



# **Managed Isolation and Quarantine Facility Operations Framework**

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**Te Marae Ora  
Ministry of Health Cook Islands**

This document will be updated when required

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## Introduction

### Purpose

The Cook Islands government has responded to the global COVID-19 pandemic with a range of measures to help prevent the importation of the virus into and within the country. The Cook Islands has remained COVID-19 free since the Cook Islands government announced it as a COVID-19 Free country on the 16 April 2020.

This Managed Isolation and Quarantine Facility Operations Plan provides a framework for agency responsibilities when people are placed in managed isolation or managed quarantine. This framework can interchangeably be used for the purpose of a *Single-Use* or *Dual-use Facility* with clear delineation between the two parts of the facility for individuals with positive COVID-19 case and individuals categorised as close plus and close contacts.

### Agency responsibilities and accountabilities

Te Marae Ora Ministry of Health Cook Islands ([Te Marae Ora], TMO), Ministry Finance and Economic Management (MFEM), the Managed Isolation and Quarantine Facility Host (MIQFH) and the Cook Islands Police will be responsible for the planning and operation of the Managed Isolation and Quarantine Facility (MIQF) system.

|                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Te Marae Ora is responsible for clinical governance and providing public health and IPC advice that informs policy and operational settings for the MIQF. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|

Each section of this document provides further details on agency responsibilities and accountabilities as they relate to the relevant section.

### Core objectives and responsibilities of MIQFs

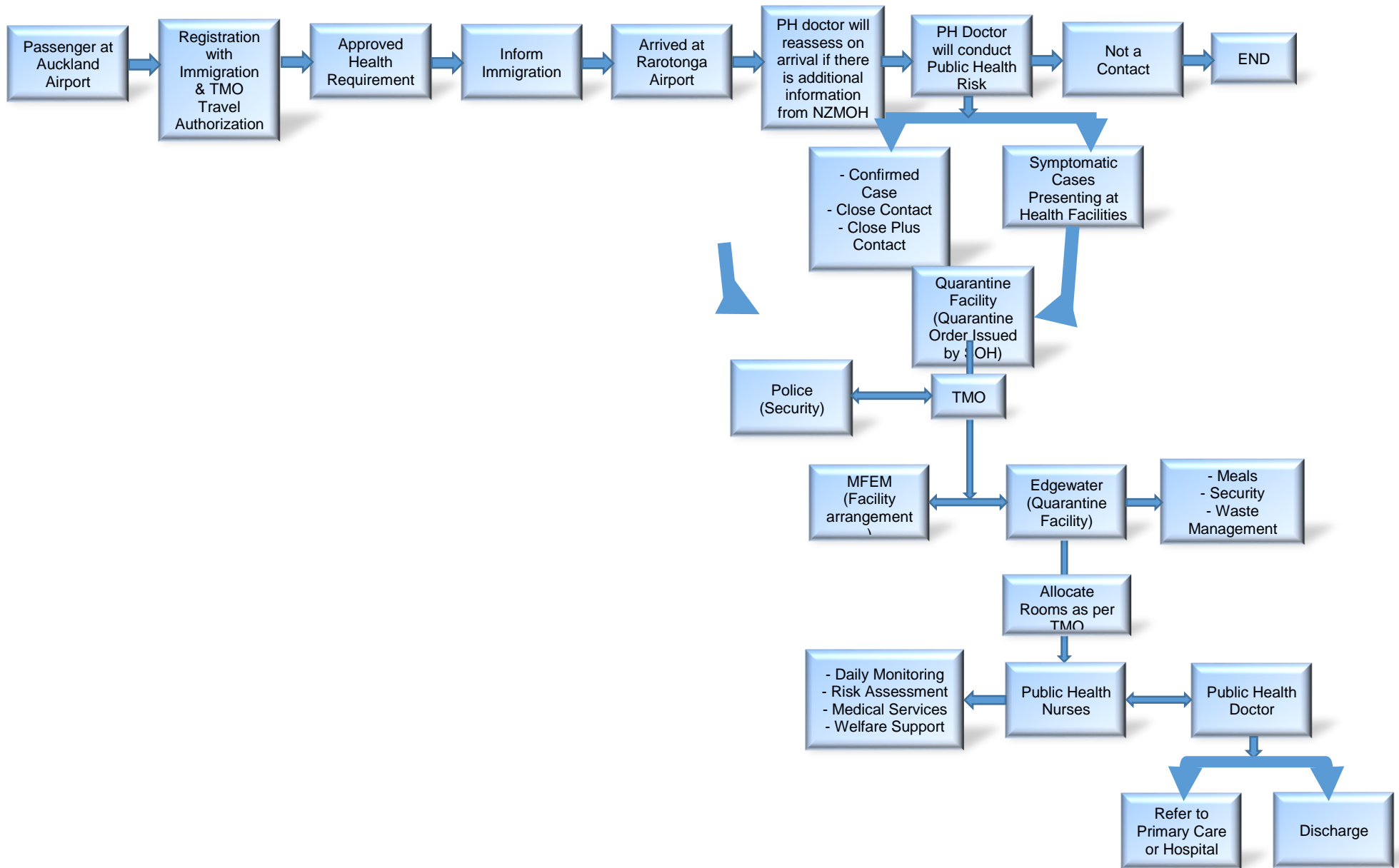
The MIQFs have the following core objectives and responsibilities:

1. To provide a facility to host infected individuals and contain or prevent the spread of COVID-19 (and other infectious diseases) between individuals and the wider community, or between individuals at the facility, and between individuals and MIQF staff.
2. To ensure all individuals remain in the MIQF for the duration of their stay
3. To ensure that all individuals are tested for COVID-19 during their stay
4. To ensure that the health and wellbeing of all individual needs are met– including their mental and emotional wellbeing needs – for the duration of their stay.

The MIQF Operations Framework is a living document. Updates and changes made to the document are released regularly.

This document is adapted from the New Zealand Ministry of Business, Innovation and Employment *Operations Framework Managed Isolation and Quarantine Facilities* Version 8.0 document.

Figure1: Assessment for Quarantine flowchart



## 1. Managed Isolation and Quarantine Facility Procurement

### Responsibilities of Agencies

|                                          |                                                                                                               |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Te Marae Ora<br>Identification of a MIQF | Ministry Finance and Economic Management<br>Procurement of MIQF based on TMO assessment and site requirements |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------|

### Facility Identification

Te Marae Ora having identified a positive COVID-19 case, or a close plus or close contact to a COVID-19 case will identify a facility to have the individual(s) immediately moved into the facility.

Upon the advice of TMO, MFEM will consult the MIQF Host to procure the facility to host the individual(s) either for managed isolation or managed quarantine requirements as determined by TMO. The consultation may include the need to enter into an agreement with the MIQF Host.

## 2. Site requirements

### Responsibilities of Agency

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| MIQF Host<br>Setting of infection prevention and control, public health, and other health related site requirements |
|---------------------------------------------------------------------------------------------------------------------|

### Secure site

The designated Managed Isolation and Quarantine Facility Host (MIQFH) security is responsible to secure and erect physical boundaries to prevent individuals from exiting, or members of the public from entering the MIQF zone. All access must be through the facility reception area and Police onsite and security staff.

The managed quarantine zone(s) in a Dual-Use MIQF are kept separate from the managed isolation zone(s), such as separate wing of the facility. Alternatively, in a Single-Use MIQF, the facility can only be used either for managed isolation or for managed quarantine as determined by TMO in consultation with MFEM.

**Note:** A copy of the facility map with clear marking or labelling of the separate zones will be distributed to all individuals when placed into managed isolation or managed quarantine.

### Separation of areas for individuals in isolation and those in quarantine

#### Single-Use or Dual-Use facility

The Single-Use or Dual-Use facility will have processes in place to ensure that staff are well aware of the areas within the facility where they may come in contact with individuals who are in isolation (individuals with probable or confirmed COVID-19 infection) or those who are in quarantine (close plus or close contacts of confirmed or probable cases of COVID-19).

#### Rooms and bathrooms

Individuals, or bubbles of individuals (family units) allocated to a room or villa can share the same room facility including bathrooms.

Individuals from different bubbles **are not permitted** join other bubbles of individuals. They must remain in their allocated room or villa.

#### Kitchenette

All rooms have standard kitchenette facility (example an electric kettle, fridge). The villa have self-contained cooking facility **and sharing is prohibited between bubbles.**

### **Laundry facility**

Dedicated laundry facility for those being accommodated in the individual rooms will be made available for their self-use due to the infection prevention and control (IPC) risks.

Those accommodated in the villa can use the laundry facility already provided.

**Note:** The laundry facility must be disinfected following discharge of individuals from the room or villa.

### **Exercise areas**

#### ***Outdoor exercise areas***

The designated MIQF Host Manager in collaboration with MIQF Clinical Coordinator will identify and designate an outdoor area for exercise that complies with the following physical distancing requirements:

- Individuals will maintain at least 2 metres physical distance from those outside their family bubble, and from members of the public, while in the exercise area
- Individuals will maintain at least 2 metres from each other, while transiting to and from the exercise area
- Individuals must wear a face mask at all times when moving from their rooms to and from outdoor areas and during allocated exercise times
- Individuals will not interact with other bubbles
- All outdoor spaces are to be managed by MIQF staff to ensure correct PPE usage, physical distancing and hand hygiene measures are undertaken by individuals
- Drinks and food are not permitted in the outdoor area, as their consumption would require removal and replacement of face masks
- Exercise equipment and other items are not allowed to be used in the outdoor area or in any other outside of the individual's rooms. This includes balls, skipping ropes, weight-lifting equipment, scooters, bikes, trikes and rackets
- MIQF Host Manager and Public Health Nurse Manager will determine the appropriate person-limit required in each outdoor exercise space to ensure adequate physical distancing.

#### ***In-room exercise equipment***

Returnees may have large specialist exercise or training equipment (e.g exercise bike) in their room only with the permission of the MIQF Host Manager and MIQF Clinical Coordinator. Delivery of equipment without permission may be refused, at the discretion of the MIQF Clinical Coordinator.

The following must be considered when granting permission for large equipment:

- Capacity of staff to deliver to and remove from the returnees room door;
- Space in the room. Furniture cannot be removed from a room to accommodate this equipment;
- Weight of the equipment. Weights and very heavy equipment may pose a health and safety risk for MIQF staff or exceed floor loading,
- Use of equipment must not disturb other returnees (e/g. loud tread on a running machine).

There is a limit of up to one item of large equipment per room. This limit also applies to sports teams with an exemption to train while in MIQ.

Once a type of equipment has been requested and installed, it cannot be swapped for a different type of equipment. Exercise equipment (large or small) is not to be used outside the returnee's room, shared between rooms or relocated to another room. Only returnees in the same room may use that equipment.

IPC guidance for equipment must be adhered to in the delivery, use, and removal and cleaning of the equipment.

## Smoking

Subject to the facility's requirements, individuals may smoke on the balconies of their rooms and/or in the immediate surrounds of their villa.

## 3. Arrival at the Border

### Responsibilities of Agencies

#### Te Marae Ora

Provision of health advice to MIQF host regarding exemptions criteria and management  
Setting of public health and IPC requirements relating to transportation of people to and from MIQF  
Provision of PPE for transportation  
Provision of PPE for individuals leaving facilities  
Ensuring arrivals undergo a health screen for COVID-19 related symptoms  
Entering individual's information into the MedTech at the border

### Border Screen

All people who enter the Cook Islands may undergo a screen at the border.

A health screen at the border involves a COVID-19 symptom check and an assessment of the individual's temperature.

### Transport to a MIQF

#### IPC requirements during transportation

The transportation of people from the port of arrival (airport or seaport) to a MIQF, or between MIQFs, must comply with the IPC principles in the IPC SOP.

#### Transport to a MIQF that involves a bus or minivan

##### Passenger measures

- All passengers should have been provided with a medical mask at the airport and they must wear the medical mask for the duration of the journey, unless they are exempt.
- Two metres physical distancing should be maintained before entering and on exiting the vehicle, as well as in the vehicle. Hand hygiene should be performed at entry and upon exit from the vehicle.
- Minimal movement around the vehicle and basic hygiene measures should be followed throughout the journey including: hand hygiene, cough and sneeze etiquette and avoiding touching the face, nose and eyes.
- Passengers should continue to wear face masks until they are in their room at the MIQF.

*Those who are exempt includes passengers with medical conditions that prevent them from wearing face masks, young children under 6 years of age or anyone who is unable to remove a face mask without assistance. Although children under 6 years of age are exempt from wearing a face mask, their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so. Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents or care givers should be encouraged to assist children to perform hand hygiene.*

##### Drivers, crew and cleaner measures

All drivers of a bus or minivan must:

- Wear an N95/P2 particulate respirator. Refer to the IPC SOP for how to wear a face mask safely.
- Maintain 2 metre physical distancing from passengers.
- Perform hand hygiene at entry to bus and upon exit, as well as after handling any luggage.
- Be the last on the vehicle at loading and the first off the vehicle at unloading.
- Follow basic hygiene measures throughout the journey including: hand hygiene, cough and sneeze etiquette and avoiding touching the face, nose and eyes.



If transporting a confirmed or probable case of COVID-19, the driver and any crew should refer to the IPC SOP for further guidance regarding the PPE required during transport.

**Bus and minivan operators should:**

- Ensure that all loose/optional internal items such as floor mats, seat covers, and decorations are removed before operating vehicle.
- Where practical, keep two clear rows (no passengers) behind the driver.
- Arrange for vehicles to carry:
  - Additional face masks for passengers
  - Hand sanitiser containing at least 60 percent alcohol
  - Hospital grade disinfectant surface wipes

**Luggage and passenger loading**

- Where practical, secure a loading zone that excludes the general public from exposure to passengers
- Doors and luggage compartments need to be open before passengers enter the loading zone (maintaining 1 metre physical distancing from other passengers, driver and crew) and place luggage in luggage compartment and board
- Where expertise is required for loading or where passengers cannot reasonably load themselves (medical, disability, and age), passengers should place luggage in a designated area and then board the vehicle. Once all passengers have boarded, the driver or crew can enter the luggage area and load
- Drivers or designated staff who handle returnee luggage are required to wear a face mask. They are not required to wear gloves, however, they must perform hand hygiene immediately after handling luggage.
- Passengers should not board via driver’s door if possible, rather using the rear or side door
- Doors need to be secured by driver and crew and board after passengers are loaded (last on, first off).

**Operating the vehicle**

- Ventilate the vehicle to the outside while operating (open windows if practical, don’t use mechanical ventilation on the recycle setting)
- If any on-board behaviour problems or emergencies arise while operating the vehicle, stop the vehicle and call 999. Inform operator that there is a potential risk of COVID-19.

**Luggage and passenger drop-off**

- Where practical, a separate secure a drop-off zone should be established to remove the risk of newly arriving individuals to others at the facility.
- Individuals must remain on board at arrival. Driver and crew to open doors, exit vehicle, remove luggage ground, then walk out of the drop-off zone before individuals exit the vehicle
- Drivers or designated staff who handle an individual’s luggage are required to wear a face mask They are required to wear gloves, however, they must perform hand hygiene immediately after handling luggage. Passengers should be advised to not take off their face masks until they are in their rooms
- Passengers should be unloaded from the front of the vehicle first then work to the rear (first on, last off)
- Passengers should not exit via driver’s door if possible, rather using the rear or side door
- Once vehicle and secure drop-off area are empty, driver and crew then secure vehicle.

**Cleaning the vehicle**

Please refer to the vehicle disinfection and cleaning SOP

## Transport to a MIQF that involves a domestic flight

A domestic flight transferring new arrivals to a MIQF must not have other passengers on board i.e., they should not have any members of the public on board. Any transport of individuals by bus or minivan to or from a domestic airport should follow advice as outlined above.

### Public Health measures

- All individuals must wear a face mask for any air transportation, unless they are exempt (Refer to the IPC SOP for how to wear a face mask safely). Individuals must be provided with a means of performing hand hygiene prior to putting a mask on and after removing and safely disposing of a mask.
- Two metre physical distancing should be maintained before entering and on exiting the plane. Hand hygiene should be performed at entry and upon exit from the plane.
- Minimal movement around the plane and basic hygiene measures should be followed throughout the flight including: hand hygiene, cough and sneeze etiquette and avoiding touching the face, nose and eyes.
- Passengers should continue to wear face masks for onwards transport until they are in their room at the MIQF.

### Air crew measures

- Crew who are working on flights with recent arrivals into the Cook Islands that are being transported to MIQFs should wear medical masks whenever in passenger areas of the plane and perform hand hygiene.
- Use normal processes for dealing with any unwell passengers, including appropriate PPE.
- All crew must, at all times, practice regular and thorough hand hygiene and other basic hygiene and IPC measures.

### Cleaning measures for domestic flights

- Cleaning of domestic planes must occur for recently arrived individuals who have not completed time in a MIQF
- Plane is to be empty of people before cleaning starts
- Clean the plane as soon as possible after use
- Cleaners to wear gloves and face mask and any other protective items recommended by the manufacturer of the cleaning products
- Bathrooms should be cleaned following each use by passengers and staff.

## 4. Arrival health and wellbeing screen

### Responsibility of Agency

| Te Marae Ora                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Setting requirements for the arrival health and wellbeing screen                                                                              |
| Conduct the arrival health and wellbeing screen                                                                                               |
| Link with local providers to ensure culturally appropriate care is provided                                                                   |
| Ensure individuals who require post-departure social and welfare support are linked up with local providers well before they are due to leave |

On the day of arrival, once individuals or families are in their rooms or villas, as soon as possible (within 48 hours of arrival), individuals must undergo an arrival health and wellbeing screen undertaken by Public Health Nurses. At a minimum, the screen must include a COVID-19 symptom check, an assessment of temperature, public health COVID-19 questions, and questions around non-COVID-19 related physical health, mental health, addiction, and welfare needs. The arrival health and wellbeing screen should be conducted in place of a daily health check on the day of arrival.

### **Managing the arrival of symptomatic individuals**

All administrative arrival processes – including collecting individuals information form, and conducting the arrival health and wellbeing screen – should be conducted virtually if possible (example over the phone), or in their room/from the doorway of their room. Any further follow-up clinical assessments should also be conducted from their room (or the doorway of their room where possible) following appropriate IPC procedures.

### **Welcome Pack**

The MIQF will be provided with *Welcome Packs* for individuals to receive when they arrive at the MIQF. It is the MIQF coordinator's responsibility to ensure that all individuals receive a *Welcome Pack* upon entry to the MIQF.

### **During the stay**

#### **Bubbles**

Bubbles are groups of people who are isolating together. In MIQFs, they are likely to be family groups or small groups of people who have been travelling together, and who wish to complete their time in managed isolation together.

When assessed against the low-risk indicators required for release from a MIQF **the** entire bubble is assessed collectively. This means that if one individuals in the bubble is not considered low risk, the entire bubble may be required to extend their stay.

This collective assessment is also applied if a member of the bubble tests positive for COVID-19, or if a member of the bubble becomes symptomatic.

To guide the management of bubbles, the following principles should be applied:

- **Bubble size:** smaller bubbles are advantageous from a public health perspective, as larger bubbles extend the potential chains of transmission and heighten the risk of new infections to take place within the bubble during their 10 day stay in the facility
- **Close proximity:** bubbles spread across two rooms (see below) should be in adjacent rooms to minimise the distance bubble members travel to interact
- **Wellbeing of individuals:** where possible, and with consideration of the principles above and IPC requirements, individuals' preferences for bubble arrangements should be considered. This must be approved by TMO in advance.

#### **Introducing new bubble members**

In the event that a caregiver is required to enter MIQF in order to care for children under the age of 18 or to care for an individual who requires assistance with personal, medical, mental or emotional cares may join the bubble only if:

- Approved by the MIQF coordinator, Public Health Specialist and MFEM
- They have joined the bubble within 24 hours of arrival into the MIQF and
- The resulting bubble is no larger than the capacity of two rooms.

#### **Splitting a single bubble across multiple rooms**

Splitting a bubble across multiple rooms should be minimised where possible. If required, a bubble can encompass two rooms, maximum. The two rooms should be directly adjacent to each other. If a bubble is spread across two rooms, the individuals in each room can interact with each other without the need to wear face masks or maintain physical distancing while **inside the** rooms. However, they must wear face masks and practice hand hygiene when **outside their** room to travel between the rooms, as required. For the purposes of risk assessments as described above, the two rooms will be considered collectively.

If a bubble is too large to be accommodated in two rooms, it should be split into separate bubbles. These separate bubbles cannot enter each other's rooms, and must maintain physical distancing and wear face masks when outside of their rooms, as per the IPC requirements

#### **When one member of a bubble is symptomatic or tests positive for COVID-19**

Using current TMO clinical guidelines, if an individual becomes symptomatic, they will be immediately isolated in their room, and a management plan will be determined which includes testing for COVID-19.

If a member of a bubble tests positive for COVID-19, all members of the bubble will be considered close contacts and may be moved to an Isolation Facility/area.

#### **Bubble breaches**

When a bubble breach occurs between individuals in a MIQF, a risk assessment should be undertaken to ascertain the risk level of the bubble breach. The risk level of the bubble breach should be assessed based on the characteristics of the individuals involved in the breach. The process for managing both low and high-risk bubble breaches, and the potential implications of breaches, should be clearly explained to individuals upon arrival to the MIQF.

