Cook Islands

COVID-19 Response Plan

December 2021

Version 1

Government of the Cook Islands

Contents

Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory illness affecting the lungs that emerged in Wuhan, Hubei Province, China. In December 2019, China reported cases of a viral pneumonia caused by a previously unknown virus, now identified and named as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus is suspected to have emerged from an animal source and now spreads through human-to-human transmission.

The *Cook Islands COVID-19 Response Plan* 2021 elaborates on the new normal; and living life with COVID-19 in the Cook Islands. The plan provides guidance to multi-sectoral response efforts to COVID-19. This plan will help the Cook Islands and its people stay safe and adaptable.

On 4 November 2021, the Cook Islands Prime Minister Mark Brown announced that the Cook Islands will open the border to travel from New Zealand from 13 January 2022. Continued public health strategies to suppress and minimise the risk of a COVID-19 outbreak in the Cook Islands will be implemented at the border and within country to enable work towards a COVID safe nation.

Purpose

The aim of this plan is to prepare for and mitigate the impact of COVID-19 on the health, social and economic status of the Cook Islands population.

The document draws from the *Cook Islands Emergency Response Plan to Coronavirus Disease 2019 (COVID-19) 2021;* The New Zealand *COVID-19 Protection Framework*; Te Marae Ora Ministry of Health Cook Islands (TMO) *Influenza Pandemic Plan 2009*; and the *National Disaster Risk Management Plan 2017*.This plan is a living document that will evolve as the situation changes.

Objectives

The objectives of this plan are to outline:

1. The Cook Islands response to COVID-19 under the COVID Safe Framework
2. The effective use of legislation and policies to support the management of COVID-19
3. The mobilisation of resources and finances
4. Strategic communications to maintain public trust and confidence.

Cook Islands COVID-19 Response Plan

The *Cook Islands COVID-19 Response Plan* provides the types of tools, protocols and operating procedures within which the Cook Islands will respond during the following three stages:

1. Stage 1: Cook Islands COVID Safe Framework
2. Stage 2: Public Health Emergency
3. Stage 3: State of Emergency

Stage 1: Cook Islands COVID-19 Safe Framework

This framework is designed to protect Cook Islanders as it minimises the impact and provides protection from COVID-19 through four elements. The key component of the COVID-19 Safe Framework is:

- Vaccination - High rates of vaccination is the Cook Islands key tool in protecting people and minimising the spread of COVID-19; and central to the settings in the framework.

Minimisation means - to keep the spread of COVID-19 and hospitalisations at as low a level as possible. Outbreaks will be contained and controlled, and if practical, stamped out. There will likely be some level of cases in the community on an ongoing basis.

Protection means - to protect people from the virus there must be ongoing access to vaccination, infection prevention and control, and general public health measures (for example contact tracing, case management and testing). Response will also focus on minimising significant health impacts through treatment and support. Protecting people's health, by ensuring that when COVID-19 presents TMO acts swiftly to contain.

Public Health and border settings

The framework sets out the four key sets of measures:

- Requirements for entry to the Cook Islands
- Requirements on arrival in the Cook Islands
- Public health measures within the community
- Restrictions on travel to the pa enua

The framework emphasises vaccinations as a protective measure with other public health measures such as face mask wearing and contact tracing and plans around when a person becomes symptomatic. **Note** that there will be a Rarotonga-Aitutaki bubble with the rest of the Pa Enua as a separate bubble.

Table 1: Cook Islands COVID-19 Safe Framework

Pre-arrival Requirements	Arrival into the Cook Islands	General Public Health Measures	Pa Enua Travel
<u>All</u> travelers must: - Complete the online TMO form within the 96 hours prior to departure - Obtain negative COVID-19 test results, taken within 48 hours of departure **Tourists must also:** - prove that they are vaccinated (no exceptions) **Permit holders must also:** - prove that they are vaccinated (with exceptions for children under 12, and those with medical exemptions) **Cook Islanders and Permanent Residents must either:** - prove that they are vaccinated (with exceptions for children under 12, and those with medical exemptions). OR - If they are unvaccinated, pay for the costs of their compulsory MIQ stay prior to departure **Traveler from High Risk Countries into New Zealand** - Stand down for 10 days before travelling to the Cook Islands	**Upon arrival, the following travelers must enter into home isolation for 5 days and undergo tests on Day 0/1 and 5:** - Any permit holder, permanent resident, or Cook Islander who is not vaccinated because of a medical exemption - Any unvaccinated child under 12 years travelling alone, or with vaccinated companions **Upon arrival, the following travelers will go into MIQ for 10 days and undertake tests on Day 0/1, 5, and 9:** - Any Cook Islander or permanent resident aged over 12 who is not vaccinated, and does not have a medical exemption - Any Cook Islander or permanent resident aged 12 or under who is travelling with companions who are not vaccinated and do not have a medical exemption. **All travelers must monitor health for COVID-19 symptoms. If symptomatic:** - COVID-19 Health and Safety Officer administer RAT test at accommodation	**Vaccination** - Strongly encourage people to get vaccinated **Face Masks** - Required on public transport including school buses, passenger transfers, and aircraft - Required for workers in close proximity businesses - Required at some high-risk facilities (see below) - Wearing face masks is encouraged when in any public place. **High-risk facilities (indoor)** - No additional restrictions if facility only allows vaccinated visitors (checks vaccine passes) - If facility allows unvaccinated visitors (doesn't check vaccine passes), they must impose: o A 100 person maximum capacity o 1 metre physical distancing o Face masks are required to be worn **Cook Safe Contact Tracing** - Certain facilities must provide Cook Safe tag in stations / sign in books, and take steps	**Aitutaki – one bubble with Rarotonga** - Travellers must be fully vaccinated - Rapid Antigen Test at domestic departure **Other Pa Enua – Separate bubble** - All conditions as above - Must stand down in Rarotonga for 7 days prior to travel **Residents in Cook Islands** - Vaccination requirement does not apply to those who were already resident in the Cook Islands prior to 13 January 2022 and who have not left the Cook Islands

	- If positive, must isolate and call 20066 or 20065, or the local Puna Health Clinic - Undertake PCR NPS or saliva testing	to ensure their visitors are tagging in - Tagging in encouraged at all businesses and facilities **Frontline workers (health, teachers, borders)** - Undergo surveillance testing as required by TMO **COVID-19 Health and Safety Officers** - All businesses and government agencies will be required to appoint a COVID-19 Health and Safety Officer **If symptomatic:** - COVID-19 Health & Safety Officer administer RAT test at accommodation - If positive, must isolate and call 20066 or 20065, or the local Puna Health Clinic - Undertake PCR NPS or saliva testing	

Vaccination regime

Vaccinations are a crucial element of the framework for the protection of the population. High vaccination rates reduces the risk of the spread of infection and correlate with better health outcomes

On 17 March 2021, Cabinet approved the vaccination of the Cook Islands eligible population aged from 16 years and over with Bio-Tech Pfizer vaccine.

Public information meetings were organised by TMO and commenced on 8 May 2021 - starting with Rarotonga and then moving to the Pa Enua. These information meetings were an essential part of vaccination roll-out plan as it gave the public an opportunity to be informed and to ask questions about the vaccine.

Te Marae Ora is the lead agency for the vaccination roll-out. New Zealand support included technical advice, vaccine logistics planning and support, and vaccinator workforce training. It also includes the supply of consumables such as syringes and the transportation of vaccines.

The vaccination of the eligible population of 12 years and over of 12,897 eligible population for the Cook Islands is still in progress. To date, 12763 (99%) of the total eligible population have been vaccinated with dose 1 and 12,249 (96%) is fully vaccinated.

A third dose or booster vaccination is required to provide prolonged immunity to Covid-19 infection and to the newly emerged Omicron variant. The Cook Islands will have offered third doses vaccines to all adults in Aitutaki and Rarotonga before the border opens on 13 January 2022.

Digital COVID-19 certificates

Te Marae Ora currently issues two types of 'proof of vaccination's documentation - paper-based certificate and the ID based certificate. These certificates are currently issued from the Rarotonga Hospital which and can be used as proof of vaccination to access high risk facilities or to business facilities who have made vaccination access as mandatory for access. Please check other country requirements.

Work is currently in progress to develop a digital COVID-19 certificates by March 2022. This will allow Cook Islands residents to have a Digital Travel COVID-19 Certificate that can be saved on electronic devices or printed for a physical copy.

Those that do not have a mobile device, the physical certificate can be re-issued in the Digital Travel COVID-19 certificate format to include the QR Code. This certificate can then be utilised for domestic and International travel and other circumstances that my require you to verify your vaccination status.

Travel to other countries
It is important to check other countries requirements prior to travel to ensure you have the required documentation for entry into these countries.

The clinical escalation pathway

This clinic escalation pathway cuts across the COVID Safe Framework when a positive case is identified in the community. Mild cases will be managed by the Community Clinics within the community until a person meets the clinical definition of a "moderate case" to be moved to an alternative facility for extra health care management. A case will only move to the hospital when that person meets the clinical definition of a "severe case". This escalation pathway is to manage the cases as best as possible outside of the hospital setting and only allow cases or patients who really require to be hospitalized to go to the hospital.

Initial management of COVID-19 in adults

The table below provides the clinical definition, testing and treatment plans for each stage when a person becomes positive or is identified as a confirmed case:

1. Confirmed COVID-19: SARS-CoV-2 test positive during current illness
2. Probable COVID-19: tested negative, but decision to treat as COVID
3. Suspected COVID-19: consistent symptoms and epidemiological link, awaiting tests

Status	**Mild**	**Moderate**	**Severe**
Definition	No symptoms **OR** URTI symptoms only **OR** cough, new myalgia or asthenia <u>without</u> new shortness of breath or reduction in oxygen saturation	Stable adult patient presenting with shortness of breath and/or systemic symptoms or signs. Able to maintain oxygen saturation ≥92% (or ≥90% for patients with chronic lung disease) with up to 4 L/min oxygen via nasal prongs.	Adult patients meeting any of the following criteria: • Respiratory rate ≥30/min • Oxygen saturation <92% on 4L/min oxygen via nasal prongs • Clinically deteriorating
Initial testing	Only as clinically indicated	FBC, Creatinine, electrolytes, LFTs, CRP ECG CXR ABG if saturation <92% Investigations for CAP (sputum culture, sputum PCR panel) if CXR shows focal consolidation	FBC, Creatinine, electrolytes, LFTs, CRP ECG CXR ABG if saturation <92% Investigations for CAP (sputum culture, sputum PCR panel) if CXR shows focal consolidation Blood cultures if febrile or shocked

		Blood cultures if febrile or shocked Ferritin	Coagulation screen, LDH, ferritin, BNP, troponin, (consider echocardiogram)
Treatment escalation planning	Assess ability to manage in an isolation setting Consider risk factors for severe COVID	Refer to Managed Isolation facility	Refer to hospital for admission
	NOTE: Any new deterioration >7 days post onset of illness requires careful assessment. Severe COVID-19 frequently develops with a rapid deterioration.		
Monitoring and markers of clinical deterioration	• Monitor for progressive respiratory failure and sepsis, especially on day 5 to 10 after onset of symptoms • Only repeat CXR in people with suspected or confirmed COVID-19 if clinically indicated (example if clinical deterioration) • Anticipate complications such as pulmonary embolism, other thromboembolism, arrhythmias, cardiac impairment, acute kidney injury, sepsis, shock and multi-organ dysfunction, and address using existing standards of care. • Repeat baseline investigations (as above) periodically in patients who are not improving.		
Notification	Discuss all cases with Public Health at the earliest opportunity		

Treatment of COVID-19 in adults

Modality	Patient sub-groups	Recommendation
Respiratory support	All patients	• Switch nebulise • rs to metered dose inhalers via spacer if possible • Monitor closely for worsening hypoxia if elevated work of breathing or respiratory rate
	SpO2 <92% at rest	• Administer oxygen (1-4 L/min) via standard nasal prongs • Aim for SpO2 90–92% (>86% for those at risk of hypercapnic respiratory failure) • Use Hudson mask (5-10 L/min) if higher flow rates required • Encourage self-proning in patients who are able to follow verbal instructions if safe and feasible
	Unable to maintain SpO2 ≥92% on conventional oxygen at 6 L/min	• Consider High Flow Nasal Oxygen (HFNO example AIRVO) or CPAP • Consider use of self-proning
	Hypercapnic patients with underlying COPD or obesity hypoventilation syndrome	Consider Bilevel Non-Invasive Ventilation (NIV)

Fluid management	• Use IV fluids as you would in any unwell patient • Avoid: 'maintenance' IV fluids, high volume enteral nutrition, and repeated fluid boluses for hypotension. • Consider vasopressor therapy if not responding after 2-3 boluses	
Steroids	Adults who do not require oxygen	Do not routinely use oral steroids to treat COVID-19. Consider inhaled budesonide (800mcg twice daily) in patients over 65 years or those over 50 years with comorbidities, for 14 days
	Adults requiring oxygen and/or ventilatory support to maintain oxygen saturation ≥92%	Dexamethasone 6mg daily IV/PO for 10 days or until discharge.
	Adults with another evidence-based indication for steroids (e.g. asthma/COPD exacerbations)	Steroids as per usual practise.
Thrombosis management	Adults with mild COVID-19 AND no contra-indication to anticoagulation e.g. risk for major bleeding	Enoxaparin 1mg/kg SC bd Reduce to 1mg/kg daily if eGFR <30 mL/min/1.73m2
	Adults with severe COVID-19	Heparin 5000U SC 8 or 12 hourly or Enoxaparin 40mg SC once daily
Immune modulation therapy	Adults with COVID-19 AND receiving oxygen + steroids AND evidence of severe systemic inflammation (raised CRP or ferritin) AND there is not another active, severe secondary infection	Give tocilizumab: 8mg/kg (actual body weight) rounded to nearest 200mg (max dose 800mg) as a single dose OR baricitinib: • 4mg PO/NG daily for 14 days or until hospital discharge • Reduce to 2mg PO daily if eGFR 30-60mL/min • Reduce to 1mg PO daily if eGFR 15-29mL/min • Do not use if eGFR
Anti-viral therapy	Adults with mild COVID-19	Do not use remdesivir
	Adults with moderate to severe COVID-19 who do not require ventilation with oxygen saturations of <92% on room air who do not fulfil criteria for immune modulation therapy Note must have ALT <5 x ULN and/or ALT <3 x ULN and bilirubin <2 x ULN	Consider remdesivir to reduce time to recovery Monitor LFTs daily Have a low threshold for cessation if any potential adverse effects from remdesivir
	Adults with critical COVID-19 who require ventilation (invasive or non-invasive)	Do not start remdesivir
Antibiotic therapy	Adults with mild or moderate COVID-19 without specific evidence of bacterial infection	Avoid routine use of antibiotics
	Moderate COVID-19 AND specific evidence of bacterial infection (e.g.	Calculate CURB-65 score:

	focal consolidation, pleural effusion, purulent sputum, neutrophilia)	Antibiotic treatment as per local antibiotic guidelines
	Severe/critical COVID-19, especially with any deterioration occurring >7 days post onset	• Consider Ceftriaxone 2g IV once daily for 5 days • If MRSA colonised consider additional treatment
Therapies for existing conditions	• ACE-inhibitors / Angiotensin receptor blocker • Oral contraceptive pill (with or without oestrogen) • Antenatal steroids for high risk of preterm birth	Usual care (that is may be continued in COVID-19 unless otherwise contra-indicated)
	Corticosteroids for asthma/COPD (inhaled or oral, with or without bronchodilators)	• Usual care • Do not use a nebuliser
	Oral menopausal hormone therapy / HRT	Consider stopping until after recovery
Surgery	Elective surgery should generally be deferred until at least 8 weeks following recovery from COVID-19 unless outweighed by risk of deferring surgery such as clinical priority	
Pregnancy and Perinatal care	Out of scope of this guideline; detailed guidance is included in the Australian COVID-19 guidelines	

Rarotonga Health Clinics and Aitutaki Hospital

Following the declaration of the Cook Islands as a COVID-19 free zone in April 2020 and the subsequent redirection of health resources to border control measures under an elimination strategy approach, the utility of maintaining EOC facilities and functions diminished. However, the merits of providing health services in Puna settings and closer to populations was recognised, in particular the goal of achieving universal health coverage. This resulted in the decentralisation of the health system securing permanent community health clinics and support services by the 10 Puna EOC's on Rarotonga.

