



# COVID-19

## Te Mahere Tiaki

### National Response Plan

#### *Supplement 1*

## Cover page — key information

The Government response to COVID-19 is driven by science and public health advice. The COVID-19 Group at the Department of Prime Minister and Cabinet (DPMC) leads system coordination for any COVID-19 response whether that be domestically or internationally with New Zealand's Quarantine Free Travel (QFT) partners. This group is responsible for this document.

This Supplement and the COVID-19 National Response Plan (NRP) Q4 should be read in conjunction with the Ministry of Health's (MoH) Manatū Hauora COVID-19 Resurgence Plan as the two documents are closely linked and inform each other. Please contact [covid-19response@health.govt.nz](mailto:covid-19response@health.govt.nz) for a copy of the latest MoH plan, and [covid19response@dpmc.govt.nz](mailto:covid19response@dpmc.govt.nz) for a copy of the National Response Plan Q4.

### This supplement

As the COVID-19 response continues to progress, this supplement has been produced to support the transitional period as we move toward implementing changes for a more vaccinated population and the COVID-19 Protection Framework.

An additional supplement is planned as the changes continue to roll out and as New Zealand plans for the summer period. The current response continues to work from the NRP Q4 and this supplement.

### Version history

Version	Author	Date	Summary of Content
NRP Q4 - Supplement 1	Zoe Juniper, DPMC Emily Waterson, DPMC Seb Eastment DPMC	26 October 2021	Supplement to the National Response Plan Q4 to provide agencies with a toolbox view of the response tools and introduce the COVID-19 Protection Framework to support operational planning over the coming weeks.  A further supplement will be planned to provide these updates confirmed.

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# 1. About this document

## 1.1 What is the National Response supplement?

The National Response Plan (NRP) Q4 outlines the framework on how agencies will work together to deliver the operational elements of a response to community cases in New Zealand. The response will be nationally led and guided by public health advice to empower regional leadership to work with communities to ensure impacted communities are supported. It is developed in line with the Ministry of Health's (MoH) Manatū Hauora COVID-19 Resurgence Plan and informs New Zealand public sector agencies on response arrangements to future outbreaks and provides the response framework.

This supplement has been developed by the DPMC's COVID-19 Group, in consultation with MoH to update agencies and regional leaders involved in the response on the coming system changes including the COVID-19 Protection Framework and support the operational planning for its implementation.

## 1.2 Purpose

COVID-19 continues to be the dominant public health threat to Aotearoa. The Government has announced a new approach which reflects New Zealand's aim for COVID-19 minimisation and protection. Part of this approach involves a new framework and timeline for implementation. The approach is being informed by rising vaccination rates, progress on the Reconnecting New Zealand work programme, and public health measures becoming embedded in our day to day lives.

Ongoing conversations with Iwi, Pasifika, ethnic & faith communities and community leaders, as well as business and sector groups, have been central as we consider the right steps forward.

This document provides an opportunity to look at the existing tools used in response to COVID-19 in New Zealand and provide guidance to agencies and regional leadership of the changes being announced. This in turn supports operational planning and preparedness to implement the COVID-19 Protection Framework alongside the Alert Level system until all the country reach the minimum vaccination thresholds.

## 1.3 Scope

This plan has been developed to outline how the system responds to the detection of positive community case(s) of COVID-19 and has been developed within the following scope:

- Alignment with the MoH Manatū Hauora COVID-19 Resurgence Plan, which outlines MoH's role as lead agency for the public health system;
- Support planning for how the tools and roles and responsibilities related to the COVID-19 response may change;
- To ensure agency plans support how the wider system response is changing; and
- To ensure Regional Leadership has access to rapid and accurate information to enable regional coordination planning to respond to community case(s), with Regional Leadership constructs providing a leadership role.



## 2. Current Toolbox

As the response continues to evolve it is important to focus on the tools New Zealand has to manage the COVID-19 response.

