primary Industries (MPI) | <ul style="list-style-type: none"> • Coordination and communication with essential businesses and workplaces <ul style="list-style-type: none"> ○ engage with primary industry and food retail based essential businesses and workplaces to provide information and support regarding implementation of safe operating practices under COVID-19 restrictions, travel / movement exemptions across domestic borders, and liaison with other central government agencies regarding to immigration/work visa exemptions. • Infrastructure and supply chain requirements <ul style="list-style-type: none"> ○ specific supply chain requirements. MPI engages with key primary industry and food sector participants to assist them to unblock barriers to their supply chains. E.g. pig farmers and butchers in original outbreak. | <ul style="list-style-type: none"> • Enforcement and Compliance <ul style="list-style-type: none"> ○ provides staff resources to the AOG Compliance 'Fusion' Hub (check the proper name of this). Several staff are already trained and ready to deploy on request. Note MPI staff are not authorised/delegated compliance powers under the COVID-19 Public Health Response Act 2020. ○ Deputy Director-General on the Governance group for the AOG Compliance work. • Local government and community outreach <ul style="list-style-type: none"> ○ regional animal welfare coordinators and RC&FS staff are members of regional Welfare Coordination Groups, regional Psychosocial Support Agencies, regional animal welfare coordination teams and rural advisory groups/primary sector clusters. |
| Ministry of Education (on behalf of the Educator sector) | | <ul style="list-style-type: none"> • Ministry regional teams are located around the country (10 education regions) and provide the face to face and direct support to schools and early learning services, including engaging with iwi and community groups • Membership of 5 Regional Leadership Groups • Membership of range of AoG multi-agency groups, nationally, to ensure appropriate connections are made • Work closely with sector representative groups (unions, principals associations etc) to agree education response and to align with national response |
| New Zealand Defence Force (NZDF) | | <ul style="list-style-type: none"> • Provide support to other government agency activities to the COVID-19 response both nationally and regionally as required/available e.g. MBIE led Managed Isolation and Quarantine Facilities, Police led regional checkpoints. |

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| Te Kawa Mataaho Public Service Commission | <ul style="list-style-type: none"> for DIA/GCDO in ensuring all agencies workforces are appropriately equipped to operate at all Alert Levels MBIE management of the contingent contract workforce (tbc with MBIE) MBIE Government Property Group (GPG) with alignment of workplace guidance with workforce guidance and communication/awareness through agency Heads of HR. | <ul style="list-style-type: none"> Facilitate Treasury advice or alignment on matters pertaining to Public Service workforce (e.g. redeployment of staff; pay restraint) with public finance obligations MPI Government Health and Safety Lead (GHSL) alignment of health and safety guidance with workforce guidance and communication/awareness through agency Heads of HR |
| Ministry of Social Development (MSD) | | <ul style="list-style-type: none"> MSD is based at the Auckland RIQCC coordinating the welfare response for people in Managed Isolation Facilities. MSD provides funding for and contracts Community Connectors to work with people in Managed Isolation Facilities connecting them to a wide range of services and support. |

| Objective Four | | |
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| Coordinate support for communities (including business) to minimise the social and economic impacts: Partner with support agencies, to identify and meet community needs where there are no other means of support. | | |
| Agency | Critical Function | |
| | Lead | Support |
| MOH | <ul style="list-style-type: none"> Ministry and DHBs to monitor the effectiveness and other impacts of response measures The health and disability sector identify opportunities to work with community groups and NGOs | |
| DPMC | <ul style="list-style-type: none"> verification of agency resurgence plans to ensure COVID-19 effects are managed AOG C4C in the delivery of assistance to vulnerable communities | <ul style="list-style-type: none"> C4C Agencies and CDEM Groups to deliver assistance to communities |
| NEMA | <ul style="list-style-type: none"> Engage through C4C and National Welfare Co-ordination Group (NWCG) to coordinate resurgence planning for emergency welfare services functions. Be prepared to implement, coordinate and deliver emergency welfare services, as required, in partnership with support agencies. Develop plans to identify and meet community needs where there are no other means of support. | <ul style="list-style-type: none"> Emergency Accommodation needs and gap analysis in cooperation with MSD, MBIE, Ministry of Housing and Urban Development (HUD), MoH and NEMA and other social sector agencies on housing issues. Follow housing guidance clarifying roles and responsibilities in the housing environment, and participate in an escalation group, if activated, to quickly address any issues that emerge at regional levels. |

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| | | <ul style="list-style-type: none"> • Additional Task - work with MSD to determine how processes and guidance applied in Auckland during the August AL3 lockdown can be applied through the rest of the country, for example the Complex Needs Escalation process. • Additional measure - AOG oversight group planning for the transition of foreign national support away from Red Cross. NEMA to confirm who this is transitioning to and identify early if CDEM will be looked to fill any gaps. |
| MBIE | <ul style="list-style-type: none"> • Temporary Accommodation Service • Essential Services (Which businesses can open under alert level changes) • Small business support | <ul style="list-style-type: none"> • Contribution via NWCG? |
| New Zealand Police | | <ul style="list-style-type: none"> • Key support role working with other Government agencies across Iwi, Pacifica and vulnerable communities • Considerable contact with Iwi and Pacifica communities particularly in the Auckland region- meetings, on-line communication content, multi-language video publications, relationship strengthening |
| Transport Response Team/ Ministry of Transport | <ul style="list-style-type: none"> • Manage the essential transport inbox (essentialtransport@transport.govt.nz), with respect to queries from the public/businesses; including welfare related queries associated with movement restrictions (and either provided advice or direct to appropriate agency). | |
| Te Arawhiti | | |
| New Zealand Customs Service | <ul style="list-style-type: none"> • Minimal impact on Customs. Business support measures have been in place since April and will continue as required (now BAU). | |
| Ministry for Primary Industries (MPI) | <ul style="list-style-type: none"> • facilitated negotiations with support agencies to match oversupply of primary produce with communities such as the excess pork to foodbanks. This may not be necessary in a resurgence depending on the nature and duration of any restrictions. | <ul style="list-style-type: none"> • active member of the AOG Welfare Coordination Group (under CDEM Act 2002) and has staff who work with and are linked into all 16 regional CDEM groups. |
| Ministry of Education (on behalf of | | <ul style="list-style-type: none"> • Information sharing with education providers and their communities • Regional teams work locally with schools, early learning services and with Iwi and community groups |

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| the Educator sector) | | <ul style="list-style-type: none"> Regional staff are part of CDEM Welfare Coordination Groups |
| New Zealand Defence Force (NZDF) | | <ul style="list-style-type: none"> Provide support to the wider NZDF community both nationally and internationally. |
| Te Kawa Mataaho Public Service Commission | <ul style="list-style-type: none"> provide a system level view of involved agency workforce capacity to provide support to communities, on an exceptions/risks basis. | |
| Ministry of Social Development (MSD) | <ul style="list-style-type: none"> MSD plays a lead role in coordinating support for individuals, whanau and communities, including business providing Income Support through our standard measures of assistance and extra measures (if activated) including <ul style="list-style-type: none"> Wage subsidies Leave support Job loss cover Providing through our Maori Communities and Partnerships arm Community Capability Funding and support to foodbanks. Participating in Regional Leadership and CDEM Group activities | |

Objective Five

Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements:

- Messaging and strategic communications will be nationally led by the DPMC COVID-19 Group.
- Public health messaging is generated by MoH
- Other messaging is generated by the appropriate agency

| Agency | Critical Function | |
|--------|---|---------|
| | Lead | Support |
| MOH | <ul style="list-style-type: none"> Prepare, maintain and review Communications Plan, interfacing with the health and disability sector, the public and AoG / DPMC COVID-19 Group, and maintain communications coordination and consistency of messaging Update the public and agencies/providers on the pandemic situation and key messages through regular media reports, website, | |

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| | print media, social media, Healthline / National Telehealth Service, Āwhina app, and other mechanisms as appropriate | |
| DPMC | <ul style="list-style-type: none"> • Maintaining and building public confidence in official sources of COVID-19 information • Ensuring New Zealand know what to do • Ensuring all New Zealanders and businesses know where to get support • Production of public information campaign messaging (TV, internet etc) • Production of consistent messaging from government • Work with partners and key stakeholders to ensure targeted and fit-for-purpose communication • Coordinating resurgence messaging across the DPMC COVID-19 Group, AOG, the government structure, Maori (Iwi) and amongst other key stakeholders and partners • Strong inter-agency communication between and across AOG and Iwi Maori including partnering to ensure strong connection with local communities • Motivating behaviours and countering misinformation and apathy and other barriers to effective communication • Building economic, psychosocial and social resilience • Building integration and assisting with resolving problems • Campaign measurements (public sentiment and behaviours) • Messaging to counter misinformation | <ul style="list-style-type: none"> • public health messaging generated by the Ministry of Health agency internal and external communications across government • cross-government internal and external agency communications • regional agencies in amplifying and targeting consistent messaging • production of material for Maori, Pacific peoples and culturally and linguistically diverse communities. |
| NEMA | <ul style="list-style-type: none"> • Develop CDEM-specific communications to support community readiness for a natural hazard event in the context of COVID-19. | <ul style="list-style-type: none"> • Support the DPMC COVID-19 Group development of resurgence response communications plan including objectives, key messages, audiences, channels, tactics and spokespeople. • Support the DPMC COVID-19 Group development of resurgence response communications, information flows and sign-off processes. • Support DPMC COVID-19 Group development of resurgence response templates. Support COVID-19 All-of-Government Response Group development of resurgence readiness communications plan to support community readiness. |
| MBIE | <ul style="list-style-type: none"> • call centre functions (e.g. Government Helpline). | <ul style="list-style-type: none"> • DPMC COVID-19 Group PIM function |

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| | | <ul style="list-style-type: none"> • Visitor Sector Emergency Advisory Group (VSEAG) |
| New Zealand Police | | <ul style="list-style-type: none"> • Strong and agile Police strategic Comms team supporting MOH and DPMC COVID-19 Group • Linked to the DPMC COVID-19 Group comms structure • Consistency of agency messages |
| Transport Response Team/ Ministry of Transport | <ul style="list-style-type: none"> • Publish information on the Ministry of Transport website with respect to public health measures on transport services (e.g. compulsory use of face coverings) and movement restrictions. • Provide transport entities with collateral (posters etc) produced by DPMC COVID-19 Group Comms with respect to public health measures on transport services (e.g. the face covering posters and the 'travel safely' poster). • Provide PA scripts for use on public transport services as required. | |
| Te Arawhiti | | |
| New Zealand Customs Service | <ul style="list-style-type: none"> • Customs Communications team linked to AOG Border Comms Group • Customs is well practised now at integrating health messaging, and that from other sources (e.g. Maritime NZ safety and stakeholder comms) into its internal and external messaging. | |
| Ministry for Primary Industries (MPI) | <ul style="list-style-type: none"> • utilise teleconferences, and email as tools to communicate with external stakeholders. • The MPI website and MPI intranet both have dedicated COVID Information Hubs and content consumers are linked to the AOG response communications channels where appropriate to ensure alignment | <ul style="list-style-type: none"> • active member of the AoG Response Group communication network (under CDEM Act 2002) and can provide skilled communications staff as required to support the DPMC COVID-19 Group. • provide staff resources on secondment into the DPMC COVID-19 Group communications team. • align key messages with the DPMC COVID-19 Group Communications key messages to share with stakeholders, industries and staff |
| Ministry of Education (on behalf of the Educator sector) | <ul style="list-style-type: none"> • Ministry of Education has a key role in disseminating public health messaging, including messaging targeted specifically at education providers (and their communities) through: <ul style="list-style-type: none"> • Regular bulletins • Website content | |

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| | <ul style="list-style-type: none"> Letter templates for providers to send to their parent and caregiver community (reiterating key messages, advising of wellbeing supports available) It is important to note that there are usually different requirements in school and early learning settings, than there are in the general public | |
| New Zealand Defence Force (NZDF) | | <ul style="list-style-type: none"> Provide consistency of messaging across the organisation and by example in the public domain |
| Te Kawa Mataaho Public Service Commission | <ul style="list-style-type: none"> provide a system level view of involved agency workforce capacity to provide support to communities, on an exceptions/risks basis. | |
| Ministry of Social Development (MSD) | <ul style="list-style-type: none"> MSD plays a lead role in the provision of welfare communications and C4C Communications. linked into the DPMC COVID-19 Group PIM function, with lead for Welfare and C4C Communications | |

| Objective Six | | |
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| Support and contribute to Intelligence processes: Facilitate the flow of information through agreed DPMC COVID-19 Group reporting processes, including, where necessary, supporting other agencies in the efficient sharing of information. | | |
| Agency | Critical Function | |
| | Lead | Support |
| MoH | <ul style="list-style-type: none"> Closely monitor demographic / epidemiological trends in cases and clusters to ensure response measures prioritise affected groups / communities Characterise the event(s), complete ongoing risk assessments, including likely impacts and event evolution Ensure clear, accurate, and up-to-date intelligence is disseminated across the health system and to DPMC COVID-19 Group /AoG Provide regular situation reports and maintain distribution lists | |
| DPMC | <ul style="list-style-type: none"> contribution to regular Workstreams meetings to inform across government | <ul style="list-style-type: none"> agencies with intelligence and insights to enable achievement of their functions |

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| | <ul style="list-style-type: none"> consolidate government intelligence streams and functions across government through the IRT to provide accurate and timely reporting production of insights reports, both tactical and strategic, to understand emerging areas of importance and gauge impacts | |
| NEMA | <ul style="list-style-type: none"> Develop and advise CDEM Groups of critical information requirements (CDEM CCIRs), and NEMA NCC / CDEM Group reporting and decision-making processes and authorities. | <ul style="list-style-type: none"> Contribute to the development of DPMC COVID-19 Group SOP's for real-time information flow. Contribute to the development of DPMC COVID-19 Group policies for information sharing. Be prepared to support the flow of information from CDEM Group(s) to support Ministry of Health initial reporting within 90mins of case identification. Support CDEM information flow into the DPMC COVID-19 Group Insights and Reporting Group. |
| MBIE | <ul style="list-style-type: none"> Via Intel function within Evidence & Insights Weekly dashboard | |
| Transport Response Team/ Ministry of Transport | <ul style="list-style-type: none"> Issue SitReps (as per agreed timing and frequency) Provide data and updates to the COVID IRT (as per agreed timing and frequency). note that high level relevant data is also made publicly available through the Ministry of Transport's website on a regular basis: https://www.transport.govt.nz/mot-resources/covid-19-transport-indicators-dashboard/ | |
| Te Arawhiti | | |
| New Zealand Customs Service | <ul style="list-style-type: none"> Customs Intel staff have been part of joint Intelligence planning and analysis from early on in the response. The Strategic Intelligence Unit in Customs will provide analysts as required on approach to the Customs IMT. Information sharing is ongoing, with links at the strategic, operational and tactical levels. MOUs and information sharing agreements are being updated and created as required. | |
| Ministry for Primary Industries (MPI) | <ul style="list-style-type: none"> experience and trained members of the intelligence community and can provide additional staff as required. | <ul style="list-style-type: none"> staff seconded into the DPMC COVID-19 Group response in this area National Operations Centre (NOC) is the contact point for information flow between agencies. |

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| | | <ul style="list-style-type: none"> • contribute to reporting processes where requested |
| Ministry of Education (on behalf of the Educator sector) | <ul style="list-style-type: none"> • Provide SitReps as required • Ministerial briefings | <ul style="list-style-type: none"> • Education liaison / connection point in DPMC COVID-19 Group Policy and Strategy Group • Membership of 5 Regional Leadership Groups |
| New Zealand Defence Force (NZDF) | | <ul style="list-style-type: none"> • Provide specialist intelligence support to the DPMC COVID-19 Group response as required/available e.g. Insights and Reporting Group. • Support the flow of information for Managed Isolation and Quarantine capacity. |
| Te Kawa Mataaho Public Service Commission | <ul style="list-style-type: none"> • Public Service agency Heads of HR with regular intelligence, insights and guidance (via weekly TEAMS meeting and COVID enquiries email) | <ul style="list-style-type: none"> • all agencies with intelligence, insights and feedback to enable achievement of their functions (via Assistant Commissioners) |
| Ministry of Social Development (MSD) | <ul style="list-style-type: none"> • MSD specifically supports this function through regular statistical releases on its website as well as contributing to situation reports. | <ul style="list-style-type: none"> • MSD is connected through the C4C channel (which has a specific intel and insights workstream lead by the Social Wellbeing agency) |

3. Communications and Engagement

Accurate, timely, insight-led and trusted communication and engagement with the public and stakeholders is essential to an effective response. The DPMC COVID-19 Group leads transparent, consistent, prepared messaging and strategic communications at a national level, while regional agencies have a critical role in amplifying this messaging and targeting consistent messaging where required.