There will be five (5) Health Clinics operating from the ten (10) Puna on Rarotonga including the use of the mobile bus services for the doctor visits; and the hospital on Aitutaki. The Rarotonga health clinics will be staffed by nurses, community health workers; and doctors will visit weekly including oral health and mental health services. Pharmaceutical (medicines) and infection prevention control/personal protective equipment stocks to be delivered to each clinic during the week. The same also applies to the Aitutaki set-up.

Key factors considered were:

1. Health facilities to be fully equipped and mobilised with appropriate skill mix to meet the demand of the community health needs
2. Health systems to promote universal health coverage
3. Enhance community development and empowerment for better population health outcomes

4. Establish community-based facilities to contain a COVID-19 outbreak within the Puna
5. Provide alternative facilities on Rarotonga and Aitutaki hospital to manage mild and moderate cases
6. Focus on prioritised preventative and primary health care.

The partnerships with community health clinic leads within the Rarotonga Puna has been formalised through a three (3) year Arrangements of Health Co-operation (AoC) with Te Marae Ora. The AoCs have an annual work plan outlining the objectives and health outcomes sought.

TMO Executive and the Health and the Incident Management Systems (IMS) team will direct and coordinate the health response in collaboration with key agencies, the Rarotonga health clinics/Punas as well as the Pa Enua (Refer Annex 1).

Response to COVID-19 surge

In recognition of the Cook Islands vaccination uptake, it is envisioned that any COVID-19 case or an outbreak will be managed and contained and it will be highly unlikely for the Cook Islands to move to a stage of Public Health Emergency or State of Emergency. However in the event that such a situation arises it is important that we understand what needs to happen and the escalation points between the three stages.

Stage 2: Public Health Emergency

Clinical escalation point for a Public Health Emergency under the Public Health Act 2004

- Five (5) to ten (10) confirmed cases admitted and requiring hospitalisation with two (2) confirmed cases on ventilators. At this point TMO will assess whether a Public Health Emergency is required to be declared. Acceptance of referred patients to New Zealand will also need to be factored in.
- Resourcing will be monitored
- Community situation will be monitored
- Potential area or national lockdowns
- Essential Services and Restrictions Policy 2021 comes into place (see Annex 1).

When operating under Stage 2, Stage 1 will continue to operate and there could be further stringent public health measures imposed and localised restrictions, suspension or closing of certain activities to manage and reduce the risk or the threat in accordance with the Public Health Act 2004 and the COVID-19 Act 2020. This will continue until the risk or the threat is contained to a level where the Public Health Emergency can be stood down. On the contrary, if the risk or the threat increases to a level as described above and taking into consideration of other health or capacity risk factors where Stage 2 can no longer be safe to operate, then the Secretary of Health will advise the Minister of Health and the Prime Minister if to move the national response to Stage 3.

Stage 3: State of Emergency

Targeted Interventions

The targeted interventions under the following functions: governance and legislation; surveillance and intelligence; border measures; resources and logistics; communication and consultation; health critical care and public health management; and social welfare and support. Localised or general lockdowns and border closures may be utilised in such cases.

Functions	Public Health Emergency	State of Emergency
Governance and Legislation	Activated based on advice from TMO. Operates under NHET Structure.	• Activated based on advice from TMO. Operates under the Disaster Risk Management Act 2007
Surveillance and Intelligence	• Assess on escalation to Public Health Emergency • Intensify surveillance • Monitor all surveillance systems • Community surveillance. • Monitor official and non-official reports.	• Assess on escalation to State of Emergency
Border measures	• Assess travel restrictions and revise if needed. • Assess entry to Pa Enua • Cargo staging areas to minimise interaction • Strict infection control procedures observed and regular decontamination • Provide logistical assistance to repatriate.	• Based on advice from Response Executive.
Resources and logistics	• Transition to stand by • Accommodation for isolation if full capacity is reached in health facilities • Additional resources mobilised • Emergency funds planned for • Reassess Te Kou ward capability • Maintain essential services. • Prepare to transition from business as usual to emergency response.	• Based on advice from the Response Executive and respective agencies.
Communications and Consultations	• Isolation/quarantine as needed. • Continue to advise on public health measures • Advice for at risk to take precautions to avoid infection.	• Based on advice from the Response Executive and respective agencies.

	• Advice suspected to ring health line 101 for Rarotonga and 102 for Aitutaki for advice. • Advise to prevent stigma and discrimination and harassment.	
Clinical care and public health	• Intensify monitoring and reporting cases • Transfer cases if Te Kou ward overwhelmed • Isolate and manage cases • Quarantine and contact tracing. • Separate infected patients from at risk patients • Appropriate management of deceased persons. • Also refer to TMO SOPs	• Based on advice from Response Executive and TMO
Social Welfare and support	• Visitor restrictions • Support for grieving families and communities • Quarantine and isolation • Coordinate provision of services to at risk populations. • Individuals make necessary arrangements for stockpile essential items. • Strict Health checks in the community.	• Based on advice from Response Executive and respective agencies.

Clinical escalation point for a State of Emergency under the Disaster Risk Management Act 2007

- Over ten confirmed cases admitted and requiring hospitalisation with over two (2) confirmed cases on ventilators. At this point TMO will assess whether an emergency is required to be declared. Acceptance of referred patients to New Zealand will also need to be factored in
- Te Marae Ora can no longer control the situation with evidence of growing numbers of confirmed cases.
- Te Marae Ora to advise Emergency Management Cook Islands (EMCI) who will call the National Disaster Risk Management Council (NDRMC) and a decision will be made to advise Prime Minister on a State of Emergency being declared
- Resourcing will be monitored
- Community situation will be monitored
- Potential area or national lockdowns
- Essential Services and Restrictions Policy 2021 comes into place (see Annex 1).

When operating under Stage 3, Stage 1 will continue to operate with really stronger public health measures with possible closing of the border. This will continue until the risk or the threat is contained to a level where the State of Emergency can either be reduced to Public

Health Emergency or back to Stage 1. During this stage, essential services may only be operating and open so that everyone can continue to have access to essential needs. This stage could also be activated at any time if there is another national emergency other than COVID-19. Even during a stage of another national emergency and there are COVID-19 in the community, Stage 1 will continue to operate in response to COVID-19.

Resourcing for budgeting purposes
Resources will be monitored at all times and managed as the situation changes.

New variants of COVID-19
The response to new variants will be determined once assessed by TMO. These may be valid to determine escalation points. The impact of new variants will be assessed by TMO in association with the New Zealand Ministry of Health and other regional Public Health experts and may include modelling of the impact on the Cook Island population. This risk assessment may be provided to the Cook Islands Cabinet to assist in urgent decision making regarding border setting and public health measures within the Cook Islands; and may recommend stopping travel to the Pa Enua.

Other natural disasters/emergencies occurring concurrently
When a natural disaster or emergency occurs governance moves to the Disaster Risk Management Council who advises the Prime Minister whether to declare a state of emergency. If a state of emergency is declared the response executive is activated. The Puna EOC structure is activated and their priority is to respond to the respective Puna DRM Plans. Te Marae Ora Health Clinics will continue their work regarding COVID-19.

The relationship between the COVID 19 Act 2020, the Public Health Act 2004, and the Disaster Risk Management Act 2007 is addressed specifically in sections 26 and 27 of the COVID 19 Act 2020.

Leadership and governance

Mitigating the impact of COVID-19 will requires a whole-of-government and nationwide response, led by the Prime Minister along with the Minister of Health, Cabinet and Parliament.

A dedicated COVID-19 Secretariat will be appointed to coordinate interagency response activities of the plan
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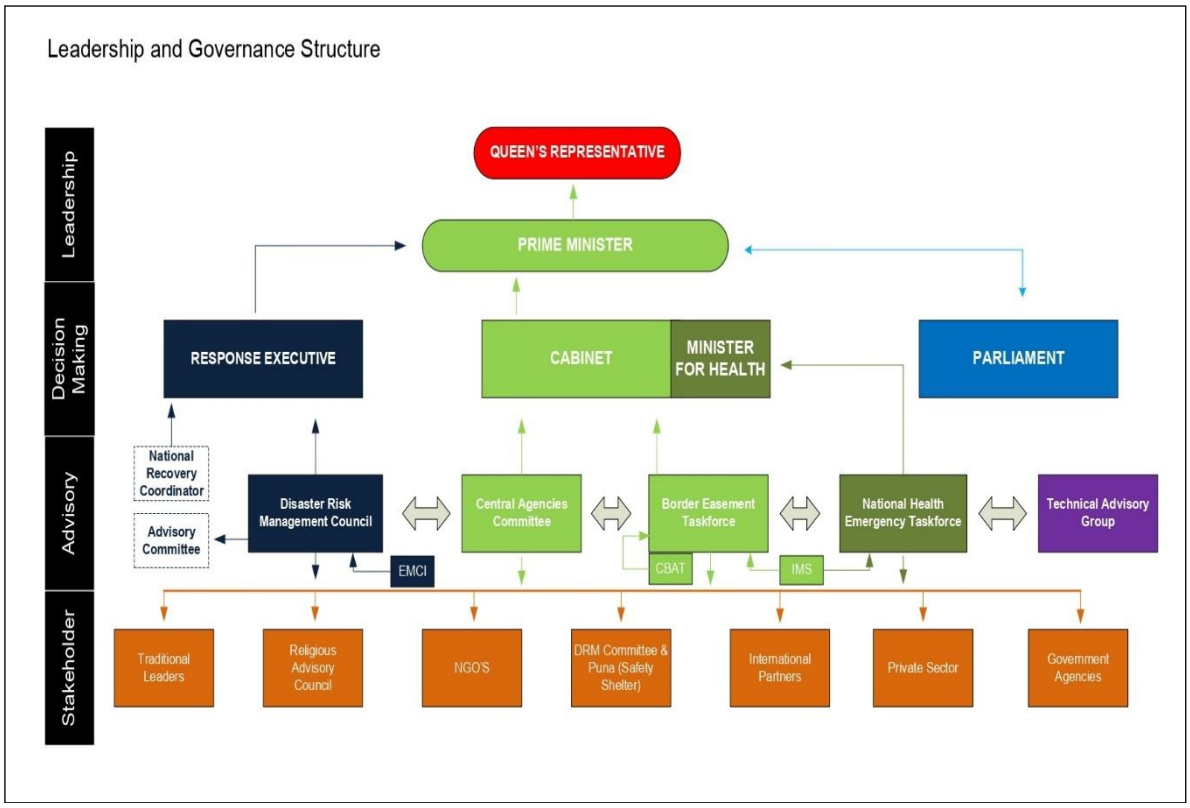
Figure 1: Leadership and governance structure for national emergency response



The Prime Minister will lead the national effort in consultation with the Minister of Health and Cabinet. Parliament will be informed at all stages of the response, and may be convened if legislative action is required. For COVID19 – the NDRMC is activated on the advice of the Secretary of Health in consultation with the Minister of Health. Critical intelligence and planning entities such as the BET and the Central Agency Committee (CAC), provide advice to Cabinet, with further consultative support provided by the NHET and the COVID-19 Border Agencies Taskforce (CBAT).

Various stakeholders will implement the response. They include: Traditional Leaders; Religious Advisory Council; government agencies; non-government organisations (NGOs); Rarotonga and Pa Enua Disaster Risk Management (DRM) Committees; Other community committees, international partners and the private sector.
External advice and peer review functions are provided by the New Zealand Ministry of Health, Ministry of Business, Innovation and Employment and New Zealand Customs service, in addition to the Waitemata District Health Board and Pasifika Medical Association.

Emergency Management Cook Islands

The EMCI is established under Section 5 (1) Disaster Risk Management Act 2007. Section 5(2) sets out its functions. The EMCI which consists of the Director appointed by the Prime Minister and staff as appointed by the Director. The EMCI is in charge of administering the DRM Act, and shall coordinate the activities of the Rarotonga Puna and Pa Enua DRM Committees. Ensuring

that there is consistency with the policies of government especially in the Pa Enua as appropriate. The Pa Enua DRM Committees shall abide by the policies of government.

National Disaster Risk Management Council

The NDRM is called on advice given by the Secretary of Health to EMCI. Based on the analysis given the NDRM Council may move to give advice to the Prime Minister to declare a State of Disaster or Emergency.