#### **Low risk bubble breach**

A **low risk bubble breach** is a breach in which the risk of transmission is low. Low risk bubble breaches usually involve asymptomatic returnees' individuals or asymptomatic close contacts. Examples of a low risk bubble breach could include an individual failing to observe 2 meters physical distancing for a short period of time (less than 15 minutes) or opening their room door without a face mask.

#### **Managing a low risk bubble breach**

There is a graduated approach to responding to low risk bubble breaches. This begins with a verbal warning from MIQF staff. Upon a second low risk bubble breach, a police officer will issue a formal warning. If a third breach occurs, the MIQF coordinator needs to consider undertaking a risk assessment to review whether it is actually a low breach risk, whether any further testing is required and/or whether the individual's stay needs to be extended.

#### **High risk bubble breach**

A **high-risk bubble breach** is a breach in which the risk of transmission is high. This generally includes any:

- Scenario where there is contact for more than 15 minutes at less than 2 metre distance without PPE
- Scenario involving a confirmed case of COVID-19, symptomatic individuals, or symptomatic close contacts.

Examples of a high-risk bubble breach could include an individual entering the room of another bubble, or sharing food, drinks, or cigarettes/vaping devices with individuals from another bubble.

#### **Managing a high- risk bubble breach**

Individuals that have committed a high-risk bubble breach cannot automatically satisfy the low-risk indicators for release under the Isolation and Quarantine Order after 10 days in a MIQF.

High-risk bubble breaches should be referred for a public health risk assessment to the local TMO. The TMO will assess the risk and provide guidance on whether more testing is needed, when it should be done, and whether the individual's stay in the MIQF needs to be extended.

In high-risk bubble breaches where a individual becomes a close contact of a confirmed case of COVID-19 (as a result of the breach), the close contact individuals should continue isolating for a further 10 days from the bubble breach.

Te Marae Ora may consider if an extension of stay is needed, but may not extend the stay to be more than 20 days due to a high risk bubble breach.

TMO will provide individuals with a formal letter detailing:

- The date of the breach event
- The need to be retested
- The need to remain in isolation until the test results are known
- The need for further testing should they become symptomatic
- The need to potentially review the date of exit from the MIQF.

## 5. Infection Prevention and Control

### Responsibilities of Agencies

| Te Marae Ora                                                  | Ministry Finance and Economic Management |
|---------------------------------------------------------------|------------------------------------------|
| Setting of IPC requirements                                   | Ensuring national supplies of PPE        |
| Ensuring all health staff are trained in IPC requirements     |                                          |
| Ensuring staff follow IPC guidelines                          |                                          |
| Enforcement of IPC requirements                               |                                          |
| Ensuring all non-health staff are trained in IPC requirements |                                          |

### Infection Prevention Control principles

The principal goal of Infection Prevention Control principles (IPC) is to prevent COVID-19 infection from spreading in the Cook Islands. The IPC measures outlined in this document take into consideration current knowledge of COVID-19 transmission risks at the border. This advice includes additional precautions to account for:

- The risk that people who have recently arrived from overseas may have been exposed to and/or develop COVID-19 and have the potential to transmit the virus to others while they have few or no symptoms.

### Infection Prevention Control Standard Operating Procedure SOP

The Te Marae Ora **IPC SOP and IPC and Cleaning Guidelines** will be used and adapted to the facility to prevent the spread of infection (see Annex 1 and 2)

### Basic Hygiene Measures IPC precautions

- Physical distancing – always maintaining a distance of at least 2 metres from others
- Hand hygiene – frequent hand washing with soap and warm water for a minimum of 20 seconds, then drying for 20 seconds. If soap and water is unavailable, an alcohol-based hand sanitiser containing at least 60% alcohol should be used. If using sanitiser, enough should be used to cover the hands and hands should be rubbed together until dry
- Cough and sneeze etiquette – sneezing or coughing into the crook of the elbow or covering coughs and sneezes with a tissue, then putting the tissue in a bin and cleaning hands immediately (as above).
- Avoiding touching the face – to reduce the likelihood of transmitting the virus.
- Cleaning – Regular and thorough cleaning of frequently touched surfaces to prevent transmission of infection between people and other surfaces.

## **Additional IPC measures**

### **Use of medical face masks**

Medical face masks (referred to from this point forward as face masks) are to be worn by individuals to protect others and the environment by reducing dispersal of exhaled infectious respiratory particles – this is known as source control.

Face masks are to be worn by all staff who are in with the same area as individuals for protection for the wearer from infectious respiratory particles that may be dispersed in their immediate environment – face masks are worn as part of individual's personal protective equipment (PPE) and droplet precautions:

- Face masks must not be shared, and re-usable face masks are not permitted as their efficacy cannot be ensured.
- Face masks should always be changed after four hours or earlier if they are damp, soiled, or damaged.

### **Use of N95/P2 particulate respirators**

N95/P2 particulate respirators are part of PPE requirements when staff are providing a range of care to individuals with an infectious disease transmitted by the airborne route, and when undertaking an aerosol generating procedure (excluding nebulised medications) where droplet nuclei or aerosols may be generated.

In some situations, such as closed spaces with poor ventilation, crowded spaces, and close contact/conversation, the risk of transmission via small respiratory particles may be increased. In these situations, use of a N95/P2 particulate respirator may be indicated during close interactions with individuals.

### **Medical face mask use for individuals**

Basic hygiene measures should be followed throughout the stay at the MIQF. The use of a face mask, as an additional IPC measure, must be worn by all individuals (unless exempt) whenever they leave their rooms or open the door of their room.

Pictorial representation of mask use expectations will be posted at the MIQF.

Te Marae Ora will regularly provide new masks to each individuals. A mask is required for every time they are permitted to leave their room.

### **Exemptions for wearing face masks in MIQF facility**

Individuals with medical conditions that prevent them from wearing face masks, young children under 6 years of age, or anyone who is unable to remove a face mask without assistance, are exempt from wearing masks. It is particularly important that individuals who are exempt from wearing a face mask maintain 2 metre physical distancing from others outside of their 'bubble' and follow other basic hygiene measures, including hand hygiene and cough and sneeze etiquette.

Although children under two years of age are exempt from wearing a face mask, their parent, guardian or care giver may have provided them with a face mask to wear and they should be allowed to do so. However, these must be single-use medical masks (not reusable cloth masks). Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents, guardians or care givers should be encouraged to assist children to perform hand hygiene.

### **Risk mitigation for individuals exempt from wearing face masks**

Individuals who are exempt from wearing face masks should:

- Be clearly identifiable when outside their rooms (example with a lanyard or coloured wrist band) to assist with the monitoring of individuals IPC compliance (i.e. physical distancing, hand hygiene, feeling unwell)
- Follow all other basic hygiene measures, including cleaning their hands using alcohol-based hand sanitiser upon leaving their room and on entry/exit to other areas of the MIQF for exercise or necessary activities

### **Feeling unwell**

- **If an individual is unwell** – they must stay in their room and contact the health provider - TMO within the MIQF
- **If a staff member is unwell** – they must stay at home and not go to work. If a staff member feels unwell while at work, they must notify their manager and go home. Unwell MIQF staff should be tested immediately and self-isolate while awaiting their test results.
- **IPC requirements at the MIQF**
- Individuals are to stay in their rooms, except for when they are undertaking managed activities (below are examples and risk mitigation advice).

### **Hand hygiene**

Individuals should wash their hands frequently with soap and water or an alcohol-based hand sanitiser. The MIQF and transport providers must provide appropriate facility so that individuals can perform hand hygiene when required. For example, hand hygiene stations should be available to individuals in:

- Exercise area
- Medical examination rooms (if applicable)
- Other shared spaces example hotel foyers (if applicable)

Education, including pictorial signs around the facility and next to hand hygiene stations, should be provided to individuals to promote the importance of hand hygiene.

### **Physical distance**

When outside their rooms, individuals must maintain physical distance from those not in their bubble and from staff members. The general rule for physical distancing is at least 2 metres.

The MIQF is responsible for ensuring individuals adhere to physical distancing requirements at all times, including but not limited to when:

- Passing other individuals/staff in the hallways/stairwells and/or lobby of the MIQF
- Having a health check, or another appointment
- Exercising
- Individuals are arriving or departing the MIQF.

### **IPC requirements during exercise**

Exercise in MIQFs must comply with the IPC principles outlined above to ensure that physical distancing, basic hygiene, and PPE use are implemented.

### **IPC requirements for pre-arranged appointments**

Individuals must wear a face mask when travelling to, and attending, any pre-arranged appointments with MIQF staff (example for COVID-19 testing).

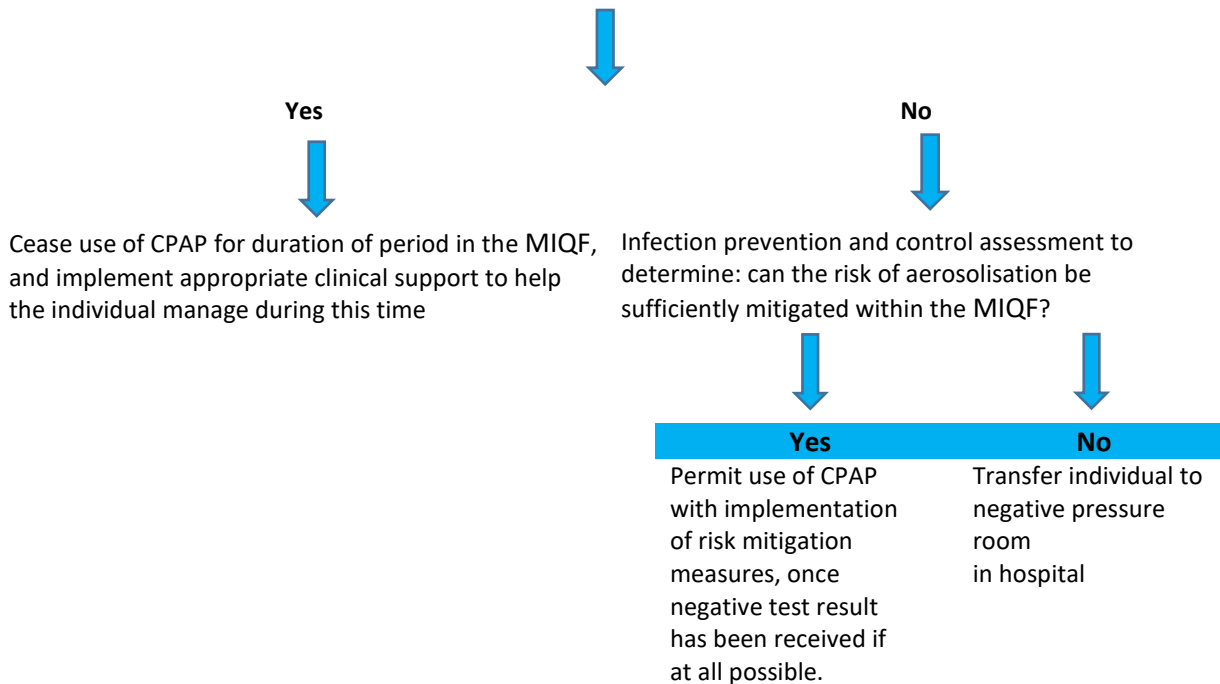
Individuals may need to remove their masks during the appointment depending on the nature of care being provided or procedures being undertaken. A new mask must be provided for return to their room.

### **IPC requirements for the use of continuous positive airway pressure therapy**

Continuous positive airway pressure therapy (CPAP) uses a machine to help a person who has obstructive sleep apnoea (OSA) or other hypoventilation breathing disorders to breathe more easily during sleep. CPAP is considered an aerosol dispersing procedure and appropriate infection prevention and control precautions must be taken by staff. The evidence regarding the risk of aerosolisation of SARS-CoV-2 when using such machines suggests that **the risk is very low**.

**Figure 2: Recommended guidance for the use of CPAPs in MIQFs**

Individual clinical risk assessment to determine: is it safe for the individual to cease use of the CPAP for the duration of their time at the MIQF?



**Clinical assessment**

It is important to establish whether the machine provides CPAP or Bi-level positive airway pressure (Bi-PAP) which is usually used to manage respiratory failure. There is likely to be significant risk if Bi-PAP therapy were discontinued. Individuals who use Bi-PAP must receive early medical advice and support.

Person using CPAP or Bi-PAP should have a clinical risk assessment on arrival to the facility to establish their clinical indications for CPAP and whether it would be safe to stop CPAP until their COVID-19 status is known.

- Confirm whether it is CPAP or Bi-PAP machine in use. Bi-PAP should not be discontinued without input from a respiratory physician
- Medical Doctor on duty at the premises must establish health history, indication for use of CPAP/Bi-PAP
- Establish if the person has recently been off CPAP for two weeks or longer with no more than minimal symptomatic effects
- Seek advice from medical team around whether CPAP can be safely withheld until the first negative COVID-19 test or whether CPAP can be safely stopped for the duration of managed isolation
- Where there is any doubt about the clinical safety of stopping CPAP, the decision should err on the side of clinical caution.

**Person clinically safe to discontinue continuous positive airway pressure therapy**

Where it has been clinically determined that the person(s) does not require the CPAP during their time at the MIQF, appropriate clinical support should be offered including a full discussion with a medical practitioner and regular review of health status (minimum every third day).



The following risk mitigations should be considered and implemented where possible:

|                                |                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Room placement and ventilation | Individuals requiring continuation of CPAP should be placed in rooms that have opening windows to aid ventilation, or, where possible, have available a portable HEPA filtration unit. Their room should be located at the end of a corridor to minimise the risk of exposure to aerosols for other individuals using the same corridor. |
| Individuals responsibilities   | The individuals should be instructed to continue to practice routine hygiene measures when managing their CPAP machine including; changing filters routinely, cleaning surfaces, cleaning mask and tubing, and washing and drying hands regularly and, keeping filters and humidifier dry when not in use.                               |
| Equipment                      | Individuals should be supplied with a nightly 'surgical mask' to wear over their CPAP mask to minimise potential aerosol spread/dispersion. Masks and machines must never be shared between individuals under any circumstance.                                                                                                          |

### **Testing of individuals using continuous positive airway pressure therapy**

COVID-19 testing of individual(s) using CPAPs should occur on day 1. The laboratory/clinical microbiologist should be notified in advance about the need for prompt testing.

**Individual clinical risk assessment** to determine: is it safe for the individual(s) to cease use of the CPAP for the duration of their time at the MIQF?

### **Infection Prevention Control requirements and protocols for MIQF staff**

#### **Staff training regarding Infection Prevention Control and use of Personal Protective Equipment**

During induction to the facility, **all** MIQF staff members (both health and non-health staff) must receive IPC training that is appropriate to the scope of their role based on the IPC requirements stated throughout.

Te Marae Ora is responsible for ensuring that all health staff are trained in the IPC requirements. The IPC lead maintains oversight of all IPC training and may want to provide additional training for non-health workforce, per the guidance below.

Te Marae Ora is responsible for recording health staff training information in the IPC training register.

A supportive team culture should be developed to facilitate effective collaboration, clear communication and a safe working environment for all staff working in the MIQF.

Te Marae Ora will ensure support for following best practice for all IPC activities, such as putting on and taking off PPE, is provided. This should include the use of a 'buddy' system where staff prompt one another if they miss a step whilst putting on PPE or fail to perform hand hygiene when necessary.

#### **Infection Prevention Control requirements in staff work areas**

- Staff break rooms and handover/team meeting areas should be separate areas and large enough to ensure physical distancing can be maintained
- Staff must maintain physical distancing during nursing handover
- Staff must remove PPE and then perform hand hygiene before entry to identified staff-only areas/zones, unless there is an agreed requirement by the IPC lead for medical masks to be worn in staff-only areas/zones
- Food and drink is only to be consumed in staff break rooms/staff only zones (i.e. NOT in shared individuals/staff zones)
- Cleaning products must be available in staff break rooms, handover areas, and operations rooms to enable regular cleaning of frequently touched surfaces (i.e. tables, desk phones).

### **Non-health care staff**

This includes housekeeping and cleaners, and staff from Police, other agencies, and any expected individuals conducting business on-site (example maintenance contractors). Staff must be clearly identifiable and distinguishable from individuals to ensure efficient monitoring of individuals face mask compliance. The MIQF can determine the most appropriate method for staff identification example through uniforms, name badges, or lanyards.

### **Outside an individual's room**

Non-health care staff should always maintain physical distancing of at least 2 meters from another individual whenever possible (noting individuals will be wearing face masks when outside of their rooms), with hand hygiene and basic hygiene measures always followed.

Non-health care staff must wear a face mask when in any areas/zone or shared staff and individuals spaces, and during observed activities and security checks. For example, staff are to put on a mask prior to entering the individuals area within the MIQF (example a hotel floor or wing) and then may remove the mask (following correct removal and disposal of used PPE) when in designated safe or staff only zones or areas

### **Entering a room**

Non-health care staff members must not enter an individual's room while the room is in use by the individuals – all non-urgent maintenance/repair work should occur while the room is vacant between individuals. However, if entrance to an occupied individual's room is required (example for urgent maintenance/repair), the staff member must first discuss this with the health staff to determine the appropriate PPE that is required, and the IPC measures that must be followed. The individual(s) must not be present while the staff member is in the room.

Medical masks are adequate for general interactions. However, for staff who undertake specific on-site maintenance or repair of air conditioning units, an N95/P2 particulate respirator mask should be worn.

### **Health care staff**

If providing health care to any individual(s) (inside or outside of their room) in a MIQF, adherence to PPE requirements for Standard and Airborne Precautions must be undertaken.

Health care staff must wear a face mask in any area or zone or shared staff and individuals' spaces. For example, staff are to put on a mask prior to entering individual's areas within the MIQF (example a hotel wing). During clinical interactions, a N95/P2 particulate respirator must be worn.

## **Infection Prevention Control requirements in the management of the MIQF**

### **Auditing of relevant IPC activities undertaken at the MIQF**

A random TMO audit programme will be undertaken to ensure that staff and individuals are adhering to the Te Marae Ora IPC guidance. The IPC audit is based on the current IPC SOP, including hand hygiene, PPE use, cleaning, environmental audits and other practice areas identified to improve the work environment for staff and individuals.

### **Storage and resourcing of IPC stock**

The facility must ensure that PPE is stored in a room that cannot be accessed by the public or by individuals. PPE boxes must be:

- Stored off the floor, such as on shelves, to prevent water or other damage;
- Stored safely to minimise the risk of injury to staff as they retrieve it (example preventing stock from falling on staff);
- Rotated to ensure older stock is used first

Te Marae Ora will be responsible for PPE stocks and its disposal for the MIQF.

## Cleaning

### Individuals' rooms or villa for managed quarantine

Individuals are responsible for cleaning their own rooms, including their bathrooms, during their stay. MIQF cleaning staff are **not** to enter an individual's room or a villa until after the end of the individual's stay, except in extraordinary circumstances where the individuals cannot effectively clean their room. MIQF cleaning staff can only clean managed quarantine rooms and villas.

The MIQF Host must ensure that all rooms or villas are issued with the cleaning materials. Education on cleaning frequently touched surfaces in their rooms such as light switches and door handles must be provided in the cleaning packs. Once individuals have departed from the MIQF, the rooms must be cleaned to the specifications described in the **TMO IPC SOP**.

### Individual's rooms/villa for confirmed case of COVID-19 or a case under investigation

MIQF individuals who are a confirmed case of COVID-19 or are a case under investigation will need to stay in their room until they are transferred to the isolation zone of a single-use or dual-use facility. After departure, the room must be cleaned following the guidance for cleaning a probable or confirmed COVID-19 room as described in the TMO IPC SOP. This is undertaken by the MIQF provider.

### Furniture and soft furnishings in individuals' rooms

Where possible, furniture in the room should be non-porous and able to be wiped clean. Ideally, furniture covered in soft porous fabric should be removed and replaced with furniture that is non-porous and wipeable. Soft furnishing such as cushions should be removed from the room.

Following a confirmed or probable case of COVID-19, any soft furnishings that remain in the individual's room **must** be cleaned after the individual(s) has vacated the room.

### High-touch common areas

The MIQF cleaning staff are responsible for cleaning high-touch common areas in the managed quarantine zone at least twice per day. High-touch common areas include but are not limited to:

- Hallways
- Stairwells
- Lobby/reception areas
- Door handles.

Use of PPE is mandatory.

### Food handling, laundry and waste management

The MIQF SOP must detail laundry, waste management and food handling protocols for the safe collection and handling of waste, linen and food to prevent transmission of infection to themselves, others and the environment.