Standard operating procedures support the operationalisation of the framework at the national level. The following table outlines the mechanisms through which communication and engagement activities are coordinated. The exact nature of the arrangements will vary depending on the situation.

| Group | Description |
|---------------------|---|
| DPMC COVID-19 comms | <p>The DPMC COVID-19 comms coordinates and aligns COVID-19 communications and engagement via transparent, consistent, prepared messaging and strategic communications at a national level. Coordination mechanisms include:</p> <ul style="list-style-type: none"> - hosting regular email, tele or video conferences with agencies/groups involved in communications and engagement around the response as appropriate. - working with NEMA to activate the Emergency Mobile Alert or Emergency MOU as appropriate. - working in partnership with the 'iwi comms network' and other iwi/Māori organisations. - working with agencies with expertise and reach across culturally and linguistically diverse communities to develop tailored communications - supporting C4C work to engage regionally and locally. - coordinating national level communications and engagement planning for emerging issues . - providing key messages (including those for the Prime Minister, Ministers, MPs, elected members and national spokespeople). - providing Unite Against COVID branded campaign, collateral and digital content (including content in non-English languages and alternative formats). - inputting into national level strategic decision making and policy formation. - working with national level media, including supporting national level media stand-ups (such as the daily 1:00pm). |
| Ministry of Health | <p>The Ministry is the lead agency responsible for producing health messaging:</p> <ul style="list-style-type: none"> - provides health oversight and input of communications and engagement activities across the response. - works with DPMC COVID-19 comms as the situation develops to align messages including national level media. - engages with the health sector and stakeholders. |
| Iwi Māori | <p>Government works at all levels to partner with iwi Māori in its communications and engagement and enable for Māori, by Māori communications and engagement. This includes:</p> <ul style="list-style-type: none"> - engaging regularly with Te Puni Kōkiri, Te Arawhiti and Te Taura Whiri - working with the iwi communications network. - working through the C4C workstream to engage regularly with iwi chairs. |

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| National level government agencies | <p>Each agency is responsible for producing messaging for all the functions for which it is the lead. Each agency:</p> <ul style="list-style-type: none"> - works with DPMC COVID-19 comms to align messaging. - engages with its own sectors and stakeholders. - provides effective internal communication to staff. |
| Regional and local government | <p>Each TA is responsible for meeting communications and engagement needs at the regional/local level in a way that is aligned with and amplifies national level messaging: Each TA:</p> <ul style="list-style-type: none"> - relays insights about regional/local communications needs and issues to DPMC COVID-19 Group comms as needed through regular email, tele or video conference. - seeks support from DPMC COVID-19 comms as needed to ensure their communities and stakeholders have access to appropriate 'Unite Against COVID' branded collateral. - supports regional and local spokespeople with consistent aligned messages. - engages with regional and local media using aligned and consistent messages. - provides information to stakeholders and communities within their area that is aligned to national messages and include additional regional and local level information as appropriate. - provides effective internal communication to staff. |
| NGOs, community organisations, faith-based groups, | <p>These organisations play a vital role in ensure messaging reaches key audiences and providing insight into communications and engagement needs at the local level. Each organisation:</p> <ul style="list-style-type: none"> - relays insights about regional/local communications needs and issues to either their representative national bodies or directly to DPMC COVID-19 comms as appropriate. - can seek support from AOG comms as needed to ensure their communities and stakeholders have access to appropriate 'Unite Against COVID' branded collateral. - provides information to communities within their area that is aligned to national messages and includes additional information as appropriate. - provides effective internal communication to staff. |

4. Regional Coordination Arrangements

The Regional Coordination arrangements are described more fully in the CDEM Resurgence Plan and the 16 Regional Resurgence Plans.

In general, they describe the mechanism for Governance, as well as operational coordination undertaken between the DPMC COVID-19 Group, Regional Leadership, agencies, and stakeholders. Roles and responsibilities for agencies may differ between regions to reflect the local context. Annex 12 – Regional Leadership Groups identifies the membership and chairing arrangements across New Zealand's regions.

Note: Annex 12 will be maintained as a living document, acknowledging that arrangements may change to suit localized response needs.

The following table outlines the generic Regional coordination arrangements:

| Regional | Description |
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| RLG | <p>Every response has executive oversight, known as Governance. Governance arrangements can be complex and dynamic. Formal structures may be less important than relationships between individuals and organisations. Governance does not manage a response. That responsibility falls to the Controller who must have the formal delegation and/or endorsement for the role in accordance with statutory provisions or internal arrangements. In this instance, Governance will typically:</p> <ul style="list-style-type: none"> • Communicate and influence the strategic direction outside the operational response at a regional or local level. • Exercise oversight, assign resources, and may impose constraints (e.g. deadlines, cost and resource limits). • May act as a spokesperson. |
| Group Controller | <p>The CDEM Group Controller is appointed by the CDEM Group (see below) and will undertake their legislative role to coordinate regional responses to emergencies (declared or undeclared).</p> <p>CDEM Group Controllers will establish appropriate coordination structures and facilities as required. Agencies such as Police or Health will remain responsible for their own activity and may also choose to establish local agency EOC or Emergency Coordination Centres where required.</p> |
| CDEM Group | <p>Civil Defence Emergency Management Groups (CDEM Groups) are a core component of the CDEM Act 2002. 16 CDEM Groups exist across New Zealand as committees of elected councillors from each council within regional boundaries.</p> <p>Each CDEM Group is required to establish and maintain a Coordinating Executive Group (CEG) comprising chief executives of the local authority, members of the CDEM Group, chief executives of District Health Boards, and senior members of New Zealand Police, and Fire and Emergency New Zealand. CEGs may also co-opt in additional members, this often includes senior ambulance services, New Zealand Defence Force and Iwi representatives.</p> <p>The Group delivers CDEM through its executives, planners and operational staff of the many agencies involved in CDEM. Groups can be viewed as a consortium of the local authorities in a region working in partnership with emergency services, lifeline utilities and government departments, amongst other things, to:</p> <ul style="list-style-type: none"> • identify and understand hazards and risks • prepare CDEM Group plans and manage hazards and risks in accordance with the 4R's (reduction, readiness, response and recovery). <p>CDEM Groups coordinate of the response to emergencies in their region (declared or undeclared) via Emergency Coordination Centres (ECC). These ECCs operate under a CIMS structure, include liaison staff from responding agencies and organisations (including lifeline utilities and welfare services delivery), and are led by a Group Controller who are appointed by the Coordinating Executive Group (CEG).</p> |

Annex 1 – CAB-20-MIN-0387 Operationalising the ‘Stamp it out’ plan

Operationalising the ‘Stamp it out’ plan- responding to incidents of COVID-19 in the community

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| <p>Purpose – To coordinate a nationally-led, regionally-delivered response to community transmission of COVID-19</p> <p>Response activated by notification of a positive test of COVID-19 in the community that cannot be clearly linked to the border (or MIQ absconder)</p> <p>Lead agency – COVID-19 AOG Response Group</p> <p>Primary agency – Ministry of Health</p> | <p>Public health advice remains central to the nature and scope of the response</p> <p>Scale of response is dependent on scenario – e.g. locally contained/regionally contained/local outbreak with national spread. Tasking is scenario dependent. Timing is dependent on when a case is notified – e.g. if late in the day may wait until morning to announce</p> <p>When case publicly announced there will be an agreed high level approach to the response</p> <p>Voluntary compliance with any controls may be encouraged prior to them being legally enforceable</p> | <p>Objectives</p> <ol style="list-style-type: none"> 1 Minimise number of people infected + exposed to COVID-19 2 Minimise negative health outcomes 3 Minimise the economic + social impacts of any control measures | <p>Key principles</p> <ol style="list-style-type: none"> 1 Continue to pursue elimination strategy for COVID-19 2 Core of our response will be personal hygiene, staying at home when sick, testing, contact tracing + isolation 3 Where this is insufficient we will seek to control COVID-19 with least intrusive measures including tailored local responses 4 We will seek to avoid going to Alert Levels 3 or 4 if possible, but will do if necessary 5 There will be strong national oversight over any response, regardless of whether the response is local or national in scale |
|---|---|--|--|

| Critical path | 0 hour | Phase 1 | Phase 2 | Phase 3 |
|--|--|--|---|--|
| <p>Critical path depends on the nature + extent of the outbreak –</p> <ul style="list-style-type: none"> Case identified in community, not linked to border, high risk of community transmission MIQ absconder | <ul style="list-style-type: none"> Positive case identified MIQ absconder - Case investigation begins - National Response Leadership Group + AOG Response Group notified + stood up - DG engage with PMCSA, COVID-19 TAG, MoH Chief Science Adviser - DG decision whether absconder is Code Red – if Amber not dealt with under this plan | <ul style="list-style-type: none"> PM decide type of response required e.g. national/regional/targeted closures/other measures + comms approach - PM/DG/other make public announcement High level response and what public should do ahead of orders– e.g. stay at home | <ul style="list-style-type: none"> Immediate response implemented - Order for AL issued if required (Minister/DG) - Checkpoints established if required | <ul style="list-style-type: none"> Initial response reviewed + updated - Decision to extend temporary AL or apply nationally (Minister in consultation with Cabinet) - If necessary steps taken to enable a longer lockdown e.g. support remote learning, wage subsidies |

| Who/what? | Key preparation required | 0 hour | Phase 1 | Phase 2 | Phase 3 |
|---|--|---|---|---|--|
| Decision making + Governance | | | | | |
| National Response Leadership CE DPMC (Chair) DG Health, DCE DPMC COVID-19 AOG Response Group, CE NEMA | Cabinet mandate for Leadership Group SOP for decision making, reporting + information flows | - Response Leadership Group stood up - DG informs PM, Min of Health | - Advice on immediate controls – e.g. temporary AL3 in district/region (informed by risk assessment) | - Rapid review of immediate responses based on facts as they emerge | - Consider what longer term measures may be required including a move to AL 3 or 4 for district/region to require people to stay at home, physical distancing, contact tracing + mask wearing, control gathering sizes |
| COVID-19 National Response Group AOG Planning lead (Chair), AOG Policy lead, AOG Comms lead, Deputy DGs Health (Response + COVID Hub), Director CDEM (+ others dependent on scenario) | Establish Response Group + command structure SOP for decision making, reporting + information flows at local + national levels | - Convene the Response Group + coordinate the planning, communications + assurance functions - AOG Operations Centre stood up - Ascertain initial facts | - Enlist additional personnel from agencies if required - Information + advice to CEs focused on immediate actions (eg, controls, communications, health response) | - Assign tasks - Workstream meetings convened - Monitor implementation of response + compliance | - Enable response at the local level through provision of resources + expertise |
| Director General of Health + Minister of Health | | - DG engage with PMCSA, COVID-19 TAG, MoH Chief Science Adviser - Oversee case investigation | - Advise PM + Minister of Health re appropriate response | - Issue Orders under Health Act/COVID Act | - Advise PM + Minister of Health on longer term response |
| National Security System | | - Activation of the National Security System | - Watch Group, ODESC + Ministers convened under urgency or as the situation/scenario requires | | - ODESC/WATCH Group/Ministers meet as required |
| Regional Leadership Groups – regional governance and oversight Groups already exist – variously comprise local authorities, iwi, | Confirm register + contact details Regional resurgence plans with clear roles + responsibilities consistent with national command structure | - Establish communication with National Response Group - Leader convenes group to coordinate planning, comms + assurance at local level | - Hold VC meeting with National Response Group - Liaise + coordinate with National Response Group + Medical Officer | - Liaise + coordinate with National Response Group | - Work with MSD to determine need and responsibility for longer term welfare support |

| | Who/what? | Key preparation required | 0 hour | Phase 1 | Phase 2 | Phase 3 |
|---------------------------------|---|--|---|--|--|--|
| | Police, regional Crown officials (including MSD), DHBs, MOoH + CDEM. | Table top exercises involving National Response Group + CDEM Groups SOP developed for how CDEM groups integrate with national response + health system | | | | |
| | CDEM Groups - regional operational lead | | | | - Action tasks directed by the Regional Leadership Group + National Response Group | - Provision of emergency support if required |
| | NEMA/CDEM | Brief CDEM Group leads on governance + decision making structure | | - Decision to seek declaration of state of emergency from Minister CD (local/national) - Management of wider consequences of the emergency | | |
| Health system | Health response DG Health + Medical Officers of Health (MOoH) | Maintenance of Cluster Investigation + Control Guidelines + National Contact Tracing Solution | - Investigate case/outbreak Require individuals to self-isolate +/- close businesses/schools/other facilities (targeted closures) - link to announcement of case | - Directs health assessment of all close contacts - Consider appointing cluster coordinator +/- national cluster coordinator | - Ongoing investigation + cluster control measures | |
| | Health system preparedness MoH + DHBs Resurgence Action Plan + Response Manual | Finalisation + publication of Resurgence Action Plan | | Consider activation of Resurgence Action Plan | Implement COVID National Hospital + Health Sector Community Response Frameworks | |
| | Testing DHBs, MoH, testing laboratories | MoH Confirm testing capacity can be scaled up if required | | - Implement intensive targeted testing, including of close + some casual contacts Expedited testing for close contacts | DHBs scale up testing centres + community testing | |
| | Contact tracing MoH National Investigation + Tracing Centre + PHUs | Ensure protocols in place for rapid contact tracing (including prioritisation of testing) Continuous improvement of contact tracing system + incorporation of new technologies + information sources e.g. Bluetooth proximity detection | - Begin case investigation process | - Undertake case interview Begin to trace, test + interview all close contacts | Ongoing tracing, testing + interviewing of close contacts | - Ongoing tracing, testing + interviewing of close contacts - Tracing, interviewing + testing of any newly identified cases + their close contacts Appoint cluster coordinator |
| | PPE MoH, DHBs + PHUs AOG coordinating role for masks | Minister of Health/Cabinet confirm masking policy Ensure appropriate PPE supply in place (AOG role re masks) Ensure PPE guidance is available for different Alert Level settings | | - Ensure PPE plans activated in community health sector - Review stock levels + forecasted usage | - Ensure adequate PPE available for health care workers | - Ensure adequate PPE available for health care workers + masks for public (if required) If appropriate, review IPC (infection prevention + control) guidance |
| Legal + regulatory | DG + COVID-19 AOG Response Group Health Act 1956, COVID-19 Public Health Response Act 2020 + CDEM Act 2002 | Generic template s11 orders drafted for district/regions De-escalation pathway developed | | - DG or Minister of Health make temporary regional s11 Order under COVID Act - DG brief Minister of Health - National Response Group consult CDEM on declaration of state of emergency | | - AOG seek Cabinet direction to adjust response measures, e.g. increase AL nationally or extend local/regional AL beyond initial period or relax measures (reduce AL or apply to smaller area) |
| Enforcement + compliance | AOG coordinated. Police, NZDF, MPI, MBIE, WorkSafe as required | Plans + enabling policies to enable scalable response dependent on scenario Ops plan for roadblocks/checkpoints across all key regions Clear policy on allowable movement out of locked-down area (e.g. under AL3) | - Seek, receive + act on intelligence | - Implement check points/road blocks to seal district/region (if required) - Monitoring + enforcement of people self-isolating (including outside of any locked-down region) | | |

| | Who/what? | Key preparation required | 0 hour | Phase 1 | Phase 2 | Phase 3 |
|--|--|---|--|---|---|--|
| Intelligence | AOG Insights and Reporting Group MoH COVID Hub | SOP (linked to MoH COVID response manual) to confirm how real time info will flow + to whom + how risk assessments will be undertaken Policy to enable information sharing | MoH will produce a SitRep within 90 minutes including case, cluster + response measure information derived from EpiSurv + other health sector sources | - MoH intelligence brief to National Response Group to support risk assessment Community vulnerability assessment to National Response Group + CDEM Group | | Intelligence brief by MoH + AOG Intelligence Group to support decisions post 96 hours |
| Local government + community outreach | AOG – Caring for Communities, DIA | Continue to engage with key community leaders to build relationships + enable effective response | - DIA + Caring for Communities notified | - Engage with relevant communities + local authorities - Liaise with CDEM Groups | - Monitor + report on issues in community - Liaise with CDEM Groups | - Monitor + report on issues in community - Advise MSD re longer term welfare needs and agree responsibility for longer term welfare support - Liaise with CDEM Groups |
| Communications | Unite Against Covid-19 Campaign – developed + delivered by COVID-19 AOG Response Group | Develop resurgence response communications plan to ensure an aligned, effective + timely communications response. To include; objectives, key messages, audiences, channels, tactics, spokespeople. Develop resurgence response communications information flows + sign off processes Develop resurgence response templates for collateral (i.e. fliers, letter drops) + campaign (i.e. digital + TV ads) | - Social media posts on UAC-owned channels (we can pay to boost from within DPMC) | - Radio ad libs supplied once messages confirmed (2 hours) - Pre-recorded radio produced and supplied to stations (4 hours) - Paid social media (4 hours) - Digital display (6 hours) - Digital video (8 hours) | - Digital outdoor (12 hours) - TV recorded, animated and supplied to stations (8 - 24 hours) | - National press next day if creative supplied by 6pm day prior - Physical outdoor printed and installed (36 hours) - Letterbox drop (48 - 96 hours) |
| | Engagement with central + local government, relevant sector agencies, iwi, NGOs + support agencies – convened + coordinated through AOG COVID Response Group | Develop resurgence readiness communications plan to ensure stakeholders + the public are informed + prepared | - Engage with key stakeholders across affected area (including iwi, local government, NGOs, response + support agencies), identify comms risks, emerging issues - Provide key messages across all stakeholders to support the response | | Develop + deliver targeted comms needed for: - high risk/vulnerable audiences - Businesses - Iwi | |
| | Coordination across government + response – coordinated through COVID AOG Response Group | | - Coordinate information flows, messaging, spokespeople + signoffs across government (central + local) + response agencies - Deliver response communications including preparing key messages + spokespeople + managing media as appropriate - Provide strategic comms + engagement advice + support to inform response related policy + response operations - Work with NEMA to deploy Emergency Mobile Alert if appropriate | | | |
| Education | Ministry of Education | Resurgence Plans updated | | - Implement closures of school, university + ECE centre sites if ordered by DG/COVID Act Order - School hostels + tertiary hostels continue to operate for students unable to return home | | - Education providers to implement distance learning where practicable |
| Transport | Ministry of Transport AOG | Identify essential transport services that would be exempt from AL restrictions National transport plan to implement restrictions associated with ALs Guidance for transport operators + users at higher ALs | - Scale up Transport Response Team | - Contact key transport sector stakeholders to support them to implement AL or other controls - Publish information + guidance for transport operators + users | - Subject to decision of ODESC, deploy operational staff to support implementation of controls | |
| Welfare | AOG - Caring for Communities MSD CDEM groups Mental Health | Confirm policy on what support will be available for businesses employees + self-employed, + planning for FMCG Clarify respective roles of CDEM + MSD in the medium/long term in providing welfare support | | - AOG liaise with local C4C groups + CDEM to coordinate delivery of services + advise on local needs - Advice on MIF for cases that can't self isolate | | - Ministerial decisions on what support to businesses + employees if temporary lock down extended |
| Businesses + workplaces | MBIE , WorkSafe, MBIE | Revise and update essential services and risk mitigation measures | | | | - Begin compliance activities (focused on education) - Officials available to respond to enquiries |