Section 9 of the Disaster Management Act 2007 establishes the National Disaster Risk Management Council.
The Council shall consist of eight members being:

a. the Prime Minister, or his or her delegate, who will act as the Chair
b. the Financial Secretary
c. the Police Commissioner
d. the Director
e. the Public Service Commissioner
f. the Chief Executive Officer of Office of the Minister of Island Administration
g. the Secretary of Ministry of Works
h. the Director of the Metrological Services
i. the National Disability Council (pending).

The Council provides advice to the Prime Minister in relation to the declaration of the State of Disaster or Emergency.

Note: There is currently discussion of adding the National Disability Council to the NDRMC.

Section 14 establishes the **National Emergency Operations Centre** – (1) The Council is to establish the National Emergency Operations Centre and nominate a suitable location for the housing of the Centre. (2) The Response Executive shall operate from the Centre which shall become operational leading up to a likely event and upon the declaration of a State of Emergency or Disaster.

Section 10 of the Act gives the Council the power to establish and Advisory Committee to assist the Council in performing its functions.

Section 19 of the DRM Act. **State of Disaster** – In the event of a Disaster, the Prime Minister may declare a State of Disaster to exist in the whole or any part of the Cook Islands and such declaration shall have immediate effect.

Section 20 of the DRM Act. **State of Emergency** – A State of Emergency exists when - (a) declared by the Prime Minster on recommendation from the Director. When the Prime Minister Declares a State of Emergency or Disaster the **Response Executive** is activated.

The relationship between the COVID 19 Act 2020, the Public Health Act 2004, and the Disaster Risk Management Act 2007 is addressed specifically in sections 26 and 27 of the COVID 19 Act 2020.

In relation to a **State of emergency or State of Disaster**:
COVID 19 Act 2020 Section 26:

(1) In the event that a state of emergency or a state of disaster is declared under sections 19 or 20 of the Disaster Risk Management Act 2007, the Secretary of Health is deemed to be appointed to the Response Executive under section 11(5) of that Act.

(2) Sections 7(1) and (2) do not apply in respect of the Disaster Risk Management Act 2007. However, the Response Executive and the National Controller may, if they consider it reasonable to do so in the circumstances, determine that the provisions or any part of this Act apply in the event of any overlap or inconsistency with the provisions of, or obligations under, the Disaster Risk Management Act 2007.

In relation to a **Public Health Emergency**:
COVID 19 Act 2020 Section 27:

(3) If a public health emergency is declared under section 118 of the Public Health Act 2004, that emergency is automatically extended to last for the duration of this Act and no resolution of Parliament is required.

(4) Any emergency regulations made under section 123 of the Public Health Act 2004 continue for the duration of the public health emergency.

(5) If a public health emergency relating to COVID-19 is, before this Act comes into force, declared under section 118 of the Public Health Act 2004, the Minister may exercise the powers conferred under section 119 of that Act only if the Minister is satisfied that the powers under this Act are insufficient to respond appropriately to the public health emergency.

Response Executive
Section 11 (4) establishes the Response Executive consists of:

a. the National Controller (Police Commissioner), who shall be Chairman;
b. the Police Commissioner;
c. the Financial Secretary;
d. the Secretary of Works;
e. the Chief Executive Officer of Ministry of Outer Islands Administration; and
f. the Director
g. as set out in section 26(1) of the COVID-19 Act, the Secretary of Health is deemed to be appointed to the Response Executive under section 11(5) of the Disaster Risk Management Act 2007.

The **Response Executive** shall be convened when any of the following events occur:

a. there is a State of Disaster
b. there is a State of Emergency
c. a Disaster Risk Management Plan calls for the convening of the Response Executive; or
d. when requested by the Director.

Section 13. **Disaster Recovery Coordinator** – (1) The position of a Disaster Recovery Coordinator is established and is appointed by the Response Executive.

Pa Enua arrangement

Section 15. Disaster Risk Management – (1) Each Island Council shall establish a Disaster Risk Management Committee with the Chair of the Island Council being the Chair of the Committee.

Section 15(4) Each Island Council shall, in consultation with the Director, appoint a Disaster Coordinator.

Section 16. Safety Shelters - (1) The Director shall maintain an up-to-date list of (a) premises to be used as Safety Shelters in times of an event as approved;

Section 16 (3) The Ministry of Health, by its designated official, shall appoint and resource a Health official to assist the person approved pursuant to section 16(3) or the Disaster Coordinator at each Safety Shelter before, during and following an event.

To enforce public health and border actions in relation to the national response to COVID-19 and following real - world systems refinement and strengthening since the early onset of COVID-19 in March 2020, three distinct advisory and operational bodies have been established to provide national leadership and governance to the implementation of the Cook Islands COVID-19 response and Quarantine Free Travel Arrangement (QFT-A), namely:

1. Border Easement Taskforce
2. National Health Emergency Taskforce
3. COVID-19 Border Agencies Taskforce

The BET, NHET and CBAT have all been established to oversee and drive the implementation of the QFT-A. The BET is a multi-agency body by design, noting the all-of-government response and ownership required to prepare for and implement the QFT-A.

Border Easement Taskforce

To date, the Cook Islands have never had a confirmed case of COVID-19. Since January 2020, the Cook Islands national approach to COVID-19 has therefore been one of preparedness, with key efforts centered on fortifying our borders (air and sea ports), as well as educating the general public on the concept of flattening the epidemic curve to slow the spread of the disease in order to alleviate the burden on the nation's health system, economy and society (should the COVID19 virus arrive in the Cook Islands).

The BET has therefore been similarly focused on health and border preparedness since its establishment in July 2020, as mandated by Cabinet.

The BET provides focused national leadership and governance to the following areas:

Preparation (closed/restricted border)

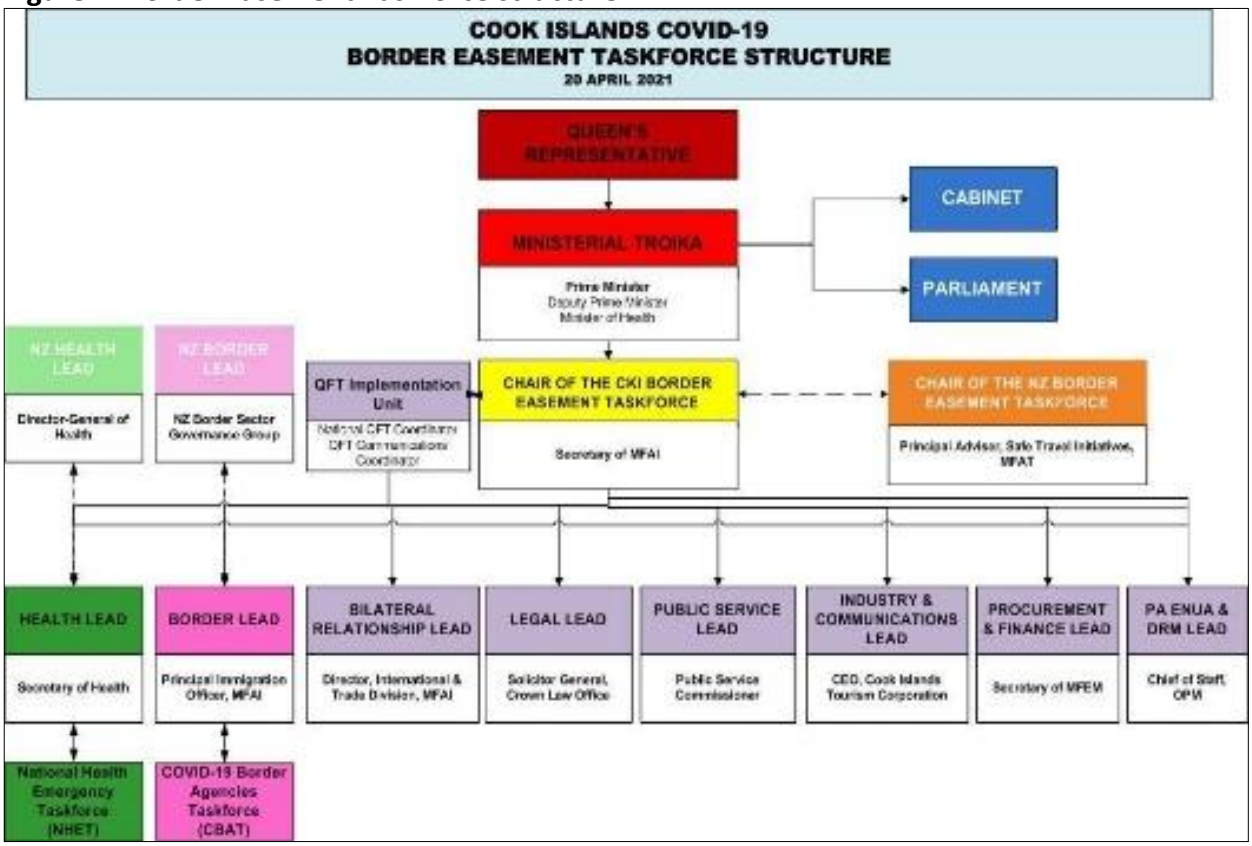
1. Progress readiness to mitigate against the risks associated with the re-opening of travel between the Cook Islands and New Zealand
2. Ensure all requisite agencies (including the private sector) have the necessary plans, resources and personnel in place to safely manage and implement the Arrangement and its Annexes
3. Contingency planning and systems strengthening in the event COVID-19 arrives in the Cook Islands; and
4. Ensure that the public are kept informed of the work of the BET.

Implementation (two-way quarantine-free travel is operational)

1. Continue monitoring of material settings in New Zealand and the Cook Islands to inform regular risk assessments
2. Continue monitoring and evaluation of implementing agencies (including the private sector) to ensure safe management and implementation of processes to operationalise the Arrangement and its Annexes
3. Manage and share information related to the QFT-A; and,
4. Respond as required to changes in material settings in both New Zealand the Cook Islands in accordance with the 'Process for Public Health Information Sharing' and the 'Process for Border Information Sharing'.

The Cook Islands BET has formalised its Terms of Reference (TOR) to articulate the roles and responsibilities of its constituent members, as well as the role of the BET in overseeing the implementation and management of e travel under quarantine-free arrangement.

Figure 2: Border Easement Taskforce structure

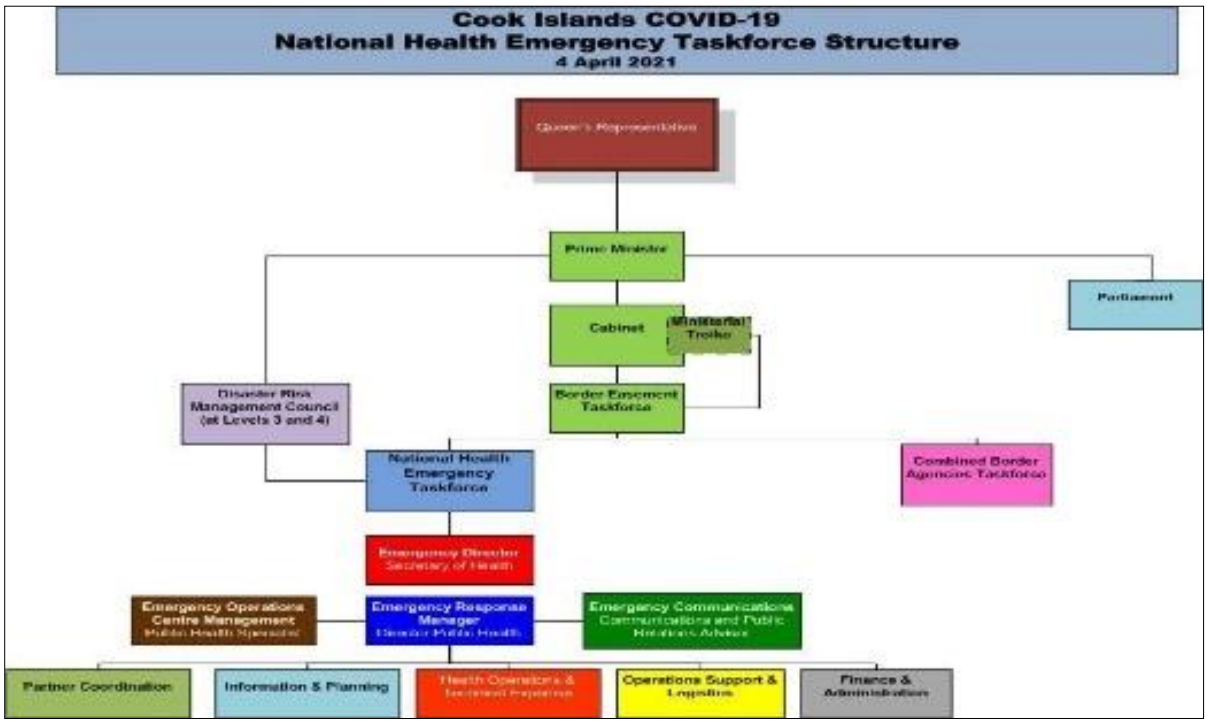


National Health Emergency Taskforce

The **National Health Emergency Taskforce** (NHET) is intended to provide policy and operational guidance and implementation capabilities to the SoH regarding public health interventions as may be required to mitigate against COVID-19.

The NHET at meets monthly to coordinate public health actions in collaboration with the Rarotonga health centres/Puna and the Pa Enua. Should the Cook Islands shift to a Public Health Emergency the NHET will take over all domestic coordination efforts and liaise with EMCI on whether to activate the DRMC for a State of Emergency. Meetings under a Public Health Emergency will be conducted daily via Zoom and in-person for essential members of the NHET at the Emergency Operations Centre (EOC) in Tupapa.