**Table 3: Food handling, laundry and waste management**

|                      |                                                                                                                                                                 |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Food Handling</b> | Hand hygiene (wash with soap and water or if hands not visibly soiled use alcohol-based hand sanitiser) must be performed before food preparation and handling  |
|                      | MIQF staff are responsible for delivery of food to entrance door of room including food dropped off from families                                               |
|                      | MIQF staff are responsible for ensuring meal trolleys are cleaned and disinfected after use                                                                     |
|                      | Disposable trays, cutlery, food containers are to be used where possible. Food waste should be disposed of in accordance with the waste disposal guidance below |
| <b>Laundry</b>       | Regular laundry programme under supervision for individual's rooms will be arranged by TMO and facility staff                                                   |

|                         |                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                         | Linen must not be left on the floor outside rooms                                                                                                                                                                                                                                                                                                                           |
|                         | Hand hygiene should be performed after handling of used linen                                                                                                                                                                                                                                                                                                               |
|                         | Physical distancing must be maintained when using the laundry facility                                                                                                                                                                                                                                                                                                      |
| <b>Waste Management</b> | Regular waste collection from individual's rooms should be undertaken by MIQF staff wearing appropriate PPE.                                                                                                                                                                                                                                                                |
|                         | If shared bins (example in hallways) are used, they must be contactless (i.e. no lids are to be used and the bins must be open). All rubbish being disposed of in these bins must be sealed in a plastic bag prior to disposal. Hand sanitiser must be co-located at each bin with signage reminding individuals to sanitise their hands after placing rubbish in the bins. |
|                         | General waste should be placed in a lined rubbish bin                                                                                                                                                                                                                                                                                                                       |
|                         | Rubbish bins should be available for used medical masks in smoking areas. Hand sanitiser must be co-located with rubbish bins to ensure individuals and staff are able to perform appropriate hand hygiene measures when disposing of used masks                                                                                                                            |
|                         | Large volumes of waste may be generated by frequent use of PPE; regular emptying of waste when the bin is $\frac{3}{4}$ full will be required to avoid over-filled bins                                                                                                                                                                                                     |
|                         | When $\frac{3}{4}$ full the bin liner (rubbish bag) should be closed and securely tied off, or otherwise sealed, and be placed in a general waste bin for collection by the rubbish collection service                                                                                                                                                                      |
|                         | Medical masks, gloves, and an apron should be worn by staff collecting waste; hand hygiene must be performed before and after glove use                                                                                                                                                                                                                                     |
|                         | Handling of a sealed rubbish bag should be minimised. The sealed rubbish bag should be placed in a general waste bin in a manner that is unlikely to result in the rubbish bag being torn, penetrated or otherwise damaged                                                                                                                                                  |
|                         | Provision should be made for safe sharps disposal (example syringes/needles used by individuals with medical conditions)                                                                                                                                                                                                                                                    |

### Unexpected death in a MIQF

If an individual dies while in a MIQF, TMO staff must wear full PPE. If there are other individual/s in the room who are still in isolation or quarantine, they must be moved to a different room. The body and room should be treated as if the deceased had been infected with COVID-19 prior to their death.

When transporting the deceased, the body must be placed and secured in a leak-proof body bag to prevent leakage of body fluids. The deceased patient if a confirmed or probable case of COVID-19 can be embalmed, cremated or buried. PPE must be worn and standard infection control and occupational health and safety guidelines should be followed at all times while handling and preparing the body.

The room must be cleaned following the guidance for cleaning a probable or confirmed COVID-19 room as described in the TMO IPC SOP.

### IPC requirements during transport

The transportation of people from the port of arrival (airport or seaport) to a MIQF must comply with the IPC principles outlined above to ensure that physical distancing, basic hygiene, PPE use and cleaning protocols are implemented.

## 6. Staffing

### Responsibilities of Agencies

| Te Marae Ora and MIQF Host                                                                          |
|-----------------------------------------------------------------------------------------------------|
| Setting health and wellbeing requirements for staff training and induction                          |
| Recruitment and management of health staff, including an IPC specialist to oversee IPC requirements |
| Conducting the pre-employment health screen for all health staff                                    |
| Training of all health staff in IPC and other health and wellbeing requirements                     |
| Conducting staff daily health checks                                                                |

The MIQF Host must have adequate staffing to fulfil the requirements set out in this Plan.

The MIQF Host must have a **staffing plan** that includes the number of staff proposed to fill each role, and key staff members identified. This staffing plan must be available for TMO to view if requested.

### Staff training and induction

#### Pre-employment staff health screening

All staff working within the MIQF must be fully vaccinated against COVID-19. The MIQF coordinator must screen all MIQF staff (health and non-health) prior to commencing work at the MIQF to ensure they are not highly vulnerable to severe illness if they become infected with COVID-19, and they have appropriate understanding of general IPC and PPE guidelines. MIQF staff should also be provided with the Public Service Code of Conduct that outlines requirements related to professional behaviour in the workplace.

#### Training of staff in IPC requirements

During their induction to the facility, all MIQF staff members (both health and non-health staff) must receive appropriate IPC training in the IPC requirements from TMO.

#### Staff briefings

TMO must hold daily staff health and safety briefings. Broadly, they should cover:

- IPC protocols, including PPE use
- MIQF rules, including security rules for staff and individuals
- Daily health checks and testing requirements for staff.

There should be regular ongoing staff briefings to raise any concerns, trouble-shoot any issues that have arisen, and ensure all staff have a current understanding of operational requirements. Minutes from staff meetings will be sought for audit purposes.

#### Addressing agitation, behavioural escalation or severe distress

All MIQF staff should receive training in strategies to support people in severe distress. Staff should know not to directly confront or inadvertently escalate an agitated or severely distressed individuals, and that distraction, calming, listening and other supportive strategies are to be employed.

#### Daily health checks for staff

Staff must undergo daily health checks at the beginning of each shift. Daily health checks for staff are to be carried out by a Public Health Nurse. The following information must be recorded during staff daily health checks:

|          |             | Y | N |
|----------|-------------|---|---|
| Name     | Sore throat |   |   |
| Date     | Cough       |   |   |
| Position | Headache    |   |   |

|                 |                             |  |  |
|-----------------|-----------------------------|--|--|
| Contact details | Shortness of breath         |  |  |
| Temperature     | Loss of smell               |  |  |
|                 | Loss of taste               |  |  |
|                 | Fatigue                     |  |  |
|                 | Body aches                  |  |  |
|                 | Self-report fever/chills    |  |  |
|                 | Sneezing/runny/blocked nose |  |  |
|                 | Nausea/vomiting/diarrhoea   |  |  |

If a staff member reports 'yes' to any of the questions and/or displays clinical symptoms consistent with COVID-19, they should immediately self-isolate, undergo testing, and inform their responsible manager.

The correct use of physical distancing and PPE should be emphasised as a preventative measure for disease transmission. Daily health checks for staff are another necessary tool for early identification and management of potential cases.

### Health staff resourcing

Te Marae Ora will need to identify health staff resourcing needs and rostering based on the configuration of the MIQF and the level of need across different areas.

### Expectations of MIQF staff when not at work

While the risk of virus transmission to staff is low when robust IPC protocols are followed, this does not mean that there is no risk. All staff in a MIQF should be cognisant of, and apply, the principle of 'low risk but not no risk' to keep themselves, and their communities safe. This means that when off-duty, all MIQF staff (including hotel staff, health staff) should be encouraged to:

- Download and use the Cooksafe, Cooksafe+ app or otherwise keep a thorough written record of where they go and who they meet with outside of their work in a MIQF
- Continue to maintain physical distancing where possible, and practicing good hand hygiene outside of work
- Wear a mask while on domestic flights, public transport, or in crowded public places where physical distancing cannot be maintained as and when required
- Self-monitor for symptoms of COVID-19 when not at work
- If experiencing any symptoms of COVID-19, arrange for a test as soon as possible and self-isolate while awaiting test results (as per the higher index of suspicion criteria). All symptomatic people (including MIQF workers) should stay home and away from public places while they are unwell.

### Implementing dedicated health workforces in MIQF

#### Requirements for a dedicated health workforce

Te Marae Ora will roster staff for the purposes of providing health services in MIQFs. Employees working at MIQFs must not attend other settings where there are vulnerable populations or have secondary employment.

#### Exclusions from the dedicated health workforce

Health professionals that visit MIQFs periodically or for one-off assessments (defined as no more than 3 bubble contacts per day while wearing required PPE) are not part of the dedicated health workforce and the 48 hours stand down requirements do not apply. For example, this may include visiting general practitioners, IPC specialists and staff trainers.

Visiting health professionals must follow appropriate IPC requirements, including practicing physical distancing and the safe and correct use of PPE. They should also use the Cooksafe, Cooksafe+ app to track

contacts outside of work or keep detailed records of their whereabouts through another appropriate means that supports contact tracing.

### **Defining where the dedicated health workforce can work**

Dedicated MIQF health staff can only work on site at a MIQF and are encouraged to restrict visits to public places, schools, hospital or vulnerable populated places.

### **Movement of dedicated health workforce between managed isolation and quarantine facility zones**

Within dual-use MIQF (hotels with a dedicated managed isolation and quarantine zone), TMO must provide separate public health workforce for the isolation and quarantine zones at a given time.

Public Health staff is not to move from the isolation (higher-risk) zone to the quarantine (lower-risk) zone of the facility within the same shift. However, in instances where this is not possible, public health staff moving from isolation (higher-risk) zones to quarantine (lower-risk) zones within a shift must follow robust IPC practices, including the safe removal and replacement of PPE.

### **Requirements for MIQF health workforce leaving to work in other health settings**

Dedicated MIQF health workforce must **not** have secondary employment elsewhere. If a dedicated health workforce staff member is ending their employment in an MIQF and moving to work in another health care setting, they cannot commence working in another health setting until they are determined 'low-risk' of transmitting COVID-19 to the new health care setting. To be deemed 'low-risk', the staff member must satisfy the following requirements prior to commencing work at the new health care setting:

- Have completed a stand down period of 48 hours, minimum, and
- Received a negative swab test result (from a swab taken after they completed their final shift at a MIQF).

Staff do not need to self-isolate during their stand down period, unless they develop symptoms consistent with COVID-19. If they develop symptoms consistent with COVID-19 during their stand down period, they must immediately self-isolate, contact 101 for Rarotonga or 102 for Aitutaki and undergo testing. If a staff member is required to observe a stand down period, they should contact the Public Health Specialist.

## **7. Risk management**

### **Responsibilities of Agency**

|                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>Te Marae Ora and MIQF Host</b><br/>Clinical governance<br/>Recording and management of health-related risks and incidents<br/>Input into MIQF risk register and incident register</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

All risks related to running a MIQF must be actively managed. The MIQF Host and TMO workforce must comply with all related SOP's including any health and safety plans when working in the MIQF. A risk register is to be maintained with action plan/s with appropriate mitigating health and safety risks to individuals placed managed isolation and/or quarantine. The **risk register** must be kept updated at all times.

MIQF risks exist in two broad areas:

- The establishment and operation of the MIQF
- Care for people in the managed isolation MIQF

The preferred approach to risks is *elimination*.

Incidents/adverse events must be recorded in an **Incident Register** to ensure that the appropriate people are kept informed of events that effect the operation or reputation of the MIQF. Incidents should be reported to the MIQF Host Manager. Where necessary, the Police and/or other relevant authorities must be contacted. An incident register must be kept updated at all times by the MIQF Security or by the Police Officer on duty. Reportable incidents could include, but are not limited to:

- Where there have been PPE breaches and/or body blood fluid exposure incidents
- Where there have been security breaches (i.e., a member of the public has entered the MIQF)
- Where a individuals has absconded from the MIQF
- Where there has been injury to a individuals and/or staff member
- A scenario-based plan for managing people, such as through archetypes.
- Where there has been abusive and/or other anti-social behaviour (whether from individuals or staff members)

Incidents in the register should inform the continuous updating and improvement of the risk register, health action plan/s, IPC plan, and other relevant policies and procedures.

### Health and Safety at work obligations

The MIQF Host and TMO has a duty of care for the health and safety of their own workers. As the lead agency, TMO has overall responsibility to ensure the health and safety of people working at any MIQF (including contractors) and the individuals of these facility. To ensure that the MIQF satisfy health and safety requirements, the facility must develop (and continually improve) a health and safety plan that:

- Identifies, assesses and controls all risks to staff so far as reasonably practicable
- Provides staff with the information, equipment, and training to work safely
- Ensures the workplace is free from risk to workers and other people within the workplace (such as the occupants) so far as reasonably practicable
- Includes assessment and mitigation of risks to mental health and wellbeing.

A quality improvement approach to risk management should be taken. Evidence of continuous quality improvement will be sought by auditors that risks are being frequently reviewed and actively managed.

## 8. Security and safety

### Responsibilities of Agencies

| MIQF Host                                                                                     | Police                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provide onsite security to in-house guests and property. Also provide security to MIQF Zones. | Recruitment and management of all security and safety staff<br>Management of MIQF security and safety activities, including the management of people who leave the facility without authorisation<br>Development of a Site Security Plan<br>Training of all staff in de-escalation strategies |

The MIQF Host Security are responsible for the safety of in-house guests and property. They could also provide security to individuals placed in MIQF zones. Where the Police is called to provide security to the MIQF zones, the Police will take the lead and develop a **Site Security Plan** that describes how the following security responsibilities will be met:

- Preventing entry of members of the public
- Minimising individuals movement throughout the MIQF
- Monitoring and enforcing physical distancing between individuals, and between individuals and staff/other non-individuals, at all times
- Supervision of exercise



- Preventing and responding to absconding events
- Maintaining individual's safety.

## **Ensuring that the MIQF is secure**

### **Signage**

Must display clear and prominent signage:

- Explaining that it is unlawful to enter the grounds without authorisation by the Police or MIQF Security Manager, and the consequences of unauthorised entry. These signs should be visible from the outside of the secure MIQF area and also placed along fences or other potential access points
- At the primary entrance requiring all individuals and site visitors to sign in, and at all other MIQF entry/exits (regardless of whether they are locked) directing all individuals and site visitors to report to the main entrance reception to sign in.

### **Identification**

All visitors and staff (regardless of agency and uniform) are to produce government or MIQF issued photo identification and sign in before they can enter the cordoned area. Failure to produce government or MIQF issued photo identification is to be denied entry and reported to the Police.

### **Managing individuals movement throughout the facility**

A fundamental principle in the management of individuals in MIQFs is that individuals should be assumed to be potentially infectious for the duration of their stay at the facility. Accordingly, to reduce the risk of transmission of COVID-19 within the facility, individuals must not move freely throughout the MIQF.

### **Individuals are to stay in their rooms, except for when they are undertaking approved and supervised activities**

This includes the collection of items delivered to the MIQF for the individuals – these must be delivered to the individual's room by MIQF security staff or by the Police Officer on duty.

### **Guarding of facility**

The Police or the MIQF Security staff must guard the MIQF primary entry/exit 24/7, and any secondary entry/exit when in use if it is unable to be locked.

All staff should be vigilant for individuals outside their rooms without reason. The interior of the MIQF should be patrolled no less than every hour or as required during the period of the managed isolation or quarantine.

### **Monitoring and enforcing physical distancing**

Individuals must maintain at least 2 metres physical distance from those not in their bubble, from staff members, and from others who are in the MIQF to perform work (example maintenance contractors). The Police or the MIQF Security staff is responsible for ensuring individuals adhere to physical distancing requirements at all times.

Staff must follow strict PPE protocols where a 2 metre physical distancing cannot be maintained between themselves and individuals

### **Preventing and responding to absconding events**

Individuals must remain at a MIQF for the duration of their isolation or quarantine period. Individuals may only leave the MIQF to go on supervised exercise excursions, in the case of a medical emergency, or if they have been granted an exemption by TMO.

Individuals that leave the MIQF outside of these circumstances are absconding and must be returned to the MIQF as soon as possible.

The Police or the MIQF Security Manager is responsible for ensuring that appropriate security measures are in place to prevent and respond to absconding event.

If individuals attempts to leave without authorisation, a Police officer may exercise their powers under the COVID-19 Act 2020 (Act), or take appropriate actions to detain and return that individual(s) back to the MIQF.

Incidents of individuals absconding from the MIQF must be recorded in an incident register and reported to the Police

### **Maintaining individuals safety – preventing and responding to violence and abuse**

The Police or the MIQF Security staff are responsible for the safety and wellbeing of individuals. This includes checking that individuals are safe from violence and abuse for the duration of their stay at the MIQF. It also includes taking steps, where appropriate, to support individuals who may be at risk of abuse once they leave the MIQF.

### **Evacuation**

In the event of an evacuation, follow the MIQFs evacuation plan individuals must put on a face mask before leaving their room. If this is not the case, medical masks must be distributed to individuals and staff and proceed to the designated evacuation meeting point. Physical distancing of at least 2 metres should be maintained where possible.

Fire evacuation plans at dual-use MIQFs should consider establishing 'zones' in the evacuation meeting points to separate individuals from the quarantine zone and the isolation zone.

The evacuation should be reviewed by health staff, with the support of the Public Health Unit if required, to determine if any IPC breaches occurred during the evacuation so that appropriate measures can be undertaken to reduce the risk.

### **Security and Safety Requirements**

COVID-19 positive individuals may not leave their room unless escorted by a Police Officer or by a MIQF security staff member. The individual(s), Police or the MIQF security staff member must wear appropriate PPE

**Close Plus or Close contacts:** close **plus or close** contacts of a confirmed or probable case are only to leave their room for supervised by a Police Officer or by a MIQF Security Officer. All must wear appropriate face masks.

Processes for easily identifying and distinguishing between COVID-19 positive individuals, close plus and close contacts, and/or quarantine zone individuals from managed isolation zone individuals, should be implemented. This could include the use of colour-coded wrist bands or lanyards.

## 9. Data management

### Responsibility of Agencies

|                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|
| Te Marae Ora<br>Police<br>MIQF Host                                                                                                      |
| Setting requirements of management and reporting of health data and information<br>Management of all health-related data and information |

All data about individuals, staff, and/or the management and operation of the MIQF must be managed appropriately and stored securely by the MIQF. The MIQF Host and the Police shall maintain their incident and data using their own data management system.

Te Marae Ora has a **data management plan** demonstrating how they will ensure data is managed and stored in accordance with the Health Information Systems requirements.

Information will be collected from individuals at different points throughout their time at the MIQF, such as:

- On arrival at the border (where applicable)
- On arrival at their allocated MIQF
- During daily health and wellbeing checks
- During preparation for departure from a MIQF.

### Health record storage

TMO will store physical records (such as paper forms collected from individuals containing health information) offsite, or by scanning and filing the records digitally in their Health Information System.

### Digital health record requirements for MIQF health care services

A Patient Management System (PMS) appropriate for individuals accessing health care in the MIQF context should meet the below requirements:

- Separate to systems developed for border management, IPC processes including testing, or MIQF logistics
- A consistent digital health record platform/framework across all MIQFs
- Contemporaneous clinical notes
- Electronic prescribing
- Laboratory test ordering and reporting.

### Arrival at the facility

Upon arrival to the MIQF, key information about individuals must be captured, they must undertake an Arrival Health and Wellbeing Screen, and be provided with a Welcome Pack. Consideration should be given to prioritizing the processing of individuals who are older, families with young children, and those with physical needs.

### Individual's information

TMO must ensure that individuals' information is entered in MedTech. If MedTech is not available, an individual's information form must be completed for each incoming individuals upon arrival to the MIQF

### Daily health and wellbeing checks

Daily health checks will be conducted by TMO Nurses.

The purpose of the checks is to detect any COVID-19 symptoms as early as possible, so that people displaying symptoms can be quickly isolated from others and provided with the care they need. Daily health and wellbeing checks also offer the opportunity to identify and address other (non-COVID-19) related physical health, mental health and wellbeing concerns.

**Note:** individuals must be informed that if they develop symptoms consistent with COVID-19 at any time during their stay, they should contact the on-site Nurse immediately and not wait until their next health and wellbeing check.

A Nurse will assess the clinical and psycho-social needs of each individuals (including determining if the individuals is clinically/psycho-socially vulnerable) to determine the appropriate health and wellbeing check.

Clinically/psycho-socially vulnerable individuals could include but are not limited to individuals that:

- Are elderly
- Are pregnant
- Are immunocompromised
- Require additional support for their cultural, social, emotional, and/or mental wellbeing.

While digital technologies should be utilised where possible to facilitate health and wellbeing checks every individual must have an in-individuals (i.e. face-to-face) health and wellbeing check no less than every 72 hours, with the frequency of in-individuals checks increasing where clinically indicated.

However, some individuals who are assessed by the health team as being clinically/psycho-socially vulnerable will require more frequent in-individuals clinical interactions than individuals who are asymptomatic and ‘well’ (i.e. without co-morbidities or other clinical or psycho-social vulnerabilities).

**Content requirements for comprehensive health and wellbeing checks**

At a minimum, the following information must be recorded during a comprehensive health and wellbeing check:

**Section 1:** Individuals details (if using a hard-copy form, can be pre-filled and do not need to be asked at the beginning of each check. However, the Nurse or delegated health staff member conducting the health and wellbeing check must take reasonable steps to ensure they are speaking to the correct individuals at the beginning of each check).

|                                                                                                            |          |          |
|------------------------------------------------------------------------------------------------------------|----------|----------|
| Name                                                                                                       |          |          |
| DOB                                                                                                        |          |          |
| Ethnicity(s)                                                                                               |          |          |
| Room number                                                                                                |          |          |
| Health number (assign individuals one if they do not already have one – it is needed for testing purposes) |          |          |
| Day of health check (example day 1)                                                                        | <b>Y</b> | <b>N</b> |
| Sore throat                                                                                                |          |          |
| Cough – If yes, which?                                                                                     |          |          |
| Headache                                                                                                   |          |          |
| Shortness of breath                                                                                        |          |          |
| Loss of smell                                                                                              |          |          |
| Loss of taste                                                                                              |          |          |
| Fatigue                                                                                                    |          |          |

Have co-morbidities that increase risk of severe illness if they contract the SARS-COV-2 virus, and/or co-morbidities that increase their need for frequent face-to-face monitoring.