PROACTIVELY RELEASED

Annex 2 - Readiness to Respond

Readiness

The table below sets out the activities that are required to be completed in order to be ready to successfully respond to a resurgence in a timely manner

| Group | Task | Accountability |
|---------------------------------|---|---------------------------|
| Governance and Assurance | Establish Responsibilities for NRG | NRG |
| | Agree on roles for DPMC COVID-19 Strategy and Policy and DPMC COVID-19 Operations and Planning | NRG |
| | Routine review of national policy settings | DPMC COVID-19 Pol |
| | Internal validation of Agency Plans, Inter-dependencies and Assumptions | All |
| | Validation of National Resurgence Response Plan | DPMC COVID-19 Ops |
| | Validation of Regional Resurgence Plans | NEMA |
| | Establishment of Operational Lessons Learned System | NEMA |
| | Legislative orders established | DPMC COVID-19 Pol |
| Health Readiness | Issue Health System Plan | MoH |
| | Contact tracing system in place | MoH |
| | Testing system in place – conducting routine surveillance testing and able to ramp for resurgence response (including gnome and serology) | MoH |
| National Readiness | Issue National Response Plan | DPMC COVID-19 Ops |
| | Issue Agency Plans | All |
| | Issue Alert Level, Boundary and Exemption Policies / Framework | DPMC COVID-19 Pol |
| | Establish compliance organisation | DPMC COVID-19 Ops |
| | Identify possible MIQ sites for resurgence | MBIE |
| | Detail decision-making process for Immediate Response | DPMC COVID-19 Ops |
| | Establish inter-Agency communications protocols | DPMC COVID-19 Ops |
| Community Support | Agree on inter-agency roles and responsibilities | C4C |
| | Prepare system plan | C4C |
| | Vulnerable community identification and needs assessment | C4C |
| | Identify support channels | C4C |
| | Engage with Local government rep and ensure that their voice can be heard | DIA |
| Communications | Formulate public information campaign | DPMC COVID-19 Comms |
| | Engagement with regions and sub-regions | NEMA, DPMC COVID-19 Comms |

| | | |
|---------------------------|---|---------------------------|
| | Engagement with government agencies, NGOs, Iwi and partners | DPMC COVID-19 Comms |
| Insights | Assessment of likely / priority vector infiltration | Insights |
| | Sentiment and compliance analysis | Insights |
| | Create inter-agency reporting protocols | Insights |
| Support Activities | Identify pers resource requirements for resurgence | PSC Head / All Contribute |
| | Prepare Christmas rosters | All |
| | Identify permanent resurgence coordination centre | NRG |
| | Prepare for concurrent emergency management events | NEMA |
| | Scanning for future COVID-19 issues | MoH |
| | CT/EoD in a COVID environment? | Police / NZDF |

Validation and Exercising

In order to ensure agencies are ready to respond to a resurgence in COVID-19 cases a validation and exercise program has been developed to guide and test agencies. The system is required to be prepared to nationally lead and regionally deliver a resurgence response effectively in a coordinated response across multiple agencies and affected regional leadership groups.

The DPMC COVID-19 Group is coordinating a series of planning workshops with planners from appropriate government agencies to test and continuously improve the National Resurgence Plan and agency resurgence plans, as well as test the interdependencies of agency plans. These planning workshops will be undertaken with the assistance from the National Security System and overseen by NRG on behalf of NRLG with the objective to achieve the following outcomes:

- Validate and confirm the National Resurgence Plan
- Validate and confirm agency resurgence plans
- Identify the interdependencies between agency resurgence plans
- Identify agency resource shortfalls or capacity to support other agencies
- Confirm supporting arrangements to coordinate capacity to address resource shortfalls

There are four high-level resurgence scenarios that are being used to support DPMC COVID-19 Group resurgence planning which have been developed in alignment with MoH. ***These updated scenarios should be used when agencies and the system plan for a resurgence in cases.*** It is possible these planning scenarios may undergo further revision in the future.

| Scenario | Description |
|----------|---|
| 1 | Contained cluster within a community - Aged residential care facility <u>A case visits a relative in an aged residential care facility who goes on to infect a nurse, a carer and eight residents. Over two weeks this triggers a small, localised cluster of ten cases</u> |
| 2 | Large cluster within a region - Café <u>A case goes to a social event at a local café and subsequently infects several attendees. Over three weeks this triggers twenty to thirty cases across two or three towns within a region</u> |
| 3 | Multiple clusters, spread nationally – large sporting event, concert or tangi <u>Two cases emerge at a similar time, with both attending large events with visitors from across the country (such as a sporting event and a concert). Each case infects a large number of people, who subsequently return home across New Zealand. Over four weeks this triggers outbreaks across the country, with several locations reporting confirmed community transmission.</u> |

| | |
|----------|--|
| 4 | <p>Multiple clusters, spread nationally – large sporting event, a concert or tangi</p> <p><u>A case goes to a large sporting event and infects a large number of people. The next day attendees of the sporting event return home across New Zealand. Over eight weeks this triggers more than ten confirmed clusters, with several locations reporting confirmed community transmission, with a particularly large outbreak centred on South Auckland (5,000 cases in total, including 75 deaths).</u></p> |
|----------|--|

The focus of the exercising will be the Immediate Response phase of the response. This phase is time critical; delays may aggravate the potential spread of the resurgence. The following activities are out of scope:

- Activities that occur prior to assessment of community transmission
- Non-community resurgence events (i.e. inside MIQ facilities)
- Stress testing the contact tracing system
- Tactical level details of agency resurgence plans
- Agency business continuity plans

In addition to exercises, workshop sessions and targeted functional workshops may be held with individual or multiple individual agencies. These workshops will focus on ensuring consistency between the National Resurgence Plan and the agency plans. These will also identify agency resource shortfalls and key activities within the Immediate response phase.

PROACTIVELY RELEASED

Annex 3 – Wider government Agency Resurgence Alignment to Objectives

| Objective one | | |
|---|---|--|
| Enable effective decision-making & governance: provide representation to and support the operation of governance and decision-making structures as appropriate. | | |
| Agency | Critical Function | |
| | Lead | Support |
| All agencies | | <ul style="list-style-type: none"> Attend Watch Groups/ ODESC as required. Attend Workstream as required. Liaison with AoG as required. Attend workshops are required. |
| Ministry of Foreign Affairs and Trade (MFAT) | <ul style="list-style-type: none"> communicate information and decisions to all MFAT domestic facilities and teams. | <ul style="list-style-type: none"> Through possible staff secondment (PO). Be prepared to assist development of an AOG de-escalation pathway. Attend COVID Chairs. |
| Fire and Emergency New Zealand (FENZ) | <ul style="list-style-type: none"> CE Chair the Emergency Services Leadership Board. SDCC Response Coordinator Chairs the Emergency Services Working Group. Provision of a Liaison Officer to the Ministry of Health, National and Regional RICs for Managed Isolation and Quarantine Facilities, and the COVID-19 All-of-Government Response Group. | |
| Ministry of Justice (MoJ) | <ul style="list-style-type: none"> Chief Executive of Justice attends the CE Pandemic Group. Justice Sector Leadership Board oversees Justice Sector response. Pandemic Preparedness Committee with the Judiciary. Business as usual governance and National Incident Management Team activation as necessary. | <ul style="list-style-type: none"> Attend COVID Chairs. |
| Te Puni Kokiri (TPK) | <ul style="list-style-type: none"> Continued engagement in CDEM Groups and RLGs/C4C Groups, with a focus on supporting CDEM Groups to establish and maintain links and representation with iwi. | <ul style="list-style-type: none"> Iwi forum as required at national level. |
| Department of Corrections | <ul style="list-style-type: none"> National Coordination Centre functionality. Emergency Coordination Centre functionality. Emergency Operations Centre functionality (prisons). | |
| Ministry for Women | | |

| | | |
|---|--|---|
| Education Review Office | | |
| Department of Internal Affairs (DIA) | <ul style="list-style-type: none"> • DIA through its leadership of the Local Government Response Unit provides guidance to the local government sector through regular (daily during a resurgence) communications and guidance on the application of alert levels. • NZGazette and Government Domain Name Service (GCDO) – AoG critical services, required for NZ Government to enact legislation/Orders; and government domain names/email. | <ul style="list-style-type: none"> • C4C Workstream and NWCG including support for Ethnic Communities and assistance to communities through the Community Operations functions. • COVID Digital services through GCDO – broker between agencies and suppliers to ensure critical digital service delivery; and governance with other System Heads (such as Data, Information Security, Procurement) to enable public trust in government’s digital responses to COVID – privacy, security, interoperability, inclusion, identity, assurance, authoritative information and service, and investment. |
| Ministry for the Environment | | |
| Ministry for Culture and Heritage | | <ul style="list-style-type: none"> • effective decision-making & governance. |
| Treasury | <ul style="list-style-type: none"> • Provide information and advice on economic (macroeconomic and sectoral/regional) and fiscal implications of different response actions, e.g. to inform advice about what Alert Level is appropriate, to inform choices about stringency and duration of response actions, and to inform choices of inter-regional boundaries for a targeted response and impact of travel restrictions. • Advise on fiscal support measures to guide effectiveness of public health response (e.g. to reinstate a leave scheme) and mitigate impacts on incomes, employment and material living standards, and protects jobs in the event of Alert Level escalation (e.g. to reinstate a temporary Wage Subsidy). | <ul style="list-style-type: none"> • Support and improve the effectiveness of the public health response to maintain social licence so that escalation in Alert Levels is undertaken as a last resort. • Attend COVID Chairs. |
| Land Information New Zealand (LINZ) | | |

Objective Two

Enable effective and coordinated support to the COVID-19 Health System response: Support the Ministry of Health, District Health Boards, Public Health Units and primary and community providers to achieve the required COVID related health outcomes

| Agency | Critical Function | |
|---|--|---|
| | Lead | Support |
| Ministry of Foreign Affairs and Trade (MFAT) | <ul style="list-style-type: none"> • Provide linkage to international networks. | |
| Fire and Emergency New Zealand (FENZ) | <ul style="list-style-type: none"> • Land-based Ambulance Services. | <ul style="list-style-type: none"> • Provide qualified emergency response drivers with limited clinical knowledge if land-based ambulance services were affected by COVID-19. • PHU/DHB's • Portable equipment such as marquees, generators, lighting, etc for field hospitals, testing centres or community-based assessment centres (CBACs). • Logistical support at field hospitals, testing centres or community-based assessment centres (CBACs). • Aerial intelligence gathering (observation) using remotely piloted aircraft systems (RPAS). • MBIE MIQ's. • Provision of advice of isolation and quarantine facilities. |
| Ministry of Justice (MoJ) | <ul style="list-style-type: none"> • Changes to legislative requirements due to Epidemic Notice: <ul style="list-style-type: none"> ○ Jury Amendment Rules to enable compliance with any physical distancing requirements. ○ Amendments to Family Court rules. ○ Family court orders and shared parenting guidance. • Immediate Modification Orders (IMO stop when the Epidemic Notice expires or is revoked): <ul style="list-style-type: none"> ○ Oaths and Declarations Act ○ Sale and Supply of Alcohol Act ○ Wills Act ○ Immediate Modification Order for the Protection of Personal and Property Rights Act | |

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| | <ul style="list-style-type: none"> • Justice related legislation in two Omnibus Bills: • COVID-19 Response (Urgent Management Measures) Legislation Act. • Amended section 24 of Epidemic Preparedness act to allow District Court Judges to amend rules of court to take account of the effects of the quarantinable disease. • COVID-19 Response (Further Management Measures) Legislation Act. • Coroners Act. • Courts (Remote Participation) Act. • Property Law Act. • New Schedule 2 - inserted giving courts and tribunals an additional power. • Advice into AoG work on changing alert levels, advice includes Human Rights. • Epidemic Management Notice for Parole Act and Sentencing Act • Regional variations to resolve local challenges. | |
| <p>Te Puni Kokiri (TPK)</p> | | <ul style="list-style-type: none"> • Specialist advisory/iwi liaison support to MOH/NCMC as required • Support the activation of Māori Wardens as required to provide traffic management and other support at testing centres and transport to medical appointments. • Utilise regional networks to promote testing sites and ensure these reach vulnerable communities. Whānau Ora Commissioning Agencies and other Māori Health Providers work alongside PHUs to deliver testing sites. |
| <p>Department of Corrections</p> | <ul style="list-style-type: none"> • Engaging public health operationally to manage Ara Poutama health outcomes. • Health, Safety & Wellbeing critical controls to detect, prevent, mitigate impacts of COVID-19, including contact tracing, face coverings, social distancing movement restrictions. • Health, Mental Health (forensics) & Addictions service delivery will be aligned to MoH guidelines and access to DHB services under each alert level. Additionally, health service delivery will be informed by staffing levels as set out in prison based BCPs, incorporating additional support as required from psychology and programmes staff. | |

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| Ministry for Women | <ul style="list-style-type: none"> • Provide gender analysis and linkages to community groups. | |
| Education Review Office | | <ul style="list-style-type: none"> • ERO is a supporting agency within the education sector. ERO maintains regular contact with the Ministry of Education to provide both support and assistance in the ongoing response and resurgence and the provision of education as required. • Key to this approach is regular communication with the Ministry of Education as lead agency in the sector. This communication is both at a national and local level and takes into account the Ministry guidance to schools and early childcare centres and parents/whanau. |
| Department of Internal Affairs (DIA) | | <ul style="list-style-type: none"> • Office of Ethnic Communities supports the health system by supporting the communities under their purview. • GCDO and the Govt Chief Privacy Officer provide advice on contact tracing technologies, privacy and system design. |
| Ministry for the Environment | | |
| Ministry for Culture and Heritage | | |
| Treasury | <ul style="list-style-type: none"> • Provide information on impacts on social and economic aspects of immediate response. • Advise on potential supporting policies with financial implications, to encourage adherence and compliance, such as transitional support to assist firms in protecting workers and the public. • Align sustainable funding streams with effective assurance and performance reporting systems. • Vote support for Public Finance Act processes for any expenditure relating to the response. • Assess impacts of sustained response plan on health, economic and social determinants and advise on mitigations as required. • Vote support for Public Finance Act obligations, for example arising from actions related to Public Service workforce (redeployment, pay restraint). | |

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| Land Information New Zealand (LINZ) | | <ul style="list-style-type: none"> • provide specialist Geographic data support with advice or products as required. |
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Objective Three

Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms: Establish effective coordination mechanisms, processes and structures between agencies and stakeholders.