There are a variety of tools available to New Zealand to manage COVID-19 in line with the strategic direction chosen by Cabinet. These include both public health measures, as well as broader tools to help protect and preserve the systems in place becoming overwhelmed. These tools can be used individually or in collaboration. There are varying degrees in which these tools can be used depending on the desired outcome and the size of the outbreak. The tools currently available to us are listed below:

	Tool	Agency
1	Alert Level System	DPMC/MoH
2	infection prevention and control (IPC) & Personal Protection Equipment (PPE)	MoH
3	Testing & surveillance (TTIQ)	MoH
4	Contact Tracing system (TTIQ)	MoH
5	Isolation & Quarantine (TTIQ)	MoH/MBIE
6	Regional Boundaries	DPMC/MoH
7	Section 70 notices	MoH/DPMC
8	Vaccines & vaccine certification	MoH
9	Enforcement/ non-compliance	DPMC/MBIE/Police
10	Ventilation	MoH/MBIE
11	Welfare Support	C4C/MSD/TY
12	Health System Preparedness	MoH

### 2.1 Alert Level System

Alert Level System is a key mechanism for controlling the spread of COVID-19 while maintaining an elimination strategy. There are four Alert Levels, which are outlined below, each of which have a set of measures that are implemented to respond to the risk of COVID-19 in the community. As can be seen below.

New Zealand COVID-19 Alert Levels	
Level	Description
<b>Level 4 - Lockdown</b>	Likely the disease is not contained.
<b>Level 3 - Restrict</b>	High risk the disease is not contained.
<b>Level 2 - Reduce</b>	The disease is contained, but the risk of community transmission remains.
<b>Level 1 - Prepare</b>	The disease is contained in New Zealand.

Alert levels are used in conjunction with other measures such as physical distancing and vaccination programs to contain and control an outbreak of COVID-19 ensuring a proportionate response to the public health risk posed. Alert Levels can be moved through sequentially or skipping a level. Regional or National Alert Level changes will be decided by Cabinet following Public Health and Wider system advice.

As New Zealand learns from overseas our approach to COVID-19 is evolving and so is the way we respond. The new COVID-19 Protection Framework for a vaccinated future was announced on 22 October 2022 (see Chapter 3). However, the dates and conditions have yet to be set for moving to this framework, and the Alert Levels will remain valid. It is likely that there will be a dual framework in place until all regions reach the minimum desired vaccination rates.

## 2.2 IPC & PPE

Within both frameworks public health measures will be core to keeping New Zealanders safe. These core measures include;

### a) Face covering requirements

Face coverings help stop droplets spreading and help in preventing the spread of COVID-19. This measure can be used in isolation or complimentary with other measures such as physical distancing or used when other measures cannot be adhered to.

Additional details on face coverings can be found [here](#).

### b) Physical distancing

COVID-19 can spread from person to person through physical contact. Keeping physically distanced from each other can reduce the chances of transmission of COVID-19 person to person. This can be implemented with other public health measures such as face coverings or been stand alone.

Additional details on physical distancing can be found [here](#).

### c) Gathering limits

Limits on gathering numbers is an important tool to managing COVID-19 as it reduces the chance of transmission through distance and potentially increased airflow as well as enabling contact tracing if an outbreak was to occur due to a limit on the number of people.

There settings for indoor and outdoor locations, as well as type of location e.g. social or business as well as whether the type of service a business provides such as an essential service. Details on gathering can be found here <https://covid19.govt.nz/activities/>

Additional tools to help bolster these core public health measures are discussed below. The implementation of these tools will vary in the response depending on the desired outcomes and the assessed public health risk.

## 2.3 Testing and Surveillance

The MOH Surveillance Plan aims to monitor, evaluate and inform equitable delivery of New Zealand's COVID-19 elimination strategy. Effective surveillance informs decision making with

timely access to information and evidence to inform actions when a case is detected and how to respond. New Zealand's surveillance strategy can be found here:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-surveillance-strategy>

The level of surveillance will depend on the public health risk. As the risk of surveillance increase so could the frequency and breadth of surveillance testing. There are several ways to undertake surveillance testing these include;

- Routine testing of overseas arrivals at the border
- Routine testing of border workers and specified classes of workers
- Testing of symptomatic people
- Case investigation
- Contact tracing

The Testing Plan takes a systematic risk-based approach to testing, focused on having the most sensitive detection system that will detect cases early and minimise the risk of any further transmission (key objectives of the Surveillance Strategy). It defines four settings for testing:

- in other countries (outside the border, ongoing)
- at the border (ongoing)
- in the community (ongoing)
- testing for contact tracing and cluster management (when required).