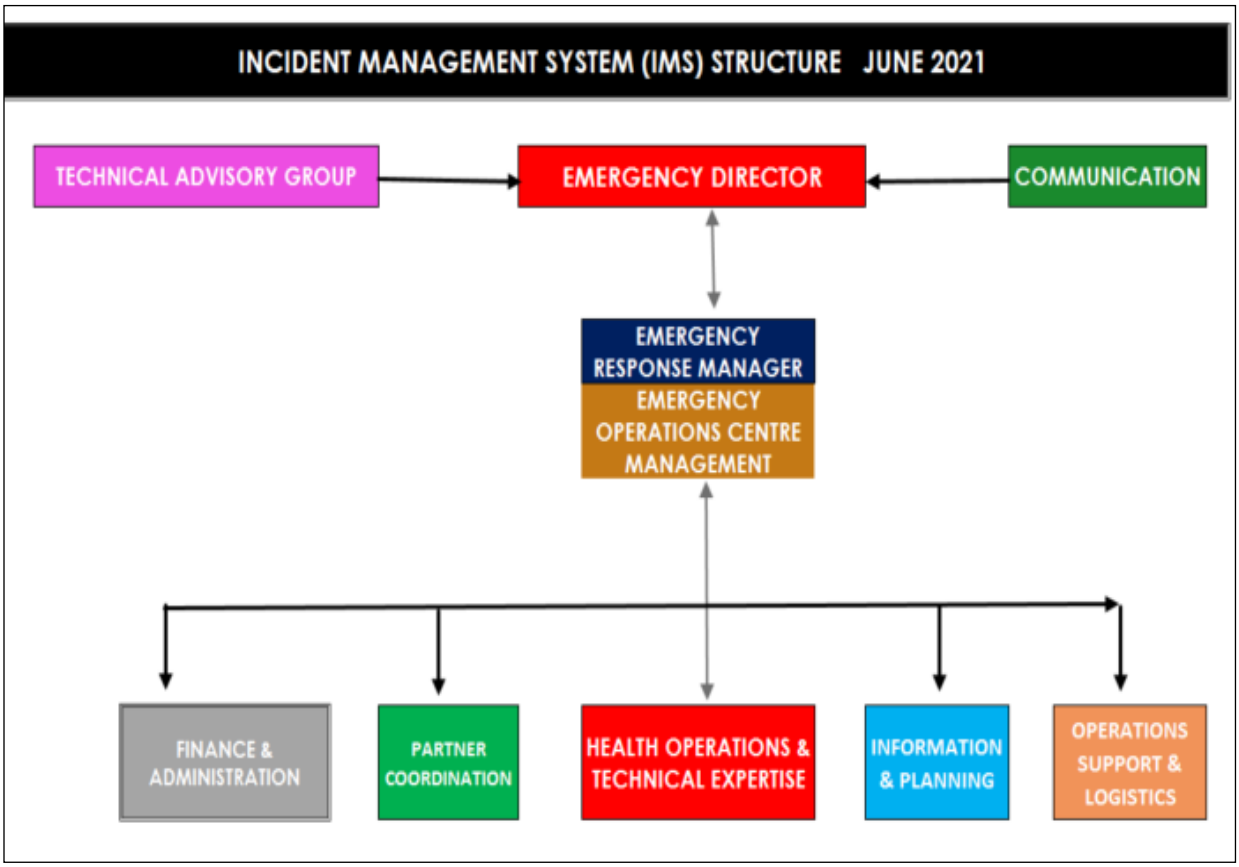
Figure 3: National Health Emergency Taskforce structure



Incident Management System

The Incident Management System (IMS) structure provides a structured approach to managing a national response to public health events and emergencies. It is specific to TMO. It ensures best practice in emergency management through seven critical functions: Leadership; Partner Coordination; Information and Planning; Health Operations and Technical Expertise; Operations Support and Logistics; Finance and Administration; and International Expertise (refer to Figure 5 below).

Figure 5: Incident Management System structure



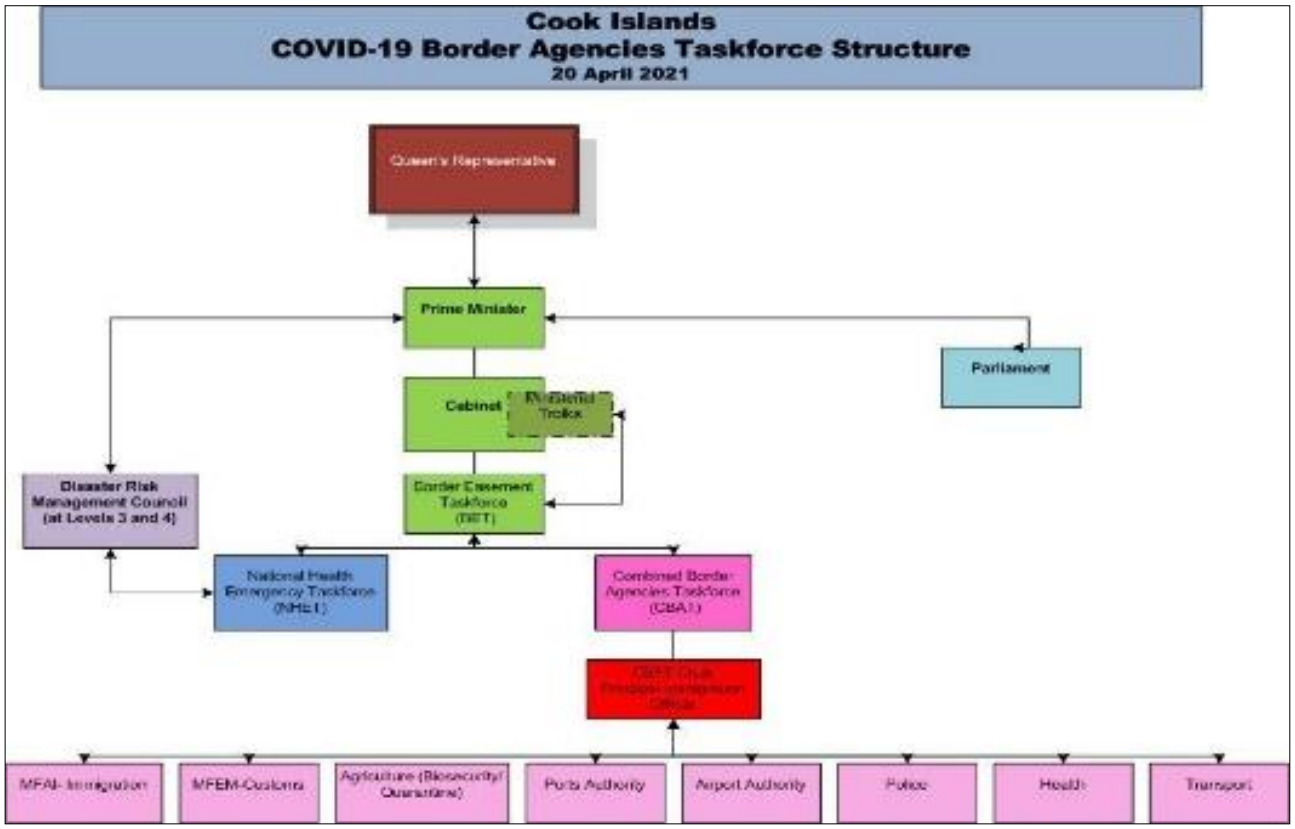
COVID-19 Border Agencies Taskforce

The COVID-19 Border Agencies Taskforce (CBAT) has been functioning informally since March 2020, but was recently formalized in April 2021 and is chaired by the Principal Immigration Officer (PIO) of the Ministry of Foreign Affairs and Immigration (MFAI).

The Chair of the CBAT consults with industry partners as may be required in the enforcement of and ensuring compliance to border restrictions, including Air New Zealand and relevant shipping agents/companies. The CBAT is intended to provide policy and operational guidance as well as implementation capabilities to the PIO and BET regarding border measures and interventions as may be required to mitigate against COVID-19.

The CBAT meets when required to coordinate regular border monitoring review(s), post-processing debriefs, and review/update the Border Standard Operating Procedures (SOP) as may be required.

Figure 4: COVID-19 Border Agencies Taskforce structure



Communication and Consultation

Clear, timely and effective communication is critical. Communications will target all levels of society to ensure a coordinated response by all stakeholders, whether in the health system or community settings. Nationwide consultation is essential to enable the mobilisation of community action for a safe and healthy community that seeks to protect vulnerable members, such as aged persons, those with non-communicable diseases (NCDs) or disabilities, and others.

The Prime Minister through OPM will lead communications on all of government response. On matters that are health specific Te Marae Ora will be the lead agency. Information to the public and relevant stakeholders will be consistent, timely and accurate to maintain public confidence in the national response to COVID-19.

The www.COVID-19.gov.ck website will serve as a repository for all current communications and awareness material. The Cook Islands Tourism Office provides vital support in the communications space; and in collaboration with TMO will use multi-media platforms in the dissemination of information in regards to the plan and the safe framework.

Essential services

Essential services are crucial in understanding for the successful continuity of the nation. Essential services are considered critical to the safety and protection of households and

functioning of the community before, during or after a Public Health Emergency or State of Emergency. Essential Services are outlined in the Schedule to the Disaster Management Act 2007 as:

- All Ministries and offices of Government
- All State owned Enterprises and Authorities
- Cook Islands Red Cross
- Telecom Cook Islands (Vodafone Cook Islands 2021)
- Banking Institutions
- Island Councils
- Significant Private Sector enterprises (as notified by the Director pursuant to Section 6(8))
- All schools and tertiary institutions.

The **Essential Services and Restrictions Policy 2021** further outlines essential services and non-essential services during State of Emergency.

Public health and nationwide response

SARS-CoV-2, the virus that causes COVID-19, is transmitted through the following modes: (1) Large droplet spread; (2) Transmission through aerosolised spread (for example coughing, sneezing); (3) Contact – direct or indirect – with respiratory secretions (for example contaminated surfaces). The incubation period (time between infection and onset of symptoms) is estimated to be 14 days, and it is understood that the virus can be transmitted to others during this period.

An epidemic occurs when new cases of a disease, within a certain population, during a certain time period, is higher than expected and exceeds the baseline. The rapid spread of COVID-19 globally in the past two months suggests SARS-CoV-2 is highly infectious. Given the susceptibility of the Cook Islands population to this new disease COVID-19 has the potential to become an epidemic in the Cook Islands. An epidemic would see a steep rise in the number of people infected, reaching a peak and then a reduction. Preventative measures implemented early in an epidemic can slow the transmission of infection and reduce the peak number of cases.

All stakeholders play a critical role in supporting positive community action. Through the support of traditional leaders and the Religious Advisory Council, the Rarotonga Puna (The Rarotonga Puna was established in 2011 with an MOU between EMCI, INTAFF and Puna. The Puna replaced the Vaka Council structure for Rarotonga that was abolished and Pa Enua DRM committees will help operationalise this plan by supporting those requiring quarantine or isolation up to a period of 14 days. This would include ensuring such individuals and families continue to have access to food, water, medicines and other essential items or services.

The Rarotonga Puna EOC (10) and Pa Enua DRM Committees have DRM plans in place. These are different from the TMO Puna welfare clinics.

The NGOs as well as other community groups such as youth, and ethnic-specific groups will help address the specific needs of vulnerable communities. Government agencies will coordinate the mobilisation of government resources, assets and finances to support the nationwide response. Te Marae Ora will lead the health response, in collaboration with relevant community and international partners. The private sector will work alongside government to minimise disruption to business continuity.

Impact assessment

Table 2: Response measures will address the following impacts

Health system	Economy	Society
Reduced levels of service and care, to mobilise resources Influx of patients at hospitals and clinics resulting in patients with less urgent medical problems waiting longer for treatment Potential shortage of health professionals and frontline staff Shortage of medicines and consumables requiring prioritisation Difficulty maintaining normal operations Reduction in service capacity.	High rate of absenteeism Business operations and provision of services affected Loss of employees due to prolonged period of illness; need to care for family members; fear of infection at work Limited access to foreign workers due to travel restrictions Tourism, transport, retail industry affected due to travel restrictions and reduction in business and tourist travel Ports affected due to slowdown in global trade Loss of public confidence Supply chains affected and low stock due to panic buying.	Lasting psychological impact Loss of loved ones Social distancing measures Stigma and discrimination Home quarantine Potential school closures and cancellation of public events Cultural impact - no kissing when greeting people Potential civil unrest and crime Potential disruption of church services Managing burials for visitors and funeral gatherings Food supplies affected due to disruptions in imports or closure of food establishments Rationing certain food and essential products Economic slowdown affects overall employment and personal income Households requiring financial assistance.

High risk groups impact considerations

Communications and access to information: All communications will be sent to all agencies as appropriate- including the National Disability Council so it may be disseminated to their membership. All official communications on visual media will as far as practical have someone to sign.

Health Clinics will ensure zoom communications for priority groups that cannot utilise the phones.

Health System

Te Marae Ora will continue to provide the necessary healthcare services for priority groups and are guided by TMO Standard Operating Procedures:

- Disability
- Family wellbeing
- Mental Health
- Elderly

The implementation of these SOPs is vital to helping our priority groups. Persons with Multiple co-morbidities are also seen as high risk.

Society

With the above there will also need to be considerations around financial and priority specific assistance (including access to services, information and communications).

Services
Services under the COVID Safe Framework will continue as normal. However if there is any escalation then Essential Services Policy will determine the services that should operate. Priority Groups will need to know what is available and how to access these services. The Ministry of Internal Affairs has a National Disability Coordinator who liaises with NGO stakeholders CINDC, Creative Centre, Te Vaerua, Te Kainga and Are Pa Metua and who has a listing of services and service providers available.

Unvaccinated persons
Unvaccinated patients who contract COVID-19 pose a high risk to themselves and to others.

Children form a large group of individuals who are unable to be vaccinated and as such are likely to form a majority of this group. Specific consideration must be given to how this would impact on children's clinical care.

There may be situations in which a combination of risk factors, such as known immunosuppression, may result in a medical justification for the testing of asymptomatic patients. Any such policy needs to apply to all patients irrespective of vaccination status as asymptomatic infection is the issue, not the vaccination status of the patient.

Testing of individuals for COVID-19 can provide a high degree of reassurance that an individual does not have active infection. However, for health care workers, the risk of seeing a patient with asymptomatic infection is the more important issue, rather than the vaccination status of the patient.

Vaccination offers the best protection against COVID-19 both for individuals and for those they interact with, including health care workers and other patients, however some Cook Islanders do not qualify for vaccination and some have chosen not to be vaccinated. It is important that there is a consistent and scientifically logical approach to pre-consultation testing.

To date strong public health and infection prevention and control measures have protected both health care workers and patients. This protection has been further enhanced by the vaccination programme. Routine pre-consultation testing of unvaccinated individuals has not been part of this success.

Health services cannot deny any person the right to access health care due to their unvaccinated status.

In other words, denying access to health care on the basis of vaccination status is unacceptable.