| Agency | Critical Function | |
|---|---|---|
| | Lead | Support |
| Ministry of Foreign Affairs and Trade (MFAT) | | <ul style="list-style-type: none"> • Potential staff provision (CMD). • Leveraging international networks. |
| Fire and Emergency New Zealand (FENZ) | | <ul style="list-style-type: none"> • New Zealand Police with the management of deceased persons (body recovery) as part of a multi-agency response. • Personnel to assist with COVID-19 AOG Group functions such as: Operations, Planning, Logistics, Public Communications. • GIS support. • Personnel to assist CDEM Groups with functions such as: Operations, Planning, Intelligence, Logistics, Public Communications. |
| Ministry of Justice (MoJ) | <ul style="list-style-type: none"> • Standard Operating Procedures for courts – toolkits per alert level. • Pandemic Committee. • Judicial protocols per alert level including communications with the profession. • Special powers relating to transport, bail. • Use Coordinated Incident Management Systems (CIMS) as framework for National Incident Management Team coordination of activities, including Justice Sector coordination. • Process for prosecutions for breach of health orders i.e. Sector Custody Handover form including a framework. | |
| Te Puni Kokiri (TPK) | | <ul style="list-style-type: none"> • activation of Māori Wardens as required, including operations relating to local road-checkpoints, traffic management at testing centres and other sites, and supporting whānau abide by guidelines at tangihanga. |

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| | | <ul style="list-style-type: none"> Utilise regional networks and knowledge of communities to support community outreach (including Whānau Ora Commissioning Agencies, Iwi-led responses and Māori Wardens). |
| Department of Corrections | | <ul style="list-style-type: none"> Use CIMS as framework for command, control and coordination of activities. Including Justice Sector coordination and Maori/Pasifika sector. |
| Ministry for Women | | <ul style="list-style-type: none"> Provide gender analysis and linkages to community groups. |
| Education Review Office | | <ul style="list-style-type: none"> ERO is a supporting agency within the education sector. ERO maintains regular contact with the Ministry of Education to provide both support and assistance in the ongoing response and resurgence and the provision of education as required. Key to this approach is regular communication with the Ministry of Education as lead agency in the sector. This communication is both at a national and local level and takes into account the Ministry guidance to schools and early childcare centres and parents/whanau. ERO will use all of government public information as core to its internal and external communications. |
| Department of Internal Affairs (DIA) | <ul style="list-style-type: none"> DIA through its leadership of the Local Government Response Unit including local government infrastructure and supply chain requirements (e.g. PPE for water and waste employees). | <ul style="list-style-type: none"> C4C Workstream and NWCG including support for Ethnic Communities and assistance to communities through the Community Operations functions. together with MBIE and Public Service Commission, GCDO supports prioritisation required to resource digital public services where needed most (see Prioritisation Framework); support distributed working (strategic and tactical response). |
| Ministry for the Environment | | |
| Ministry for Culture and Heritage | | |
| Treasury | <ul style="list-style-type: none"> Assess impacts of sustained response plan on health, economic and social determinants and advise on mitigations as required. Vote support for Public Finance Act obligations, for example arising from actions related to Public Service workforce (redeployment, pay restraint). | |

| | | |
|--|--|---|
| Land Information New Zealand (LINZ) | | <ul style="list-style-type: none"> Liaison participation in Planning for Resurgence Group. |
|--|--|---|

Objective Four

Coordinate support for communities (including business) to minimise the social and economic impacts: Partner with support agencies, to identify and meet community needs where there are no other means of support.

| Agency | Critical Function | |
|---|--|--|
| | Lead | Support |
| Ministry of Foreign Affairs and Trade (MFAT) | | |
| Fire and Emergency New Zealand (FENZ) | | <ul style="list-style-type: none"> Undertake response to emergencies in communities as part of core legislative functions or in support of another agency. |
| Ministry of Justice (MoJ) | <ul style="list-style-type: none"> Pathways for help –0800 Hey Bro helpline to national coverage, a Silent Solution for people seeking help from 111, Ministry of Social Development (MSD) led mass media FVSV prevention campaign – It’s Still Ok to Ask for Help. Dashboard based on key data and information from across agencies and the sector to understand how COVID-19 is impacting across the FVSV system. Support a FVSV COVID-19 Pandemic Working Group (PWG) that has allowed government to work with representation from across the FVSV sector, including non-government organisations (NGOs) and kaupapa Māori providers, to anticipate and address emerging issues affecting the sector and the people they help. Connect with the broader Government response to COVID-19 to complement actions and reduce any FVSV. The primary focus of this work is through the Welfare Pillar, which is connected with the Civil Defence Emergency Management (CDEM) local emergency responses. | <ul style="list-style-type: none"> Support the continued delivery of specialist Family Violence / Sexual Violence services, including certainty of funding, contract flexibility, additional funding, and support for their safe operation (including guidance and PPE). Clear, consistent messages on where to seek help in the core COVID-19 resources and website shared across government and sector partners. |

| | | |
|---|--|---|
| Te Puni Kokiri (TPK) | | <ul style="list-style-type: none"> • activation of Māori Wardens as required, including operations relating to local road-checkpoints, traffic management at testing centres and other sites, and supporting whānau abide by guidelines at tangihanga. • Utilise regional networks and knowledge of communities to support community outreach (including Whānau Ora Commissioning Agencies, Iwi-led responses and Māori Wardens). |
| Department of Corrections | <ul style="list-style-type: none"> • Animal welfare within the prison estate. • Using Prison Industries to support community initiatives e.g. production of face coverings to support targeted social groups. • Realtime monitoring of high-risk offenders. • Public safety related breaches of community-based sentences. • NZPB and Court Reports. • Alcohol and Other Drug (AOD) and Non-Violence Programmes. | |
| Ministry for Women | <ul style="list-style-type: none"> • Provide gender analysis and linkages to community groups. | |
| Education Review Office | | <ul style="list-style-type: none"> • ERO will make its staff available to support all of government initiatives both national and regional. |
| Department of Internal Affairs (DIA) | | <ul style="list-style-type: none"> • C4C Workstream and NWCG including support for Ethnic Communities and assistance to communities through the Community Operations functions including support for foreign nationals stranded in NZ. • Local Government Response Unit provides support to local government through its guidance and advice. |
| Ministry for the Environment | | |
| Ministry for Culture and Heritage | <ul style="list-style-type: none"> • Continue to deliver the COVID-19 Cultural Recovery Package (including supporting other ACH agencies to deliver their parts of the package). • Maintain key relationships where we are may be supporting recovery activity (central and local government, funded agencies and iwi), - including the five agencies disbursing Mātauranga Fund. • Support sector agencies for their resurgence planning to ensure able to support response. | |

| | | |
|-------------------------------------|---|--|
| | <ul style="list-style-type: none"> Assess impact of resurgence on delivery of the Cultural Recovery Programme. If resurgence is severe and sustained, may need to prioritise the Recovery Package. | |
| Treasury | | |
| Land Information New Zealand (LINZ) | | |

Objective Five

Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements:

- d) Messaging and strategic communications will be nationally led by DPMC COVID-19 Group .
- e) Public health messaging is generated by MoH
- f) Other messaging is generated by the appropriate agency

| Agency | Critical Function | |
|--|---|--|
| | Lead | Support |
| Ministry of Foreign Affairs and Trade (MFAT) | | <ul style="list-style-type: none"> Possible staff assistance from MFAT Comms team. |
| Fire and Emergency New Zealand (FENZ) | | <ul style="list-style-type: none"> Provide public information in line with lead and primary agency advice for emergencies, hazards, or threats that Fire and Emergency New Zealand have lead functions for. |
| Ministry of Justice (MoJ) | <ul style="list-style-type: none"> Display Q.R. codes at all Ministry of Justice sites, including courts. Courts of New Zealand website- Judicial protocols. Messaging for our Contact Centre. Intra-agency Sector communications to ensure clear and consistent messaging across the Justice Sector (Police, Corrections and Oranga Tamariki). | |
| Te Puni Kokiri (TPK) | | <ul style="list-style-type: none"> Continue to provide specialist advice and support to the AoG PIM function as required. Continue involvement in the AOG Māori Communications Group Iwi Communications Collective Network, providing tailored and targeted communications messages for Māori. |

| | | |
|---|--|---|
| Department of Corrections | | <ul style="list-style-type: none"> Managed through NCC PIM function, including alignment of messages and collateral to MoH guidance. |
| Ministry for Women | <ul style="list-style-type: none"> Provide gender analysis and linkages to community groups. | <ul style="list-style-type: none"> Support for effective communications to groups with a focus on gender related matters. |
| Education Review Office | | <ul style="list-style-type: none"> ERO will use all of government public information as core to its internal and external communications. |
| Department of Internal Affairs (DIA) | <ul style="list-style-type: none"> Local Government Response Unit provides daily communications through a response incorporating AoG messaging. | <ul style="list-style-type: none"> Member of AOG communications group to maintain consistent messaging. COVID-19 Digital Public Service through GCDO – strategic and operational roles in AoG digital communication, such as consolidation of channels, advice on privacy, accessibility, domain name authority, procurement, investment and integrated services.... to enable public access to authoritative public service and information. |
| Ministry for the Environment | | |
| Ministry for Culture and Heritage | <ul style="list-style-type: none"> Maintain communication and reporting with/from Cultural Sector agencies and wider where required. Ensure MCH communication channels support AOG Response. | |
| Treasury | | |
| Land Information New Zealand (LINZ) | | |

Objective Six

Support and contribute to Intelligence processes: Facilitate the flow of information through agreed DPMC COVID-19 Group reporting processes, including, where necessary, supporting other agencies in the efficient sharing of information.

| Agency | Critical Function | |
|---|-------------------|---|
| | Lead | Support |
| Ministry of Foreign Affairs and Trade (MFAT) | | <ul style="list-style-type: none"> Utilisation of international network. |

| | | |
|--|--|---|
| Fire and Emergency New Zealand (FENZ) | | <ul style="list-style-type: none"> • Aerial intelligence gathering (observation) capability using remotely piloted aircraft systems. • Provide regular SITREPS to the COVID-19 All-of-Government Response Group and other agencies as required. |
| Ministry of Justice (MoJ) | | <ul style="list-style-type: none"> • Ministry of Justice Data Insights provided across the Sector on court demand and performance. |
| Te Puni Kokiri (TPK) | <ul style="list-style-type: none"> • Provision of regular situation update reports and regional intelligence reports capturing issues and concerns expressed by iwi/Māori communities at a regional and local level to the AOG response. | |
| Department of Corrections | <ul style="list-style-type: none"> • To be managed through NCC Intelligence function who would be managing Corrections based Intelligence and AoG channels. | |
| Ministry for Women | <ul style="list-style-type: none"> • Provide gender analysis and linkages to community groups. • Provide data sets to support analysis to reduce gender related impacts. | |
| Education Review Office | | <ul style="list-style-type: none"> • ERO will support the facilitation of the flow of information through agreed AOG reporting processes, as required. |
| Department of Internal Affairs (DIA) | | <ul style="list-style-type: none"> • COVID-19 Digital Public Service through GCDO – together with other System heads (e.g. Data) – enable a co-ordinated approach that focuses on end-to-end business processes and information needs required in COVID-19 workstreams e.g. MIQ management, data sharing, distributed denial of service attacks. • Information Partnerships Business Unit in Service Delivery & Operations provides identity and life event services to partners (other government agencies) and third parties that use them either as components of their own services to New Zealanders, and/or to meet compliance obligations where information sharing is authorised. |
| Ministry for the Environment | | |
| Ministry for Culture and Heritage | <ul style="list-style-type: none"> • Ensure timely reporting to relevant agencies of key impacts on cultural sector (and wider stakeholders) in response to changing alert levels and wider COVID-19 response (note information could relate to 15 funded cultural agencies, iwi, media organisations, museums and archives, galleries, heritage organisations, sports and recreation organisations, artists and creatives, | <ul style="list-style-type: none"> • |

| | | |
|--|--|---|
| | <p>musicians/performers, screen sector, publishers, venues and events sector).</p> <p>Information could include key events/gatherings that may need to be considered in managing a resurgence.</p> | |
| Treasury | <ul style="list-style-type: none"> • Constant information and intelligence gathering to evaluate immediate response and impacts on health, social and economic aspects (situational awareness). | |
| Land Information New Zealand (LINZ) | | <ul style="list-style-type: none"> • provide specialist Geographic data support with advice or products as required. |

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Annex 4 - Legal Framework

The following outlines the legislative framework for response to COVID-19.

COVID-19 Act

Under the **COVID-19 Public Health Response Act 2020 (the COVID-19 Act)**, the Minister of Health and the Director-General of Health both have the power to make Orders to achieve the purposes of the Act, though the Director-General of Health may only make orders that apply to a single territorial authority. These are independent statutory decision-making roles, noting that the Minister of Health is required to consult with the Prime Minister and the Minister of Justice before making an Order. However, Orders are required to be approved by a resolution of the House and are **revoked** if not approved.

Until now, decisions about changing Alert Levels have been taken by Cabinet, which the Minister of Health has had regard to when making an Order under the COVID-19 Act. The Alert Levels framework provides the policy considerations which guide decision making on the controls required for responding to COVID-19 and has been an extremely useful public information tool. The COVID-19 Act provides the primary legal authority for imposing the restrictions or requirements that are necessary to give effect to an Alert Level decision.

This Act contains a repeal mechanism, requiring it to be regularly extended by a resolution of the House for it to remain in force. Since enactment the COVID-19 Act has been extended every 90 days. If the Act continues to be extended by this mechanism, it will be repealed in May 2022, two years after its date of commencement.

Health Act

Additionally, the Health Act 1956 provides special powers to a medical officer of health in relation to an infectious disease, and measures that are necessary for the management of infectious disease.

COVID-19 is an infectious disease, as listed in Schedule 1 of the Health Act. This categorisation, together with authorisation by the Minister, a declaration of a state of emergency, or where an epidemic notice is in force, permits a medical officer of health to exercise the special powers under section 70 in relation to COVID-19. These powers are significant and provide a complimentary suite of measures which can be applied to manage cases of COVID-19.

A medical officer of health is also empowered to give directions to individuals who pose a public health risk. This addresses the limitation of the orders under the COVID-19 Act, which can only be issued in relation to classes of persons, rather than an individual. These directions are guided by a series of overarching principles, and include a right of appeal, providing necessary safeguards for individuals who are the subject of directions.

Contact tracing is also undertaken pursuant to the Health Act, establishing the scope of what this involves, the duty of individuals to provide information for that purpose and the confidentiality requirements.

Enabling Legislation

Under the COVID-19 Act, Orders may be made where one or more of the following prerequisites is in force:

- An epidemic notice under the Epidemic Preparedness Act 2006,
- A state of emergency or transition period under the Civil Defence Emergency Management Act 2002,

- If the Prime Minister has authorised the use of COVID-19 orders by notice in the Gazette.

COVID-19 is an infectious disease, as listed in Schedule 1 of the **Health Act 1956** and has also been classified as a quarantinable disease under that Act. The classification as a quarantinable disease permits the Prime Minister to declare, by way of an epidemic notice under the **Epidemic Preparedness Act 2006**, that COVID-19 is likely to disrupt or continue to disrupt essential governmental and business activity in New Zealand.

While an epidemic notice provides a prerequisite for the COVID-19 orders to be issued, it also provides special powers which allow for the amendment of primary legislation by the executive branch, to enable the effective management of serious outbreaks of disease. This bypasses the usual law-making process of Parliament to facilitate rapid legislative changes required in response to the risk, or outbreak, of COVID-19.

Epidemic Notices

On Monday 23 March, an Epidemic Notice under section 5 of the Epidemic Preparedness Act 2006 was issued. This was based on advice received from the Director-General of Health in response to the increasingly complex and far-reaching response to COVID-19.

On 16 September 2020, the Epidemic Notice pursuant to section 7 of the Epidemic Preparedness Act 2006 was renewed. The Notice lasts for three months from 23 September 2020 unless the Government chooses to lift it earlier and can be extended again if required.

State of Emergency

Complementary to the powers under the health legislation it is possible for the Minister of Civil Defence to declare a state of national emergency under the **Civil Defence and Emergency Management Act 2002**. On 25 March 2020 a State of National Emergency was issued, which ran until 13 May 2020. This unlocked a range of powers which enabled Police and other authorised persons to:

- Restrict access to roads and other public places,
- Remove or secure dangerous structures, materials, vehicles or vessels,
- Provide rescue, first aid, food, shelter,
- Conserve essential supplies,
- Dispose of human or animal remains,
- Evacuate premises or places, or enter to rescue people or save lives,
- Requisition equipment and materials.

Immigration

Regulating entry to New Zealand is managed under the **Immigration Act 2009**. Under that Act, persons other than New Zealand citizens must hold a visa to travel to and be in New Zealand, and the Minister of Immigration may issue immigration instructions, controlling the circumstances in which visas may be granted. New Zealand citizens do not require a visa to enter New Zealand, and entry restrictions cannot be applied to New Zealand citizens under the Immigration Act. This reflects their right of entry under section 18 of the **New Zealand Bill of Rights Act 1990**. Permanent residents, and holders of other resident class visas who have already been in New Zealand on those visas, are treated similarly to citizens and generally cannot be subject to entry restrictions.

To prevent, or limit the risk of, an outbreak or spread of COVID-19, those persons that are permitted to enter New Zealand are then subject to the requirements of either the:

- COVID-19 Public Health Response (Air Border) Order (No 2) 2020

- COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020

Where individuals are required to enter managed isolation or quarantine, whether from entry into New Zealand or as a result of community transmission, those persons are subject to the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020. The recovery of charges relating to managed isolation or quarantine is prescribed by the COVID-19 Public Health Response (Managed Isolation and Quarantine Charges) Regulations 2020.