The level and type of testing will depend on the public health risk setting we are operating in. Testing programs can be ramped up as long as there is the resourcing to support the effort. There is a suite of testing methodologies within the Testing Plan which are applied in a way which maximises the chance of early detection;

- Molecular testing (nasal pharyngeal);
- Whole Genome testing (source attribution);
- Serology testing (antibody detection)
- Wastewater (surveillance)
- Rapid Antigen Test (RAT)

Additional details on the testing strategy can be found here: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-testing-plans-and-testing-guidance>

## 2.4 Contact tracing

Contact tracing is a key to the Test-Trace-Isolate-Quarantine (TTIQ) approach. This allows for early detections and isolation of people who have a high risk of having contracted COVID-19 due to being in close proximity to a confirmed COVID-19 case.

### a) Record keeping

Record keeping involves collecting the details of all workers, customers, and visitors who visit a premise. This allows for public health officials to effectively identify people who may have been exposed to COVID-19.

Businesses, locations or events must legally;

- make sure safe and secure systems and processes are in place so that everyone working on or visiting the premises can scan in or provide their details for contact tracing.
- keep contact tracing records for workers, contractors, customers, and volunteers, no matter how long they are there for.
- keep a record of everyone aged 12 years or over who visits or works at the premises.
- more than one way for people to record their visit, especially for people who are not able to scan QR codes.

Additional details on recording keeping can be found [here](#)

Depending on New Zealand's strategy, contact tracing can be implemented in different ways. A Zero tolerance to cases can see contact tracing being used to detect close contacts as well as those with a lower chance of exposure such as casual contacts. New Zealand may also decide to adopt a similar approach to some countries in Europe where contact tracing is only used to detect close contacts. The minimisation and protection strategy could see a middle ground between these two options.

Additional details on contact tracing can be found here: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19#what>

## 2.5 Isolation and Quarantine

MBIE run the Managed Isolation and Quarantine facilities <https://www.miq.govt.nz/>. This was set up to manage international arrivals and during outbreaks quarantine positive cases. The Auckland August 2021 Outbreak stressed these systems and a mixed model was required to support domestic case isolation and quarantine.

## 2.6 Regional Boundaries

Existing arrangements are outlined in the NRP Q4 section 6.

## 2.7 Section 70 notices

Section 70 notices are used to direct specific individuals or people who have visited specific locations of interest. These are listed here: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-epidemic-notice-and-orders#section70>

## 2.8 Vaccines

Vaccines are the key tool for prevent COVID-19 hospitalisations. Details of New Zealand's vaccine strategy can be found on the MoH's website:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-strategy-planning-insights/covid-19-supporting-vaccine-rollout>



Proof of vaccination can be requested from the MoH: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-requesting-proof-vaccination>

## 2.9 Enforcement and non-compliance

NZ Police are responsible for enforcement arrangements under the Act. NRP Q4 annex 7 outlines the roles and responsibilities.

## 2.10 Ventilation

Health system guidance is provided by the Ministry of Health and good airflow and use of outdoor spaces has been a key recommendation. More formal advice and guidance is expected to be announced in coming months.

## 2.11 Welfare support

Welfare support arrangements under the C4C agencies as outlined are in place. NRP Q4 annex 4 outlines the food security arrangements.

## 2.12 Health system

Health system arrangements are in place the Ministry of Health's (MoH) Manatū Hauora COVID-19 Resurgence Plan.

## 2.13 Information sharing and Privacy Act

Good basic privacy practice remains important to maintain trust and confidence in the community. This advice is to support agencies understanding privacy considerations in the context of community outbreaks of COVID-19. For a copy of the full advice from the Government Chief Privacy Officer (GCPO) GCDO@dia.govt.nz

The Privacy Act 2020 and the Health Information Privacy Code 2020 **allows agencies to share** with other agencies **personal and health information on reasonable grounds** if it is **necessary to prevent or lessen a serious threat to public health** or public safety and/or the life and health of the individual or other individuals.

An agency should first check whether it can obtain **authorisation from the individual concerned**. If the agency believes on reasonable grounds, that it is either not desirable or not practicable to obtain authorisation from the individual concerned, it can consider the serious threat exception.

The Ministry of Health has the lead role in advising the Government and New Zealand on whether a situation represents a serious threat to public health. Agencies are entitled to rely on the Ministry's advice in making decisions regarding whether the collection, use and

sharing of personal information is necessary to prevent or lessen the threat posed by the transmission of COVID-19.

The use of this exception is not indefinite and should be regularly reviewed with the threat assessment based on the latest public health advice from the Ministry of Health.

Share only the information that is necessary given the context of the situation.

- Alert Level settings change the context of both the COVID-19 response, and the necessity to share personal and health information.

Information shared must always be secured against misuse, loss, or alteration in transit.