Clinical vulnerabilities should be identified when individuals enter the MIQF during their arrival health and wellbeing screen.

Body aches

Self-report fever/chills

Sneezing/runny/blocked nose

Nausea/vomiting/diarrhoea

Temperature above 38°C – **whenever face to face or as clinically indicated.**

Heart rate (only if clinically indicated)

Respiration rate (only if clinically indicated)

Oxygen saturations (only if clinically indicated)

Blood pressure (only if clinically indicated)

Blood sugar levels (only if clinically indicated)

Individuals should also be asked if they have any other (non-COVID-19 related) physical health, mental health (example mood or anxiety issues) and general wellbeing or welfare concerns they wish to discuss with the nurse.

Health staff may input the required information directly into MedTech, or if this is not available, use a sample daily health check form.

#### Location of health and wellbeing checks

When face to face checks are conducted in individuals, they must be conducted at the doorway, and nurses and/or delegated health staff must wear the appropriate PPE

TMO will have adequate staffing of registered nurses and delegated health staff to accommodate health and wellbeing checks of every individuals, alongside provision of any additional health/wellbeing support individuals may require.

#### Daily health and wellbeing check frequency requirements

| Group                                                                                                                                      | Content and frequency of checks                                                                                                                                                                                                                                                                        | Mode of checks                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Asymptomatic well' (not clinically/psycho-socially vulnerable) individuals</b>                                                          | The frequency of comprehensive health and wellbeing checks can be determined by the Nurse based on the clinical and wellbeing needs of the individuals. They can be either: <ul style="list-style-type: none"> <li>• Daily, or</li> <li>• Every 48 hours, alternated with a wellbeing check</li> </ul> | Irrespective of the content of the check (i.e. a comprehensive health and wellbeing check' versus a 'wellbeing check'17), a check must be conducted in-individuals checks no less than every 72 hours, including a temperature check.<br><br>An in-individuals comprehensive wellbeing check is required no less than every 72 hours*, including a temperature check. |
| <b>Asymptomatic clinically vulnerable individuals. Includes asymptomatic close contacts and asymptomatic COVID-19 positive individuals</b> | Comprehensive health and wellbeing check daily (increasing in frequency as required).                                                                                                                                                                                                                  | *Depending on the clinical and wellbeing needs of the individuals, health staff will utilise clinical judgement to determine the appropriate frequency of in-individuals versus                                                                                                                                                                                       |
| <b>Symptomatic individuals Includes both COVID-19 positive and negative symptomatic individuals</b>                                        |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                       |

### **Individuals with symptoms consistent with COVID-19**

If an individual answers yes to any of the symptom questions in *Symptom check* of the comprehensive health and wellbeing check and/or has a temperature of 38°C or higher **they should be isolated to their room and tested as soon as practicable.**

If the individuals tests positive for COVID-19, they should be transferred to an isolation zone as soon as practicable and as advised by the Public Health Specialist.

### **Refusal of daily health checks**

Undergoing health checks is a requirement under the Isolation and Quarantine Order (referred to in the Order as 'medical examination'). Refusal to submit to health checks is therefore an offence under the Order.

If an individual refuses to undergo daily health and wellbeing checks, all reasonable steps should be made to offer them alternative arrangements that would make the daily health and wellbeing checks more comfortable for them. This could include providing the individuals with a thermometer to conduct their own temperature checks, and conducting the symptom checks over the phone or another medium.

If an individual continues to refuse daily health and wellbeing checks, they will not be prosecuted under the COVID-19 Act 2020. However, because their symptom status cannot be determined, they should be treated as if they are symptomatic.

### **Managing symptomatic individuals**

If an individual develops symptoms consistent with COVID-19 during their stay, they should contact the on-site RN immediately. The individuals must be immediately isolated to their room and a COVID-19 test arranged as soon as practicable. The laboratory should be informed to prioritise the test result following the regional process for alerting the laboratory with priority samples.

**Note:** symptomatic individuals are to be isolated to their rooms until they receive a negative test result. During this time, the individuals is not permitted to exit their room.

### **If the symptomatic individuals returns a negative test result**

#### **Management of symptomatic COVID-19 negative individuals within a dual-use facility**

If a symptomatic individuals returns a negative test result, the individuals must be managed in accordance with the guidance below until they are no longer symptomatic, or until advised otherwise by an attending medical professional or other suitably qualified health professional.

This test, and any testing of the symptomatic individuals' bubble members while the individuals remains symptomatic, must be conducted from the individuals' doorway.

Symptomatic (but COVID-19 PCR negative) individuals must still be offered opportunities for outdoor exercise, subject to the following conditions:

- Approval has been given by an attending medical professional or TMO for the individuals to leave for supervised exercise; and
- A designated time/place must be arranged for exercise/smoking so that a symptomatic (but COVID-19 PCR negative) individuals can exercise while maintaining at least 2 metre physical distance from individuals who are not in their bubble; and
- The individual/s are directly supervised by MIQF staff (who will wear appropriate PPE)
- The individuals adheres to the IPC requirements detailed including physical distancing, PPE, and hand hygiene requirements.

The symptomatic individuals will continue to undergo daily health checks with clinical staff to monitor their symptoms. The individuals should also be encouraged to contact on-site health staff should their symptoms worsen or change.

#### **Escalation where COVID-19 negative individuals has prolonged symptoms**

If the individual symptoms do not resolve within 48 hours after receiving a negative COVID-19 test result, the attending medical professional should clinically review the individuals and determine if consideration of other potential diagnoses is appropriate, if re-testing for COVID-19 is appropriate, and if the ongoing isolation and conditions for exercise.

#### **Management of bubbles where one or more member is symptomatic**

**Note:** Asymptomatic bubble members of a symptomatic individuals are to be isolated to their room while awaiting the test results of their symptomatic bubble member. During this period of room isolation, they are not permitted to exit their room to smoke, exercise, or otherwise. Stop smoking support, including nicotine replacement therapy, must be made available to smokers. Some existing permissions that individuals have to leave their rooms and/or the MIQFs will continue to apply during this period of room isolation while awaiting test results

If the symptomatic bubble member tests negative, the asymptomatic bubble members will no longer be isolated to their room. **However, they must continue to follow the usual IPC guidelines for physical distancing and PPE use when they leave their room.**

#### **Managing close contacts of confirmed (or probable) cases**

If an individual is identified as a close contact of a confirmed or probable case of COVID-19, they will be notified by either the on-site health staff or the TMO Health Intelligence Unit.

Close contacts' 10 day isolation/quarantine period will reset to start from the last day of their exposure to the case. This applies to individuals that become a close contact while at the MIQF (example through sharing a room with a case or through a 'bubble breach') as well as individuals that become close contacts on a flight.

Regardless of whether they became close contacts at the MIQF or in transit to the Cook Islands (example on a flight), individuals who are close contacts are to be managed according to the following guidance:

#### **The daily health check requirements for close contacts**

COVID-19 testing on around days 0/1, 5, and 9/10 of their reset 10 day isolation period (see above). The following room isolation, exercise/smoking supervision, and PPE requirements:

- If in a dual-use facility, approval has been given by a TMO or other suitably qualified health practitioner for the individuals to leave for supervised exercise; and
- A designated time/place has been arranged for exercise so that the close contact can exercise while maintaining at least 2 metre physical distance from individuals who are not in their bubble; and
- The individuals is directly supervised by MIQF staff (who will wear appropriate PPE)
- The individuals adheres to the IPC requirements

If the close contact is in dual-use facility, they are not required to be moved to a QF or quarantine zone of a dual-use facility, unless determined necessary by the on-site health team.

#### **Wellbeing, mental health and addiction needs**

Anxiety and distress are normal responses to stressful situations. Separation from loved ones, loss of freedom, boredom, disruption, uncertainty over disease status and a challenging media environment can

have an impact on the mental health and wellbeing of individuals, who may not have access to their usual supports and coping strategies.

All individuals will benefit from wellbeing checks and support. Some will need primary level mental health and addiction assessment and treatment, or more intensive support from specialist services. It is important to maintain a normalising and non-pathologising approach to individuals' wellbeing needs. Distress may also be related to welfare needs, including access to income support and accommodation, which should be addressed by the appropriate agencies. Individuals can be directed to the Welcome Pack which includes guidance for individuals.

MIQFs must provide a range of wellbeing supports including, but not limited to:

- Provision of information about wellbeing resources on reception
- Access to activities and online educational resources for children and support for parents
- Advice and support on managing boredom, engaging in activity, establishing routines within the facility including sleep routine and good sleep hygiene
- Advice on how to seek help for mental health and addiction issues and general wellbeing support within the facility

Where concerns about mental health and/or addiction issues are identified, facility health team staff must provide timely access (by phone, or face to face), depending on level of need, to:

- Further assessment by facility health team clinicians and development of treatment plan
- Further assessment and intervention from a suitably qualified TMO Mental Health clinician
- Consultation support to facility health team staff by specialist mental health and addiction service clinicians
- Referral to specialist mental health and addiction services, where eligibility criteria are met, for co-management within facility
- Specialist mental health and addiction service crisis response, including transfer to hospital if required

It is important to be aware that individuals may not necessarily recognise they have issues with alcohol or other substances prior to coming into a MIQF where they may experience reduced access to supply. Alcohol withdrawal syndrome can lead to life threatening complications. Any withdrawal from alcohol must occur under the guidance of TMO.

All mental health and addiction clinical records relating to care provided to individuals should be recorded on MedTech, and accessible to the facility health team except for individual cases where this is clearly inappropriate.

### **Contact with others (virtual)**

The MIQF must make available a Wi-Fi plan outlining how they will meet this requirement. Alternatively, landline phones are available that will enable them to contact their families.

### **On-site health care**

TMO will provide primary care level health services on an as-needed basis, with referral to specialist service support as indicated. All health care needs will be met within the MIQF unless hospital admission is required. The RN have the following responsibilities:

- Conducting daily health and wellbeing checks (in individuals or as per the facility daily health check plan)
- Providing over-the-phone health advice to individuals
- Minor procedures that cannot wait until after the individuals leaves the MIQF (example minor wound dressing)



- Facilitating access to other services such as TMO clinicians.

TMO will have processes in place to ensure individuals have access to the medicines they need, as prescribed by the on-site/on-call TMO clinician, or as prescribed by their usual physician. Further guidance on procuring medicines from a pharmacy on individuals' behalf is provided.

#### **Transfer of individuals during their stay at a MIQF**

There are some instances in which individuals need to be transferred to another location during their stay at a MIQF. These instances include:

- Individuals who have tested positive for COVID-19 may be transferred to a isolation zone of a dual-use facility
- Bubble members of a confirmed case of COVID-19 may also be transferred to another part of the quarantine facility
- Individuals who have a health condition that cannot be addressed from the MIQF, and cannot wait until after the individuals is discharged from the facility, so the individuals is transferred to an appropriate health care provider. This may be for a single appointment or extended care
- Transport of a support individuals to accompany the individuals if required.

#### **Transfer from a MQ to a MIF of a dual-use facility**

During their stay at a MQ, if an individual tests positive for COVID-19 or is identified as a bubble member of a confirmed or probable case of COVID-19, they will be transferred from a MQ to a MIF zone of a dual-use facility. Note that non-bubble member close contacts are not required to be moved to a quarantine zone of a dual-use facility, unless determined necessary by the on-site health team.

The following steps should be reflected in each MIQFs for transfer of an individual from a MQ to an isolation zone of a dual-use facility:

- An assessment must be undertaken on the individuals
- Following the assessment, a health professional overseeing the SIF must be notified of the need for a transfer and a transfer plan for the individuals arranged
- The Director of Public Health must be informed of any individuals transfer
- Transportation must be arranged between destinations (if applicable) by the MIQF Site Manager
- The individuals must be informed of the need to transfer to an Isolation Facility or isolation zone of a quarantine dual-use facility, including the reason why they must be transferred.
- All close contacts or people in the same bubble of the individuals going to a Isolation Facility must also be transferred. The close contacts/bubble should be informed of the need for, and reason behind, their transfer.
- All individuals to be transferred must wait in their room with their luggage until a health staff member collects the individual/s to escort them from their room
- All individuals to be transferred must wear a face mask for transfer
- Individuals who are transferred to a MIF are not to return to a MQ as individuals should only be moved from low-risk facility to high-risk facility, not from high-risk facility to low-risk facility.

#### **Transfer to Rarotonga Hospital**

##### **Medical emergency**

The following steps should be reflected in each MIQF's SOP for a medical emergency:

- Appropriate emergency services should be contacted immediately
- Emergency services operator must be informed that the individuals is in a MIQF, of the individuals current test and symptom status, and that full PPE (gloves, face mask, gown, eye protection) will be required by health staff
- The Director of Public Health must be informed of any individual's medical emergencies.

## Essential Items

Individuals must have mechanisms to purchase essential items. The full cost of essential items falls on individuals. Some examples of essential items are provided below. The MIQF is responsible for ensuring individuals have access to essential items.

MIQFs have discretion to set a policy for purchasing essential items, which should include processes for procurement of the items, and if necessary, which items are considered 'essential'. MIQF staff must deliver items to individuals' doors.

### What is an essential item?

This grouping includes:

- Baby-care items such as nappies, powders, feeding bottles, infant formula
- Sanitary items
- Medications (prescription and over the counter)
- Religious texts;
- Individuals hygiene items such as tooth care products, deodorants, shaving products, shampoo or hair conditioner
- Special dietary needs;
- Clothing (example warm clothing).

In principle, this category includes items that are related to physical, mental, emotional and spiritual wellbeing. This list is deliberately not exhaustive and leaves scope for the MIQF to exercise some discretion about what they believe is essential for the overall health and wellbeing of an individual. There is nothing inherently wrong with individuals purchasing non-essential items, however, large volumes of deliveries of non-essential items may be un-manageable for MIQFs. Expectations around the ordering and delivery of non-essential items should be clearly communicated to individuals.

TMO is responsible for ensuring that individuals have access to essential medication.

### Deliveries for individuals

All deliveries must be dropped off at reception to be checked by the Hotel Security or Police to ensure that the item does not contain or present a health and safety risk. Home cooked food cannot be refused for delivery under this policy.

The following items will be refused for delivery:

- Alcohol – however, individuals may purchase alcohol from the hotel bar via phone order
- Illegal items such as weapons and drugs. If these are suspected, in any delivery, then the matter should be referred to onsite Police to address
- Items that are a fire risk. Examples of these are electrical cooking appliances, gas cookers, candles, heaters, toasters, grill top ovens, items with naked flames, and combustibles.

Individuals will be notified of the items that are not able to be delivered to facility.

The following procedure is to be followed by all staff working in MIQF.

Before completing a delivery, staff must make a reasonable assessment. Is this delivery likely to contain items that are a risk to health and safety?

- If assessed as 'no', complete delivery to individuals (End process).
- If assessed as 'yes', do not complete the delivery and contact the individual the delivery is addressed to:

- Explain to the individual why the delivery has not been completed and offer them the opportunity to prove it does not contain items that are a risk to health and safety.
- If they wish, the individuals can then open the delivery and prove the does not contain items that are a health and safety risk. Staff are not to open or search the package, the individuals must do this voluntarily.
- If the individuals is unwilling to prove the item does not contain items that are a health and safety risk then advise the individuals that:
  - The item(s) will be held until the individual departs the facility
  - If there are items in the delivery that are illegal, such as drugs, the Police on site is to be called to deal with it.

The MIQF staff must document the event including, when (date and time), who the staff and individuals were, what led staff to reasonably believe delivery contained items that were a health and safety risk, whether the individuals wanted to prove delivery did not contain items that were a risk to health and safety (or not), if any items were discovered and how the items were managed (held or returned to individuals making the delivery).

All deliveries are to be delivered to the individual's room by the designated MIQF or hotel staff. Each facility is to have a single register to document these events. This register is to be overseen and reviewed periodically by the MIQF manager.

All deliveries for individuals need to be delivered to individual's door by MIQF staff or held in storage for individuals until departure date if item does not meet compliance requirements above.

### **Medicines supply, delivery, payment and medicine counselling**

Te Marae Ora will supply and deliver medicines if required by any resident individual in MIQF for free including counselling.

Medicine for visitors to the Cook Islands can also be supplied from the hospital pharmacy and payments can be made upon being discharged from the MIQF. However, if medicine is to be purchased from a private pharmacy, authority to charge the amount for the medicine on their room charges be provided to the Hotel Manager before the medicine is purchase and charged to the room.

## **Individuals Rights**

### **Right to advocacy**

Individuals have the right to an advocate who can support them and/or advocate on their behalf virtually (example via phone, email, video conferencing, and/or other digital means of communication). Individuals may desire advocacy support during complaints processes, during health checks, while receiving medical advice, and/or when considering or undergoing testing.

Advocates include family, friends, community members, legal representatives, and/or independent advocates from organisations like the Disability Council.

The MIQF is required to inform individuals of their right to advocacy.

### **Communication with individuals**

Individuals have the right to clear, accurate, and consistent communication from the MIQF throughout their stay. The individuals **Welcome Pack** is an important first source of communication and information for individuals and should be comprehensive and easy to read so that individuals can quickly identify the information they need.

MIQF staff should also be readily available to individuals to answer questions and provide support, including access to interpreting and translations services.

**Translators/Interpreters**

TMO will arrange for a translator or interpreter for those with language difficulties.

**Food and Beverage**

MIQFs must provide individuals with meal plan options for the three meals per day to choose for their individual dietary requirements. All meals are pre-ordered and prepared by the hotel restaurant.

Where individuals are experiencing problems with their meals (such as provision of meals that do not meet their dietary requirements), this should be remedied as soon as practicable. Meals suitable for children (including infants) must also be available if there will be children staying in the MIQF.

Individuals’ dietary requirements, including allergies, intolerances, preferences, and/or cultural/religious considerations, should be identified at the point of entry to a MIQF

**Food from external sources**

Individuals must be able to order additional food and supplies from supermarkets and/or delivery services, at their own cost.

**Alcohol**

Alcohol can only ordered from the hotel bar for those who are 18 years of age and over

**9. Individuals testing for COVID-19 in MIQFs**

**Responsibility of Agency**

| Te Marae Ora                                             |
|----------------------------------------------------------|
| Setting of testing requirements for individuals          |
| Provision of testing equipment                           |
| Conducting testing of individuals                        |
| Management and reporting of testing data and information |

Testing in MIQFs is critical, as people arriving from other countries present a heightened risk of reintroducing the COVID-19 virus into Cook Islands communities. All individuals at MIQF meet the higher index of suspicion (HIS) criteria by definition. The testing strategy includes the following components relevant to individuals in MIQFs:

- Testing of asymptomatic individuals
- Testing of individuals meeting the clinical criteria

The testing requirements for QFs and/or quarantine zones of dual-use facility are largely the same as the requirements for MIFs. However, where testing requirements differ between facility types, requirements for QFs/quarantine zones will be highlighted in a yellow box or in a table

**Legislative framework**

Testing requirements are outlined in the following:

- The Isolation and Quarantine Order requires individuals to report for and undergo medical examination and testing for COVID-19 at any time throughout their period of isolation or quarantine, as directed by a TMO or HPO staff.

- The Isolation and Quarantine Order also requires that an individual must fulfil the following low risk indicators prior to leaving the MIQF. Medical examination and testing is a key measure used to assess whether a individual is at low risk of having or transmitting COVID-19.

## Testing for COVID-19 infection

### Testing methods

A test that demonstrates presence or absence of the SARS-CoV-2 virus is the gold standard testing method. These tests must be performed using a validated method at a TMO accredited laboratory. The preferred test method presently is nucleic acid amplification test using a nasopharyngeal viral swab. A nasopharyngeal viral swab is the preferred and default swabbing method due to its superior sensitivity in detecting the presence of the SARS-CoV2 virus. An oropharyngeal sample has slightly reduced sensitivity than a nasopharyngeal sample and thus is less optimal in asymptomatic individuals.

If an individual has physical or other needs that preclude nasopharyngeal sampling as determined by TMO, then an oropharyngeal sample may be an acceptable alternative.