1. Access to healthcare is a fundamental right:
    a. An individual seeking healthcare cannot be refused care because of their beliefs. In this case an individual who believes that a vaccine is harmful cannot be refused care for that belief.
    b. A practitioner's personal beliefs should not influence that practitioner's duty of care for any individual. In this care a practitioner must not allow their opinion of an individual who refuses to be vaccinated to influence the care that they offer that individual.
2. Health care workers have a right be safe in their workplace in accordance with current legislation (Ministry of Health Act, Public Health Act 2004, COVID-19 Act 2020, and COVID-19 Amendment Bill).

Individual patients have a responsibility to follow applicable health and safety guidelines and procedures when utilizing a health service, such as the wearing of masks and observing distancing requirements when possible

Conclusion

This plan outlines the general objectives and processes for preparing for and mitigating the impact of an outbreak of COVID-19 in the Cook Islands.

This plan provides an overview of the components for response that will be considered across: governance and legislation, surveillance and intelligence, border measures, resources and logistics, communication and consultation, clinical care and public health management, and social welfare and support.

Given the severity and wide global spread of COVID-19, the need for flexibility in the response plan to address different scenarios is required. There is a need to continue engaging and working with the public to raise the level of preparedness at the individual, community and national level. Through our collective efforts, we will be ready to implement a robust and sustainable national response to COVID-19.

References

Te Marae Ora Ministry of Health *Cook Islands Emergency Response Plan to Coronavirus Disease 2019 (COVID-19) 2021* retrieved from https://www.health.gov.ck/

Department of Health. (2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-1)*. Retrieved from https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19

Ministry of Finance and Economic Management. (2016). *Cook Islands Population Census 2016. Government of the Cook Islands*. Retrieved from http://www.mfem.gov.ck/images/documents/Statistics_Docs/5.Census-Surveys/6.Population-and-Dwelling_2016/2016_CENSUS_REPORT-FINAL.pdf

Ministry of Finance and Economic Management. (2018). *National Accounts 2018*. Government of the Cook Islands. Retrieved from http://www.mfem.gov.ck/images/documents/Statistics_Docs/1.Economic/1.National-Accounts/2018/Annual_2018/GDP_Statistics_Report_2018.pdf

Ministry of Health. (2014). *Pandemic Readiness and Response Plan for Influenza and other Acute Respiratory Diseases*. Retrieved from https://www.moh.gov.sg/docs/librariesprovider5/diseases-updates/interim-pandemic-plan-public- ver-_april-2014.pdf

Ministry of Health. (2017). *New Zealand Influenza Pandemic Plan: A framework for action (2)*. Wellington: Ministry of Health

Ministry of Health. (2021). *COVID-19 Protection Framework* retrieved from https://covid19.govt.nz/traffic-lights/covid-19-protection-framework/

Ministry of Home Affairs. (2009). *Preparing for a Human Influenza Pandemic in Singapore*. Retrieved from https://www.mha.gov.sg/docs/default-source/others/nsfpfinalversion.pdf
Te Marae Ora Cook Islands Ministry of Health Influenza Pandemic Plan 2009.

Annex 1

Essential Services and Restrictions Policy 2021

Policy Statement
Essential services are critical to sustain the functioning of the community before, during and after a (COVID-19) emergency. The Disaster Risk Management Act 2007 outlines Essential Services. The Cook Islands COVID019 Safe Response Framework outlines how the country will operate. This policy further outlines essential services and non-essential services. .

Scope
This Policy applies to all entities providing essential and non-essential services.

Linkages:
This Policy should be read in conjunction with the Cook Islands COVI-19 Safe Response Framework 2021.

(COVID-19) Legislation
Disaster Risk Management Act 2007; COVID-19 Act 2020 and Regulations; Ministry of Health Act 2013; Public Health Act 2004.

Definitions
Critical infrastructure services include essential physical and information technology facilities, networks, services and assets, which, if disrupted or destroyed, would have a serious impact on the health, safety, security, economic or social well-being or the effective functioning of government.

Entities include government agencies, non-government agencies, state-owned enterprises, island councils, Puna, private sector enterprises, schools and tertiary institutions and others involved in the supply chain for essential and non-essential services

Essential services are services that are considered critical to the safety and protection of households and functioning of the community before, during or after a State of Emergency.

“Essential Services” means any entity referred to in Section 23 and listed in the Schedule or notified by the Director pursuant to Section 6(9) of the DRM Act 2007

Essential Services are outlined in the Schedule to the Disaster Risk Management Act 2007 (the DRMA) as:

- All Ministries and offices of Government
- All State owned Enterprises and Authorities
- Cook Islands Red Cross
- Vodafone Cook Islands
- Banking Institutions
- Island Councils
- Significant Private Sector enterprises (as notified by the Director of Emergency Management Cook Islands pursuant to Section 6(8) of the DRMA)
- All schools and tertiary institutions.

Listed entities includes those entities identified under the respective emergency response codes

Non-essential services are services that are not considered critical to the functioning of the community

Small business are independently owned and operated companies limited in size and revenue

Physical distancing (also referred to as social distancing) means keeping a minimum of two metres between persons. This has to be applied at all times in public spaces e.g. banks, shops, etc.

Public health emergency is declared by the Queen's Representative, on the advice of the Minister of Health, if a case of COVID-19 presents in the Cook Islands and sufficient powers are not available under the Public Health Act 2004 and COVID-19 Act 2020.

Public health measures include Ministerial Orders, Quarantine and Isolation Orders (It is mandatory to comply with the contents of these orders and penalties are enforceable for breaches), physical distancing, hand and face hygiene, cough and sneeze etiquette, stay home when unwell, cleaning and disinfection of surfaces, and ventilating premises.

Supervised isolation means the isolation of persons or classes of persons whom have been diagnosed with COVID-19 according to rules or directives made by TMO. Isolation in this context means managed separation of known cases of COVID-19 for a period of time and in a location specified by TMO.

Supervised quarantine means the isolation of persons or classes of persons who have been in close contact with persons suspected or diagnosed with COVID-19 according to rules or directives made by TMO.

Emergency services include ambulance, police, fire, funeral and burial, coroner, water, sanitation, plumbing, waste management, electrical, security, telecommunications, infrastructure, and repairs to vehicles for essential services.

Vulnerable persons is either a minor or someone who, for physical or mental reasons, is unable to look after themselves or their finances. For the purposes of the Policy it includes but is not limited to the following:

- The elderly, infirm and people under the care of the Ministry of Health;
- Children, young people and their families, people with disabilities and women;
- Those who are living alone and are over 60 years of age;
- Those who have a physical or mental disability that may require caregiver assistance;
- Those who have a non-communicable disease and risk factors;
- Women who are pregnant;
- Those who do not have a home (displaced person);
- Children under 12 years of age;
- Unvaccinated individuals;
- Single parents;
- Individual adults who are facing hardship and unable to support themselves and/or their dependants financially.

Essential Services at a Public Health Emergency and/or State of Emergency

**Note* Applications to operate as an essential service at a Public Health Emergency and/or State of Emergency should be sent to the Director of Emergency Management Cook Islands for processing and approval *accreditation.*

Sectors		

Health services	• Acute/emergency care to continue
	  ○ Primary care: urgent cases and emergency dental care
	  ○ Community care: palliative, home visits, mental health, elderly, disabled
	• Clinical support to continue: blood, laboratory, radiology, pharmacy, patient referrals (acute)
	• Support services to continue: delivering medical items and personal care
	• Health supply chains to be maintained: Personal Protective Equipment (PPE), medical supplies, gas and equipment
	• Disease surveillance and response, vector control services if considered an imminent threat to health and safety (pest control and fumigation)	

Social services	• Church/religious gatherings to cease – move to Online/radio church services and programmes • Burial services allowed with strict PPE and hygiene protocols as well as limits on attendance as prescribed by TMO. Gatherings will be limited in number as approved by TMO. • Day care services and schooling for children of essential service workers only with strict infection prevention and control protocols to be observed ○ In-person schooling suspended for children of non-essential workers: move to home based (or online) teaching and learning • Social services that can continue with strict infection prevention and control protocols to be observed as advised by TMO: accommodation, caregiving, food, welfare and financial support for the vulnerable and displaced, meals on wheels.	
Food	• Food supply to continue: plant nursery, growers/producers, importers, traders and logistics ensuring mask wearing and social distancing is observed • Supermarkets, convenience stores, food markets to continue (as approved by TMO, adhering to strict infection prevention and control protocols) • Food and beverage outlet with take-away services only (ie no dining in) • Food caterers, packing, packaging and deliveries (as approved by TMO) • Food safety, hygiene and support services (as approved by TMO) • Food deliveries (Contactless services as approved by TMO)	
Energy and gas	• Electricity generation, transmission and distribution	

Sectors		
	• Gas importing, bottling and distribution • Fuel importing, storing and distribution • Petrol stations • Emergency electrical repair services or gas repairs gas petroleum	
Water, Waste and Environment	• Potable water supply, collection and distribution • Cleaning and management of storm water drains • Emergency plumbing services • Waste and rubbish collection and disposal services • cleaning services for essential services • Toxic/bio-hazardous waste management • Meteorological services	
Transportation and storage	• Air traffic control: airport operations, air transport (runway maintenance and security) • Shipping services with enhanced infection prevention and control protocols: safety and navigation, port services • Public transport services, key support services and suppliers (Mask wearing required with distancing between passengers) • Monitoring of traffic and road operations • Third party freight forwarders, trucking, courier services • Food Delivery Services (as approved) • Warehouses and storage facilities for essential services • Food Delivery Services (as approved) • Transportation to support other essential services	
Information and communication technology (ICT)	• Telecommunications: fixed, mobile, internet access, hotspots • Broadcasting services: radio and television • Submarine cable and satellite operations • Postal and courier services • Newspapers • ICT support tools, software and services to enable telecommuting, videoconferencing, e-commerce/finance • Repairs and maintenance for networks used by essential services • Courier services for essential services only • Online printing services and publication	

Sectors		
Defense and security	• Security firms that protect public properties, businesses and homes (as approved) • Police & Correctional Services • Entities that provide humanitarian relief, search and rescue services • Border control and biosecurity agencies • First responders to emergencies i.e. Crash Fire and (trained) Volunteer Fire services	
Construction, facilities and critical public infrastructure	• Epidemic control: Approved entities & contractors for sanitation, disinfection, cleaning and laundry (as approved) • Construction work, emergency repairs and maintenance for critical public infrastructure, that represents an imminent threat to health and safety, e.g. broken live power line • Maintenance and repairs to critical public infrastructure to ensure public safety example roads and bridges (with social distancing and masking protocols to be observed) • Facilities management to support essential services: plumbing, electrical, air conditioning and mechanical, fire protection, security and surveillance (as approved) • Landscaping services such as tree trimming/remove fallen trees, that represent an imminent threat to public health and safety (as approved) • Regulators involved in issuing building, health, sanitation and environmental permits that are deemed critical to either support Essential services or mitigate and imminent health and safety risk • Repairs to support essential services example water supply, communications, power lines, health	
Banking and finance	• Maintenance of monetary and financial stability • Banking services: deposits, withdrawals, funds transfers, treasury management, lending, payments, securities registries • Trade finance and asset management services • Online banking and business services • Branch customer service hours limited to simple transactions • Government cash management and payments • Essential Asset management services (as approved) • Payment services: funds transfers, credit and debit payments • Insurance • Government Payroll services	
Legal services (limited)	• Essential matters in high courts: civil, family and criminal • Commercial transactions with deadlines: contractual obligations • Urgent and essential Wills/probates • Justice: Registry and Coroner services	

Sectors		
	• Legal advice to the government • Legislative drafting for emergency legislation and regulations	
Others	• Selected accommodation providers for displaced or quarantined persons (All hotels, motels or hostels must close on-site recreational facilities e.g. swimming pools) • Optometry services and sale of optical products (as approved) • Motor vehicle repairs for emergency vehicle services – no vehicle grooming • Hardware stores for building and maintenance tools to support essential services (as approved) • Repairs to household electronics or appliances (as approved) • Laundry services (as approved) • Livestock and veterinary services for emergency animal care • Support services for essential government functions.	
Essential Government Agencies	• Agencies involved in the operations of this Emergency Response Plan, including but not limited to the following: TMO, Police, OPM, MFAI, MFEM, MOE, Biosecurity-MOA, Ports and Airport Authority, OPSC, CLO (or as approved). • Agencies involved in the operations of critical infrastructure (as approved). • Agencies required in the operations of the essential services as identified above.	

Non-essential services

Entities that are not an essential service provider are encouraged to continue operations through remote means, or otherwise cease operations until there's a return to Level 2 or 1.

Note: Non-essential services are those that are not included in previous definition of an essential service. Non-governmental organisations and businesses must apply to TMO to be accredited as an essential service provider.

Non-essential services include:

- Cinemas, entertainment venues and night clubs
- Gyms and indoor sporting venues and recreation centres
- Real estate businesses
- Arts and crafts producers and retailers
- Personal services (beauty, nail, tanning, waxing and tattoo salons)
- Spa and massage parlours, excluding health related services such as physiotherapy
- Arcades and play centres (indoor and outdoor)
- Galleries, historic sites, museums
- Fitness centres, wellness centres, swimming pools
- Community facilities such as community halls, libraries
- Gaming and gambling venues e.g. Housie
- Indoor and outdoor markets (excluding food markets)
- Entertainment and recreational activities e.g. lagoon cruise, fishing charters, party bus, cross-island walks.

Compliance

The Covid-19 Act provides penalties for breaches to ministerial orders and isolation/quarantine orders.

Health Officers under warrant have the power to ensure persons and entities adhere to Quarantine and Isolation Orders issued by the Secretary of Health, including Ministerial Orders issued by the Minister of Health.

Police Officers as officers of the law have the power to arrest any person or entity who breaches the Act.

DRM Act 2007:
Section 5(2) - The functions of Emergency Management Cook Islands.

Section 6(8) - prepare a written notice of the list of Essential Services, based on those contained in the Schedule

Section 6(10) - provide a report to the Council on the findings and recommendations of the audits which were undertaken in relation to Essential Services

Application to be accredited as an Essential Service Provider

An application to operate as an essential service (other than a government agency) will require:

i) The nature of the business/trade/operation
ii) The trading name of the entity (this must be registered name)
iii) The entity to demonstrate it is providing essential services
iv) The contact details and position of the person applying

v) The number of employees that will be working during this period
vi) Shop space available (if a retail store) specify free floor space available in the premises (as there should only be one person permitted for every 2 square meters of floor space.