Officials who can receive health information for set purposes are identified in Section 22C of the Health Act 1956. See Appendix A.

Responsibility:

- The agency that shares the information is responsible for its safe and secure sharing. It is also responsible for justifying the reasonable grounds and necessity to share the information.
- The agency that receives and uses the information has responsibilities under the Privacy Act 2020, Information Privacy Principles regarding storage, access, correction, accuracy, retention, limits on use and disclosure in New Zealand and overseas, and unique identifiers.

The exceptional circumstances to receive personal information does not lessen these requirements; the law has given agencies a clear basis to obtain personal information in a public health emergency; it has not given agencies carte blanche to do whatever it likes with it.

Only share what is necessary and only with agencies involved in the COVID response.

If there is a privacy breach that constitutes serious harm, the Office of the Privacy Commissioner is to be advised within 72 hours of the agency becoming aware of the severity of the incident. See: <https://privacy.org.nz/responsibilities/privacy-breaches/responding-to-privacy-breaches/>

## 3. Change

Aspects of both the domestic response and international border aspects have changes are further change has been indicated. Recent key announcements include:

Date	Topic
18 August	announcement of compulsory mask usage by all peoples (12 and over)
22 August	announcement of mandatory record keeping
03 October	announcement of new vaccination requirement for non-citizen travellers to New Zealand (17 and over)
05 October	announcement of COVID 19 Vaccine Pass and certificates (detail to follow)
11 October	announcement of mandatory vaccinations for health and education workforce
14 October	announcement of Health System preparedness, use of therapeutics, and home isolation model (detail to follow)
22 October	announcement of COVID 19 Protection Framework high level summary

Additional changes will be announced in the coming weeks. Following the announcement on the 22 October central agencies will be working through the detail of a revised approach and working through the operational detail of the new framework. Information once confirmed will then be shared wider to allow other agencies and regional leadership group members to update their planning ahead of implementation.

### 3.1 The COVID-19 Minimise and protect strategy

On Monday 18 October 2021 Cabinet agreed to shift to a new approach to managing COVID-19. The COVID-19 minimise and protect strategy aims to minimise the spread of COVID-19, while protecting people from its harms. Central to this new approach is the new COVID-19 protection framework that will replace the Alert Level system. How the framework is used will give effect to the strategy. However, there will be a period where both the Alert Level system and the COVID-19 protection framework will be in effect at the same time for different parts of NZ, while regions work towards the minimum threshold of 90% vaccination rates.

Minimisation means that we are aiming to keep the spread of COVID-19 at as low of a level as possible. That means containing and controlling any outbreaks, and if practical to do so, stamping them out. There will likely be some level of cases in the community on an ongoing basis.





Protection means that we will protect people from the virus, with vaccination, treatment, and a response that focusses on minimising the significant health impacts of the virus. It also means that we will protect the health of all our people, by ensuring that we are not letting cases go to the point where the impacts have flow-on effects to other parts of the health system, impacting on other health priorities.

### 3.2 COVID-19 Protection Framework

On 22 October 2021 The Prime Minister announced a new domestic response framework that NZ will shift to when we become a country with high vaccination rates. This announcement included vaccine targets - the percentage of New Zealanders need to be vaccinated before Aotearoa can safely move to a new system/framework. The new framework will provide a lot more certainty and freedom for everyone, including business.

Ongoing conversations with Iwi, Pasifika, ethnic communities and community leaders, as well as business and sector groups, have been central as we consider the right steps forward.

#### Goals of the new framework

-  Maximise vaccination – including ensuring good coverage across geographic areas, age range, and ethnicity to prevent outbreaks
-  Maintain effective testing, tracing and isolating of cases and contacts when they do arise
-  Control transmission of the virus through sustainable public health measures
-  Give as much certainty and stability as possible for people, and businesses, including by removing the need for Alert Level 3 and 4 lockdowns
-  Catch cases at the border, but work towards removing the bottlenecks, and being more open
-  Ensure our hospitals and public health system are well equipped to care for cases if and when they do arise
-  Maintain equity in health and economic outcomes

#### 3.2.1 Framework overview

The new framework is the central piece to our new domestic strategy. It is designed to create more certainty and stability in our response. With high levels of vaccination, the framework enables people to respond to COVID-19 without the need to rely so much on lockdowns. Importantly, at all levels of the new framework, most businesses and education entities can remain open on-site, and they have certainty for what is required of them.