Exemption from viral testing may be approved by the TMO in a limited number of situations, but a medical examination must be completed to ensure:

- No clinical signs or symptoms of acute respiratory infection (via symptom check and chest auscultation)  
Temperature <38°C

### Who must be tested?

|                            |                                                                                                                                                                                                                                                                                                 |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Asymptomatic people</b> | All asymptomatic individuals who are staying at a <b>MIQF</b> must undergo routine testing                                                                                                                                                                                                      |
| <b>Symptomatic people</b>  | All symptomatic individuals – may be tested as determined by the Director of Public Health                                                                                                                                                                                                      |
| <b>Foreign nationals</b>   | The Air Border Order (No 2) and the Isolation and Quarantine Order requires all people entering the Cook Islands to report for and undergo medical examination and testing for COVID-19, including foreign nationals on temporary visas. Foreign nationals that refuse testing may be deported. |
| <b>Diplomatic staff</b>    | Diplomatic staff arriving at the border are exempt from testing, managed isolation and quarantine. However, they are strongly encouraged to voluntarily (and/or with the agreement of their government) enter a MQ or self-isolation and comply with testing.                                   |

## Testing of individuals

### Routine testing

All individuals (adults and children) are required to undergo testing for COVID-19:

- *On **day 0/1** (i.e. within 24 hours of arrival into a MIQF), **unless** the individuals has been solely in a jurisdiction assessed as ‘low risk’ for the two weeks prior to departure, or is an international transit passenger, or is an overseas-based air-crew member. These test results will be prioritised and where possible made available within 24-48 hours.*

**AND**

*b) On or around **day 5***

**AND**

- *On or around **day 9/10**. A negative result from the day 9/10 test is required for approval to exit the MIQF. The day 9/10 test should be prioritised both at the MIQF and the laboratory in order to return a result prior to the exit assessment.*

### **Day 0/1 testing**

Individuals that are subject to day 0/1 testing must isolate in their room until the result of their day 0/1 testing. Individuals are not permitted to exit their room to smoke, exercise, or otherwise during this time.

### **Children in MIQF**

All children, infants and babies must undergo nasopharyngeal testing. Clinical judgement must be taken with children, infants and babies on the appropriateness of a nasopharyngeal swab. An oropharyngeal test may be conducted.

### **Individuals that become symptomatic outside routine testing days**

Individuals that become symptomatic for COVID-19 at any time during their MIQF stay must be isolated to their room and tested as soon as possible.

### **People who have previously tested positive for COVID-19**

If an individual tests positive for COVID-19 during their stay in MIQF, no further viral testing is required during the quarantine period. This is because there is good evidence that transmission does not occur more than 10 days after infection and the laboratory test may detect traces of inactive viral particles for weeks after an individual is not infectious. A medical examination is required in order to determine a COVID-19 positive individual as 'low risk' for the purposes of exiting the QF/quarantine zone of a dual-use facility.

### **Close contacts of confirmed or probable cases of COVID-19**

Close contacts re-start 10 days of isolation with day 0 being the day after their last contact with a confirmed or probable case while that case was deemed infectious.

**From this new start date**, close contacts must undergo viral testing on or around days 0/1, 5 and 9/10 of their stay in the isolation zone of a dual-use facility.

In instances where an individual is identified as a close contact part way through their isolation period (example due to late notification of flight exposure event or National Focal Point notifications), the Medical Officer of Health will use their clinical discretion to determine an appropriate testing regime.

If symptoms of COVID-19 develop, they will be tested immediately. If they do not become a case, a negative test result on or around day 9/10 of their 10-day period in the isolation zone is required for exit.

### **Test refusal and exemptions of viral testing**

Everyone when in MIQF must comply with the Isolation and/or Quarantine Orders including the requirements to undergo testing for COVID-19.

## **Testing process**

### **Who is responsible for conducting tests?**

Trained TMO health staff located at the MIQF will conduct swabbing and transport swabs to laboratory for testing.

### **PPE requirements during testing**

All members of the swabbing team must use appropriate PPE for taking COVID-19 naso/oropharyngeal swabs. Individuals are asked to sit on chair outside their entrance door for testing or as directed by health staff at testing stations. They are required to wear face masks

### Communications with individuals

Information on testing requirements (asymptomatic and symptomatic) should be provided in the Welcome Pack that individuals receive on arrival at a MIQF. Prior to the test, individuals should be informed of their testing day and times. This could be during their daily health check.

### Result notification

The health staff at MIQF is responsible for notifying the individuals of a positive or negative result as soon as practicable.

### Negative result

An individual is required to complete the 10-day managed isolation period even if viral test results are negative. Individuals should be reminded that if they develop symptoms in the days following the test (regardless of their test result), they should contact the onsite health staff.

### Positive result

If an individual tests positive for COVID-19, the individual must be notified by the MIQF coordinator, Public Health Specialist or designated health staff. The individual (and close contacts of the confirmed case) may then be moved to an isolation zone of a dual-use facility as per the transfer protocols.

**Note** if following a case interview the individual is suspected to be an historical case, TMO can consider allowing them to remain in their current room/facility while further investigations are pending.

### Location of testing

The testing may be carried out at the door of individuals' rooms, and/or a designated testing site in the MIQF (example a conference room).

**Note** that swabbing of symptomatic individuals and their bubble members must occur at the doorway of their room (i.e. they are not to travel to a designated swabbing room within the facility.)

| Location                             | IPC considerations                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mitigations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| At the doorway of individuals' rooms | <ul style="list-style-type: none"><li>○ PPE requirements for individuals and staff (refer to the IPC SOP)</li><li>○ Implementing a process for sessional use of N95/P2 particulate respirators, eye protection, and fluid resistant gown</li><li>○ Ensuring availability of the items and documentation required to perform swabbing</li><li>○ Site-specific ventilation strategies to maximise protection of staff and other individuals.</li></ul> | <ul style="list-style-type: none"><li>○ In consultation with the IPC lead, consider implementing a protocol of visiting non-sequential (and non-adjacent)/distantly spaced rooms if corridors are narrow and doorways are close together</li><li>○ Ensuring donning and doffing of PPE occurs in designated areas, approved by the site IPC-lead</li><li>○ Point of testing equipment, consumables, and cleaning equipment are on hand</li><li>○ Adherence to waste management requirements (refer to the IPC SOP).</li><li>○ Ensure site-specific ventilation strategies are implemented example implementing window/balcony door opening and closing protocols prior to opening an individual's door, where applicable.</li></ul> |
| Designated swabbing site             | <ul style="list-style-type: none"><li>○ PPE requirements for individuals and staff (refer to the IPC SOP)</li><li>○ Implementing a process for sessional use of N95/P2 particulate respirators, eye protection, and fluid resistant gown</li></ul>                                                                                                                                                                                                   | <ul style="list-style-type: none"><li>○ Ensure site-specific ventilation strategies are implemented (example passive ventilation requirements within the room, air changes are adequate, use of an air filtration unit if applicable).</li><li>○ A system must be in place to manage individuals swabbing times in order to:</li></ul>                                                                                                                                                                                                                                                                                                                                                                                              |

|  |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                          |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>○ Ensuring availability of the items and documentation required to perform swabbing</li> <li>○ Site-specific ventilation strategies to maximise protection of staff and other individuals.</li> </ul> | <ul style="list-style-type: none"> <li>○ Prevent overlap of individuals moving throughout the facility for other purposes (example for exercise);</li> <li>○ Cleaning and disinfection processes to be followed in between individuals and at end of session.</li> </ul> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Interpreters and information in individuals own language

Individuals whose primary language is not English will have access to a health interpreter during the testing, if required. Individuals will also have access to a testing information sheet, written in their own language, where possible. Health interpreters are to be arranged by the MIQF management as per existing protocols.

### Transport of test swabs to laboratory

Test swabs must be labelled, securely stored, and safely and securely transported to the laboratory with SARS-CoV-2 testing capacity according to agreed laboratory protocols. Delay in transport should be avoided.

### Facility staffing requirements

Te Marae Ora will need sufficient staff to perform testing and track which individuals are due for day 0/1, 5 or 9/10 testing, are exempt from testing, have refused tests, or require tests for exemption purposes. Delegated roles must be assigned to manage the testing schedule and database, generating request forms and labels, performing the sampling (nasopharyngeal/oropharyngeal swabbing) following up on results and entering results into national database.

Each role within both the testing team and results team needs to be staffed appropriately to ensure efficiency of the testing programme and prevent backlogs. MIQFs should be prepared to scale up their testing team staffing as required to maximise testing capacity.

### IT requirements

TMO will need an appropriate IT solution to manage the testing information above for the MIQF the testing staff will update the national database with testing results.

### Worker testing for COVID-19 in MIQFs

#### Routine surveillance

| Worker                          | Testing frequency  |
|---------------------------------|--------------------|
| Managed Quarantine zone workers | Once every 14 days |
| Managed Isolation zone workers  | Once every 7 days  |

All staff working at the MIQF must undergo routine testing. Required testing must be nasopharyngeal or oropharyngeal (throat) and bilateral anterior nasal passage swab. Surveillance requirements may be determined by the presence of COVID in the facility and frequency may be determined by the Director or Public Health.

### Who must be tested?

Everyone who performs work at a MIQF are to be routinely tested, irrespective of the capacity in which they perform that work (example employee or contractor) and whether that work is paid or is performed on a voluntary basis. This includes government employees, contractors and their employees, and anyone else that enters the site for a work-related reason, even if on a one-off or ad-hoc basis. The term “worker” is used rather than “employee”, or similar, to avoid there being a need for a relationship of employment.



### Timing of testing

Workers to be tested *every 7 days* or *every 14 days*. Testing should occur as close as reasonably practicable to the 7 or 14 day after first performing work at an affected place, and as close as reasonably practicable to each 7 or 14 day thereafter, depending on the facility worked at. Routine testing should be evenly spaced at these intervals.

This maximises the value of the testing as a detection measure by ensuring that the full 7 day or 14-day window is assessed.

There is some flexibility to allow workers to be tested prior to the 7 and 14 days where there is a reasonable excuse. A reasonable excuse could include:

- *If the worker is not scheduled to be at work on the 7 or 14 day (example. if they are on leave or not rostered to work on those days)*
- *If there are operational testing requirements that reasonably justify testing prior to the 7 or 14 day (example due to scheduling constraints or testing resources, some workers need to be tested earlier within their required testing period to ensure that all workers at the facility can be tested within the required testing period and remain compliant with the Medical Testing Order).*

However, this should not be considered routine and all reasonable efforts should be made to test workers at evenly spaced intervals and as close to the 7 and 14 days as practicable.

### Testing operational arrangements

Operational responsibility for managing worker testing is as follows:

#### TMO Employer



Notifies each affected worker employed or engaged by the facility of the requirement to undergo testing:

Does not prevent any affected worker from being tested during their working hours if testing is available during those hours

Keeps the following written records to enable assessment of the affected worker's compliance:

- The worker's full legal name and date of birth
- The worker's telephone number
- The testing period that applies to the worker
- The dates on which the worker has undergone testing and medical examination

Asymptomatic worker testing should be provided onsite at the MIQF, through referral to the MIQF coordinator and health staff located at MIQF. Workers should be provided time to undertake a test during work time (i.e. not in their individual's time). Asymptomatic workers participating in the testing regime do not need to self-isolate while awaiting test results and can continue to work.

### Testing at dual-use facility

**Dual-use facility are operating as MIF** where there is a confirmed or probable case of COVID-19 in the isolation zone of the facility, or where it has been less than 14 consecutive days since any confirmed or probable case of COVID-19 last occupied the isolation zones of the facility. As a result, when dual-use facility are operating as MIF all workers in dual-use facility must adhere to the worker testing frequency of once every 7 days. This includes workers who do not enter the isolation zones of the facility.

**Dual-use facility are operating as MQ** if it has been at least 14 consecutive days since any confirmed or probable case of COVID-19 last occupied the quarantine zones of the facility. As a result, when dual-use facility

are operating as MQ all workers in the dual-use facility are to adhere to the worker testing frequency of once every 14 days.

#### **Managing worker testing when dual-use facility transition from operating as a MQ to operating as a MIF**

When a confirmed or probable case moves into the isolation zone of a dual-use facility that has been operating as a MQ (i.e., the facility has not had a confirmed or probable case in their quarantine zone for at least 14 consecutive days, and has therefore been testing workers at a MQ frequency), the dual-use facility must immediately transition to operating as a MIF. Accordingly, the workers in the dual-use facility must be tested at the frequency of once every 7 days.

For the purposes of test scheduling, day 1 of the new 7-day worker testing period should be the day the confirmed or probable case **entered** the facility. For example:

*An individual enters the facility on 5 October. They test positive on 7 October, which was their day 3 test. The dual-use facility is now operating as a SIF and must therefore transition to 7-day worker testing cycle. This means that every worker in the facility must be tested as close as reasonably practicable to 12 October (the 7th day after the individuals arrived at the facility), while ensuring they remain compliant with their previous testing regime (i.e. they do not go more than 14 days **since their last test** – see case study below for further explanation).*

**Note:** Although the frequency of testing changes as facility transition between MQ and MIF testing cycles, the days of testing do not necessarily need to change e.g. a worker could go from being tested every other Tuesday (MQ frequency) to every Tuesday (QF frequency), and vice versa.

For test scheduling purposes, every worker in the facility must adhere to 7-day testing from day 1 (the day individuals entered facility), until the facility has not had a confirmed or probable case in the isolation zone of the facility for at least 14 consecutive days and transitions to operating as a MQ.

When scheduling tests, consideration must also be given to ensuring workers remain compliant with their previous testing regime, while transitioning to the new testing cycle. For example:

*In the above case study, the worker had last undergone their routine testing on 24 September (11 days before the individuals – who later tested positive – arrived at the facility on 5 October). While the facility's transition to operating as a SIF requires the worker to be tested every 7 days after the individual's arrival (or since the individual's positive test result if the individuals tested positive more than 7 days after arrival), the worker must also remain compliant with their previous testing requirement (once every 14 days). This means that the worker must be tested on 8 October (14 days **since their last test**). After this test, the worker will be required to adhere to the facility's 7-day testing schedule until the facility transitions back to operating as a MQ.*

#### **Managing worker testing when dual-use facility transition from operating as a 'MIF' to operating as a 'MQ'**

As soon as a dual-use facility which is operating as a SIF meets the criteria for operating as a MQ as outlined above

For test scheduling purposes, this means that the new 14-day worker testing period begins 14 days after the last confirmed or probable case **exits** the facility. For example:

*In the above case study, if the confirmed or probable case meets the isolation exit criteria and exits the facility on 21 October, workers in the facility must continue to adhere to the 7-day testing schedule until 4 November (14 days after the individuals exits the facility). Provided there were no other confirmed or probable cases in the isolation zone of the facility during this time period, the facility can transition to operating as a MQ on 4 November, and a 14-day testing cycle commenced. This means that every worker in the facility must be tested as close as practicable to 18 November, the 14 day after the facility transitioned to operating as a MQ. Going*

*forward, every worker in the facility must continue to be tested on every 14 day thereafter, unless the facility must transition to operating as a MIF.*

When scheduling tests, consideration must also be given to ensuring workers remain compliant with the Medical Testing Order while transitioning to the new testing cycle. For example:

*In the above case study, if a worker had undergone their routine (7-day) testing on 2 November, they would be required to be tested on 16 November (the 14 day **since their last test**), to ensure they are compliant with the Medical Testing Order. After this test on 16 November, the worker will be required to adhere to the facility's 14-day testing schedule unless or until the facility transitions to operating as a SIF.*

**Note:** As above, although the frequency of testing changes as facility transition between QF and SIF testing cycles, the days of testing do not necessarily need to change example a worker could go from being tested every Tuesday (MQ frequency) to every other Tuesday (SIF frequency), and vice versa.

#### **Workers who are not tested during a required testing period**

As a starting principle, workers who have not been tested within a required testing period should not work on-site in a MIQF, or transport individuals required to isolate at a MIQF to or from a MIQF. This is not a requirement but is an important part of managing risks arising from work performed in a MIQF. Their employers should manage this through their organisation's usual employment processes.

#### **Workers who are absent from work at the required testing time**

If workers are absent from work during the required testing period (example on holiday or not rostered to work during the required testing period), they are still required to comply with their testing requirements under the Required Medical Testing Order when back at work at the MIQF.

As above, testing should be completed as close as reasonably practicable to the 7 (QF) or 14 (MSIF) day since the worker's last routine test, or since first performing work in the MIQF. Routine testing should be evenly spaced at these intervals. However, there may be situations where this routine spacing is not possible, such as when a worker has leave. In such cases, a test earlier in the cycle is permitted, however, this is not routinely acceptable. If the worker is tested while absent from work (but during the current testing period) they must advise their employer of the date and location of their test.

If workers are absent from work and are not tested during the required testing period, they should be tested as soon as possible after their return to work.

#### **Workers who refuse testing**

Failure to undergo a COVID-19 testing without reasonable excuse is an infringement offence under the COVID-19 Act 2020.

**Note:** MIQF workers can request an oropharyngeal (throat) **and** bilateral anterior nasal swab as an alternative testing method if they struggle to tolerate nasopharyngeal testing (pending local availability of the appropriate relevant swabbing materials).

#### **Medical or other legitimate exemptions from worker testing**

A worker with physical or other needs may be exempted from undergoing a COVID-19 test if determined by a health practitioner that testing would make it inappropriate for them to undertake.

However, in such cases, employers should seek public health input to assess the risk – both to the worker and to public health – of the worker continuing to work in a MIQF without undertaking regular surveillance testing. Mitigations should be put in place where feasible and employers should also consider what other measures, such as redeployment, may be available under the employment agreement.

### Testing of symptomatic workers

Routine surveillance testing of workers and is not intended to address testing requirements for symptomatic workers. Where workers are symptomatic, they should immediately self-

isolate and be tested as soon as practicable – this is an operational health and safety requirement that is separate from the Required Medical Testing Order and must be complied with irrespective of whether the individual has met their obligations under the Required medical Testing Order.

If the worker refuses to be tested, they may be required to remain in self-isolation, as directed by the on-call TMO clinician. If the first swab is negative and there remains a high degree of suspicion, the TMO can require a repeat swab(s).

### Workers who are close contacts of a confirmed or probable case

Workers who are classified as close contacts of a confirmed or probable case are expected to self-isolate for 10 days and comply with any requirements imposed by a TMO. They must complete their 10 days of self-isolation even if their first swab result is negative.

Family members or close contacts of workers who are deemed close contacts of a confirmed or probable case will be notified by the relevant local public health unit of any further action that is required, such as testing and/or self-isolation.

### Workers who test positive for COVID-19

Workers who test positive for COVID-19 must immediately comply with any directions of a TMO. Following notification of a positive test result, the relevant local public health unit will contact the worker and identify any close contacts. All close contacts must be isolated for 10 days in case they develop COVID-19 infection.

### Test modalities for required testing (routine surveillance for asymptomatic workers)

Nasopharyngeal swabbing is the preferred testing method for required testing due to its higher sensitivity at detecting the presence or absence of the SARS-CoV-2 virus. However, given MIQF workers undergo regular testing at high frequencies – on 14 (MQ) or 7 (QF) day cycles – MIQF workers can request an oropharyngeal (throat) **and** bilateral anterior nasal passage swab as an alternative to nasopharyngeal testing. The same swab must be used in both passages (throat followed by nasal passages). A saliva test is not an accepted modality for required testing. Saliva-based RT-PCR testing can only be used for voluntary additional testing.

Although the oropharyngeal and bilateral anterior nasal swab option is not as effective at detecting the SARS-CoV-2 virus as the nasopharyngeal swab, this risk is offset by the increased and ongoing frequency of routine testing that MIQF workers undertake.

## 10. Departure from MIQF

### Responsibilities of Agencies

| Te Marae Ora                                                                                                                                                                                                                                                                                                                                                                                                                   | Police                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Setting departure health check and exit requirements<br>Conducting the health check<br>Confirming a negative test result has been received on or around day 9/10 before a individuals exits a facility<br>Provision of overall health approval that the individuals has satisfied health and wellbeing requirements of exit (Medical Officer of Health or delegate)<br>Transferring of relevant medical information to MedTech | Ensure the individual has TMO approval to leave the facility<br>Approval that the individuals has satisfied non-health requirements of exit |

**Public Health** are responsible for ensuring individuals satisfy current TMO requirements before exiting from a MIQF.

#### **Required period of isolation or quarantine**

**Clause 10 of the Isolation and Quarantine Order** states that the **required period of isolation or quarantine** of an individual is:

- *The period ending at the same time of day as, but on the 10 day after, their start time if the Secretary of Health is satisfied that the individual meets the low risk indicators, as determined – as close as is reasonably practicable to the end of that period; and*
- *based on the advice of a suitably qualified health practitioner; or*
- *Any longer period needed to satisfy the Secretary of Health, based on the advice of a suitably qualified health practitioner, that the individual meets the low risk indicators, but no longer than the period ending at the same time of day as, but on the 20 day after, their start time.*

The Isolation and Quarantine Order states that the **start time of a period of isolation or quarantine** is:

- *The time and date of the individual's arrival in the Cook Islands (for example, 3:30pm on 15 September 2020), unless paragraph (b) applies:*
- *The start time that applies to the individual under the COVID-19 Act 2020*

However, if another individual joins them in their room at their place of isolation or quarantine (becoming their fellow resident), the individual's start time becomes the time and date of the other individual joining them, unless the other individual is a caregiver (**refer to clause 15 (2)(c)(i) of the Isolation and Quarantine Order for further details**).

No individual will be permitted to leave a MIQF until the Secretary of Health on the advice of a suitably qualified health practitioner, is satisfied they have met low-risk indicators for having, or transmitting, COVID-19 officially cleared by the Director of Public Health and a letter issued by the Secretary of Health.

#### **Circumstances in which the start time of the required period of isolation or quarantine is 're-started'**

If an individual becomes a close plus contact or a close contact of a confirmed or probable case during their time in a MIQF, their time in quarantine can be extended. Therefore, the start period for a close plus contact or close contact's 10-day period of quarantine re-starts from the last point of contact with the assumed infectious individual.