List of Template drafting prepared ready to use in response to resurgence of COVID-19 as at 30 October 2020

| Alert level/generic requirements | Drafted / in progress / needs review |
|--|--------------------------------------|
| All alert levels | |
| Display of QR codes in workplaces and on public transport services | ✓ |
| Alert level 1 | |
| Option not currently part of Alert Level 1: Face covering requirements on public transport services | ✓ |
| Alert level 2 | |
| Workplaces to have contact tracing systems and processes | ✓ |
| 1-metre and 2-metre physical distancing rules | ✓ |
| Physical distancing requirements in workplaces in alert level 2 area and any adjustments in specified workplaces | ✓ |
| Social gatherings in alert level 2 area, 100 limit | ✓ |
| Social gatherings in alert level 2 area, 50 limit for authorised funeral or tangihanga | ✓ |
| Social gatherings in alert level 2 area, 10 per table limit in hospitality | ✓ |
| Face covering requirements on public transport services | ✓ |
| Face covering requirements on public transport services on specified route between alert level 1 area and alert level 2 area | ✓ |
| Alert level 3 | |
| Stay-at-home requirements and permissions for essential personal movement in alert level 3 area | ✓ |
| Physical distancing requirements for all individuals in alert level 3 area | ✓ |
| Closure of premises unless alert level 3 requirements operating | ✓ |

| | |
|---|--------------|
| Workplaces to have contact tracing systems and processes | ✓ |
| Physical distancing requirements for workplaces and any adjustments in specified workplaces (as per previous Auckland categories of businesses or services) | ✓ |
| Expanded list of additional category B businesses | In progress |
| Prohibition on gatherings in outdoor places | ✓ |
| Permissions for travel between alert level 2 area and alert level 3 area (as per previous Auckland permissions) | ✓ |
| Expanded permissions for travel between alert level 2 area and alert level 3 area | In progress |
| New option for Alert level 3/2: Physical distancing requirements on public transport services between alert level 2 area and alert level 3 area | ✓ |
| Face covering requirements on public transport service | ✓ |
| Alert level 4 | |
| Lock-down requirements and permissions for essential personal movement in alert level 4 area | Needs review |
| Physical distancing requirements for all individuals in alert level 4 area | ✓ |
| Closure of premises unless essential/critical business or service | ✓ |
| List of essential/critical businesses or services | Needs review |
| Workplaces to have contact tracing systems and processes | ✓ |
| Physical distancing requirements for workplaces and any adjustments in specified workplaces | Needs review |
| Prohibition on gatherings in outdoor spaces | ✓ |
| Face covering requirements on public transport services | ✓ |
| Generic requirements | |
| Infringement offence framework review | In progress |
| Exemptions generally | In progress |
| Boundary descriptions for particular areas | In progress |
| Low level policy and legal improvements from template order process | In progress |
| | |

This table will be updated on a regular basis in line with template development.

In progress means any of the following:

- in policy development

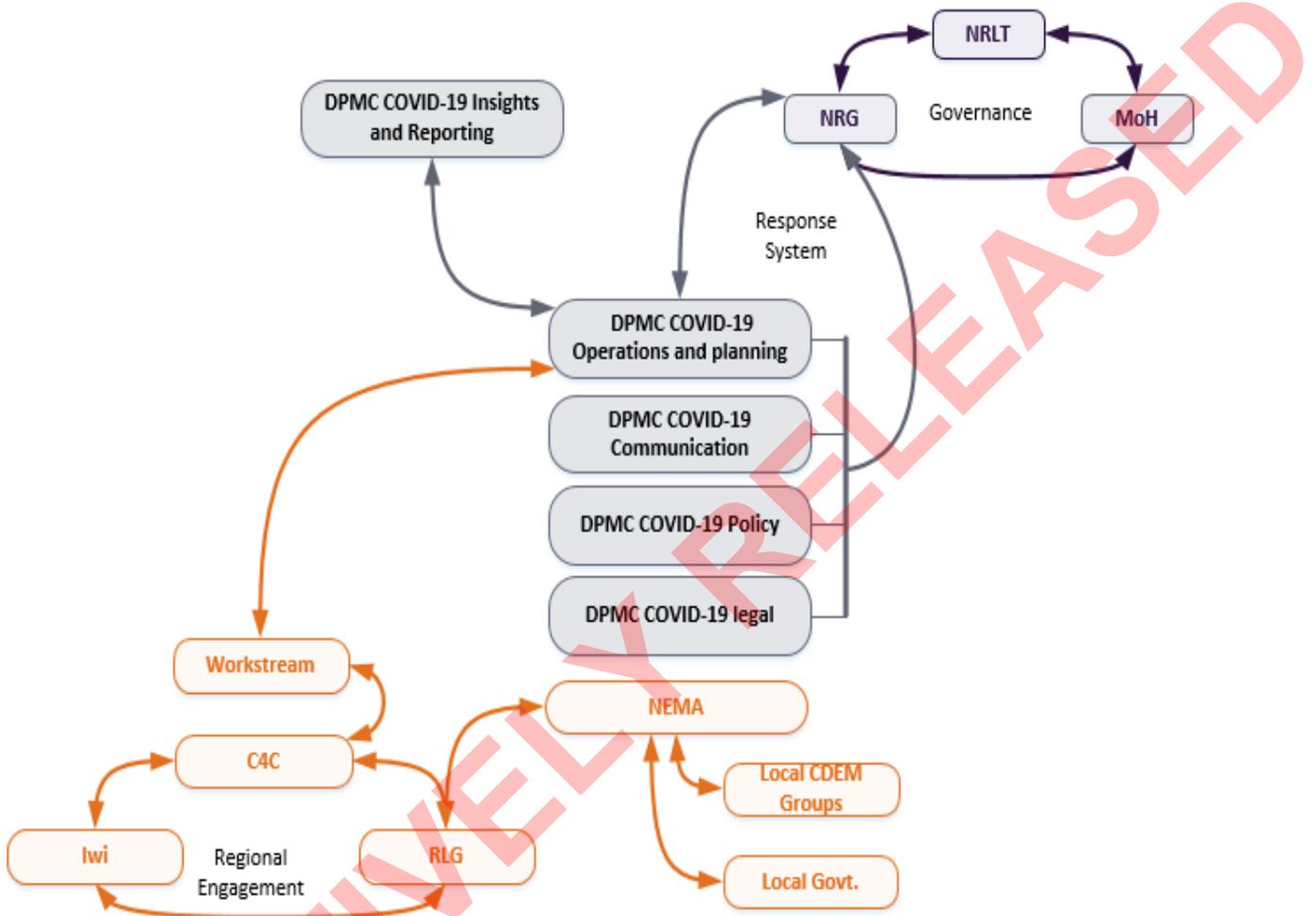
- needing further instructions
- drafted awaiting consultation.

Needs review means it has previously been drafted but needs review before being used again.

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Annex 5 – Precautionary Notification

The diagram below outlines the information and tasking flow for precautionary notifications across the COVID-19 System.



The National Warning System (NWS) will be used to notify regional partners specifically; Mayors and Regional Chairs, Local Government CE’s, Iwi Chair’s and CE’s and CDEM Group Managers and Group Controllers on new clusters, risk incidents, transmission events, changes to alert levels or significant changes to policy settings. The NWS will enable early, targeted, embargoed notification to key stakeholders

This is essential to enable regional leadership to support the public health response and maintain public consent and social licence.

Concept of Operations

- National Response Group (NRG) will meet early, frequently, and after any National Response Leadership Team (NRLT) meeting.
- NRG will provide embargoed notification via the National Warning System (NWS) text message to key stakeholders prior to any significant public announcement such as a media stand-up, media release, COVID-19 tracer app push notifications or other event which will require public engagement or may generate public or media interest.

- An NWS text and voice notification to participate in a teleconference will be issued to relevant regional stakeholders at least 15mins prior to the teleconference taking place. The teleconference will be run by the NRG.

This notification system has been agreed to with DPMC Legal.

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Annex 6 - Alert Level and Boundary information

Establishing future Alert Level boundaries

In the event of a resurgence during the summer holiday period, it is unlikely that a regional holiday destination would be locked down. Such an event is more likely to require moving the country to a higher Alert Level to prevent movement as the initial transmission will have occurred in a part of the country with border facilities. Additionally, by the time of detection a large number of people recently at the destination will have departed and travelled to other parts of the country. Therefore, it is unlikely the assessment would be that the risk is confined to the holiday destination or its immediate surroundings.

However, we need to be able to quickly define Alert Level boundaries should they be needed. The risk assessments for Alert Levels mean the most likely scenario is an Alert Level 3/2 boundary. If a part of the country is below Alert Level 3, it is unlikely the risk will be sufficient to justify having boundaries to prevent movement. Likewise, if at least one part of the country is at Alert Level 3 it is unlikely adjacent areas will be below Alert Level 2. And a return to Alert Level 4 anywhere is unlikely given the proven effectiveness of Alert Level 3.

Principles for determining future Alert Level boundaries

Given the August resurgence experience, a more nuanced approach to establishing Alert level 2/3 boundaries will be used, rather than solely relying on existing administrative boundaries (e.g. council boundaries).

Officials have identified the following principles for determining future boundaries:

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

The need to contain the spread of the virus and associated public health risks remain the primary considerations. The boundary will always be determined in light of that risk, and initially on limited and fast evolving information.

Approach to setting future Alert Level boundaries

Using geospatial information systems officials have developed maps for Alert Level boundaries for areas where there are managed isolation and quarantine facilities and a resurgence is more likely.

In addition, the geospatial information systems capability will allow officials to quickly develop bespoke boundaries that would be appropriate and proportionate to a specific outbreak. Such an approach takes into account the normal movement of people and the location of key businesses and their workforces to minimise the number of people needing to cross an Alert Level 3/2 boundary.

Examples of Alert Level boundaries for priority regions

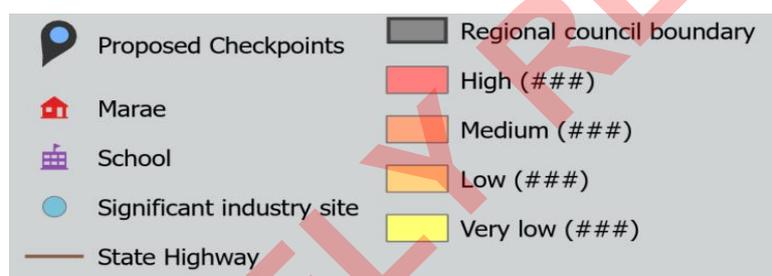
The following boundary maps for Auckland, Bay of Plenty, Wellington and Canterbury were developed from 2018 census data¹ for commuter flows from residence to place of employment. Analysis was performed using the regional council area boundary and SA22 boundaries in areas beyond that regional council boundary to represent the population commuting into the relevant regional council area for work.

The volume of commuters from particular SA2 areas commuting into the relevant regional council area has been ranked from high to very low. The maps indicate this analysis and present options for each of the identified regions.

The following additional data was collated, but did not inform the boundary construction: proposed checkpoints; major work facilities; significant industry sites; police stations and police administrative boundaries; hospitals; medical practices; supermarkets; civil defence and emergency management boundaries; public health unit and district health board boundaries; iwi rohe; marae; postal code boundaries; local government boundaries and school zones.

This additional data would be included in further analysis to provide more practical and granular boundary options.

Below is an example legend, illustrating standardised boundary map content:

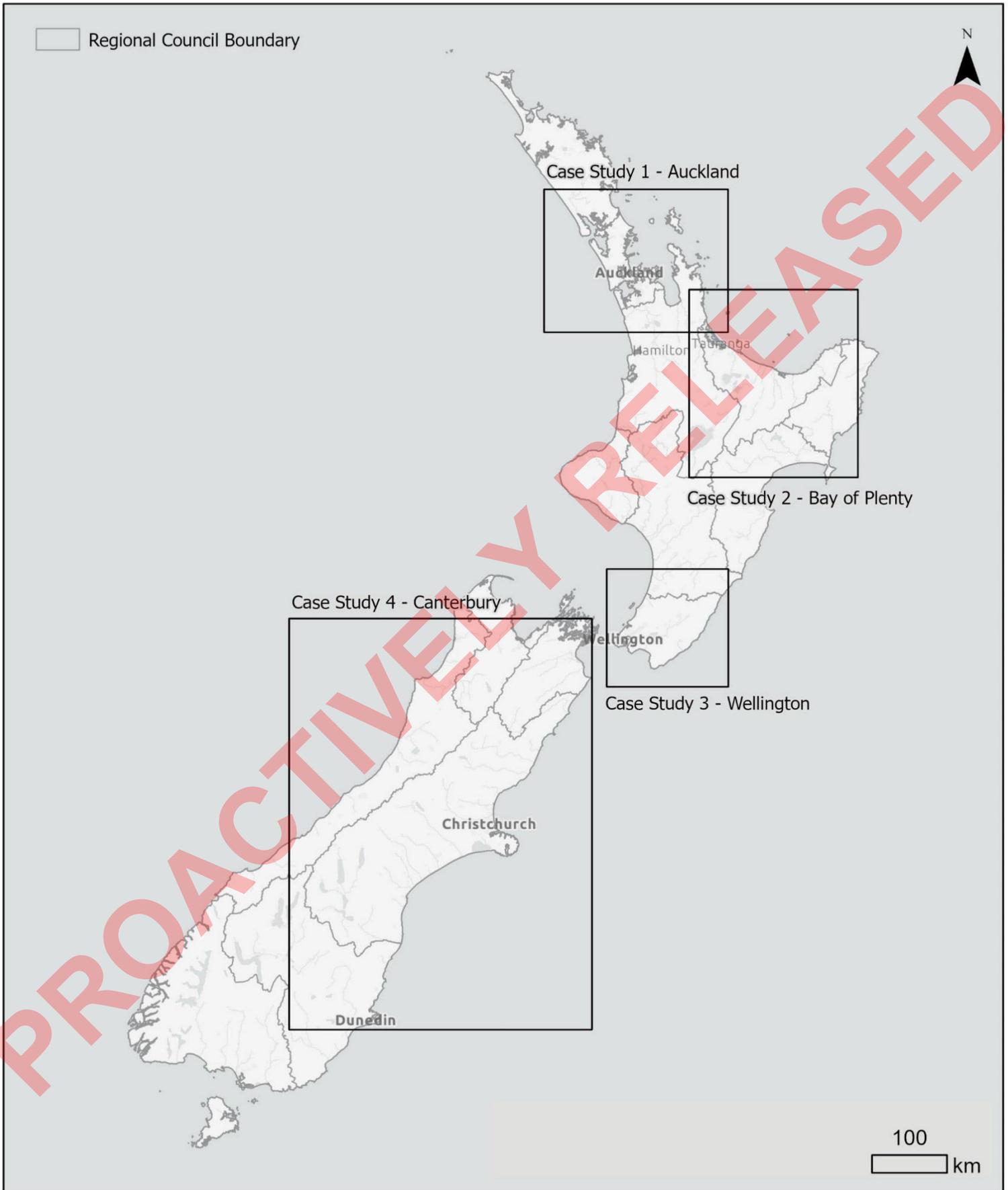


¹ The modelling assumes the 2018 Census data is correct and representative of the situation today.

² The geographic data units used (SA2) contain between 1,000 and 4,000 residents and reflect communities that interact together socially and economically.