The new framework features three levels, with:

- a) Green aims to allow almost normal social and economic activity while continuing to build health system capacity,
- b) Orange aims to avoid exponential growth in cases with moderate population level controls, and
- c) Red aims to protect the sustainability of the health system and the health of communities through population-level controls.

Levels	Proposed 'What people need to do'	Description to support framing
Green	Be prepared	<b>Be prepared</b> for COVID-19 in your community
Orange	Be active	<b>Be active</b> in stopping the spread of the virus
Red	Be safe	<b>Be safe</b> , take actions that stop you, your friends and your whānau from getting COVID-19



The framework leverages the protections of vaccination by affording people greater freedoms when they are fully vaccinated. This will reduce the likelihood of ‘super-spreading’ situations resulting from attendance by unvaccinated and highly infectious people.

The framework will use localised lockdowns, with boundaries, where required to protect people’s health. We retain these powers under the COVID-19 Public Health Response Act 2020 (the Act). We also retain the power to put in place wider lockdowns, as for Alert Level 3 and 4, if pressure on the health system becomes unmanageable, or if there are new variants that evade our protection from immunity. Note: AL 3 and 4 remain valid options with this framework. **The detail of these interplay with the COVID-19 Protection Framework will be worked through by agencies in the coming weeks.**

The triggers for moving to this are expected to be a threshold of a minimum of 90% eligible New Zealanders (excluding 5-11-year olds) are vaccinated. Auckland could move to the new framework earlier than the rest of NZ. Until these thresholds for change have been met, the existing the Alert Level system will be used alongside the COVID-19 Protection Framework for Auckland.

### 3.2.2 Using the new Framework

The new approach is more targeted. Different elements will apply at different levels of population coverage:

- a) the levels of the framework can be applied on a regional basis, and will depend on the levels of vaccination, population at greater risk of health impacts, health system capacities, and connection to the border in each region;
- b) localised lockdowns, similar to Alert Level 3 restrictions, would apply to smaller areas or suburbs within regions where there are particular high rates of spread, or spread within particularly vulnerable communities;
- c) temporary closures of or within individual workplaces or education entities (using Section 70 notices), where the isolation or closure of a workforce or education service could interrupt the spread; and
- d) isolation of individuals, who are positive cases or close contacts of positive cases, will remain central to our public health response.

### 3.2.3 Changes to the toolbox

#### Boundaries

In some cases, inter-regional boundaries will be needed to stop the spread of COVID-19 into new regions. **The detail of this will be worked through by agencies in the coming weeks.**

It is anticipated that anyone who is fully vaccinated and has evidence of a test taken up to 72 hours before leaving should be able to move out of a region in the Red level for any reason. It is not proposed to have any requirements for people moving into a Red level. There will not be boundaries or requirements for people moving between Orange levels, nor will there be boundaries between Orange and Green levels. There may be tighter boundaries around localised lockdown areas.

The detail of a revised approach to boundaries, including evidence requirements will be worked through by agencies in the coming weeks.

### Testing Tracing Isolation and Quarantine Strategy

The maintenance of an effective test, trace, isolate and quarantine (TTIQ) system is critical to the new approach. The change to our approach both requires and enables adapting our current TTIQ system. An updated testing strategy is under development to support the future framework that considers vaccination status of the population, which may vary by region. The detail of this will be worked through by agencies in the coming weeks.

For example: At the Green level, testing of symptomatic people will remain essential, and will need to be complemented by wastewater testing and ongoing surveillance testing of asymptomatic people. Wider use of rapid antigen testing will support this. Vaccinated people who become infected will not need to isolate for as long if they are asymptomatic and isolation in a quarantine facility will only be necessary for some cases – based largely on their ability to isolate safely at home. Likewise, a different approach can be taken to managing contacts of cases depending on their vaccination status, use of PPE and the nature of the exposure event.

### Welfare support

Work is underway to consider how the system of economic supports will need to change in response to the new framework. The detail of this will be worked through by agencies in the coming weeks.

The social impacts of the new COVID-19 Protection framework are also uncertain. Targeted support for vulnerable communities will be required at the Orange and Red Levels alongside a welfare response to support the care in the community health model. The detail of a revised approach to welfare and community-based supports, including food and other essential wellbeing provisions will be worked through by agencies in the coming weeks.