The same also applies to a positive case during their time in a MIQF, their time in isolation can be extended if another individual joins their bubble. The 10-day period of isolation re-starts from the last point of contact.

#### **Criteria to leave MIQF**

People may leave a MQ if they have completed the required period of quarantine, and on the advice of the Public Health Director that the individual meets the following **low risk indicators**:

*The individual –*

1. *Has undergone the medical examination and testing required to assess whether they have COVID-19, with a negative result; or*
2. *Has been determined by a Medical Officer of health to have particular physical or other needs that make it inappropriate for them to undergo medical examination and testing; and*
3. *Other medical tests or information relating to the individual (if any) indicate that the individual is at low risk of having or transmitting COVID-19.*

In practice, an individual can be released from a MQ if they meet all the following criteria:

- *Have been in managed quarantine for at least 10 days, and*

- *Have tested negative for COVID-19 on around day 9/10 of managed quarantine, and*
- *Have received and passed an exit health screening check within 3 hours prior to their departure, and*
- *All members of their bubble (the people they have been isolating with) satisfy indicators 1 – 3.*

Approval to exit MIQF can be granted, if all the above criteria are met, by the SoH on the advice of the Director of Public Health in consultation with the Public Health Nurse.

### **Early departures**

In some circumstances, individuals in a MIQF may have an urgent request to leave the MIQF shortly before their required 10-day period of isolation or quarantine ends.

- Considerations of early departures from Managed Quarantine (MQ) or Managed Isolation (MI) should be made where: circumstances are urgent and important; or
- There is unreasonable inconvenience (cost and/or time); and alternative transport arrangements are not possible.

Individuals should inform the TMO onsite health staff of the need for an early departure as soon as possible. Upon entry to the MIQF, individuals are required to provide details of their intended travel plans when they depart. Near the end of an individual's stay in managed quarantine or managed isolation (ideally 2-3 days before departure), RN should follow up with the individuals to confirm their intended travel plans upon departure, including whether or not the individuals requires an early departure.

### **Early departure**

If an individual requests departure from a MIQF up to three hours early, the Director of Public Health should be contacted for approval. The Director Public Health in consultation with the SoH has the authority to end an individual's period of isolation or quarantine following a D9 negative test result. Note all individuals undertaking MIQF must return a negative D9 result and:

- It is a practical time for the individuals to leave the MIQF; and
- The individuals meets the low risk indicators, based on the advice of a suitably qualified health practitioner

The Director of Public Health may decline a request for an early departure if the resulting departure time would place an unreasonable expectation on RN to process the individuals or group of people either very late or very early in the day (example during the hours from 8 pm to 7 am).

### **Departure more prior to D9 testing**

If an individual's requests to leave a MIQF prior to D9 of MIQF period, they must ask the MIQF coordinator. The request should be submitted as early as possible, and the exemption must be approved by the Director of Public Health in consultation with the SoH.

### **Criteria to leave a MIF**

People admitted to a MIQF under an Isolation and Quarantine Order can be permitted to leave if they meet the low-risk indicators (below), as determined by the Director of Public Health. The low-risk indicators are as follows:

*The individual:*

- *Has undergone the medical examination and testing required to assess whether they have COVID-19, with a negative result; or*
- *Has been determined by a Medical Officer of health to have particular physical or other needs that make it inappropriate for them to undergo medical examination and testing; and*
- *Other medical tests or information relating to the individuals (if any) indicate that the individuals is at low risk of having or transmitting COVID-19.*

### **People that have tested positive for COVID-19**

*Low-risk indicator (a):* requiring a negative test from people that have previously tested positive for COVID-19 is not required as traces of inactive (non-infectious) viral particles may be detected in a nasopharyngeal swab after an individual has recovered and is no longer infectious. People that have previously tested positive for COVID-19 will be assessed for release from isolation against low-risk indicator (b), as follows.

1. Have spent at least 10 days total in a managed isolation facility (their time in a MIQF, if any, will count towards this), and
2. Have spent at least 10 days in a MIF zone of a single-use or dual-use facility since either:
  - Testing positive for COVID-19 if the individual has remained asymptomatic, OR
  - Since the onset of symptoms, and
  - Been 72 hours symptom-free, and
  - Receive approval from a suitably qualified health practitioner.

### **People designated as historical cases of COVID-19**

If an individual is designated as a historical case of COVID-19 by TMO, they must meet the following criteria to satisfy low-risk indicator (b):

1. Have spent at least 10 days total in a managed facility (if they have been transferred to a MIF zone of a single-use or dual-use facility, their time in a MIQF will count towards this), and
2. Receive approval from a suitably qualified health practitioner.

### **People that have not tested positive for COVID-19**

This includes people that have been transferred to a MIQF because they are close plus or close contacts of confirmed or probable cases of COVID-19, and people who have been transferred to a facility because they displayed symptoms consistent with COVID-19, but have not tested positive for COVID-19.

*Low-risk indicator (a):* People that have not previously tested positive for COVID-19 must satisfy low-risk indicator (a) and test negative for COVID-19 on around day 9/10 of their stay in isolation to be released from the facility.

People that have been transferred to the facility as close plus or close contacts of probable or confirmed cases of COVID-19 must be tested for COVID-19 around days 5 and 9/10 of their stay in the facility, regardless of previous COVID-19 testing they may have undertaken in a MIQF.

*Low-risk indicator (b):* In practice, low-risk indicator (b) requires people who have not previously tested positive for COVID-19 to meet the following criteria:

1. Have tested negative for COVID-19 on around day 9/10 of quarantine, and
2. Have spent at least 14 days in isolation since their last known contact with an assumed or confirmed infectious individual, and
3. Have received and passed a health screening check within 3 hours of their departure, and
4. All members of their bubble (the people they have been isolating with in the MIQF) satisfy indicators 1–3.

For all people exiting isolation zones, approval to exit can be granted if all the applicable above low risk indicators and criteria are met. This will be approved by the SoH on the advice of the Director of Public Health.

### **Implication of COVID-19 test refusal on ability to depart a MIQF**

*Low-risk indicator (a)* requires people to undergo a 'test' for COVID-19, and for the result of that test to be negative, to be released from a MQ.

If an individual refuses to be tested for COVID-19 on or around day 9/10 of their isolation, they may be required to remain in the MQ for up to an additional 10 days (no more than 20 days in total), until the SoH is satisfied the individual meets the low-risk indicators.

### **Close contacts in QFs or quarantine zones**

Close contacts that have been transferred to a QF/quarantine zone re-start 10 days of quarantine. From this new start date, close contacts must undergo viral testing on or around days 3, 7 and 9 of their stay in the QF/quarantine zone.

1. If an individual refuses to be tested for COVID-19 on or around day 9 of their stay in a QF/quarantine zone, they may be required to remain in the QF/quarantine zone for up to an additional 10 days (no more than 20 days in total), until they meet the low risk indicators.
2. If an individual refuses nasopharyngeal testing for physical or other reasons that a TMO determines should preclude them from nasopharyngeal testing, then the risk assessment criteria described in will be used to determine how long – if at all – an individual and/or bubble is required to extend their stay in the MQ.
3. If an individual refuses nasopharyngeal testing and they do not have physical or other reasons deemed appropriate by a Medical Officer of Health, they will be **required to stay at the MQ for an additional 10 days following their day 9 test refusal** (20 days in total), provided they do not develop symptoms during this time.

If an individual refuses viral testing, but submits to another form of testing as defined in the Isolation and Quarantine Order (symptom checking, temperature checking, and/or chest auscultation), although they will have satisfied the requirement to be 'tested' under the Order, it is unlikely that they will be able to be deemed 'low-risk' after 10 days in a MQ. This is because these alternative (non-nasopharyngeal swab) 'testing' methods are unlikely to identify asymptomatic cases of COVID-19.

If an individual is symptomatic they are only allowed out of their rooms on an escorted **basis if they have tested negative** (and are still symptomatic). Symptomatic people who have not yet been tested or not yet received a result should be isolated in their rooms.

The rationale for requiring people to remain in the SIF for an additional 10 days following day 9 test refusal aligns with the criteria for release from isolation for a mild confirmed case. Mild confirmed cases must remain in a QF for at least 10 days following the onset of symptoms, or since they tested positive (whichever is later), including 72 hours symptom-free.

The individuals should be offered nasopharyngeal testing each day during their extended stay. If they submit to testing at any point after spending 10 days in the MQ, and test negative, they should be released immediately (provided they meet the other exit criteria).

An individual who intentionally fails to comply with a requirement under an order is committing an offence under section 26(1) of the COVID-19 Public Health Response Act 2020 (the COVID-19 Act).

### **Exit health check**

As per criteria above, individuals must receive and pass an exit health check within 3 hours prior to their departure. This must be completed to the specifications of the **Final Health Check Form**.



The exit health check must involve a suitably qualified health professional checking for symptoms consistent with COVID-19.

For individuals that had previously tested positive, to pass the exit health check the individuals must have been symptom free for the preceding 72 hours.

TMO is responsible for providing approval that individuals have satisfied health requirements of exit.

During the exit health check, the health professional conducting the check should also verbally advise individuals to:

- Continue to be aware of the Cook Islands alert levels and abide by any requirements including PPE use and physical distancing;
- Continue to practice good hand hygiene (frequently washing hands and/or using alcohol hand sanitiser); If they or their family/close contacts develop any symptoms of COVID-19, immediately contact:
  - Healthline or their GP, get tested immediately, and self-isolate while awaiting test results
- Download and use the Cooksafe, Cooksafe+ app or NZ COVID Tracer app with the Bluetooth functionality enabled, or keep a written record of where they go if they don't have a smartphone;
- For the next week following departure from a MIQF, it is recommended that they do not attend large gatherings and that they should wear a mask if travelling on a plane, using public transport, or are around vulnerable people;
- Because they have completed at least 10 days in the MIQF and met the low-risk indicators for release, they should not be subject to any further restrictions prior to returning to or commencing work unless otherwise advised (e.g. they should not be required to undergo further isolation before attending their place of work, unless they are advised otherwise by public health officials).

Individuals should also be advised during their exit health screening check that they will receive a final wellness check from TMO in the week following their departure from the facility via email. The purpose of the final wellness check is to check in and ensure the individuals is well. This is an extra precautionary step to keep individuals, their family, and their community safe. Each individuals will be sent a wellness check to the email address they provided for the NBS. If multiple individuals have provided the same email address (example multiple family members use the same email address), a separate email will still be sent for each individuals. A wellness check will need to be completed for each individual individuals individually.

Individuals should be encouraged to monitor their email for the wellness check and respond promptly once they receive it – if they do not respond, they will receive a follow up phone call. It is particularly important that individuals contact details are accurately recorded in the NBS prior to departure so that the individuals can be contacted in a timely manner for the final wellness check.

The advice above is also included in the *Departure Letter* supplied to individuals upon exit from the MIQF.

#### **People displaying symptoms upon exit health screening check**

If the individuals displays any of the following symptoms during the exit health check, they must submit to further examination and must not be permitted to exit:

- Temperature of 38°C or higher
- Cough
- Sore throat
- Difficulty breathing or shortness of breath
- Runny nose or Changes in taste or smell

**Note** that some people may present with symptoms such as only: fever, diarrhoea, headache, myalgia, nausea/vomiting, or confusion/irritability. If there is not another likely diagnosis, then they should have a swab test

- If an individual from a MQ displays symptoms, then the MIQF protocols for unwell people are to be applied for further assessment to take place, and potential transfer to a isolation zone of a dual-use facility.

The authority to assess the individuals against the above criteria and approve their exit from the MIQF is delegated to the on-call TMO or the onsite health professional.

For people departing from a isolation zone, the individuals (and if applicable, their bubble) will not be released from the isolation zone until they meet the relevant low-risk indicators, which includes being symptom-free for 72 hours.

### **Bubbles**

The low-risk indicators apply to all members of a bubble (a group of people isolating together). This means that if one individuals in a bubble does not meet the low-risk indicators for release from a MIQF and are subsequently required to extend their stay in a MIQF, their entire bubble may also be required to remain in the MIQF until they collectively satisfy the low-risk indicators. This is because the individuals cannot be deemed to be low-risk of having or transmitting COVID-19 if they are in close contact with someone who is not deemed low risk.

### **Departure letter**

People that satisfy the low-risk indicators and are approved for release from a MIQF are to be provided with a departure letter.

### **Confirming individuals information in MedTech**

Prior to departure from the MIQF, staff who have access to the MedTech should ensure that key information about individuals has been recorded in the MedTech. This information is necessary to assist in contacting individuals should any follow up be required after they have departed a MIQF. The following information is considered key information that is required to facilitate any necessary follow up:

- Individuals name, date of birth, contact phone number and email address
- Individuals ethnicity, if a translator is required, and preferred language If the individuals was an unaccompanied child or young individuals
- Details of the facility(example name, location)
- Details of the individuals Expected isolation or quarantine period end date and time; or Actual MIQF departure date and time
- Date of the individual's last COVID-19 swab.

### **Children in MIQFs**

#### **Infection Prevention Control requirements for children**

Children under 6 years of age are exempt from wearing a face mask. Their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so, however face masks should not be worn by children less than 2 years of age because of safety concerns.

Parents or care givers should be encouraged to assist children to perform hand hygiene and they should be responsible for the handling of items belonging to the child such as bottles, dummies and toys.

### **Provision of food and beverage for children**

As mentioned in Food and Beverage, MIQFs must provide individuals with at least 3 meals per day. MIQFs must provide meals suitable for children (including infants) if there will be children staying in the MIQF.

### **Wellbeing and psychosocial needs**

As mentioned in all individuals, including children, will benefit from wellbeing checks and support.

Along with other requirements MIQFs must provide a range of wellbeing supports including, but not limited to:

- Access to activities and online educational resources for children and support for parents
- Advice and support on managing boredom, engaging in activity, establishing routines within the facility including sleep routine and good sleep hygiene.

### **Testing of children**

The testing process is generally the same for children as it is for adults. Refer to Section 11 Individuals testing for COVID-19 in MIQFs for full guidance on testing for both children and adult individuals.

### **Testing frequency**

Children are required to undergo testing for COVID-19:

Day 0/1

**AND**

on or around day 5

**AND**

on around day 9/10. A negative result from the day 9/10 test is required for approval to exit the MQ. *The day 9/10 test should be prioritised both at the MIQF and the laboratory in order to return a result prior to the exit assessment.*

### **Testing methods**

As discussed above the preferred test method presently is nucleic acid amplification test using a nasopharyngeal viral swab. This is the preferred method including for children, unless they have physical or other needs that an attending physician or TMO determines should preclude them from nasopharyngeal testing.

If a child has physical or other needs that preclude them from nasopharyngeal testing (as determined by the attending physician or TMO), then an oropharyngeal viral swab is an acceptable alternative. An oropharyngeal sample has slightly reduced sensitivity compared to a nasopharyngeal sample and thus an oropharyngeal sample is less optimal in asymptomatic children.

### **Testing refusal**

#### **Children who refuse day 0/1 testing**

The purpose of day 1 testing is to rapidly identify COVID-19 cases so that they can be transferred to an isolation zone, and managed appropriately, as soon as possible.

Asymptomatic and symptomatic individuals who have refused a day 0/1 test will be managed as symptomatic individuals. Refer to **Managing symptomatic individuals for further guidance. TMO advice will be sought** and the matter will be referred to Public Health Specialist, or designated delegate, for a determination on actions to be taken. Refusal to consent to a day 1 test is to be reported to MIQF Operations using the standard incident reporting process.

### Children who refuse day 3 testing

Day 3 nasopharyngeal testing is an important public health measure for early detection of COVID-19 in MIQFs. If a child or their parent/legal guardian refuses nasopharyngeal testing on or around day 3, they are still required to be tested on or around day 12. They should be regularly reminded of the benefits of testing, the requirement to undergo medical examination and testing under the Isolation and Quarantine Order, and the potential implications of refusing testing at day 3.

### Children who refuse day 12 testing

To leave a MIQF, an individual must be deemed 'low-risk' by a TMO. 'Testing' on or around day 12 – whether nasopharyngeal swabbing (the preferred testing method) or another clinical examination is one consideration in assessing if a individuals is low-risk, however, there are other considerations that include (but are not limited to):

- Whether or not the individuals tested negative for COVID-19 on or around day 3 of their stay in the MQ
- Exposure risk to the SARS COV-2 virus (including in the country they have travelled from, while transiting through airports during their travel to the Cook Islands, and any close contacts they may have had at the MQ), and
- Bubble size while in the MQ (due to length of potential chains of transmissions)
- Whether or not other members of the bubble have been tested for COVID-19 (on or around days 3 and 12).

| IF                                                                                                                                   | Then                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A child refuses a nasopharyngeal test and has a physical or other reason deemed appropriate by a Medical Officer of Health           | <b>A test</b> should be used to determine if the child can be considered 'low-risk' and released after 14 days at the MQ.<br>If they are not considered low-risk, they will be required to stay at the MQ for an additional 10 days from the day 12 test refusal (22 days total). |
| A child refuses a nasopharyngeal test and does not have a physical or other reason deemed appropriate by a Medical Officer of Health | The child will be required to stay at the MQ for an additional 10 days from the day 12 test refusal (22 days total).                                                                                                                                                              |

## Annex 1: Infection Prevention SOP



IMS: Infection Prevention in the Health care setting

Standard Operating Procedure

Effective: April 2020

Reviewed April 2021

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### Purpose

This standard operating procedure provides guidance to the Te Marae Ora Ministry of Health Cook Islands staff in implementing infection prevention and control when managing confirmed or suspected COVID-19 patients in all health care facilities. This guidance is to ensure that working practices are safe and healthcare staff are protected.

### Scope

This standard operating procedure applies to all the Te Marae Health care team in hospitals who are involved in managing suspected or confirmed cases of COVID-19 in all health care facilities.

### Roles and responsibilities

Ensure patients presenting at the hospital or consulting via phone are properly triaged, condition is recognized early, and appropriate action such as isolating patients with suspected COVID-19 is performed:

- Apply standard infection prevention control (IPC) precautions when treating all patients in all health care settings or in the Puna
- Implement empiric additional precautions (droplet and contact and, whenever applicable, airborne precautions) for suspected cases of COVID-19
- Implement administrative controls
- Use environmental and engineering controls to maximize impact of IPC measures
- Assess and diagnose emergency biomedical repairs
- Place protective barriers on equipment to be used
- Remove protective barriers.

### Assessing patients suspected of COVID 19 (Triage)

Proper triaging of patients is vital in the diagnosis and appropriate management of patients suspected or with COVID-19. Therefore it is important that:

- Health care workers (HCWs) are adequately trained and are encouraged to have a high level of clinical competency
- Establish a well-equipped triage station at the entrance to the facility, supported by trained staff
- Institute the use of screening questionnaires according to the updated case definition. Please refer to the Global Surveillance for human infection with coronavirus disease (COVID-19) for case definitions.
- For phone consults, the clinicians must ask patients the right type of questions in a systematic manner to ensure vital information are being captured
- Post signs in public areas reminding symptomatic patients to alert HCWs when help is needed
- HCWs must perform hand and respiratory hygiene preventive measures at all times.

### Applying standard infection prevention control precautions to all COVID-19 patients in the health care facilities

Standard precautions include respiratory and hand hygiene, the use of appropriate personal protective equipment (PPE) according to a risk assessment, injection safety practices, safe

waste management, proper linens, environmental cleaning, and sterilization of patient-care equipment.

### **Respiratory hygiene measures**

- Ensure that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing
- Offer a medical mask to patients with suspected COVID-19 while they are in waiting/public areas or in chortling rooms
- Perform hand hygiene after contact with respiratory secretions.

### **Hand hygiene measures**

HCWs should apply the World Health Organizations - 'my five moments' for hand hygiene approach before touching a patient, before any clean or aseptic procedure is performed, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings.

- Hand hygiene includes either cleansing hands with an alcohol-based hand rub or with soap and water
- Alcohol-based hand rubs are preferred if hands are not visibly soiled
- Wash hands with soap and water when they are visibly soiled.

### **Personal protective equipment**

- Ensure adequate and regular supplies of PPE is available
- Conduct adequate training of staff on "Donning and Duffing" of PPEs
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly
- Thoroughly clean environmental surfaces with water and detergent and applying commonly used hospital level disinfectants (such as sodium hypochlorite)
- Medical devices and equipment, laundry, food service utensils, and medical waste should be managed in accordance with safe routine procedures.