Regional Boundary Level Analysis

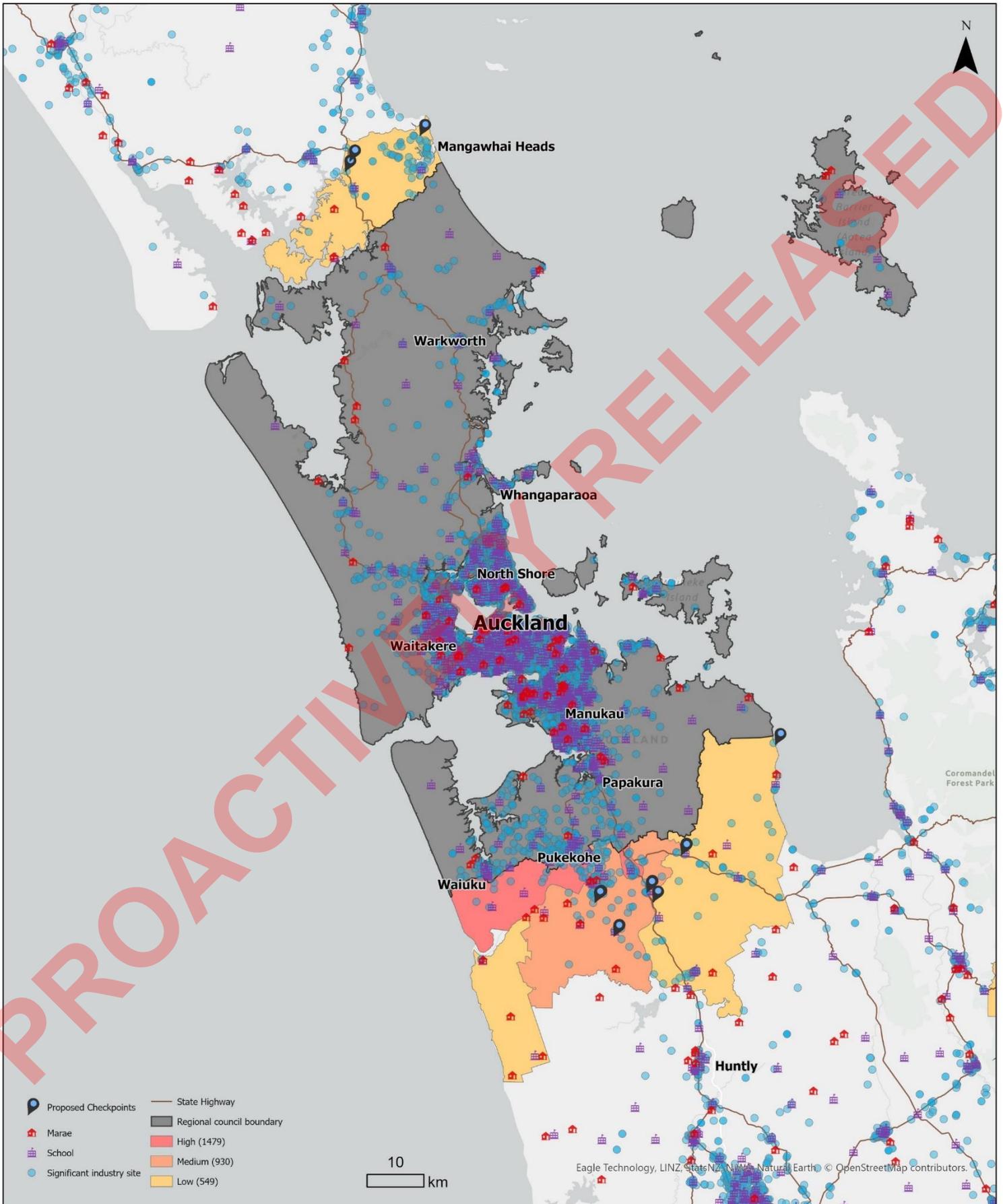
Overview Map



Regional Boundary Level Analysis

Case Study 1- Auckland

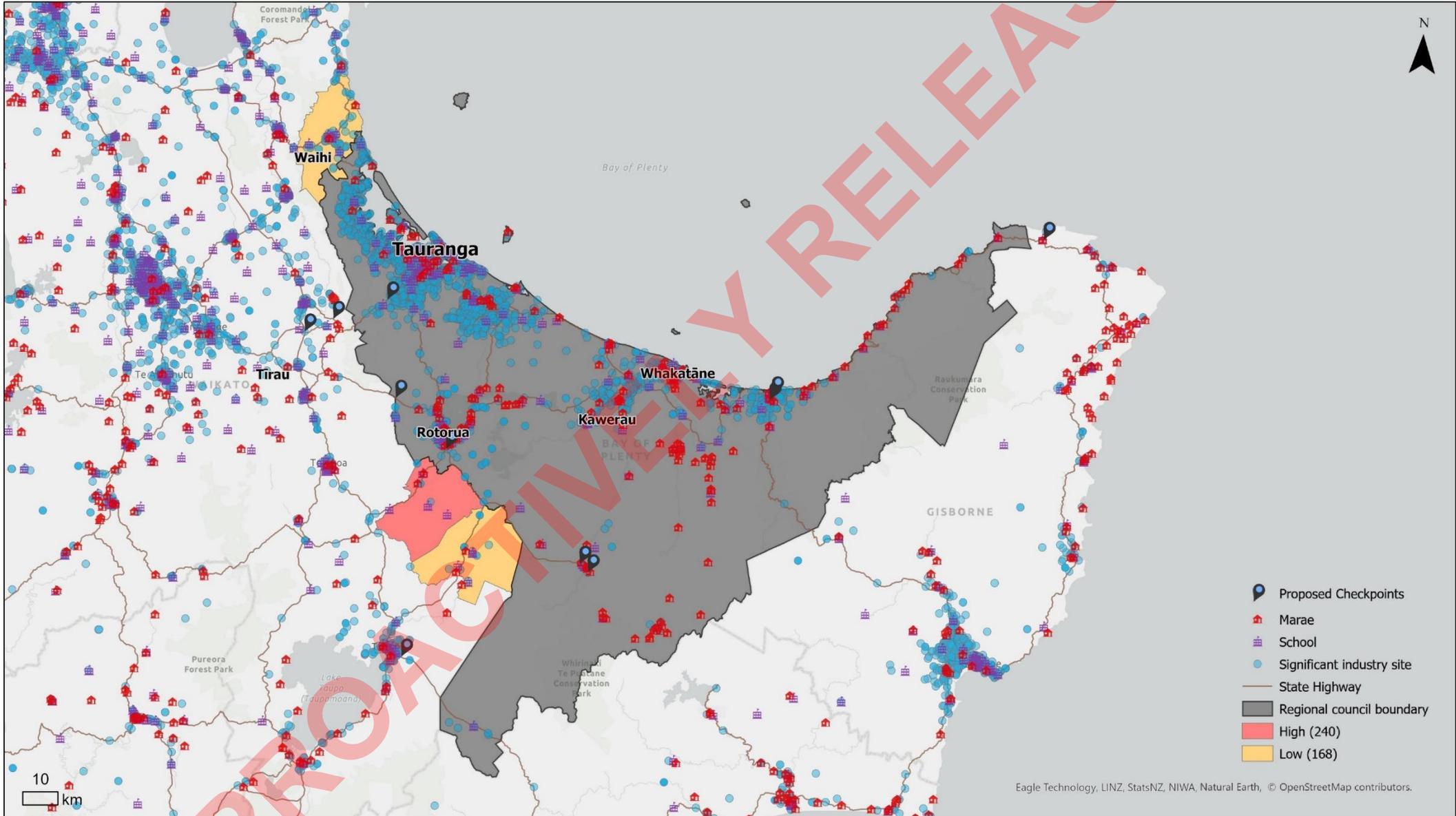
Based on analysis of persons commuting inter-regionally from their Statistical Area 2 (SA2) of residence



Regional Boundary Level Analysis

Case Study 2 - Bay of Plenty

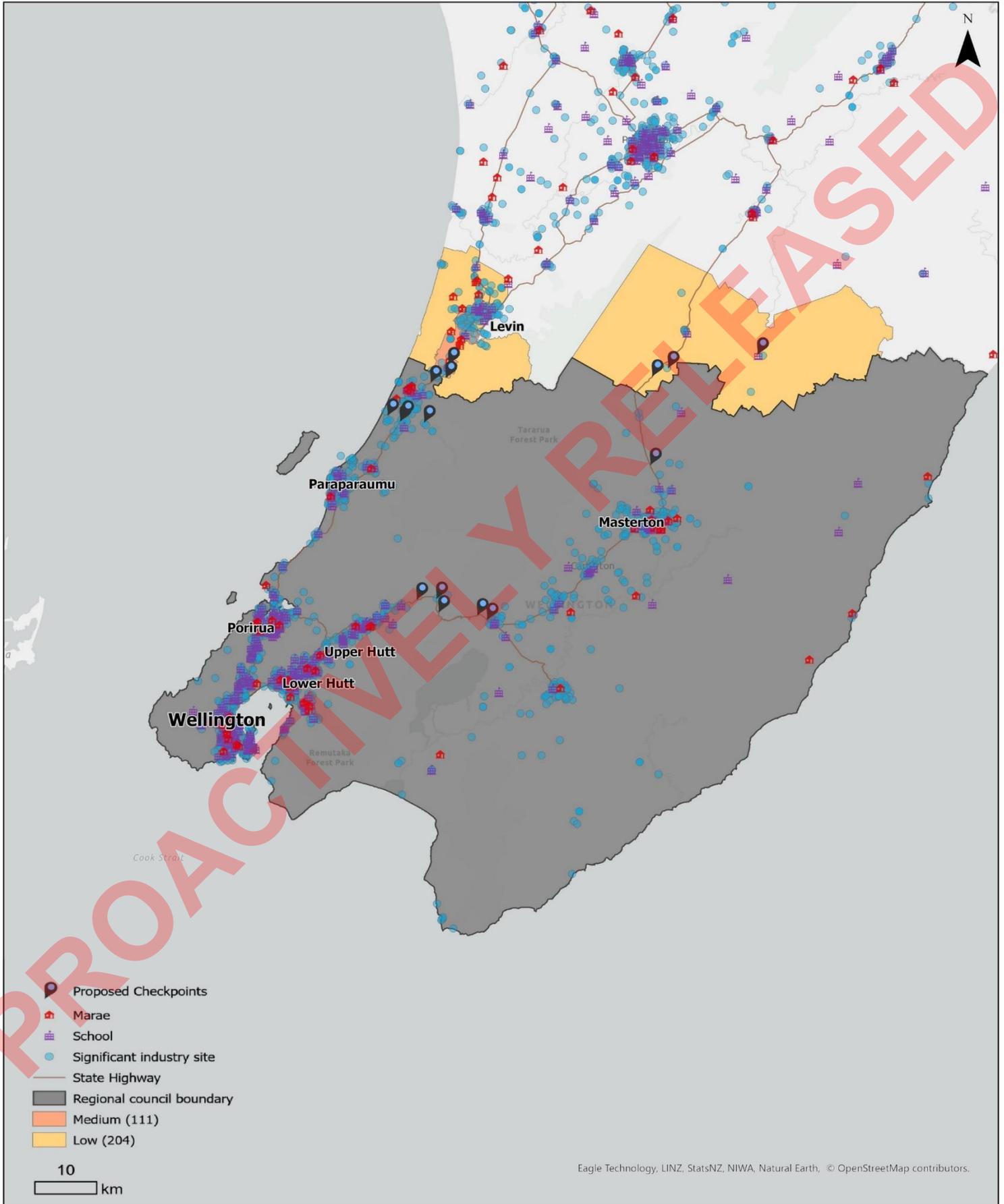
Based on analysis of persons commuting inter-regionally from their Statistical Area 2 (SA2) of residence



Regional Boundary Level Analysis

Case Study 3 - Wellington

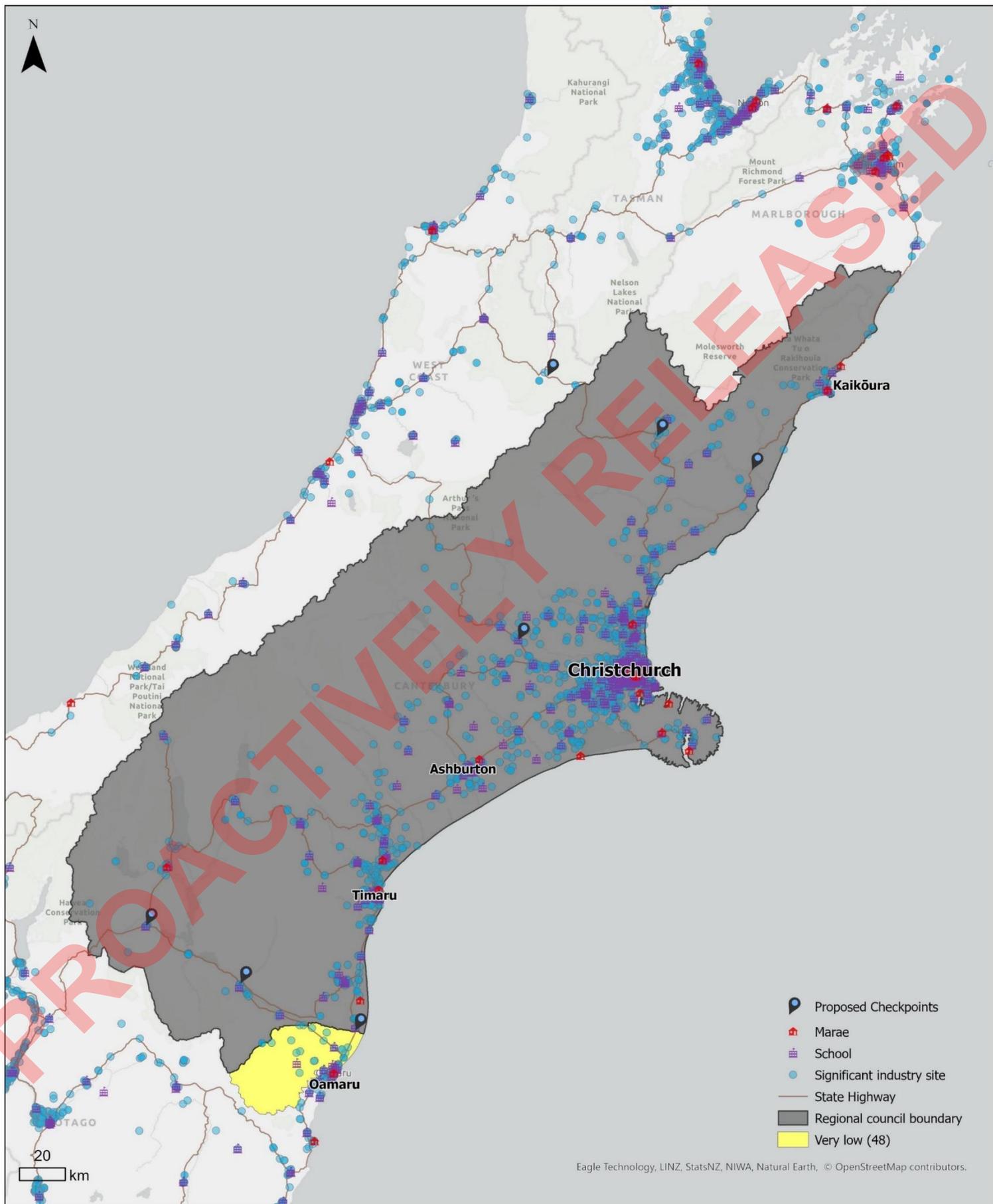
Based on analysis of persons commuting inter-regionally from their Statistical Area 2 (SA2) of residence



Regional Boundary Level Analysis

Case Study 4 - Canterbury

Based on analysis of persons commuting inter-regionally from their Statistical Area 2 (SA2) of residence



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

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

Movement across the boundary for primary producers (e.g. dairy, meat and poultry farming and horticulture) and their workforces was a significant issue in the August resurgence. This was exacerbated by the location of the southern boundary, which displaced many workers from their workplaces. During the resurgence the Director-General of Health progressively granted exemptions for specific sectors to address some of the workforce issues. The approach to placement of boundaries (described above) will address some of the issues of workers and workplace displacement. However, this would not provide an enduring approach for any future Alert Level 3/2 boundary scenario.

The biggest exempted primary sector group was sheep and beef farmers (approximately 500 people) whose properties were bisected by the boundary. The second biggest was horticulture workers (approximately 300 people), who were affected by the placement of the boundary running through the key production region of Pukekohe. Smaller exemptions were needed for workers in named businesses and facilities, such as specific dairy plants, poultry operations and beekeepers. Some activities cannot tolerate a delay, as they involve perishable and time critical inputs. Disruptions could create risks to human and animal health, safety and welfare.

We note that the supply of food and beverage has been recognised as being of critical importance during the response to COVID-19 and will continue to be so during a resurgence. Its propose that primary processing, production and supply of food and beverage (for example, agriculture, horticulture, fishing, and aquaculture) and associated supply chains and workers, and the production of packaging for the products of primary production for food or beverage be included in Category 2 for movement across a boundary.

Veterinary and animal health and welfare services

During the August resurgence access to some veterinary and animal health and welfare services became an issue. The Director-General of Health issued a class exemption for specialist veterinary services. The issue goes to core animal welfare concerns, including enabling people to meet their legal obligations under the Animal Welfare Act 1999. Most people will be able to secure veterinary services from within their Alert Level area. However, some specialist expertise and/or surge resourcing needs may mean that veterinarians and others need to cross boundaries to ensure obligations under the Animal Welfare Act are met.

Initially, during the August resurgence, MPI estimated that approximately 50 veterinarians in total may need to cross the boundary, a small volume of which would cross on any one day.

Its proposed that veterinary and animal health and welfare services are included as Category 2 for movement across a boundary but only to the extent that travel between Alert Level areas:

- is necessary to enable the service to be provided (e.g., because the customer does not have access to an appropriate person within their Alert Level area who can provide the service); and
- will provide services without which would result in an animal welfare concern.

Vehicle maintenance services

Under Alert Levels 3 and 4 there is an existing permission for services that are required to keep vehicles operational in relation to business or services able to operate at those levels (e.g., mechanics, tyre services, aircraft maintenance services, vehicle testing services, vehicle recovery services and specialist cleaning services).

We are advised that some of these services are specialist services and not available in all parts of the country but are critical not only to the COVID-19 response but also to meeting wider regulatory requirements. Volumes of such movement is difficult to estimate. It is proposed that these vehicle services are included in Category 2 for movement across a boundary, so long as the relevant service cannot be otherwise provided within the relevant Alert Level area, or it is necessary for an employee of service (who resides outside of the Alert Level area) to travel into the Alert Level area to perform the service.