### Health system preparedness

On the 14 October the Minister of Health announced the health system preparedness programme that includes workforce capacity and innovation, testing and surveillance, hospital readiness, capacity, facility and equipment supply, data and digital, equity challenges, primary and community level models of care for the management of COVID-19, and equitable distribution of resources across communities and regions. The detail of this will be worked through by agencies in the coming weeks.

## 3.3 Decision making

### Regional framework settings

Decision making around the new framework will remain with Cabinet based on public health and system advice. The measures necessary to reflect shifts in the framework level would be made by the Minister for COVID-19 Response through new orders under the Act. The current

decision-making factors used to inform Alert Level decisions will be replaced with the following for COVID-19 Protection Framework decision:

- 1) vaccination coverage across the overall population and equity of vaccination coverage;
- 2) the capacity of the health and disability system to manage COVID-19 cases, including across public health, primary care, community services, and secondary care;
- 3) testing, contact tracing and case management capacity; and
- 4) the transmission of COVID-19 within the community, including its impact on key populations.
- 5) evidence of the effects of the measures on the economy and society more broadly;
- 6) evidence of the impacts of the measures for at risk populations in particular;
- 7) public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them; and
- 8) our ability to operationalise the restrictions, including satisfactory implementation planning.

The decision-making checklist will be updated for domestic responses (NRP Q4 - Annex 1).

These decisions will also be guided by indicative thresholds for change developed by the Ministry of Health. These thresholds will be refined as we learn more through continued modelling and the implementation of our approach.

- Green; case numbers kept low through testing, contact tracing and quarantine and hospitalisations at a manageable level;
- a shift to Orange would occur with increasing community transmission, increasing pressure on the health system, or increasing risk to at risk populations;
- a shift to Red would occur when cases are no longer contained to the original outbreak areas, action is needed to protect the healthcare system, and the health of communities, or at-risk populations.

### **Movement restrictions – targeted local lockdowns**

Movement restrictions to local areas within a region will be done through orders under the Act. This level of decision would sit with the Minister for COVID-19 Response, and the Ministers he is required to consult with under the Act. The detail of the movement restrictions will be worked through by agencies in the coming.

### **Hyper localised actions**

Temporary and targeted closures of schools or workplaces, and isolation requirements for individuals should remain with the Director General and Medical Officers of Health using Section 70 of the Health Act 1956. The detail of the hyper-localised actions will be worked through by agencies in the coming weeks.

## **3.3.1 National system coordination arrangements**

Each agency involved in a resurgence response has a different role to play, and accordingly has their own plan for how they will support the response and undertake the activities required to meet the response objectives and deliver the new Framework.

The detail of the revised roles and responsibilities, including response objectives, and confirming the decision-making arrangements will be worked through by agencies in the coming weeks.

At this stage it is assumed all agencies will continue to have responsibility to support objective one: 'Enable effective decision-making & governance'. Responsibilities include:

- Participate in NRG/NRLT as required.
- Participate in COVID-19 Senior Officials Group (SOG) as required.
- Liaison with DPMC COVID-19 Group as required.
- Attend workshops and exercises programme events as required.

Kaiwhakahaere (leading role) and Kaitautoko (supporting role) definitions remain the same as the current NRP Q4, however, responsibilities may change.

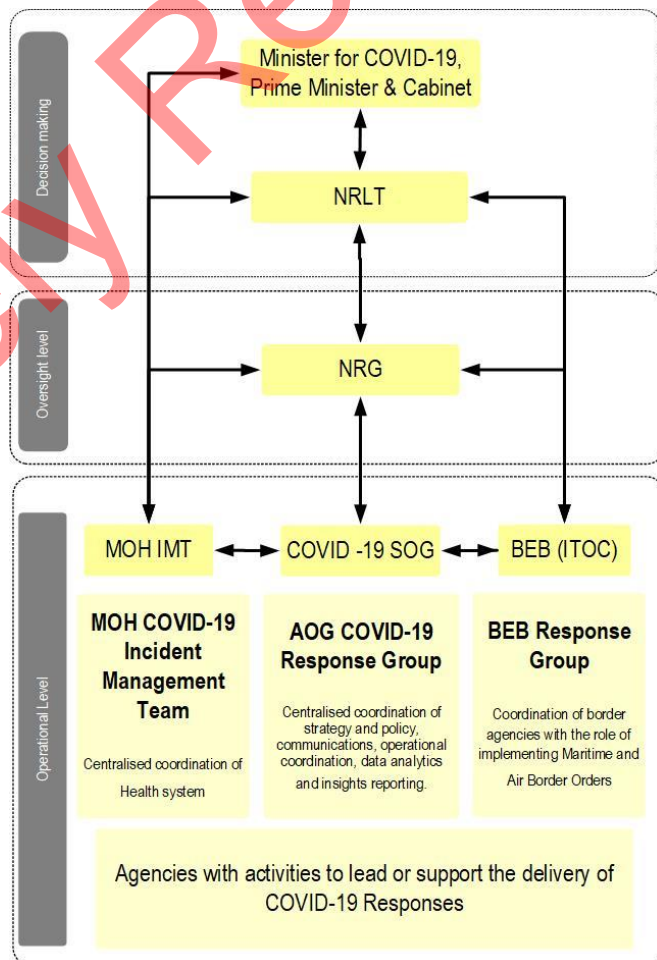
Note the responsibilities for AL 3 and 4 (NRP Q4 Annex 7) remain valid and agencies need to be prepared to re-institute these, even after the switch to the new framework. The detail of the triggers for activating Alert level 3 and 4 type arrangements will be worked through by agencies in the coming weeks.