### **Implement empiric additional precautions**

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#### **Contact and droplet precautions**

In addition to using standard precautions, all individuals, including family members, visitors and HCWs, should use contact and droplet precautions before entering the room of suspected or confirmed COVID-19 patients:

- Patients should be placed in adequately ventilated single rooms. For general ward rooms with natural ventilation, adequate ventilation is considered to be 60 L/s per patient
- When single rooms are not available, patients suspected of having COVID-19 should be grouped together
- All patients' beds should be placed at least two metre apart regardless of whether they are suspected to have COVID-19
- Where possible, a team of HCWs should be designated to care exclusively for suspected or confirmed cases to reduce the risk of transmission
- HCWs should use a medical masks (N95 is preferable)
- HCWs should wear eye protection (goggles) or facial protection (face shield) to avoid contamination of mucous membranes
- HCWs should wear a clean, non-sterile, long-sleeved gown
- HCWs should also use gloves
- The use of boots, coverall, and apron is not required during routine care
- After patient care, appropriate doffing and disposal of all PPE and hand hygiene should be carried out
- A new set of PPE is needed when care is given to a different patient
- Equipment should be either, single-use and disposable or dedicated equipment (example stethoscopes, blood pressure cuffs and thermometers). If equipment needs to

be shared among patients, clean and disinfect it between use for each individual patient (example by using ethyl alcohol 70%)

- HCWs should refrain from touching eyes, nose, or mouth with potentially contaminated gloved or bare hands.
- Avoid moving and transporting patients out of their room or area unless medically necessary. Use designated portable X-ray equipment or other designated diagnostic equipment. If transport is required, use predetermined transport routes to minimize exposure for staff, other patients and visitors, and have the patient wear a medical mask
- Ensure that HCWs who are transporting patients perform hand hygiene and wear appropriate PPE as described in this section
- Notify the area receiving the patient of any necessary precautions as early as possible before the patient's arrival
- Routinely clean and disinfect surfaces with which the patient is in contact
- Limit the number of HCWs, family members, and visitors who are in contact with suspected or confirmed COVID-19 patients
- Maintain a record of all persons entering a patient's room, including all staff and visitors.

### **Airborne precautions for aerosol-generating procedures**

Some aerosol-generating procedures, such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy, have been associated with an increased risk of transmission of coronaviruses. Therefore it is important that HCWs performing aerosol-generating procedures must:

- Perform procedures in an adequately ventilated room – that is, natural ventilation with air flow of at least 160 L/s per patient or in negative- pressure rooms with at least 12 air changes per hour and controlled direction of air flow when using mechanical ventilation
- Use a particulate respirator at least as protective as a US National Institute for Occupational Safety and Health (NIOSH)-certified N95, European Union (EU) standard FFP2, or equivalent
- When HCWs put on a disposable particulate respirator, they must always perform the seal check Note that facial hair (e.g. a beard) may prevent a proper respirator fit and is recommended to be shaved
- Use eye protection (i.e. goggles or a face shield)
- Wear a clean, non-sterile, long-sleeved gown and gloves. If gowns are not fluid-resistant, HCWs should use a waterproof apron for procedures expected to create high volumes of fluid that might penetrate the gown
- Limit the number of persons present in the room to the absolute minimum required for the patient's care and support.

### **Implementing administrative controls**

Administrative controls and policies for the prevention and control of transmission of COVID-19 within the health care setting include, but may not be limited to:

- Establishing sustainable IPC infrastructures and activities; educating patients' caregivers; developing policies on the early recognition of acute respiratory infection potentially caused by COVID-19 virus
- Ensuring access to prompt laboratory testing for identification of the etiologic agent; preventing overcrowding, especially in emergency departments
- Providing dedicated waiting areas for symptomatic patients
- Appropriately isolating hospitalized patients
- Ensuring adequate supplies of PPE; and ensuring adherence to IPC policies and procedures for all aspects of health care.

### **Administrative measures related to health care workers**

- Provision of adequate training for HCWs
- Ensuring an adequate patient-to-staff ratio

- Establishing a surveillance process for acute respiratory infections potentially caused by COVID-19 virus among HCWs
- Ensuring that HCWs and the public understand the importance of promptly seeking medical care
- Monitoring HCW compliance with standard precautions and providing mechanisms for improvement as needed.

### **Using environmental and engineering controls**

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These controls address the basic infrastructure of the health care facility and aim to ensure adequate ventilation in all areas in the health care facility, as well as adequate environmental cleaning.

Additionally, separation of at least 1 metre should be maintained between all patients. Both spatial separation and adequate ventilation can help reduce the spread of many pathogens in the health care setting.

Ensure that cleaning and disinfection procedures are followed consistently and correctly. Cleaning environmental surfaces with water and detergent and applying commonly used hospital disinfectants (such as sodium hypochlorite) is effective and sufficient. Manage laundry, food service utensils and medical waste in accordance with safe routine procedures.

### **Duration of contact and droplet precautions for patients with COVID-19**

Standard precautions should be applied at all times. Additional contact and droplet precautions should continue until the patient is asymptomatic. More comprehensive information about the mode of virus transmission is required to define the duration of additional precautions.

Collecting and handling laboratory specimens from patients with suspected COVID-19

All specimens collected for laboratory investigations should be regarded as potentially infectious. HCWs who collect, handle, or transport clinical specimens should adhere rigorously to the following standard precaution measures and biosafety practices to minimize the possibility of exposure to pathogens.

- Ensure that HCWs who collect specimens use appropriate PPE (i.e. eye protection, a medical mask, a long-sleeved gown, and gloves). If the specimen is collected during an aerosol generating procedure, personnel should wear a particulate respirator at least as protective as a NIOSH-certified N95, an EU standard FFP2, or the equivalent
- Ensure that all personnel who transport specimens are trained in safe handling practices and spill decontamination procedures
- Place specimens for transport in leak-proof specimen bags (secondary containers) that have a separate sealable pocket for the specimen (a plastic biohazard specimen bag), with the patient's label on the specimen container (the primary container), and a clearly written laboratory request form
- Ensure that laboratories in health care facilities adhere to appropriate biosafety practices and transport requirements, according to the type of organism being handled
- Deliver all specimens by hand whenever possible. DO NOT use pneumatic-tube systems to transport specimens
- Document clearly each patient's full name, date of birth and "suspected COVID-19" on the laboratory request form. Notify the laboratory as soon as possible that the specimen is being transported.

### **Recommendation for outpatient care**

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The basic principles of IPC and standard precautions should be applied in all health care facilities, including outpatient care and primary care. For COVID-19, the following measures should be adopted:

- Triage and early recognition



- Emphasis on hand hygiene, respiratory hygiene, and medical masks to be used by patients with respiratory symptoms
- Appropriate use of contact and droplet precautions for all suspected cases
- Prioritisation of care of symptomatic patients
- When symptomatic patients are required to wait, ensure they have a separate waiting area
- Educate patients and families about the early recognition of symptoms, basic precautions to be used, and which health care facility they should go to.

**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 2: Infection Prevention and Cleaning Guideline

### Infection prevention and control cleaning

|                                                   |                                                               |
|---------------------------------------------------|---------------------------------------------------------------|
| Document Type                                     | Guideline                                                     |
| Risk of non-compliance                            | May result in significant harm to the patient                 |
| Function                                          | Clinical Practice, Patient Care                               |
| User Group(s)                                     | Te Marae Ora Ministry of Health Cook Islands (TMO)            |
| <input type="checkbox"/> Directorate(s)           | All Hospital Health Services, All Community Care Services     |
| <input type="checkbox"/> Department(s)            | General Inpatient Services, Primary Care Services and Units   |
| <input type="checkbox"/> Used for which patients? | General Adult Inpatients and Paediatric Inpatients            |
| <input type="checkbox"/> Used by which staff?     | All Clinicians and Non Clinical who has access to these areas |
| Keywords                                          | N/A                                                           |
| Author                                            | Policy and Planning                                           |
| Authorisation                                     |                                                               |
| <input type="checkbox"/> Owner                    | TMO                                                           |
| <input type="checkbox"/> Delegate/Issuer          | TMO                                                           |
| Edited by                                         | Policy and Planning                                           |
| First issued                                      | 2013                                                          |
| This version issued                               | 7 December 2020                                               |
| Review frequency                                  | 3 yearly                                                      |

### Definitions

|                 |                                                                                                                                                                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk            | Risk of infection for patients, risk of a poor public image for TMO, occupational health and safety risk for hospital staff and the public                                                                                                                        |
| Processes       | Procedures, methods and activities that use resources for cleaning                                                                                                                                                                                                |
| Outcome         | Effect or consequence of the process e.g. cleaning produces a clean and safe environment for patient care                                                                                                                                                         |
| Element         | Surface, article or fixture being cleaned                                                                                                                                                                                                                         |
| Functional area | Area in which cleaning occurs, example a ward or operating theatre. The area of the hospital that has been defined as having a particular risk associated with its functional area, and it has been given a corresponding level of intensity required in cleaning |

### Introduction

Ensuring that Te Marae Ora Ministry of Health Cook Islands (TMO) hospitals and clinics are clean and infection free is essential to the provision of healthcare. Having a clean and infection free environment is an outward manifestation of the health of any hospital or clinic and provides the setting for good patient care practices. This can contribute to assisting patients to recover and help in the prevention and control of the spread of hospital associated infections.

Cleanliness and infection control are closely linked in the public mind, however there are important distinctions to be made; whilst cleanliness contributes to infection control, preventing infections requires more than simple cleanliness. It is our aim to raise the standards of cleanliness and infection control throughout the TMO.

The cleaning of health care premises is carried out by the TMO team of infection control who are managed by the Support Services Manager and regularly audited by the Quality and Infection Control Manager (QICM).

The TMO management and clinical teams recognise the important role that cleaners play in ensuring public confidence in the overall cleanliness of the hospital environment.

Maintenance, as well as cleaning, is essential in ensuring a safe and aesthetically pleasing environment, and it is recognised that as buildings and equipment become old, they become more difficult to keep clean. However it must be stressed that ALL EMPLOYEES have a responsibility in caring for the environment they work in, and the equipment they use.

Recognising that cleanliness is everyone's responsibility the purpose of the infection prevention and control cleaning policy is to:

1. Provide direction in maintaining and improving cleanliness standards across all hospital sites and premises, ensuring a clean comfortable and safe environment for patients, visitors, staff and members of the general public
2. Increase patient confidence whilst using the hospital facilities in relation to environmental hygiene and the TMO commitment to reduce the incidence of healthcare associated infection
3. Provide the opportunity to improve cleanliness standards.

### **Scope**

This cleaning plan embraces all cleaning activity within TMO. This includes all general scheduled and reactive cleaning activities undertaken by the cleaning services team as well as those undertaken by the contracted workers and groundsmen (outside areas).

### **Statement**

Functional areas have been grouped into four levels of cleaning intensity, based on the risks associated with inadequate cleaning in that area:

1. Very high risk
2. High risk
3. Moderate risk
4. Low/minimal risk

#### *Very high risk areas*

Patients are at very high risk of infection, and frequent and responsive cleaning services is essential. The outcomes must be achieved through the highest level of intensity and frequency of cleaning. It is essential that areas adjoining very high risk area also receive the most intensive level of cleaning. These include bathrooms, corridors, storerooms, meeting rooms, offices, sluice/disposal rooms and staff lounges.

#### *High risk areas*

The outcomes must be maintained by frequent scheduled cleaning and a capacity to spot clean. It is essential that areas adjoining high risk areas also receive the same level of cleaning. These include balconies, bathrooms, and corridors, meeting rooms, pantry/kitchen areas, offices, sluice/disposal rooms, staff lounges and storerooms.

#### *Moderate risk areas*

The required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with some capacity to spot clean in between. It is essential that areas adjoining moderate risk areas also receive the same level of cleaning. These include balconies, bathrooms, and corridors, elevators, meeting rooms, pantry/kitchen areas, offices, stairwells, sluice/disposal rooms, staff lounges and storerooms.

#### *Low/minimal risk areas*

The required standards are important for aesthetic and, to a lesser extent, hygienic reasons. The outcomes should be achieved through regular cleaning on a scheduled or project basis, with a capacity to spot clean in between. It is essential that areas adjoining low/minimal risk areas also receive the same level of cleaning. These include balconies, bathrooms, and corridors, elevators, meeting rooms, pantry/kitchen areas, offices, staff lounges, and storerooms and loading docks.

### **Responsibilities of TMO staff**

The Secretary of Health will:

- Ensure that TMO has an effective policy.

Directors will:

- Ensure robust systems, processes and adequate resources are in place to achieve high standards

- Ensure this policy is disseminated and implemented within their areas of responsibility
- Ensure all staff in their areas are aware of and understand the policy and that it is implemented into practice
- Investigate failures to comply with the policy and ensure corrective action is taken to prevent a recurrence.

**Support Services Manager will:**

- Be accountable for achieving the key objectives detailed in this policy
- Ensure high standards of cleanliness are maintained and any non-compliance is recognised and corrected
- Ensure that patients receive treatment in an environment that is clean and safe.

**Quality Manager will:**

- Provide technical advice on cleaning and disinfection agents, equipment and methodology of cleaning
- Approve all cleaning and disinfection products for use in MoH health facilities
- Develop patient feedback surveys and act on feedback
- Provide appropriate infection prevention and control education to cleaning staff.

**Divisional Heads will:**

- Ensure that all cleaning staff are aware of and comply with policy.

**All staff will:**

- Comply with the Environmental Cleaning policy.

**Cleaning services structure:**

**Rarotonga:**

There are twenty infection control staff on Rarotonga. Fourteen are permanent and six are casuals and they are responsible for the cleanliness of the Rarotonga Hospital, operating theatres, recovery Room, OPED, procedure room, High Dependency Unit (HDU), delivery rooms, nursery, isolation rooms, wards and clinics, Tupapa Community Health Clinic and Accident and Emergency, and office premises of TMO.

- All the twenty Infection Control staff includes six casual workers who are rostered for duty as noted below:
- **Rarotonga Hospital:**  
Normal Hours: 7am to 12 (Monday to Sunday)
- **Tupapa OPED/A & E**  
Normal Hours: 7am to 12 noon (Monday to Sunday)  
After Hours: 1pm to 6pm (Monday to Friday)  
6pm to 11pm (Mon to Fri)
- **Tupapa Dental** 7am to 12 noon (Monday to Friday)
- **Pharmacy Warehouse, Dispensary, Biomedical, Facilities & Maintenance, HDU, Te Au Maru, Physio, Ultrasound,**  
Normal Hours: 7am to 12 noon (Monday, Wednesday and Friday)  
HDU: If there is a patient, HDU is cleaned daily
- **Hospital Administration, Offices of Community Health and Offices of Planning and Funding**  
Normal Hours: 7am to 12 noon (Monday to Friday)

The Facilities and Maintenance team is responsible for the clearing of rubbish bins and outside rubbish around TMO premises on Rarotonga and the lawn mowing and clearing of ground rubbish at the Rarotonga Hospital.

## **Procedure**

### **Cleaning responsibility**

It is important that a clear distinction is made about who is responsible for cleaning which area or equipment within the TMO facilities, and the frequency of cleaning and the method of cleaning. Refer to **staff responsibility** for cleaning equipment in the wards and departments.

### ***Good practice measures for infection prevention and control***

- A colour-coding system is used to prevent cross contamination and relates to all cleaning equipment and cloths.
- Any change in cleaning schedules, frequency of cleaning or cleaning responsibilities must be agreed to by the QICM.
- All cleaning staff including managers and supervisors are trained in the use of appropriate infection prevention, control policies and procedures.
- In the event of an infection outbreak there are defined protocols to follow and clear lines of communication between Cleaning Services, Ward Charge Nurses, QM, Community Health Inspectors, the International Health Regulation (IHR) focus team and the Directors of the TMO.

### ***Patient Involvement***

It is envisaged that the patient (and/or their family) will be involved in the following ways:

- Their views will be sought through patient satisfaction surveys and feedback from these will be reported back to directors and ward charge nurses
- Patients and visitors are encouraged to report problems and concerns via notices around the health premises
- Patients and their visitors are also encouraged to perform hand hygiene (appropriate hand hygiene posters will be next to each hand basin and wall-mounted hand sanitizer bottles)
- Patient comments on cleanliness will be acted upon via formal and informal complaints.

### ***Staff Training***

All staff with responsibility for cleaning must be adequately trained and made aware of the importance of high standards of cleanliness. Training programmes will include both “class room” and “on the job” education, with refresher programmes conducted as and when appropriate.

### ***Measuring performance outcomes***

The monitoring of standards is central in ensuring that standards of comfort and cleanliness remain high and that the right level of feedback is provided to the cleaning stakeholders to identify any non-compliance. A standard of cleanliness framework based on 12 elements will be used to measure performance outcomes. These elements and expectations are documented in Appendix 2.

All areas will be monitored in accordance with the auditing process (Appendix 3.) and audit tool (Appendix 4.) and an action plan is to be produced to correct any areas falling below the set target of 80% (to be agreed). In addition, the QICM (or delegate) will conduct environmental audits annually.

### **Associated documents**

- TMO Standard Precautions Policy
- TMO Isolation Policy
- TMO Hand Hygiene Policy
- TMO Patient-care Equipment – Cleaning and Decontamination Policy

### **References**

- Cleaning Standards for Victorian Public Hospitals, 2011. Victorian Government Department of Human Services, Melbourne, Victoria  
<http://www.health.vic.gov.au/cleaningstandards/standards.htm>
- The NHS Revised Healthcare Cleaning Manual, 2009. NHS Estates, UK.
- The National Specifications for Cleanliness in the NHS: A Framework for setting and measuring performance outcomes, 2007. National Patient Safety Agency, UK.

## **Cleaning Frequencies**

### **Method of cleaning**

#### Clean

Hot water/neutral detergent/using appropriate colour-coded cloths/laundryable mop heads.

Cleaning alone does not kill micro organisms. However, it will remove soiling and thereby reduce the opportunity for micro organisms to survive and multiply.

#### Damp dust

Appropriate colour-coded cloth and water.

#### Disinfect

If items are soiled with blood or body fluids - clean first with detergent and warm water, THEN decontaminate with sodium hypochlorite (Domestos). Disinfection is also necessary after a patient under *additional Isolation precautions* has been discharged, or in outbreak situations.

### **Colour Coding**

- BLUE - general ward and office area
- GREEN - kitchen area
- RED - bathrooms and toilets
- Yellow - isolation areas (disposable cloths recommended).

For cleaning frequencies related to different risk areas refer to the table.

## Cleaning frequencies and risk areas

| Areas                                                                           | Very high risk                                                                                                                                                    | High risk                                                                                                                                     | Moderate risk                                                                                                                                                                | Low risk                                                                                                                                                 | Agreed responsibility                                   |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
|                                                                                 | <ul style="list-style-type: none"> <li>Operating Theatre</li> <li>High Dependency Unit</li> <li>Delivery room</li> <li>Nursery</li> <li>Isolation room</li> </ul> | <ul style="list-style-type: none"> <li>Emergency Department</li> <li>Wards</li> <li>Outpatient clinics</li> <li>Consultation Rooms</li> </ul> | <ul style="list-style-type: none"> <li>Kitchen</li> <li>Laundry</li> <li>Laboratory</li> <li>Radiology</li> <li>Physiotherapy</li> <li>Pharmacy</li> <li>Mortuary</li> </ul> | <ul style="list-style-type: none"> <li>Administration</li> <li>Public thoroughfare</li> <li>External surrounds</li> <li>Maintenance workshops</li> </ul> |                                                         |
| Overall appearance                                                              |                                                                                                                                                                   |                                                                                                                                               |                                                                                                                                                                              |                                                                                                                                                          |                                                         |
| Odour control                                                                   |                                                                                                                                                                   |                                                                                                                                               |                                                                                                                                                                              |                                                                                                                                                          |                                                         |
| Patient equipment, ie infusion pumps, drip stands, pulse oximeters              | <b>One</b> full clean daily and between patient use                                                                                                               | <b>One</b> full clean daily and between patient use                                                                                           | <b>One</b> full clean daily and between patient use                                                                                                                          | N/A                                                                                                                                                      | Nursing                                                 |
| Commodes, wheelchairs, weighing scales, shower stools, walking frames, crutches | Clean contact points each use, one full clean daily and between patient use                                                                                       | Clean contact points each use, one full clean daily and between patient use                                                                   | Clean contact points each use, one full clean daily and between patient use                                                                                                  | N/A                                                                                                                                                      | Nursing/area staff<br>Cleaning Services when in storage |
| Notes and drugs trolley                                                         | One full clean daily                                                                                                                                              | One full clean daily                                                                                                                          | One full clean weekly                                                                                                                                                        | N/A                                                                                                                                                      | Nursing                                                 |
| Linen trolley                                                                   | Contact points daily                                                                                                                                              | Contact points daily                                                                                                                          | Contact points daily                                                                                                                                                         | N/A                                                                                                                                                      | Cleaning Services                                       |
| Patient fans                                                                    | One full clean weekly                                                                                                                                             | One full clean weekly                                                                                                                         | One full clean weekly                                                                                                                                                        | N/A                                                                                                                                                      | Cleaning Services                                       |
| Clipboards and notice boards                                                    | Weekly                                                                                                                                                            | and between each patient use                                                                                                                  | weekly and between each patient use                                                                                                                                          |                                                                                                                                                          |                                                         |
| Entrance/Exit                                                                   | One full clean daily                                                                                                                                              | One full clean daily                                                                                                                          | One full clean daily                                                                                                                                                         | One full clean daily                                                                                                                                     | Nursing/<br>Administrators<br>Cleaning Services         |
| Switches and sockets                                                            | Dust removal:<br>Two full cleans daily                                                                                                                            | Dust removal:<br>Two full cleans daily                                                                                                        | Dust removal:<br>Two full cleans daily                                                                                                                                       | Dust removal:<br>Two full cleans daily                                                                                                                   |                                                         |
| External areas                                                                  | Wet mop:<br>Two full cleans daily                                                                                                                                 | Wet mop:<br>Two full cleans daily                                                                                                             | Wet mop:<br>Two full cleans daily                                                                                                                                            |                                                                                                                                                          |                                                         |
| Walls                                                                           | One full clean daily                                                                                                                                              | One full clean daily                                                                                                                          | One full clean daily                                                                                                                                                         | One full clean daily                                                                                                                                     | Cleaning Services                                       |
|                                                                                 | One full clean daily                                                                                                                                              | One full clean daily                                                                                                                          | One full clean daily                                                                                                                                                         | One full clean daily                                                                                                                                     | Groundsman                                              |
|                                                                                 | Check clean daily                                                                                                                                                 | Check clean daily                                                                                                                             | Wash yearly                                                                                                                                                                  | Wash 3 yearly                                                                                                                                            | Cleaning Services                                       |
|                                                                                 | Dust weekly                                                                                                                                                       | Dust weekly                                                                                                                                   | Dust monthly                                                                                                                                                                 |                                                                                                                                                          |                                                         |
|                                                                                 | One full wash yearly                                                                                                                                              | One full wash yearly                                                                                                                          |                                                                                                                                                                              |                                                                                                                                                          |                                                         |
|                                                                                 | After MDRO patient                                                                                                                                                | After MDRO patient                                                                                                                            |                                                                                                                                                                              |                                                                                                                                                          |                                                         |