Transportation of the deceased/tūpāpaku

During the August resurgence a class exemption was granted for funeral directors and tūpāpaku/corpses. This was specifically to enable the transportation of the deceased to the venue for the tangi/funeral (generally the deceased's hometown).

It is proposed that transportation of the tūpāpaku/corpses be included in Category 2 for movement across a boundary. Officials advise that there will be a limited number of people that would be travelling in this manner. We note that anyone wishing to attend a tangi/funeral across the boundary will need to seek an exemption from the Director-General of Health.

Union representatives

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

Accordingly, it is proposed that union representatives be included as Category 2 for movement across a boundary as long as:

- it is necessary to enable the union representative to provide a service (e.g., because the service cannot be provided by an appropriate person who is already within the relevant Alert Level area); and
- provision of the service cannot be reasonably delayed (e.g., because a delay could risk the health and safety of workers).

State services and Local Government

State services (inclusive of Crown entities) and services provided by local government can be critical to our response. Many such services are already listed in Category 1, e.g. border services. However, this is not comprehensive or inclusive of local government. It is proposed that there is a general permission for State services (inclusive of Crown entities) and services provided by local government to be included in Category 2 with the condition that:

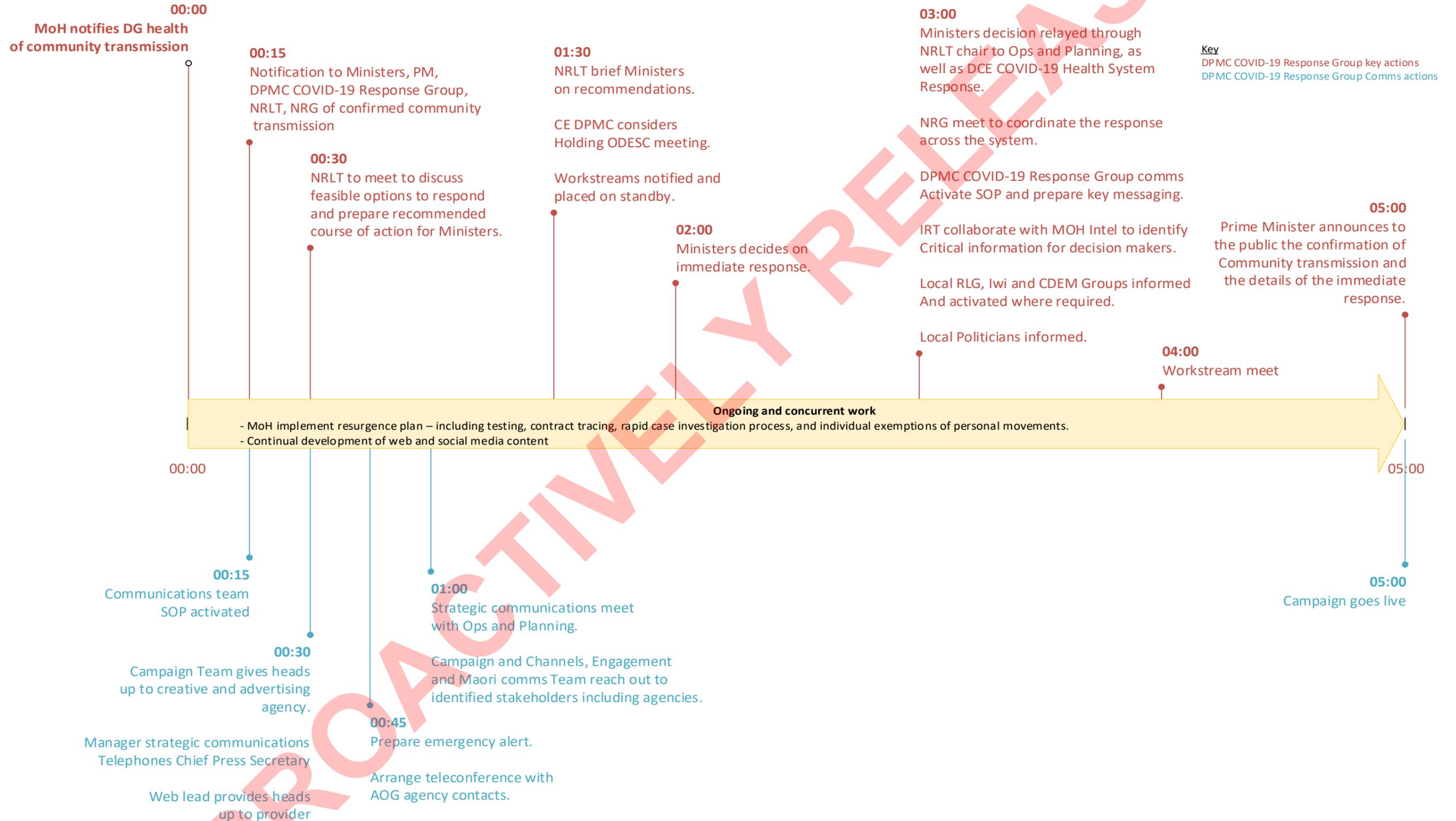
- the service is a regulatory or social service, or relates to infrastructure;
- the travel between Alert Level areas is reasonably necessary to enable the service;
- the service cannot be provided by an appropriate person who is already within the relevant Alert Level area; and
- provision of the service cannot be reasonably delayed (e.g., because a delay would breach a legal obligation, risk harm to people or communities, or risk damage to the environment).

PROACTIVELY RELEASED

~~IN CONFIDENCE~~

Annex 7 – Timeline of key response actions

High level timeline for an initial response and the associated key Communication and engagement actions.



Annex 8 - Information required by NRG to brief NRLT

| Who provides information to NRLT | What information is needed |
|----------------------------------|--|
| Head: COVID-19 Directorate (MoH) | Where is the confirmed case of community transmission? What are the characteristics of the case? i.e. age, race, gender How were they infected? Known contacts? Potential for spread throughout work/suburb/city/region/country? |
| Head: Planning and Operations | What is the availability of PPE for the general public? How ready are agencies to respond immediately? Where should boundaries be set? Who is responsible for the exemptions process? Is Compliance ready? |
| Head: Policy and Strategy | What up-to-date Alert Level information can be provided to NRLT to inform decision-making? (e.g. impact of AL3 on mask use, travel etc.) What is the relevant boundary policy? What is the relevant exemptions policy? |
| Head: Communications | Where is the case of community transmission? What associated language requirements are there? What information can be released, in what form, and how soon? |

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Annex 9 – Agenda for NRLT meeting to recommend immediate response to Cabinet

Location: TBC

Members: Chief Executive of the Department of Prime Minister and Cabinet (DPMC) (Chair), Director-General of Health, Chief Executive, National Emergency Management Agency, Deputy Chief Executive, COVID-19 All-of-Government Response Group, DPMC, Treasury Secretary, The Treasury, Commissioner of Police

Attendees: As required including Head: Operations and Planning, Head: Strategy and Policy, Head: Comms, Solicitor-General, PMCSA, MoH CSA

| | |
|------------------|--|
| Date/Time | [day] [month] [year] [time] |
| Venue | TBC |
| Chair | Chief Executive of the Department of Prime Minister and Cabinet (DPMC) |

| Item | Topic | Head |
|------|---|-----------------------------|
| 1 | Health briefing | Director-General Health |
| 2 | Briefing on other context (e.g. time of year, concurrent events, PPE availability etc.) | Other attendees as required |
| 3 | Recommended course of action (see below) | CE DPMC |
| 4 | Any other business | All |

The following aspects should be considered when recommending a course of action to Cabinet:

| Question | Recommended course of action |
|--|------------------------------|
| What Alert Level is appropriate? (note that the following will be influenced by choice of Alert Level: gathering sizes, physical distancing, PPE enforcement, travel restrictions) | |
| Are boundaries required? If so, where will they be placed and who will operate these? | |
| What will be the implication of boundaries on exemptions (class exemptions and individual exemptions)? | |
| What implications are there for Compliance? | |
| How will these decisions be communicated and what are the risks associated with this? | |

Annex 10 - Decision-making checklist for NRLT

This template is provided to assist NRLT prepare a recommendation for Cabinet (or MWPA) in the case of a community transmission resurgence of COVID-19.

| Ministry of Health Assessment | | |
|--|--------|---------|
| Spread of COVID-19 – Key indicators Risk Assessment for Shifting Alert Level | | |
| | Yes/No | Comment |
| Are there cases where we cannot identify the source? | | |
| Are there active clusters or outbreaks in multiple regions? | | |

| Spread of COVID-19 – Capacity Indicators | | |
|--|--------|---------|
| | Yes/No | Comment |
| Do we have confidence in the data depicting the trends in transmission of the virus? | | |
| Do we have confidence in the capacity of our testing and contact tracing system? | | |
| Do we have confidence in the effectiveness of our self-isolation, quarantine and border measures? | | |
| Do we have confidence in the capacity of the health system more generally to move to a new Level (including PPE availability)? | | |
| Is contact tracing capable of contacting and Isolating 80% of known contacts in 48hours? | | |
| Do we have confidence that there is no weakness at the border? | | |
| Do we have confidence that the health system has sufficient capacity to manage likely COVID-19 cases requiring intervention? | | |

| Spread of COVID-19 – Case or Cluster Considerations | | |
|--|------------|---|
| | Assessment | Comment |
| Source: Known/unknown/pending | | <i>Consider links to the border, genome sequencing timelines, likelihood of further information, potential for chains of transmission etc.</i> |
| Movement during infection period including super spreader event. | | <i>Consider high risk exposure events, mobility of exposed population, likelihood of health care seeking, use of COVID Tracer App, veracity of information provided by cases etc.</i> |

| | | |
|---|--|---|
| High risk activities in infectious period. | | <i>Consider public space use, singing, alcohol consumption, health care setting exposure risk etc.</i> |
| Vulnerable groups or communities at risk. | | <i>Consider impacts on vulnerable populations, impacts of messaging, ability to communicate, healthcare resident populations or hospital setting.</i> |
| Number of close contacts including household. | | <i>Consider close contacts risk of infection, risk of onward spread, risk of compliance with health measures.</i> |
| Length of time since last close contact exposure | | <i>Consider potential further onward transmission, incubation and infection periods of contacts etc.</i> |
| Travel history of case or contacts. | | <i>Consider risk of transmission throughout the country, in smaller DHB areas, in places with vulnerable or high mobility populations etc.</i> |
| Any other considerations or factors deemed pertinent by the panel. | | |

| NRLT Assessment | |
|--|---|
| Recommendation: <i>The recommendation from NRLT to Ministers. The recommendation to be summarised as Alert Level settings for affected area(s) and rest of New Zealand, and when the settings can come into effect (confirm with PNHQ/Police District that the decision can be put into operation successfully).</i> | |
| Key Considerations: The NRLT has considered the following matters in making its recommendation. The COVID-19 National Resurgence Response (Plan) has been activated. | |
| Health Order | <i>When can a Health Order be drafted and gazetted?</i> |
| Boundaries | <i>Will a hard boundary be required, and where (i.e. Local TA, Regional, or bespoke?) Is this a holiday season with widespread travel requiring a larger boundary area?</i> |
| Community testing | <i>Confirm testing of close contacts is underway, and surge testing in the community</i> |

| | |
|-------------------|---|
| Contact tracing | <i>Confirm contact tracing is underway</i> |
| Face coverings | <i>Any specific advice on the use of face coverings (i.e. in public, or just on public transport etc.)</i> |
| Gatherings | <i>Any changes to gatherings from what is currently described in the detailed Alert Level tables on Covid-19 website?</i> |
| Social distancing | <i>Confirm policy settings. Any changes to social distancing from what are currently described in the detailed Alert Level tables on Covid-19 website?</i> |
| Public transport | <i>Confirm policy settings. Will face coverings be mandatory? Will social distancing be mandatory?</i> |
| MIQs | <i>Is there sufficient capacity in the affected area?</i> |
| Exemptions | <i>Confirm MoH will stand up exemption process for individuals Confirm MBIE will stand up exemption process for businesses/services (class exemptions) Are there any specific workplaces close to the boundary that need to be specifically scheduled in the COVID Order?</i> |
| Enforcement | <i>What approach will Police take to enforcement?</i> |
| Schools | <i>How is education affected by the context of this resurgence (i.e. exams, school holidays)? Should schools close?</i> |
| Other factors | <i>Are there any other considerations of note?</i> |

Notifications & Communications

Timings and responsibilities:

NRLT has prepared the following schedule of notifications and communications to be carried out once Cabinet has met and made its decision.

Some advance warning notifications have already been made and are listed below.

PMO is to advise NRLT of the timing for any Government announcement to the public immediately following the Cabinet meeting. NRLT needs to make appropriate notifications prior to any public communications that a Government announcement will be made.

| | |
|-----------------------------------|--|
| Government announcement to public | <i>When will the government make a public announcement, and when will media be notified an announcement will be made?</i> |
| Local government | <i>When will PMO notify local government? Needs to occur before a public announcement is made. List what Mayors will be told. Neighbouring regions to be notified.</i> |

| | |
|---------------------|--|
| Police Districts | <i>Confirm that affected Police Districts have been provided advance warning (in confidence) to ensure containment activities can be put into operation.</i> |
| Regional leadership | <i>NEMA to advise CDEM Groups/RLG after local government has been notified. Neighbouring regions to be notified.</i> |

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Annex 11 – Communication and Engagement Plan

Note: a communication and engagement SOP and playbook is available on request to COVID-19planning@dpmc.govt.nz.

DPMC COVID-19 Resurgence communications and engagement framework

Purpose and approach

A communications and engagement framework that empowers New Zealanders to stamp out COVID-19 when it reappears in the community, by sharing timely, consistent, insight-led and trusted communications.

Communication challenges

- Working at pace
- Clearly communicating while policy and response are still evolving (e.g. boundaries, exemptions etc)
- Being coordinated and integrated in our all-of-government response so New Zealanders get the information they need and can access support
- Sharing correct up-to-date information between government agencies
- Rapidly communicating in the early stages of a resurgence
- Countering misinformation, disinformation and conspiracy theories
- Dealing with anxiety and uncertainty about duration of COVID-19
- Identifying demographics of audiences in resurgence areas
- Connecting to all who are impacted by resurgence including local communities and hard to reach communities
- Cutting through COVID fatigue, boredom and apathy amongst the New Zealand public
- Countering stigma and xenophobia towards people perceived as being high-risk and undermining the safety and security of the nation of five million e.g. border workers, MIQ staff, seafarers etc

Channels

- Emergency mobile alert, media MOU, Unite Against COVID-19 website, social media (Facebook, Instagram, LinkedIn, Twitter), media
- Partner and stakeholder public-facing channels and networks

Communications tactics

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

Strategic objectives

1. Provide assurance our response is saving lives and preventing disease
2. Provide assurance our response is minimising economic disruption and social harm
3. Provide assurance our response is sustaining international connection
4. Ensure the public has trust in the government's response
5. Empower the public throughout the response

Communication objectives

- Maintain and build public confidence in official sources of COVID-19 information
- Ensure New Zealanders know what to do
- Ensure all New Zealanders and businesses know where to get support
- Motivate public to use key behaviours, counter misinformation and apathy, and other barriers to effective communication
- Build integration and assist with resolving problems
- Build economic, psychosocial and social resilience

Audiences

- General public
- Māori
- Pacific peoples
- Culturally & linguistically diverse communities (CALD)
- Returnees to New Zealand
- Frontline MIQ and border workers & their families
- Port workers and seafarers
- Businesses & business associations
- Immuno-compromised people
- Young people
- People with disabilities
- Older New Zealanders
- Marginalised people
- People financially impacted by COVID-19 or already unemployed
- Public service including frontline teachers and workers
- People susceptible to misinformation
- People experiencing addiction and other mental health issues
- Families with children & shared care
- Event organisers, promoters and coordinators

Partners and stakeholders

Core: DPMC COVID-19 Group, Ministry of Health, MIQ/MBIE, iwi/Maori

AOG: Central government agencies, crown entities and state-owned enterprises, local and regional government

Other: DHBs, PHUs and primary care organisations; schools, early childhood, tertiary and private education; non-governmental organisations; advertising and media agencies; culturally and linguistically diverse communities (CALD); key influencers including scientists, epidemiologists and other experts; community and religious leaders.

To support diverse communities, we work to enable our partners and stakeholders to use their own insights, channels and networks effectively. This includes a specific focus on those most at risk or hardest to reach.

Channels

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Annex 12 - Summary of regional governance and coordination arrangements to support the response to a resurgence

This section summarises information contained in the 16 Regional Resurgence Plans. CDEM Groups coordinated the development of these plans with input from regional and local agencies and stakeholders.