At this stage it is assumed DPMC will continue to coordinate the system through the NRLT, NRG and SOG. The diagram shows how the system is connected.

DPMC will not stand up a coordination centre requiring physical presence of liaison staff in the event of a response. All coordination and tasking will occur from NRLT, down to agencies through NRG and SOG and captured in the Action Plan. The triggers for activating NRLT and NRG will likely change and the detail of this will be worked through by agencies in the coming weeks.

Agencies are recommended to continue to use their national coordination centres using the Coordinated Incident Management System (CIMS) framework, with the addition of a policy function to feed into the DPMC & MoH policy groups. PIM functions should dock into the AoG Comms & Engagement team.

The changing nature of the response is likely to require a stronger regional presence.





### 3.3.2 Regional coordination

Each region throughout New Zealand is expected to have a regional response plan that is tailored to their community and locality. These plans outline governance structures and operational coordination mechanisms between the DPMC COVID-19 Group, Regional Leadership, agencies (including DHB's & PHU's) and key stakeholders.

The regional response will depend on the health orders that have been implemented at the time.



#### Regional Leadership Groups (RLG)

These groups provide executive oversight of a response in a region and ensure the wider system is support the health led response. These arrangements will vary region to region and may be a new construct or utilise existing mechanisms such as Joint Committees and the Coordinating Executive Groups (CEG). These groups form part of the governance layer to provide assurance and as a result RLGs are not responsible for managing the response.

The RLG's should include Chief Executives of the local authority, members of the CDEM Group, Mayors, Chief Executives of DHBs & PHUs, Central government regional leads, and senior members of NZ Police, and Fire and Emergency New Zealand (FENZ), representatives from local Iwi and other ethnic communities within that region. RLG's may also co-opt in additional members such as senior ambulance services, and Defence.

The role of RLG is to:

- Communicate and influence the strategic direction;
- Ensure operational coordination is occurring and aligned to the health led response;
- Exercise oversight, assign resources and may impose constraints (e.g. deadlines, cost and resource limits); and
- May also act as a spokesperson for community.

For operational coordination the PHU IMT Controllers should lead efforts, working alongside them will be CDEM Groups, MSD Regional Commissioners and Public Health officials to ensure coordination of the region's response activities. Roles and responsibilities for different agencies will vary depending on the region. CDEM Group Controllers may establish coordination structures and facilities as required as part of regional group coordination.

# Annex 1. The COVID-19 Protection Framework

Unite against COVID-19

## New Zealand COVID-19 Protection Framework

**Factors for considering a shift between levels:** vaccination coverage; capacity of the health and disability system; testing, contact tracing and case management capacity; and the transmission of COVID-19 within the community, including its impact on key populations.

**Localised lockdowns:** will be used as part of the public health response in the new framework across all levels, and there may still be a need to use wider lockdowns (similar to the measures in Alert Level 3 or 4).

**Vaccination certificates:** Requiring vaccination certificates will be optional for many locations. There are some higher-risk settings where they will be a requirement in order to open to the public. Some places won't be able to introduce vaccination requirements, to ensure everyone can access basic services, including supermarkets and pharmacies.