Applications to operate as an essential service **at Public Health Emergency and/or State of Emergency** should be sent to the Director of Emergency Management Cook Islands for processing and approval.

A final decision on application for accreditation as an Essential Service Provider will be made by the Director of EMCI in consultation with TMO-HIU(assessing health risk v benefit of the service) or the appropriate Regulator as required (e.g. electrical or building control – assessing the Health & safety risk) and communicated to the applicant by way of formal letter ('Accreditation Letter') identifying the service as an Essential Service Provider to be kept on file at all times and produced when requested. Individual workers will be issued an ID/Accreditation Pass.

All essential services must ensure that PPE and social distancing are observed at all times subject to any Ministerial Orders in force at the time.

Restrictions on Movement will require Cabinet Approval or Ministerial Orders to enforce the following aspects of each Traffic light level.

Roles and Responsibilities

TMO – SoH	- Leads advice to cabinet on Alert Level changes
TMO – HPU	- Enforce social distancing protocols (as empowered by the SoH) - Airport health checkpoints ensuring protocols are adhered to and respond to incidents as required
TMO – Clinical	- On standby for Emergencies
TMO – HIU	- Provides advice and intelligence to the SoH - Supports decision making for the SoH
MOT	- Work with TMO to develop and enforce health and Safety protocols
OPM-EMCI	- Declare and coordinate on TMO on a state of emergency event. - Assist TMO's all of government response.
Pa Enua Island Governments	- Island Governments will transition to DRM Committees responsible under the DRM Act 2007. - Executive Officers shall ensure Government Policies are being implemented in all of Government responses.
Police	- Enforce on-island travel restrictions - Assist in enforcing social distancing and other public health protocols under Levels 3 and 4
Airport Authority	- Ensure the effective and safe operation of Rarotonga and Aitutaki Airport - Assist in ensuring public health protocols are adhered to within the airport terminal and grounds.
Cook Islands Tourism Authority	- Coordinate with TMO to alert travellers and Tourists of alert level changes

	- In case of Level 3, work with accommodators and travellers in initiating managed returns - Assist TMO with Communications - Assist TMO in the managed returns process
MFAI	- Coordinate with NZMFAT on joint country responses to level changes - Assist with the managed return and repatriation flight (if necessary) at level 3 & 4 - Manage international border restrictions
Air Rarotonga	- Assist in enforcing on flight health protocols - Provide essential supplies to pa Enua during Level 2, 3 and 4 pauses in passenger flights
Air New Zealand	- Assist in enforcing on flight health protocols - Provide essential supplies to the country during Level 2, 3 and 4 pauses in passenger flights with continued freight flights
Infrastructure Cook Islands	- Provide advice around critical health and safety threats across infrastructure to inform the permission of essential work to be done.
Crown law	- Draft emergency legal orders as required - Provide legal advice to cabinet as required
Ports Authority	- Ensure the effective and safe operation of Rarotonga and Aitutaki ports - Assist in ensuring public health protocols are adhered to within ports' grounds

Persons with Disabilities Impact Considerations:
Communications and access to information: All communications will be sent to all agencies as appropriate- including the National Disability Council so it may be disseminated to their membership. All official communications on TV will have someone sign.

Health System
Te Marae Ora will continue to provide the necessary healthcare services under any level as essential services.

Society
With the above there will also need to be considerations around financial and disability specific assistance (including access to services, information and communications)

Services: At all alert levels will be according to the Essential Services Policy. Persons with Disabilities will need to know what is available and how to access the services. The Ministry of Internal Affairs has a National Disability Coordinator who liaises with NGO stakeholders CINDC, Creative Centre, Te Vaerua, Te Kainga and Are Pa Metua and who has a listing of services available.

Annex 2

Community Management Structures

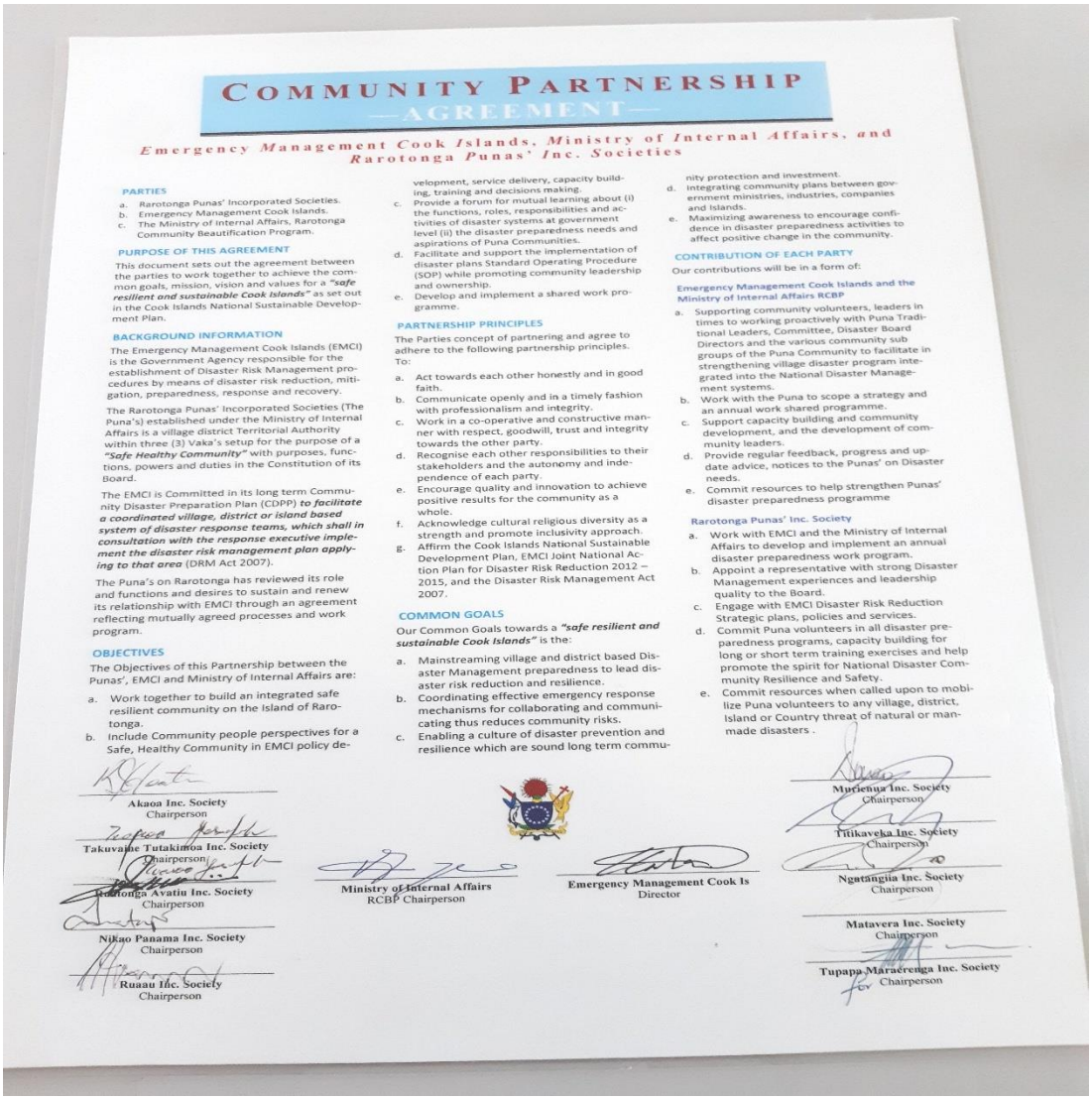
The Rarotonga Puna arrangement was established in 2011 with an MOU between EMCI, INTAFF and the Puna. The Puna replaced the Vaka Council structure for Rarotonga that was abolished).

The Pa Enua DRM committees are established under the DRM Act 2007.

Section 15. Disaster Risk Management – (1) Each Island Council shall establish a Disaster Risk Management Committee with the Chair of the Island Council being the Chair of the Committee.

Section 15(4) Each Island Council shall, in consultation with the Director, appoint a Disaster Coordinator.

Figure 6: EMCI, INTAFF, Rarotonga Puna Partnership Agreement



COMMUNITY PARTNERSHIP
—AGREEMENT—

Emergency Management Cook Islands, Ministry of Internal Affairs, and Rarotonga Punas' Inc. Societies

PARTIES

a. Rarotonga Punas' Incorporated Societies.
b. Emergency Management Cook Islands.
c. The Ministry of Internal Affairs, Rarotonga Community Beautification Program.

PURPOSE OF THIS AGREEMENT

This document sets out the agreement between the parties to work together to achieve the common goals, mission, vision and values for a ***"safe resilient and sustainable Cook Islands"*** as set out in the Cook Islands National Sustainable Development Plan.

BACKGROUND INFORMATION

The Emergency Management Cook Islands (EMCI) is the Government Agency responsible for the establishment of Disaster Risk Management procedures by means of disaster risk reduction, mitigation, preparedness, response and recovery.

The Rarotonga Punas' Incorporated Societies (The Puna's) established under the Ministry of Internal Affairs is a village district Territorial Authority within three (3) Vaka's setup for the purpose of a ***"Safe Healthy Community"*** with purposes, functions, powers and duties in the Constitution of its Board.

The EMCI is Committed in its long term Community Disaster Preparation Plan (CDPP) ***to facilitate a coordinated village, district or island based system of disaster response teams, which shall in consultation with the response executive implement the disaster risk management plan applying to that area*** (DRM Act 2007).

The Puna's on Rarotonga has reviewed its role and functions and desires to sustain and renew its relationship with EMCI through an agreement reflecting mutually agreed processes and work program.

OBJECTIVES

The Objectives of this Partnership between the Punas', EMCI and Ministry of Internal Affairs are:

a. Work together to build an integrated safe resilient community on the island of Rarotonga.
b. Include Community people perspectives for a Safe, Healthy Community in EMCI policy development, service delivery, capacity building, training and decisions making.
c. Provide a forum for mutual learning about (i) the functions, roles, responsibilities and activities of disaster systems at government level (ii) the disaster preparedness needs and aspirations of Puna Communities.
d. Facilitate and support the implementation of disaster plans Standard Operating Procedure (SOP) while promoting community leadership and ownership.
e. Develop and implement a shared work programme.

PARTNERSHIP PRINCIPLES

The Parties concept of partnering and agree to adhere to the following partnership principles. To:

a. Act towards each other honestly and in good faith.
b. Communicate openly and in a timely fashion with professionalism and integrity.
c. Work in a co-operative and constructive manner with respect, goodwill, trust and integrity towards the other party.
d. Recognise each other responsibilities to their stakeholders and the autonomy and independence of each party.
e. Encourage quality and innovation to achieve positive results for the community as a whole.
f. Acknowledge cultural religious diversity as a strength and promote inclusivity approach.
g. Affirm the Cook Islands National Sustainable Development Plan, EMCI Joint National Action Plan for Disaster Risk Reduction 2012 – 2015, and the Disaster Risk Management Act 2007.

COMMON GOALS

Our Common Goals towards a ***"safe resilient and sustainable Cook Islands"*** is the:

a. Mainstreaming village and district based Disaster Management preparedness to lead disaster risk reduction and resilience.
b. Coordinating effective emergency response mechanisms for collaborating and communicating thus reduces community risks.
c. Enabling a culture of disaster prevention and resilience which are sound long term community protection and investment.
d. Integrating community plans between government ministries, industries, companies and Islands.
e. Maximizing awareness to encourage confidence in disaster preparedness activities to affect positive change in the community.

CONTRIBUTION OF EACH PARTY

Our contributions will be in a form of:

Emergency Management Cook Islands and the Ministry of Internal Affairs RCBP

a. Supporting community volunteers, leaders in times to working proactively with Puna Traditional Leaders, Committee, Disaster Board Directors and the various community sub groups of the Puna Community to facilitate in strengthening village disaster program integrated into the National Disaster Management systems.
b. Work with the Puna to scope a strategy and an annual work shared programme.
c. Support capacity building and community development, and the development of community leaders.
d. Provide regular feedback, progress and update advice, notices to the Punas' on Disaster needs.
e. Commit resources to help strengthen Punas' disaster preparedness programme

Rarotonga Punas' Inc. Society

a. Work with EMCI and the Ministry of Internal Affairs to develop and implement an annual disaster preparedness work program.
b. Appoint a representative with strong Disaster Management experiences and leadership quality to the Board.
c. Engage with EMCI Disaster Risk Reduction Strategic plans, policies and services.
d. Commit Puna volunteers in all disaster preparedness programs, capacity building for long or short term training exercises and help promote the spirit for National Disaster Community Resilience and Safety.
e. Commit resources when called upon to mobilize Puna volunteers to any village, district, Island or Country threat of natural or man-made disasters .

Akaoa Inc. Society
Chairperson

Takuvaine Tutakimoa Inc. Society
Chairperson

Avatiu Inc. Society
Chairperson

Nikao Panama Inc. Society
Chairperson

Ruaau Inc. Society
Chairperson

Ministry of Internal Affairs
RCBP Chairperson

Emergency Management Cook Is
Director

Muriehua Inc. Society
Chairperson

Titikaveka Inc. Society
Chairperson

Ngatangiia Inc. Society
Chairperson

Matavera Inc. Society
Chairperson

Tupapa Maraerenga Inc. Society
Chairperson

	Rarotonga Puna		Rarotonga Community Health Clinics		Pa Enua DRM Committees
1	Ngatangiia	1	Tupapa Maraerenga	1	Aitutaki
2	Matavera	2	Blackrock	2	Atiu
3	Tupapa Maraerenga	3	Matavera	3	Mangaia
4	Takuvaine Tutakimoa	4	Tepuka, Nikao	4	Mitiaro
5	Titikaveka	5	Titikaveka	5	Mauke
6	Murienua			6	Penrhyn
7	Akaoa			7	Manihiki
8	Ruaau			8	Rakahanga
9	Nikao/Pokoinu			9	Pukapuka/Nassau
10	RAPA- Avatiu/Ruatonga			10	Palmerston

Emergency Management Facilities Map

Annex 3

Legislative framework

The following table identifies the Cook Islands Legislative Framework, providing an overview of relevant legislation to empower agencies in the enforcement of SOP's, policies and plans primarily to prevent the arrival of COVID-19 to the Cook Islands as well as ability to enforce interventions and actions to manage should the first line of prevention fail.