Copies of the regional resurgence plans are available to DPMC COVID-19 Planning Group here

<https://teams.microsoft.com/#/files/General?threadId=19%3A8fc0197995f8429b96c7be19ba4a33d1%40thread.tacv2&ctx=channel&context=NEMA%2520CDEM%2520Regional%2520Resurgence%2520Plans&rootfolder=%252Fsites%252FEXTDPMCCOVID-19AOGPlanning%252FShared%2520Documents%252FGeneral%252FNEMA%2520CDEM%2520Regional%2520Resurgence%2520Plans>

and to NEMA and the CDEM sector here

<https://teams.microsoft.com/#/files/Planning?groupId=00843c89-082c-4241-91d2-16ebb43b67ad&threadId=19%3Aa0cb3fe49d664f3cb8621c8293a4f23a%40thread.tacv2&ctx=channel&context=Planning&rootfolder=%252Fsites%252FCDEMCOVIDResurgence%252FShared%2520Documents%252FPlanning>

The readiness and response governance envisaged an expanded role for the Caring for our Communities Regional Leadership Groups however regions have developed appropriate arrangements that reflect their local context. In some regions this utilises the RLG, in others existing or bespoke arrangements have been established.

This may include activation of their regional ECC as required

The below tables represent the Regional governance group core memberships at a glance.

| Region and Leadership Group ³ | Members | | | | Regional Public Service Lead ⁴ | CDEM Member / point of contact ⁵ |
|--|--|---|--|---|---|--|
| | Central Govt | Iwi | Local Govt | Other | | |
| Northland <i>Northland Social Wellbeing Group and Economic Recovery</i> | <ul style="list-style-type: none"> Regional Commissioner, MSD CE, Northland DHB Regional Manager, TPK Regional Manager, OT Regional Manager, Corrections District Commander, NZ Police Regional Director, MOE | <ul style="list-style-type: none"> Te Kahu o Taonui (Iwi Leaders) x 2 members Te Hiku Representative | <ul style="list-style-type: none"> CE, Whangarei District Council CE, Kaipara District Council CE, Far North District Council CE, Northland Regional Council | <ul style="list-style-type: none"> CE, Northland Inc CE, Sport Northland CE, Mahitahi Hauora CE, NorthTec Industry Representative Workers Representative Community Representative Business Representative | Eru Lyndon - MSD | Tony Phipps – CDEM Group Group Controller (member) |
| Auckland <i>Auckland Regional Leadership Group</i> <small>*Linked to Auckland Council standing fora through Governance Director</small> | <ul style="list-style-type: none"> CE, Auckland Policy Office Regional Commissioner, MSD Director, Ministry of Transport Director, HUD RPSL, MOE | <ul style="list-style-type: none"> Auckland Manawhenua forum co-chair Auckland Manawhenua forum co-chair | <ul style="list-style-type: none"> Governance Director, Auckland Council Chief of Strategy, Auckland Council GM Maori Outcomes, Auckland Council | <ul style="list-style-type: none"> Representative of Pasifika forum (to be confirmed) Ethnic representative (to be confirmed) | Zoe Griffiths - MOE | Kate Crawford – CDEM Group Manager / Group Controller (member) |
| Waikato <i>Waikato Regional Leadership Group</i> | <ul style="list-style-type: none"> Regional Commissioner, MSD CE, Waikato DHB Operations Manager, NZ Police Director, Ministry of Education Area Manager, FENZ | <ul style="list-style-type: none"> CE, Waikato Tainui CE, Ngati Maniapoto CE, Hauraki Maori Trust Board CE, Raukawa Chair, Ngati Tuwharetoa | <ul style="list-style-type: none"> CE, Waikato Regional Council CE, TLA CE, TLA | | Te Rehia Papesch – MSD | Julian Snowball – CDEM Group Manager / Group Controller (member TBC) |
| Bay of Plenty <i>Waiariki-Bay of Plenty Interim Regional Leadership Group</i> | <ul style="list-style-type: none"> District Commander, NZ Police CE, BOP District Health Board CE, Lakes District Health Board Regional Commissioner, MSD Director, MOE | <ul style="list-style-type: none"> CE, Te Arawa CE, Ngati Ranginui CE, Ngati Tuwharetoa CE, Whakatōhea <p><small>*Iwi debrief non attending iwi following hui</small></p> | <ul style="list-style-type: none"> CE, BOP Regional Council | Chair, Bay of Plenty Connections | Ezra Schuster – MOE | Clinton Naude – CDEM Group Manager / Group Controller (member) |
| Tairāwhiti <i>Tairāwhiti Rau Tipu Rau Ora Governance Group</i> | GOVERNANCE RLG | | | | Annie Aranui - MSD | David Wilson, Group Controller (POC only) |
| | <ul style="list-style-type: none"> Chair, Tairawhiti DHB | <ul style="list-style-type: none"> Chair, Ngai Tamanuhiri Chair, Ngati Porou Chair, Rongowhakaata Chair, Te Aitanga a Mahaki Chair, Te Runanga o Turanganui a Kiwa | <ul style="list-style-type: none"> Mayor, Gisborne District Council | <ul style="list-style-type: none"> Chair, Trust Tairawhiti | | |
| | RLG STEERING GROUP | | | | | |
| | <ul style="list-style-type: none"> Regional Commissioner, MSD (RPSL) CE, Tairawhiti DHB Regional Manager, TPK Area Commander, NZ Police | <ul style="list-style-type: none"> CE, Ngati Porou CE, Rongowhakaata CE, Te Aitanga a Mahaki CE, Ngai Tamanuhiri | <ul style="list-style-type: none"> CE, Gisborne District Council | <ul style="list-style-type: none"> CE, Trust Tairawhiti CE, Eastland Group | | |

³ Unless noted, RLG carries out Social and Economic Recovery as well as COVID Resurgence role

⁴ Some not formalised

⁵ Linked to RLG during Resurgence Planning and Response. Note some CDEM Group Managers have alternative titles such as Director Emergency Management. They have been referred to consistently as Group Manager in this document. A Group Manager is responsible for the day to day running of the CDEM Group and is also likely to be a primary or secondary Group Controller. Where other role positions are described they are not the Group Manager, but may be for example and appointed controller with another function in council. (Member) indicates where the CDEM representative is part of the RLG, whereas (POC) indicates a point of contact only within the CDEM group for the RLG.

| Region and Leadership Group ³ | Members | | | | Regional Public Service Lead ⁴ | CDEM Member / point of contact ⁵ |
|---|--|---|---|--|---|--|
| | Central Govt | Iwi | Local Govt | Other | | |
| Hawkes Bay <i>Matariki Governance Group and Matariki Executive Steering</i> *CE Te Taiwhenua and Hastings District Council and RPSL also on RLG Steering Group | <ul style="list-style-type: none"> Regional Commissioner, MSD (RPSL) | <ul style="list-style-type: none"> CE, Te Taiwhenua o Heretaunga Chair, Tatau Tatau Wairoa | <ul style="list-style-type: none"> Mayor, Central Hawkes Bay District Council CE Hawkes Bay Regional Council CE, Hastings District Council | | Annie Aranui - MSD | Ian Macdonald CDEM Group Manager/Group Controller (member) |
| Taranaki <i>Taranaki Regional Leadership Group</i> | <ul style="list-style-type: none"> Regional Commissioner, MSD (RPSL) | <ul style="list-style-type: none"> Chair, Te Atiawa (Tokomaru Waka Representative) Chair, Aotea Waka Representative Chair, Kurahaupo Waka Representative | <ul style="list-style-type: none"> Mayor, NP District Council Mayor, Stratford District Council Mayor, Taranaki Regional Council Mayor, South Taranaki District Council | | | Kelvin Wright, Taranaki CDEM Group Recovery Manager (member) |
| Manawatū-Whanganui <i>Regional Economic Recovery Taskforce</i> *Have two separate RLGs for Resurgence and long term recovery | RECOVERY RLG | | | | Kate Brosnahan – MSD | Ilan Lowe Group Manager / Group Controller (member) |
| | <ul style="list-style-type: none"> CE, Central Economic Development Agency SRO, MBIE Regional Commissioner, MSD (RPSL) | <ul style="list-style-type: none"> Lead, Accelerate25, Chair Nga Wairiki Ngati Apa Lead Accelerate25, Chair Rangitaane o Manawatu | <ul style="list-style-type: none"> CE, Horizons Regional Council Mayor, Palmerston North City Council Mayor Whanganui City Council Mayor Tararua District Council Development Manager, Ruapehu District Council | <ul style="list-style-type: none"> Chair, Maori Economic Development Advisory Board Programme Director, Accelerate25 CE, Whanganui and Partners | | |
| RESURGENCE RLG | | | | | | |
| | <ul style="list-style-type: none"> Police Liaison, NZ Police CE, Mid Central DHB CE, Whanganui DHB | <ul style="list-style-type: none"> Chair, Nga Tangata Tiaki o Whanganui | <ul style="list-style-type: none"> CE, Horizons Regional Council Mayor, Palmerston North City Council Mayor Whanganui City Council Mayor Tararua District Council Chair Horizons Regional Council Mayor Ruapehu District Council Mayor Rangitikei District Council Mayor Manawatu District Council Mayor Horowhenua District Council Manager, Horizons Regional Council | <ul style="list-style-type: none"> Chair, Te Tihi o Ruahine Whanau Ora | | |
| Wellington <i>Wellington Regional Leadership Group</i> | <ul style="list-style-type: none"> Director, MOE (RPSL) District Commander, NZ Police Regional Commissioner, MSD CE, Wairarapa DHB CE, Capital Coast and Hutt Valley DHB Regional Manager, TPK Regional Director, MPP | <ul style="list-style-type: none"> CE, Ngati Raukawa CE, Te Atiawa CE, Ngati Toa CE, Taranaki ki te upoko o te Ika CE, Rangitaane o Wairarapa CE, Ngati Kahungunu o Wairarapa | <ul style="list-style-type: none"> CE, Upper Hutt City Council CE, Greater Wellington Regional Council CE, Wellington City Council CE, Hutt City Council CE, South Wairarapa District Council CE, Carterton District Council CE, Masterton District Council CE, Porirua City Council CE, Kapiti Coast District Council | | Roy Sye, MOE | Jeremy Holmes – CDEM Group Manager / Alt Group Controller (member) |

| Region and Leadership Group ³ | Members | | | | Regional Public Service Lead ⁴ | CDEM Member / point of contact ⁵ | |
|---|---|---|--|--|---|---|--|
| | Central Govt | Iwi | Local Govt | Other | | | |
| Nelson-Tasman <i>Nelson-Tasman Regional Leadership Group</i> | <ul style="list-style-type: none"> Regional Commissioner, MSD (RPSL) | <ul style="list-style-type: none"> 3 x Te Tau ihu iwi leaders to be confirmed by the 8 iwi | <ul style="list-style-type: none"> Mayor, Nelson City Council Mayor, Tasman District Council | <ul style="list-style-type: none"> CE, Nelson Tasman Economic Development Agency | Craig Churchill – MSD | Rob Smith, Group Controller (member) | |
| Marlborough <i>Marlborough Regional Leadership Group</i> | <ul style="list-style-type: none"> Regional Commissioner, MSD (RPSL) | <ul style="list-style-type: none"> Mandated Iwi Representative (TBC) | <ul style="list-style-type: none"> Mayor, Marlborough District Council | <ul style="list-style-type: none"> CE, Port Marlborough CE, Marlborough Chamber of Commerce | Craig Churchill, MSD | Brian Patton Group Manager / Group Controller (member) | |
| West Coast <i>West Coast Regional Leadership Group</i> *Have two separate RLGs for Resurgence and long term recovery | RECOVERY RLG | | | | Craig Churchill, MSD | Claire Brown, CDEM Group Manager / Group Controller (member) | |
| | <ul style="list-style-type: none"> Regional Commissioner, MSD (RPSL) Director, MSD Director, DOC Advisor, PDU, MBIE | <ul style="list-style-type: none"> Chair, Te Runanga o Ngati Waewae Chair, Te Runanga o Makaawhio Deputy Chair, Te Runanga o Makaawhio | <ul style="list-style-type: none"> Acting CE, West Coast Regional Council | <ul style="list-style-type: none"> CE, Development West Coast | | | |
| | | RESURGENCE RLG | | | | | |
| | <ul style="list-style-type: none"> Director, MSD Director, DOC Area Commander, NZ Police GM, West Coast District Health Board Medical Officer, West Coast District Health Board Area Commander, FENZ | <ul style="list-style-type: none"> Chair, Te Runanga o Ngati Waewae Chair, Te Runanga o Makaawhio Deputy Chair, Te Runanga o Makaawhio | <ul style="list-style-type: none"> Acting CE, West Coast Regional Council Mayor, Westland District Council Mayor, Grey District Council Mayor, Buller District Council Chair West Coast Regional Council CE, Westland Regional Council CE, Grey District Council CE, Buller District Council | <ul style="list-style-type: none"> District Ops Manager, St John | | | |
| Canterbury | <ul style="list-style-type: none"> Regional Commissioner, MSD GM, Canterbury DHB Regional Manager, TPK District Commander, NZ Police Regional Manager, Corrections | <ul style="list-style-type: none"> Te Runanga o Ngai Tahu | <ul style="list-style-type: none"> Chair, Canterbury CE Forum CE, Canterbury CE Forum | <ul style="list-style-type: none"> CE, Canterbury Chamber of Commerce CE, Christchurch NZ CE, Regenerate Christchurch | Ben Clark, Corrections | Baden Ewart, CDEM Recovery Manager Note this is a recovery focussed Group. The regional plan states they will use existing structures such as Joint Committee and Coordinating Executive Group with additional observers for readiness and response. | |
| Otago | RECOVERY RLG <i>Recovery: Mayoral Forum</i> | | | | Jason Tibble - MSD | Matt Alley, CDEM Group Manager / | |

| Region and Leadership Group ³ | Members | | | | Regional Public Service Lead ⁴ | CDEM Member / point of contact ⁵ |
|--|---|---|--|--|---|--|
| | Central Govt | Iwi | Local Govt | Other | | |
| *Have two separate RLGs for Resurgence and long term recovery | <ul style="list-style-type: none"> Regional Commissioner, MSD (RPSL) | <ul style="list-style-type: none"> Papatipu Runanga – Ngai Tahu | <ul style="list-style-type: none"> Mayor, Dunedin City Council CE, Otago Regional Council Mayor, Central Otago District Council CE, Central Otago District Council Mayor, Queenstown Lakes District Council CE, Queenstown Lakes District Council Chair, Otago Regional Council CE, Dunedin City Council Mayor, Waitaki District Council CE, Waitaki District Council Mayor, Clutha District Council CE, Clutha District Council | | | Group Controller, (member) |
| | RESURGENCE RLG <i>Resurgence: Otago COVID Regional Leadership Group</i> | | | | | |
| | <ul style="list-style-type: none"> Chair, Joint Committee Deputy Chair, Joint Committee Deputy Chair Coordinating Executive Group | <ul style="list-style-type: none"> Papatipu Runanga – Ngai Tahu | <ul style="list-style-type: none"> Mayor, Dunedin City Council CE, Otago Regional Council Mayor, Central Otago District Council CE, Central Otago District Council | | | |
| Southland *Have two separate RLGs for Resurgence and long term recovery | RECOVERY RLG <i>Recovery: Mayoral Forum</i> | | | | Jason Tibble, MSD | Angus McKay, Group Manager/Group Controller (member) |
| | <ul style="list-style-type: none"> Regional Commissioner, MSD (RPSL) | <ul style="list-style-type: none"> Murihiku Papatipu Runaka – Ngai Tahu | <ul style="list-style-type: none"> CE, Environment Southland Mayor, Gore District Council (also chair of Mayoral Forum) CE, Gore District Council Mayor, Invercargill City Council CE, Invercargill City Council Mayor, Southland District Council CE, Southland District Council Chair, Southland Regional Council | | | |
| | RESURGENCE RLG <i>Resurgence: Regional Leadership Group</i> | | | | | |
| | <ul style="list-style-type: none"> Chair Joint Committee Governance Director, Southern DHB Area Commander, NZ Police Area Commander, FENZ Operations Director, DOC | <ul style="list-style-type: none"> Murihiku Papatipu Runaka – Ngai Tahu | <ul style="list-style-type: none"> CE, Environment Southland Mayor, Gore District Council (also chair of Mayoral Forum) CE, Gore District Council Mayor, Invercargill City Council CE, Invercargill City Council Mayor, Southland District Council CE, Southland District Council Chair, Southland Regional Council | <ul style="list-style-type: none"> District Manager, St John | | |
| Chatham Islands ⁶ <i>On-Island Chatham Islands Entities</i> | <ul style="list-style-type: none"> Director, Heartlands Area Manager, DOC | <ul style="list-style-type: none"> GM, Ngati Mutunga Iwi Trust CE, Hokotehi Moriori Trust | <ul style="list-style-type: none"> CE, Chatham Islands Council Mayor, Chatham Islands Council | <ul style="list-style-type: none"> CE, Chatham Islands Enterprise Trust Chair Chatham Islands Enterprise Trust Manager, Chatham Islands Enterprise Trust GM, Ha o te Ora Health Manager, Air Chathams | Diane McDermott | Rana Solomon, CDEM Group Manager / Group Controller (member) |

⁶ Supported by an off Island Stakeholder group with representatives from all agencies and DHB