<p><b>GREEN</b></p>	<p>COVID-19 across New Zealand, including sporadic imported cases.</p> <p>Limited community transmission.</p> <p>COVID-19 hospitalisations are at a manageable level.</p> <p>Whole of health system is ready to respond – primary care, public health, and hospitals.</p>	<p><b>General settings</b></p> <ul style="list-style-type: none"> <li>Record keeping/scanning required</li> <li>Face coverings mandatory on flights, encouraged indoors</li> <li>Public facilities – open</li> <li>Retail – open</li> <li>Workplaces – open</li> <li>Education (schools, ECE, tertiary) – open</li> <li>Specified outdoor community events – allowed</li> </ul>
	<p><b>No limits if vaccination certificates are used for:</b></p> <ul style="list-style-type: none"> <li>Hospitality</li> <li>Gatherings (e.g. weddings, places of worship, marae)</li> <li>Events (indoor/outdoor)</li> <li>Close contact businesses</li> <li>Gyms</li> </ul>	
	<p><b>If vaccination certificates are not used, the following restrictions apply:</b></p> <ul style="list-style-type: none"> <li>Hospitality – up to 100 people, based on 1m distancing, seated and separated</li> <li>Gatherings (e.g. weddings, places of worship, marae) – up to 100 people, based on 1m distancing</li> <li>Events (indoor/outdoor) – up to 100 people based on 1m distancing, seated and separated</li> <li>Close contact businesses – face coverings for staff, 1m distancing between customers</li> <li>Gyms – up to 100 people, based on 1m distancing</li> </ul>	
<p><b>ORANGE</b></p>	<p>Increasing community transmission with increasing pressure on health system.</p> <p>Whole of health system is focusing resources but can manage – primary care, public health, and hospitals.</p> <p>Increasing risk to at risk populations.</p>	<p><b>General settings</b></p> <ul style="list-style-type: none"> <li>Record keeping/scanning required</li> <li>Face coverings mandatory on flights, public transport, taxis, retail, public venues, encouraged elsewhere</li> <li>Public facilities – open with capacity limits based on 1m distancing</li> <li>Retail – open with capacity limits based on 1m distancing</li> <li>Workplaces – open</li> <li>Education – open with public health measures in place</li> <li>Specified outdoor community events – allowed</li> </ul>
	<p><b>No limits if vaccination certificates are used for:</b></p> <ul style="list-style-type: none"> <li>Hospitality</li> <li>Gatherings (e.g. weddings, places of worship, marae)</li> <li>Events (indoor/outdoor)</li> <li>Close contact businesses</li> <li>Gyms</li> </ul>	
	<p><b>If vaccination certificates are not used, the following restrictions apply:</b></p> <ul style="list-style-type: none"> <li>Hospitality – contactless only</li> <li>Gatherings (e.g. weddings, places of worship, marae) – up to 50 people, based on 1m distancing</li> <li>Close contact businesses, events (indoor/outdoor) and gyms are not able to operate</li> </ul>	
<p><b>RED</b></p>	<p>Action needed to protect health system – system facing unsustainable number of hospitalisations.</p> <p>Action needed to protect at-risk populations.</p>	<p><b>General settings</b></p> <ul style="list-style-type: none"> <li>Record keeping/scanning required</li> <li>Face coverings mandatory on flights, public transport, taxis, retail, public venues, recommended whenever leaving the house</li> <li>Public facilities – open with up to 100 people, based on 1m distancing</li> <li>Retail – open with capacity limits based on 1m distancing</li> <li>Workplaces – working from home encouraged</li> <li>Education – schools and ECE open with public health measures and controls</li> <li>Specified outdoor community events – allowed with capacity limits</li> </ul>
	<p><b>With vaccination certificates, the following restrictions apply:</b></p> <ul style="list-style-type: none"> <li>Hospitality – up to 100 people, based on 1m distancing, seated and separated</li> <li>Gatherings (e.g. weddings, places of worship, marae) – up to 100 people, based on 1m distancing</li> <li>Events (indoor/outdoor) – up to 100 people based on 1m distancing, seated and separated</li> <li>Close contact businesses – public health requirements in place</li> <li>Gyms – up to 100 people, based on 1m distancing</li> <li>Tertiary education – vaccinations required for onsite delivery, with capacity based on 1m distancing</li> </ul>	
	<p><b>If vaccination certificates are not used, the following restrictions apply:</b></p> <ul style="list-style-type: none"> <li>Hospitality – contactless only</li> <li>Gatherings (e.g. weddings, places of worship, marae) – up to 10 people</li> <li>Close contact businesses, events (indoor/outdoor) and gyms are not able to operate</li> <li>Tertiary education – distance learning only</li> </ul>	

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