Table 1: Cook Islands Legislative Framework

Legislation	Powers	Agency with administrative responsibility for legislation	Link
COVID-19 Act 2020	This Act provides various powers to the Secretary of Health, Minister of Health, Police, and health officers including powers to: • prohibit or impose conditions on gatherings, premises, transportation, travel; • order a person or class of people into quarantine or isolation; • order a person to undergo medical testing; • share information between government agencies, with other countries, and with individuals; • acquire premises or property as necessary for the purposes of the Act. The Act also provides powers to make detailed regulations in relation to various matters, including: • border entry requirements • public health measures; • contact tracing. The Act specifies how it interacts with a state of emergency / disaster under the DRMA (see section 26); and a public health emergency under the PHA (see section 27).	TMO	https://www.health.gov.ck/covid- 19-act-2020/
COVID-19 Amendment Act 2020	This Amendment to the COVID-19 Act expands the legal powers of the PIO-MFAI to apply Section 9A Notices to Cook Islanders, Permanent Residents and children of Permanent Residents.		https://www.health.gov.ck/wp-content/uploads/2020/12/COVID-19AmendmentAct2020.pdf

COVID 19 Amendment Act 2021	Passed in November 2021		
COVID-19 (Air Border Entry Requirements) Regulations 2021	These Regulations impose mandatory requirements for travellers entering the Cook Islands from 13 January 2022. The regulations create three groups of travellers, each subject to different entry requirements.	TMO (with powers granted to MFAI, and MFEM)	
COVID-19 (Public Health Measures) Regulations 2021	These Regulations impose various public health measures designed to limit the spread of COVID-19 in the Cook Islands. The regulations cover issues such as: • face masks • vaccination passes • travel to the Pa Enua • gatherings • contact tracing	TMO	
Entry, Residence and Departure Act 1971-72 (ERD Act)	This Act provides legal powers to the PIO-MFAI to apply and enforce restrictions on the entry of persons to the Cook Islands. Sections 9 and 9A - Powers to refuse entry for persons into the Cook Islands Section 27 - Have the powers to search and inspect any sea and air craft	MFAI	http://www.paclii.org/ck/legis/num_act/erada197172286/
COVID-19 (Maritime Border) Regulations 2021	These Regulations provide legislative mandate to border agencies (Transport, Customs, Immigration, and Police) to enforce the Cook Islands current maritime border restrictions.	TMO (with powers granted to MFAI, MOT)	
Public Health Act 2004	This Act allows the Queen's Representative, on the advice of the Minister of Health, to declare a public health emergency if a case of COVID-19 presents in the Cook Islands and sufficient powers are not already available. This would then allow for additional emergency powers to be used where it is believed on reasonable grounds that they are necessary to manage and prevent the spread of COVID-19.	TMO	https://www.health.gov.ck/public-health-act-2004/
Disaster Risk Management (DRM) Act 2007	The DRM Act: • sets up various emergency management bodies (including	Office of the Prime Minister (OPM) with powers	http://www.paclii.org/ck/legis/num_act/drma2007244/

	the National Disaster Risk Management Council (NDRC), Emergency Management Cook Islands (EMCI), and the Response Executive); and • allocates responsibilities to those agencies and to the Police; and • provides the Prime Minister with the power to declare a State of Emergency or State of Disaster.	granted to E various agencies.	
Island Government Act 2012-2013	Provides powers to the respective Island governments for the effective governance and consistency with the policies of government.	OPM	
Ministry of Health (International Health Regulations Compliance) Regulations 2014	The Ministry of Health (International Health Regulations Compliance) Regulations 2014 is legislated through the Ministry of Health Act 2013. The regulations implement the Cook Islands responsibilities under the WHO's International Health Regulations. They also provide powers to TMO to: control disease spread, trace people who are infected or suspected to have a notifiable disease, and ensure they undergo medical examination or treatment.	TMO	https://www.health.gov.ck/ministry- of-health-act-2013/
Aviation Security Act 2008	This Act provides legal powers to the Airport Authority to control and manage persons and vehicles within the landside areas of the airport premises and within the terminal areas and airside operational areas of the airport.	Airport Authority	http://www.paclii.org/ck/legis/num act/asa2008216/
Customs Revenue and Border Protection Act and Regulations 2012	This Act provides legal powers to Cook Islands Customs to manage the arrivals and departure of goods, persons and craft: Section 24 - Advice of arrival Section 27 - Craft to arrive at a nominated Customs place Section 28 - Craft arriving at a place other than a nominated Customs place Section 30 - Persons arriving in the Cook Islands to report to a Customs officer or Police Station Section 31 - Disembarkation Section 33 - Person departing from the Cook Islands from a Customs place Section 34 - Embarkation Section 37 - Completion of processing under entry residence	Customs Cook Islands, MFEM	http://www.paclii.org/ck/legis/num act/crabpa2012404/

	and departure (ERD) 1971/72 Biosecurity Act 2008 Section 39 - Clearance of Craft Section 43 - Departure to be from Customs place only		
Police Act 2012	This Act provides legal powers to Cook Islands Police to enforce the following (highlighted as relates to enforceability of the COVID19 Act and associated Regulations); Section 7 – Stipulates the function of the Police, which involves maintaining law and order Section 18 – Command and control Section 45 – Powers of arrest without a warrant Section 52 – Commissioners power to issue a search warrant Section 73 – Failing to help the Police Relating to the Criminal Procedures Act 1980/81; Section 5 – Gives powers of entry	Cook Islands Police	https://www.policinglaw.info/assets/downloads/2012_Police_Act_(Cook Islands)_MP
Biosecurity Act 2008	This Act provides legal powers to Cook Islands biosecurity officers (of the Ministry of Agriculture) to prevent the entry of animals, plants, pest into the Cook Islands. Part 2 Biosecurity border control; Section 10 - Biosecurity points of entry and departure Part 3 - Vessels & Aircraft Part 4 - Biosecurity import procedures Part 5 - Biosecurity export procedures Part 6 - Biosecurity quarantine Part 7 - Powers of Biosecurity officers	Ministry of Agriculture	http://www.paclii.org/ck/legis/num_act/ba2008156/
Ports Authority Act 1994/95	This Act provides legal powers to the Ports Authority to procedures to be applied at the port facility. Section 14 Port Facility Security Plan: . ensuring the performance of all port facility security duties 2. controlling access to the port facility 3. monitoring of the port facility, including anchoring and berthing area(s) 4. monitoring restricted areas to ensure that only authorized persons have access 5. supervising the handling of cargo	Ports Authority	http://www.paclii.org/ck/legis/num_act/paa199495232/

	6. supervising the handling of ships stores; and 7. ensuring that security communication is readily available.		

Annex 4

Te Marae Ora Standard Operating Procedures

1. Disability Standard Operating Procedure (SOP)

Purpose

This standard operating procedure (SOP) provides guidance to Te Marae Ora, Ministry of Health Cook Islands (TMO) to provide appropriate health care services and public health information to people or person/s with disabilities under their care during COVID-19.

Depending on underlying health conditions, people or person/s with disabilities may be at greater risk of developing more severe cases of COVID-19 if they become infected. This may be because of:

- COVID-19 exacerbating existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes
- Barriers to accessing health care and public health information.

Roles and responsibilities

Te Marae Ora Public health information

Provide public health information to persons with disabilities, their families and caregivers/ support persons. This information will also be provided in Cook Islands Maori. Information should:

- Be understandable and in diverse formats to suit different needs. This will include both verbal and written information, and TMO will adopt ways to communicate that are understandable to people with intellectual, cognitive and psychosocial impairments
- Include captioning and, where possible, sign language for all live and recorded events and communications. This includes national addresses, press briefings, and live social media
- Convert public materials into 'easy read format so that they are accessible for people with intellectual disability or cognitive impairment.
- Develop accessible written information products by using appropriate document formats, (such as Microsoft Word), with structured headings, large print, braille versions and formats for people who are deaf and blind
- Include captions for images used within documents or on social media. Use images that are inclusive and do not stigmatise disability
- Consult with disability organisations, including representative organisations of persons with disabilities on public health information for dissemination by Puna. Provide telephone consultation, text messaging or video conferencing for the delivery of health care for persons with disabilities
- Develop and disseminate information to Health Officers so that they are aware of the potential health and social consequences of COVID-19 for people with disability
- Work with disability organisations, including representative organisations of persons with disabilities to provide training for health workers and Puna on communicating with persons with disabilities and disability inclusion.

Medication

Ensure that the correct medication is provided to person/s with disabilities, particularly those with intellectual disabilities as they cannot recall the correct medication they were prescribed; and those with other underlying or existing health conditions.

Personal protective equipment

- Work with the disability service providers to identify actions for the continuation of services and priority access to protective equipment
- Provide disability caregiver agencies access to no-cost personal protective equipment, including masks, aprons, gloves and hand sanitisers.

Community services

With the Creative Centre and the Cook Islands National Disability Council identify and categorise all people with disabilities into their diagnosed or known groupings:

1. Physical disability: Wheel chair bound, Cerebral Palsy, Walking assist, Vision impairment, Hearing Impairment,
2. Intellectual disabilities related and co-occurring conditions -, individuals with intellectual disability, including Epilepsy, Attention Deficit Hyperactive Disorder, Autism and depression and anxiety disorders
3. Levels of support, low, medium and high
4. Individuals identified and needs high risk management – known historic risky behaviour, how best to support them.
    - Ensure that caregivers, personal assistants, support workers or interpreters should have access to COVID-19 testing alongside other identified priority groups
    - Deliver home-based consultations for people with disability, including for their general health needs and, where appropriate, for COVID-19 related needs
    - Deliver support for people with disability with more complex needs, particularly if quarantined or isolated. When needed, coordinate care between health and social services, families, and caregivers
    - Provide training, and rapidly upskill the disability care workforce regarding infection control
    - Provide appropriate health care support to disabled individuals both in the hospital and community setting.
    - Support disabled individuals in the Creative Centre
    - Assist the Puna to support disabled individual/s and/or families in the Puna.

Monitoring and evaluation

Any review, monitoring or evaluation of this SOP should be inclusive of relevant stakeholders example TMO staff, disability service providers, persons with disabilities and their representative organisations, caregivers and support workers, to ensure that the SOP is fit for purpose.

Procedures for health care

Te Marae Ora

- Should a disabled person require admission in hospital, the standard admission protocol will be followed:
    - Individual will be assessed by a Clinician in their home
    - Based on diagnosis and severity of condition, patient may be admitted to the hospital or remain at home
- If admitted to the hospital, care of individual will follow standard guidelines for the condition by which they were admitted into the hospital. Appropriate personal protective equipment should be used.
- Refer to Quarantine and Isolation SOP. In addition:

- Quarantined individuals with disabilities must have access to interpretation and support services, either through externally provided services or through their family and social network
- Personal assistants, support workers or interpreters can accompany them in quarantine, upon both parties agreement and subject to adoption of all protective measures.

Health Officers will be notified for follow up care in the community.

Any complaints should be directed to the Secretary of Health.

Other provisions
All records relating to the administration of this SOP must be kept for at least seven years and are only accessible by the authorised staff. After the required seven year period, TMO will destroy the documentation in adherence with government official information management policies.

Other information
For queries, contact the Planning and Funding Directorate in Tupapa on 29 664.

2. Family Health and Wellbeing SOP

Purpose

This document provides guidance to Te Marae Ora Ministry of Health Cook Islands (TMO) in managing and supporting those individuals or families that are adversely affected mentally, physically, socially and emotionally by COVID 19. This guidance is to ensure that TMO is adequately equipped in supporting our families and communities.

Scope

This SOP applies to the employees of TMO, in particular the Health Promotion Unit.

Legislation, Regulations and Strategies

- Ministry of Health Act 2013, COVID-19 (Coronavirus Disease 2019) Act 2020
- Ministry of Health (COVID-19: Supervised Quarantine on Arrival in Rarotonga) Regulations 2020, Ministry of Health (COVID-19: Domestic Travel Restrictions) Regulations 2020
- Health Promotion Strategy 2020-2024 and Non-Communicable Disease Strategy 2020-2024

Roles and responsibilities

Te Marae Ora
Public Health Information

- Provide public health information to individuals and families who need support on general health and well-being.
- Work with TMO networks or the Puna to disseminate public health information
- This information should:
  - Be timely, reliable, understandable and in diverse formats to suit different needs. Do not rely solely on either verbal or written information, and adopt ways to communicate that are understandable to people

- Include captioning and, where possible, sign language for all live and recorded events and communications. This includes national addresses, press briefings, and live social media. Where possible, addresses also to be delivered in Cook Island Maori and other languages to reflect the ethnic composition of our population
- Convert public materials into 'easy read' format so that they are accessible for our families
- Include captions for images used within documents or on social media. Use images that are inclusive and do not stigmatise those going through hardship.

Delivery of Services

- Provide Psychological First Aide support to front-line workers, unemployed and bereaved families
- Display empathy, solidarity, emotional intelligence and to walk-the-talk to leave no-one behind
- Work with the Puna to identify actions for the continuation of support services to affected individuals and families in the community
- Deliver home-based consultations for people facing economic and social hardship, including for their general health needs and, where appropriate, for COVID-19 related needs
- Develop and disseminate information to Health Officers so that they are aware of the potential health and social consequences of COVID-19 for those families facing hardship in their Puna.
- Deliver sufficient support for those families with more complex needs, particularly if quarantined or isolated. When needed, coordinate support between health and social services and other family members.
- Provide training for the families regarding infection control
- Provide appropriate health care support to those requiring medical interventions both in the hospital and community setting
- Assist the Puna to support with interventions that promotes physical and mental wellbeing.

Procedures for health promotion

Te Marae Ora

- Collaborate with other agencies to strengthen capacity and capability in communicating relevant public health agencies
- Develop information, education and communication materials and archive materials electronically for future use
- Ensure effective communication of health messages using different platforms print, social media, television to maximise reach to the community.

Mental wellbeing

- Promote evidenced based basic stress and management techniques
- Where possible, provide support to the Mental Health Unit of TMO.
- Collaborate with the mental health team in delivering psychological first aide techniques to community members

Healthy eating

- Promote eating nutritious and healthy meals
- Promote home gardening to produce fresh vegetables for home consumptions

- Promote home cooked meals instead of buying take-away meals.

Physical activity

- Promote physical activities for good health
- Support Puna initiatives that promote physical activities during Code Yellow and Code Red

School health

- Promote hand and respiratory hygiene practices in the schools during Code blue and yellow
- Promote physical distancing in the school
- Promote healthy eating in the schools
- Promote general health and wellbeing in the school.

Safe sex

- Promote safe sex practices during COVID 19.

Smoking

- Promote smoking cessation initiatives
- Support individuals wanting to quit smoking.

Alcohol

- Collaborate with key stakeholders to minimize pinged drinking habits.

Other responsibilities

- If an individual or family is under quarantine it is important that;
    - The quarantined individual or family have access to support services, either through externally provided services or through their family and social network
- Health Officers will be notified for follow up care in the community who will in turn mobilise his/her Puna network to ensure the individual or family is well cared and supported
- Assist the Puna in executing their emergency response plan for the management and ongoing support to those affected in their Puna.

Other provisions

All records relating to the administration of this SOP must be kept for at least seven years and are only accessible by the authorised staff. After the required seven year period, the Ministry will destroy the documentation in adherence with Government official information management policies.

Other information

For queries, contact the Planning and Funding Directorate in Tupapa on 29 664.

3. Mental Health SOP

Purpose

People with mental health conditions often experience severe human rights violations, discrimination, and stigma. This standard operating procedure (SoP) provides guidance to Te Marae Ora Ministry of Health Cook Islands (TMO) to manage individuals with mental health conditions under their care during COVID-19. This guidance is to ensure that the health care needs of this vulnerable group of individuals is appropriately addressed.

Scope

This SOP applies to the staff in the Mental Health Unit of TMO.

Legislation and regulations

Ministry of Health Act 2013, Mental Health Regulations 2013.

Background

When national emergencies arise, the rate of mental illness increases. COVID- 19 has internationally increased mental health presentations:

- People who have never had mental illnesses are more likely to experience a mental illness. People with existing mental health conditions are vulnerable to relapses or exacerbation of symptoms.
- Many people with mental health disorders attend regular outpatient visits for evaluations, therapy and prescriptions.
- As new social measures and impacts are introduced levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behaviour have risen.
- Once infected with COVID-19 people with mental disorders can be exposed to more barriers in accessing timely health services, because of discrimination associated with mental ill-health in health-care settings. Additionally, mental health disorder comorbidities to COVID-19 will make the treatment more challenging and potentially less effective. Finally, mental health disorders can increase the risk of infections, such as pneumonia

Roles and responsibilities

Mental Health Care to Cook Islands

Mental Health Care to the community must continue regardless of COVID. The protocols for practice are clearly outline below.

Mental Health needs of TMO frontline staff

- Keep all staff protected from chronic stress and poor mental health during this period so that they are mentally healthy to fulfil their roles
- Good quality communication and accurate information updates be provided to all staff
- Where necessary, TMO staff will be rotated from higher-stress to lower-stress functions. Partner inexperienced workers with their more experienced colleagues. Work breaks will be initiated, encouraged and monitored.
- Where possible, flexible schedules will be implemented for staff who are directly impacted or have a family member affected by COVID-19
- The TMO Mental Health Unit will be available to staff to access mental health and psychosocial support services

- Directors and managers who are facing similar stresses to their staff may experience additional pressure relating to the responsibilities of their role. Managers need to be self-aware in relation own stress responses can be role-models for self-care strategies – including recognition of when we mess up.
- All responders, including nurses, ambulance drivers, volunteers, and community leaders and workers in quarantine sites, will be provided training on how to provide basic emotional and practical support to affected people using psychological first aid.

Mental health Promotion and Screening

- Provide tele - mental health screening and support to all people in quarantine / formal isolation. When needed, coordinate care between health and social services, families, and caregivers.
- Provide basic stress, anxiety and coping mental health information to individuals and their families or caregivers, as requested.
- Provide wide spread information via multimedia re mental health messaging. Develop and disseminate information and communications material for the community in relation to the mental health complications from COVID-19 and associated psychosocial circumstances
- Work with disability organisations, and other stake holders like the Creative Centre or the Puna, MOE, corrective services to disseminate Psychological first aide information and managing stress and anxiety information. When needed, coordinate care between health and social services, families, and caregivers

Procedures for Mental Health Care

Border Open procedures

In addition to basic Mental Health SOP the following will be implemented when the borders open.

General procedures relating to client and staff contact once the borders open.

- All visitor and staff to check in on the contact tracing app at the main entrance or sign in sheets
- Hand sanitiser, social distancing and masks to be worn and used appropriate
- Staff are encouraged to meet and talk with patients in ventilated places (i.e home visits held outside)
- Vulnerable or unvaccinated staff members to have reduced face to face contact with clients

Risk Assessment: All Staff will complete a brief risk assessment prior to meeting face to face with clients. Risk assessment will include:

- Do you have cough and cold symptoms?
- Have you been in contact with COVID-19 case?
- Have you been at location of interest?
- Have you come in from overseas?

If a person meet any of the above criteria:

- PPE is too be worn
- 2m Social distancing maintained
- For physical checks – appropriate PPE must be worn

For **all MH** clients – business as usual, however when less than 2 meters – masks to be worn

Presence of single or low numbers of COVID cases

If low numbers of cases are detected the following protocols will occur:

1. All Vulnerable staff will be removed from client face to face role, and reallocated to phone and media based roles.

People with existing or presenting mental health conditions

1. New Clients
   a. Initial phone call to determine risk assessment
   b. Access to Mental Health services for the public during this time will be ensured and promoted through Health line 25664 number
   c. Calls will be triaged as per normal MH phone triage SOP

2. Mild to moderate mental health conditions
   a. Transfer to tele communications & online communications – Phone clinician available to provide support
   b. Normalise COVID related distress
   c. Suicide risk screening for all clients
   d. Encourage Self-help solutions and use of technology – i.e MH apps.

3. Moderate - Severe mental health conditions
   a. Initial risk assessment
   b. Treatment as per protocols above
   c. Individuals being treated for a mental health conditions, will be provided with two months' supply of their medication as prescribed. For re-stocking of medication, TMO will provide this support during Level 4

4. Complex mental health conditions
   a. Follow –up to be made via phone or home visits (easier to maintain social distancing)
   b. Individuals being treated for a mental health conditions, will be provided with two months' supply of their medication as prescribed. For re-stocking of medication, TMO will provide this support during Level 4
   c. Should a person require administration of depot medication while in either quarantine or isolation, relevant health officers will administer the depot as scheduled in appropriate PPE.

5. Palliative and Serious comorbid health conditions
   a. Palliative care SOP to be used
   b. Caring for Elderly SOP to be used

6. Incarcerated clients
   a. Ministry of Corrective services SOP will be followed.

7. Urgent Crisis Mental Health and Neurological complaints (example delirium, psychosis, severe anxiety or depression) will be managed within hospital, as Per MH and Medical ward SOP.

b. Given resource limitations, only suitable clients will be admitted. No admissions for respite, aggression, or social housing
c. The TMO Health Officers may require additional staff support to ensure their safety and security
d. Health Officers will be notified for follow up care in the community.

Mental health Promotion and Screening

1. Provide tele - mental health screening and support to all people in quarantine / formal isolation. When needed, coordinate care between health and social services, families, and caregivers
2. Provide basic stress, anxiety and coping mental health information to individuals and their families or caregivers, as requested.
3. Provide wide spread information via multimedia re mental health messaging. Develop and disseminate information and communications material for the community in relation to the mental health complications from COVID-19 and associated psychosocial circumstances
4. Work with disability organisations, and other stake holders like the Creative Centre or the Puna, Ministry of Education, corrective services to disseminate Psychological first aide information and managing stress and anxiety information. When needed, coordinate care between health and social services, families, and caregivers

If Community transmission becomes widespread.

1. Team will work on rotating roster – to minimises social contact and enable social distancing in office
2. Vulnerable staff will be moved solely onto phone consults, and media work. Where appropriate this may include working from home
3. The metal health network may be activated if demand exceeds the mental health services,
4. Majority of consults will move to online / tele consults, Facebook messenger, zoom or other applicable applications.
5. Medication will be delivered via the puna delivery
6. Any Face to face consults will be pre-screened, and home visits (where social distancing can be maintained
7. Any physical contact (including Depot) will be conducted with full PPE.
8. All external stakeholder consults will initially be triaged over the phone.

Other provisions

All records relating to the administration of this SOP must be kept for at least seven years and are only accessible by the authorised staff. After the required seven year period, TMO will destroy the documentation in adherence with government official information management policies.

Other information

For queries, contact the Mental Health Unit in Tupapa on 25664 0r 08001814.

4. Caring for the elderly SOP

Purpose

This standard operating procedure (SoP) provides guidance to Te Marae Ora Ministry of Health Cook Islands (TMO) to manage and support elderly persons under their care during COVID-19 crisis. This guidance is to ensure that the health care needs of this vulnerable group of individuals is appropriately addressed.

Elderly people have higher risk of developing severe cases of COVID-19 if they become infected. A significant proportion of those being infected are likely to die. COVID-19 exacerbates existing health conditions, particularly those related to respiratory function, immune system function, heart disease, diabetes and cancer.

Scope

This SOP applies to TMO staff in particular Public Health Nurses and Clinicians.

Legislation, Regulations, Policies and Standard Operating Procedures

- Ministry of Health Act 2013, COVID-19 (Coronavirus Disease 2019) Act 2020
- Ministry of Health (COVID-19: Domestic Travel Restrictions) Regulations 2020, Ministry of Health (COVID-19: Supervised Quarantine on Arrival in Rarotonga) Regulations 2020
- Quarantine and Isolation Standard of Operating Procedure
- Palliative Care Policy.

Roles and responsibilities: Te Marae Ora

Public Health Information

Provide public health information to elderly individuals and their families or caregivers. This information should:

- Be understandable and in diverse formats to suit different needs. Do not rely solely on either verbal or written information, and adopt ways to communicate that are understandable to the elderly people
- Include captioning and, where possible, sign language for all live and recorded events and communications. This includes national addresses, press briefings, and live social media. Where possible, addresses to be delivered in Cook Island Maori
- Convert public materials into ‘easy read’ format so that they are accessible for our elderly people
- Develop accessible written information products by using appropriate document formats, (such as Microsoft word), with structured headings, large print, braille versions and formats for elderly people who are deaf/blind
- Include captions for images used within documents or on social media. Use images that are inclusive and do not stigmatise the elderly
- Work with support organisations like the Are Pa Metua, Ministry of Internal Affairs, Red Cross or the Puna to disseminate public health information.

Information for Health Officers

Develop and disseminate information to Health Officers so that they are aware of the potential health and social consequences of COVID-19 for the elderly people in their Puna.

Personal protective equipment

- Work with the elderly service providers and Puna to identify actions for the continuation of services and priority access to protective equipment
- Provide elderly caregivers access to no-cost personal protective equipment, including masks, aprons, gloves and hand sanitisers.
- Ensure that caregivers, personal assistants, support workers or interpreters should have access to COVID-19 testing alongside other identified vulnerable groups.

Consultations

- Deliver phone consultation by a clinician
- Deliver home-based consultations for elderly people, including for their general health needs and, where appropriate, for COVID-19 related needs
- Deliver sufficient support for the elderly people with more complex needs, particularly if quarantined or isolated. When needed, coordinate care between health and social services, families, and caregivers.

Additional support

- Provide training, and rapidly upskill the elderly care workforce (care-givers, families and Puna) regarding infection control
- Provide appropriate health care support to the elderly both in the hospital and community setting
- Assist the Puna to support elderly and their families in the Puna.

Procedures for health care

Te Marae Ora

- Should an elderly person require admission in hospital, the standard admission protocol will be followed:
  - Individual must be systematically triaged, condition recognized and appropriate actions such as isolating patients with suspected COVID-19 is performed. These are performed by a clinician, initially via phone consults.
  - Based on diagnosis and severity of condition, the patient may be admitted to the hospital or remain at home
- If admitted to the hospital, care of elderly will follow standard guidelines for the condition by which they were admitted into the hospital.
- Apply standard infection prevention control precautions when treating all patients including the elderly in all health care settings or in the Puna.
- Upon request of the patients and approval of the clinician, prepare the elderly's medicines to be dispatched to the Puna emergency operating Centre or homes.

Quarantine and Isolation

For procedures relating to quarantine and isolation, refer to TMO Quarantine and Isolation SoP. If an elderly person is under quarantine it is important that:

- The quarantined elderly person/s have access to support services, either through externally provided services or through their family and social network.
- Personal assistants, support workers, or interpreters can accompany them in quarantine, upon both parties agreement and subject to adoption of all protective measures.

Palliative Care

For procedures relating to palliative care, refer to TMO Palliative Care SOP.

Care in the community

- Health Officers will be notified for follow up care in the community who will in turn mobilize his/her Puna network to ensure the elderly is well cared and supported.
- Assist the Puna in executing their emergency response plan for the elderly population in their Puna.

Other provisions

All records relating to the administration of this SOP must be kept for at least seven years and are only accessible by the authorised staff. After the required seven year period, the TMO will destroy the documentation in adherence with Government official information management policies.

Other information

For queries, contact the Planning and Funding Directorate in Tupapa on 29 664.

Annex 5

Te Marae Ora Ministry of Health Cook Islands

COVID-19 Vaccine Temporary Medical Exemption Application Form

Please send the completed application to (TBA)

Completed applications will be processed within 10 working days.

Consumer Details			
Full Name			
Contact Phone number			
Contact Address			
Contact Email			
Address			
Vaccine Order Status	Yes ☐ or No ☐	Date of Birth	
NHI			
I [ ], consumer, certify that the information I have provided to the practitioner for the purposes of making this application is true.			
Consumer Signature		Date Signed	

Applicant Details				
Full Name				
Contact Phone number				
Contact Email				
Clinic Address				
Registration number				
Category exemption criteria (please tick those that apply)	☐ 1A ☐ 1B (4 of 4 criteria required) ☐ 1C	☐ 2A ☐ 2B	☐ 2C ☐ 2D	☐ 3A
The duration of the clinical relationship with the consumer is _____ years _____ months				

I [ ] medical practitioner certify that I: Have reviewed the consumer's medical history and assessed the person's state of health. Yes / No Have clinical evidence supporting the person meets the specified COVID-19 vaccination exemption criteria. Yes / No			
I certify that I provide this information believing it to be true.			
Applicant Signature		Date Signed	