| <b>Areas</b>                                            | <b>Very high risk</b>                                                                                                                                                       | <b>High risk</b>                                                                                                                                      | <b>Moderate risk</b>                                                                                                                                                                       | <b>Low risk</b>                                                                                                                                                  | <b>Agreed responsibility</b>                                   |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
|                                                         | <ul style="list-style-type: none"> <li>• Operating Theatre</li> <li>• High Dependency Unit</li> <li>• Delivery room</li> <li>• Nursery</li> <li>• Isolation room</li> </ul> | <ul style="list-style-type: none"> <li>• Emergency Department</li> <li>• Wards</li> <li>• Outpatient clinics</li> <li>• Consultation Rooms</li> </ul> | <ul style="list-style-type: none"> <li>• Kitchen</li> <li>• Laundry</li> <li>• Laboratory</li> <li>• Radiology</li> <li>• Physiotherapy</li> <li>• Pharmacy</li> <li>• Mortuary</li> </ul> | <ul style="list-style-type: none"> <li>• Administration</li> <li>• Public thoroughfare</li> <li>• External surrounds</li> <li>• Maintenance workshops</li> </ul> |                                                                |
| Ceilings                                                | Spot clean<br>Dust monthly<br>Wash yearly                                                                                                                                   | Spot clean<br>Dust monthly<br>Wash yearly                                                                                                             | Spot clean<br>Dust monthly<br>Wash yearly                                                                                                                                                  | Wash 3 yearly                                                                                                                                                    | Cleaning Services                                              |
| All doors/handles                                       | One full clean daily                                                                                                                                                        | One full clean daily                                                                                                                                  | One full clean daily                                                                                                                                                                       | One full clean daily                                                                                                                                             | Cleaning Services                                              |
| Mirrors                                                 | One full clean daily                                                                                                                                                        | One full clean daily                                                                                                                                  | One full clean daily                                                                                                                                                                       | One full clean daily                                                                                                                                             | Cleaning Services                                              |
| Floor                                                   | Two full cleans daily<br>Two wet mop cleans daily<br>Weekly polish                                                                                                          | Two full cleans daily<br>Two wet mop cleans daily<br>Weekly polish                                                                                    | One full clean daily<br>One full clean daily<br>One full clean daily<br>One wet mop clean daily                                                                                            | One full clean daily<br>One full clean daily<br>One full clean daily<br>One wet mop clean daily                                                                  | Cleaning Services                                              |
| Cleaning equipment                                      | Full clean after each use                                                                                                                                                   | Full clean after each use                                                                                                                             | Full clean after each use                                                                                                                                                                  | Full clean after each use                                                                                                                                        | Cleaning Services                                              |
| Chairs                                                  | One full clean daily                                                                                                                                                        | One full clean daily                                                                                                                                  | One full clean daily                                                                                                                                                                       | One full clean daily                                                                                                                                             | Cleaning Services                                              |
| Beds                                                    | Frame daily clean<br>Under bed daily clean<br>Whole bed clean on discharge                                                                                                  | Frame daily clean<br>Under bed daily clean<br>Whole bed clean on discharge                                                                            | Where applicable:<br>Frame daily clean<br>Under bed daily clean                                                                                                                            | N/A                                                                                                                                                              | Cleaning Services<br>Cleaning Services<br>Nursing on discharge |
| Lockers                                                 | One full clean daily                                                                                                                                                        | One full clean daily                                                                                                                                  | One full clean daily                                                                                                                                                                       | N/A                                                                                                                                                              | Cleaning Services<br>Nursing on discharge                      |
| Tables/benches                                          | One full clean per shift                                                                                                                                                    | One full clean per shift                                                                                                                              | One full clean per shift                                                                                                                                                                   | One full clean daily                                                                                                                                             | Cleaning and Nursing services                                  |
| Hand sanitiser and soap dispensers, paper towel holders | Daily clean and refill                                                                                                                                                      | Daily clean and refill                                                                                                                                | Daily clean and refill                                                                                                                                                                     | Daily clean and refill                                                                                                                                           | Cleaning Services                                              |
| Waste bins                                              | One full clean daily and when emptying                                                                                                                                      | One full clean daily and when emptying                                                                                                                | One full clean daily and when emptying                                                                                                                                                     | One full clean daily and when emptying                                                                                                                           | Groundsman                                                     |
| Curtains                                                | Clean / replace on discharge of MDRO patient and:<br><ul style="list-style-type: none"> <li>• When soiled</li> </ul>                                                        | Clean / replace on discharge of MDRO patient and:<br><ul style="list-style-type: none"> <li>• When soiled</li> </ul>                                  | Clean / replace:<br><ul style="list-style-type: none"> <li>• When soiled</li> <li>• Window – 6 monthly</li> <li>• Bed – 3 monthly</li> </ul>                                               | Clean / replace when soiled and yearly                                                                                                                           | Cleaning Services                                              |



| Areas             | Very high risk                                                                                                                                                                                                                     | High risk                                                                                                                                                                                                                            | Moderate risk                                                                                                                                                                | Low risk                                                                                                                                                 | Agreed responsibility |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|                   | <ul style="list-style-type: none"> <li>Operating Theatre</li> <li>High Dependency Unit</li> <li>Delivery room</li> <li>Nursery</li> <li>Isolation room</li> </ul>                                                                  | <ul style="list-style-type: none"> <li>Emergency Department</li> <li>Wards</li> <li>Outpatient clinics</li> <li>Consultation Rooms</li> </ul>                                                                                        | <ul style="list-style-type: none"> <li>Kitchen</li> <li>Laundry</li> <li>Laboratory</li> <li>Radiology</li> <li>Physiotherapy</li> <li>Pharmacy</li> <li>Mortuary</li> </ul> | <ul style="list-style-type: none"> <li>Administration</li> <li>Public thoroughfare</li> <li>External surrounds</li> <li>Maintenance workshops</li> </ul> |                       |
| Fridge/Freezer    | <ul style="list-style-type: none"> <li>Window – 6 monthly</li> <li>Bed – 3 monthly</li> </ul> Three check cleans daily<br>1 full clean weekly (remove all contents to clean and discard outdated stock)<br>Defrost freezer monthly | <ul style="list-style-type: none"> <li>Window – 6 monthly</li> <li>Bed – 3 monthly</li> </ul> Three check cleans daily<br>One full clean weekly (remove all contents to clean and discard outdated stock)<br>Defrost freezer monthly | Three check clean daily<br>One full clean weekly (remove all contents to clean and discard outdated stock)<br>Defrost freezer monthly                                        | One check clean daily<br>One full clean weekly (remove all contents to clean and discard outdated stock)<br>Defrost freezer monthly                      | Cleaning Services     |
| Water coolers     | Daily clean                                                                                                                                                                                                                        | Daily clean                                                                                                                                                                                                                          | Daily clean                                                                                                                                                                  | Daily clean                                                                                                                                              | Cleaning Services     |
| Hot water boiler  | Daily check clean                                                                                                                                                                                                                  | Daily check clean                                                                                                                                                                                                                    | Daily check clean                                                                                                                                                            | Daily check clean                                                                                                                                        | Cleaning Services     |
|                   | Weekly full clean                                                                                                                                                                                                                  | Weekly full clean                                                                                                                                                                                                                    | Weekly full clean                                                                                                                                                            | Weekly full clean                                                                                                                                        |                       |
| Kitchen cupboards | One full clean weekly                                                                                                                                                                                                              | One full clean weekly                                                                                                                                                                                                                | One full clean weekly                                                                                                                                                        | One full clean weekly                                                                                                                                    | Cleaning Services     |
| Microwaves        | One full clean daily                                                                                                                                                                                                               | One full clean daily                                                                                                                                                                                                                 | One full clean daily                                                                                                                                                         | One full clean daily                                                                                                                                     | Cleaning Services     |
| Shower            | One full clean daily                                                                                                                                                                                                               | One full clean daily                                                                                                                                                                                                                 | One full clean daily                                                                                                                                                         | One full clean daily                                                                                                                                     | Cleaning Services     |
|                   | One check clean daily                                                                                                                                                                                                              | One check clean daily                                                                                                                                                                                                                | One check clean daily                                                                                                                                                        |                                                                                                                                                          |                       |
| Toilets           | Two full cleans daily                                                                                                                                                                                                              | Two full cleans daily                                                                                                                                                                                                                | Two full cleans daily                                                                                                                                                        | One full clean daily                                                                                                                                     | Cleaning Services     |
| Sinks             | Two full cleans daily                                                                                                                                                                                                              | Two full cleans daily                                                                                                                                                                                                                | One full clean daily                                                                                                                                                         | One full clean daily                                                                                                                                     | Cleaning Services     |
|                   | One check clean daily                                                                                                                                                                                                              | One check clean daily                                                                                                                                                                                                                | One check clean daily                                                                                                                                                        | One check clean daily                                                                                                                                    |                       |
| Bed stools        | One full clean daily                                                                                                                                                                                                               | One full clean daily                                                                                                                                                                                                                 | N/A                                                                                                                                                                          | N/A                                                                                                                                                      | Cleaning Services     |

## Required Outcomes

All touched surfaces including direct skin contact areas” are at increased risk and need more regular and thorough cleaning example door/trolley handles, switches, examination couches, etc

| Element                                      | Requirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Building</b>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| External features, fire exits and stairwells | Landings, ramps, stairwells, fire exits, steps, entrances, porches, patios, balconies, eaves, external light fittings are free of dust, grit, dirt, leaves, cobwebs, rubbish and bird excreta.<br>Handrails are clean and free of stains.<br>Garden furniture is clean and operational.                                                                                                                                                                                                                                                                            |
| Walls, skirtings and ceilings                | Internal and external walls and ceilings are free of dust, grit, lint, soil, film and cobwebs.<br>Walls and ceilings are free of marks caused by furniture, equipment or personnel.<br>Light switches are free of fingerprints, scuffs and other marks.<br>Light covers and diffusers are free of dust, grit, lint and cobwebs.<br>Polished surfaces are of a uniform lustre.                                                                                                                                                                                      |
| Windows                                      | External and internal surfaces of glass are clear of all streaks, spots, and marks, including fingerprints and smudges.<br>Window frames, tracks and ledges are clear and free of dust, grit, marks and spots.                                                                                                                                                                                                                                                                                                                                                     |
| Doors                                        | Internal and external doors and doorframes are free of dust, grit, lint, soil, film, fingerprints and cobwebs.<br>Doors and doorframes are free of marks caused by furniture, equipment or personnel.<br>Air vents, relief grilles and other ventilation outlets are kept unblocked and free of dust, grit, soil, film, cobwebs, scuffs and any other marks.<br>Door tracks and door jambs are free of grit and other debris.<br>Polished surfaces are of a uniform lustre.                                                                                        |
| Hard floors                                  | The floor is free of dust, grit, litter, marks and spots, water or other liquids.<br>The floor is free of polish or other build-up at the edges and corners or in traffic lanes.<br>The floor is free of spots, scuffs or scratches on traffic lanes, around furniture and at pivot points.<br>Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots.<br>Polished or buffed floors are of a uniform lustre.<br>Appropriate signage and precautions are taken regarding pedestrian safety of newly cleaned or wet floors. |
| Soft floors                                  | The floor is free of dust, grit, litter, marks and spots, water or other liquids.<br>The floor is free of stains, spots, scuffs or scratches on traffic lanes, around furniture and at pivot points.<br>Inaccessible area (edges, corners and around furniture) are free of dust, grit, lint and spots.                                                                                                                                                                                                                                                            |
| Ducts, grills and vents                      | All ventilation outlets are kept unblocked and free of dust, grit, soil, film, cobwebs, scuffs and any other marks.<br>All ventilation outlets are kept clear and uncluttered following cleaning.                                                                                                                                                                                                                                                                                                                                                                  |
| <b>2. Fixtures</b>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| <b>Element</b>                     | <b>Requirement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Electrical fixtures and appliances | <p>Electrical fixtures and appliances are free of grease, dirt, dust, encrustations, marks, stains and cobwebs.</p> <p>Electrical fixtures and appliances are kept free from signs of use or non-use.</p> <p>Hygiene standards are satisfied where the fixture or appliance is used in food preparation.</p> <p>Range hoods (interior and exterior) and exhaust filters are free of grease and dirt on inner and outer surfaces.</p> <p>Motor vents etc. are clean and free of dust and lint.</p> <p>Insect killing devices contain only a small number of dead insects, and are clean and functional.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Furnishings and fixtures           | <p>Hard surface furniture is free of spots, soil, film, dust, fingerprints and spillages.</p> <p>Soft surface furniture is free from stains, soil, film and dust.</p> <p>Furniture legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs.</p> <p>Inaccessible areas (edges, corners, folds and crevices) are free of dust, grit, lint and spots.</p> <p>All high surfaces are free from dust and cobwebs.</p> <p>Curtains, blinds and drapes are free from stains, dust, cobwebs, lint and signs of use or non-use.</p> <p>Equipment is free of tapes/plastic which may compromise cleaning.</p> <p>Furniture has no odour that is distasteful or unpleasant.</p> <p>Shelves, benchtops, cupboards and wardrobes/lockers are clean inside and out and free of dust and litter or stains.</p> <p>Internal plants are free of dust and litter.</p> <p>Waste/rubbish bins or containers are clean inside and out, free of stains and mechanically intact.</p> <p>Fire extinguishers and fire alarms are free of dust, grit, dirt and cobwebs.</p> |
| Toilets and bathroom fixtures      | <p>Porcelain and plastic surfaces are free from smudges, smears, body fats, soap build-up and mineral deposits.</p> <p>Metal surfaces, shower screens and mirrors are free from streaks, soil, smudges, soap build-up and oxide deposits.</p> <p>Wall tiles and wall fixtures (including soap dispensers and towel holders) are free of dust, grit, smudges/streaks, mould, soap build-up and mineral deposits.</p> <p>Shower curtains and bath mats are free from stains, smudges, smears, odours, mould and body fats.</p> <p>Plumbing fixtures are free of smudges, dust, soap build-up and mineral deposits.</p> <p>Bathroom fixtures are free from odours which are distasteful or unpleasant.</p> <p>Polished surfaces are of a uniform lustre.</p> <p>Consumable items are in sufficient supply.</p>                                                                                                                                                                                                                                                               |
| Pantry fixtures and appliances     | <p>Pantry fixtures, surfaces and appliances are free of grease, dirt, dust, encrustations, marks, stains and cobwebs.</p> <p>Electrical and cooking fixtures and appliances are kept free from signs of use or non-use.</p> <p>Motor vents etc. are clean and free of dust and lint.</p> <p>Refrigerators/freezers are clean and free of ice build-up.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>3. Patient Equipment</b>        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Patient equipment                  | <p>Equipment is free from soil, smudges, dust, fingerprints, grease and spillages.</p> <p>Equipment is free of tapes/plastic etc. which may compromise cleaning.</p> <p>Equipment legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs.</p> <p>Equipment has no odour that is distasteful or unpleasant.</p> <p>Equipment is free from signs of non-use.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

| Element               | Requirement                                                                                                                                                                                                                                                            |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4. Environment</b> |                                                                                                                                                                                                                                                                        |
| General tidiness      | The area appears tidy and uncluttered.<br>Floor space is clear, only occupied by furniture and fittings designed to sit on the floor.<br>Furniture is maintained in a fashion that allows for cleaning.<br>Fire access and exit doors are left clear and unobstructed. |

## **Auditing Environmental Cleaning**

The audit should be conducted randomly on a number of discrete functional areas. The audit is evidence based. If an element is not acceptable then the auditor must make a comment as to why it is not acceptable and indicate the corrective action needed. A timescale for corrective action should be recorded on the audit form. The auditor should also make the opportunity to comment on areas that have achieved a particularly good result.

There are a maximum of 11 elements that can apply to any one functional area. The record sheet should show how many of these elements apply in a particular area being audited.

For each element the auditor should deem it to be:

- *Acceptable* and give it a score of 1 or
- *Unacceptable* and give a score of 0 or
- Not applicable.

This scoring is subjective and the auditor should exercise some discretion in judging acceptability of an element (e.g. one or two scuff marks on a floor or an isolated smudge on a window does not indicate that the element should necessarily score an unacceptable). Additionally it may be impossible to get a uniform lustre on a damaged floor surface; therefore the physical condition of the building must be taken into account when making an audit.

Once all elements have been scored the total number of acceptable scores should be expressed as a percentage of the total possible number of acceptable scores for that functional area (e.g. if the operating theatre had a maximum of 10 elements and 8 were acceptable, the overall percentage would be calculated as 8/10 or 80%).

## Environmental Cleaning Audit Tool

Functional Area:

Auditor(s):

Day and Date:

Acceptable = 1

Unacceptable = 0

Not applicable: = N/A

| Elements                                 | Score                | Comments | Action Time Frame | Action Taken |
|------------------------------------------|----------------------|----------|-------------------|--------------|
| Patient equipment                        |                      |          |                   |              |
| General tidiness                         |                      |          |                   |              |
| Electrical fixtures and appliances       |                      |          |                   |              |
| Furniture and fixtures                   |                      |          |                   |              |
| Kitchen / pantry fixtures and appliances |                      |          |                   |              |
| Toilet and bathroom fixtures             |                      |          |                   |              |
| External features exit doors             |                      |          |                   |              |
| Walls, skirtings and ceilings            |                      |          |                   |              |
| Windows                                  |                      |          |                   |              |
| Doors                                    |                      |          |                   |              |
| Floors                                   |                      |          |                   |              |
| <b>Total</b>                             | <input type="text"/> |          |                   |              |

# Guest Information Booklet

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## 1. Kia orana and welcome

This document sets out important information about your stay at the Edgewater Resort and Spa, your managed quarantine facility. It also includes important information for when you leave this facility.

We want to keep you safe, along with the staff at this facility. The information in this pack tells you what to expect, and how you can keep yourself and others safe and well during this time. Please read in full and ensure you understand what is expected of you. It is important that you follow the guidance and recommendations from Te Marae Ora Ministry of Health Cook Islands (TMO) personnel.

Information in this guide is current as of November 2021 but may change. If it does, the Facility Manager will provide you with a new version.

If you have questions that are not answered in this information pack, please call the hotel reception **EXT 5000** or **EXT 5001** or **Nurses station EXT 8603**

Please be kind and be patient, we are doing our best for you.

## 2. Why you are here

Coronavirus disease 2019 (COVID-19) is a respiratory infection caused by the SARS-CoV-2 virus which can be passed on to others through respiratory droplets.

On Thursday 16 April 2020, the then Prime Minister of the Cook Islands declared the Cook Islands as a COVID-19 free zone. This is an amazing achievement and was only possible through the collective efforts of the Government and community leaders. The Cook Islands Government and our people want to maintain our COVID-19 free status and your cooperation is critical.

You are here at this facility because you are required to undergo managed quarantine before you can return to your homes and families, even though you may not have any symptoms consistent with COVID-19.

There are established processes and protocols you will need to comply with in order to depart this facility at the end of the quarantine period. Staff will help you with this, and further information on the process is included in this pack.

The information in this pack is based on the current Cook Islands Government border measures.

### **3. What is managed quarantine?**

Managed quarantine is an effective precautionary measure to protect those around you and in the Cook Islands – your family, friends, and colleagues – from contracting COVID-19. It means taking simple, common-sense steps to avoid close contact with other people as much as possible

It is important to note managed quarantine is a specific public health concept used to remove some people from others for a short period of time, to prevent, limit or mitigate the spread of COVID-19 and its effects in the Cook Islands.

The following guidelines will help you to understand what you need to do to stay safe during your stay in this facility.

### **4. Make a plan**

During your time in the facility a plan will be made for your stay at the managed quarantine facility and any requirements which will need to be met.

### **5. Basic rules during your stay at this facility**

You have been placed in a managed quarantine facility and are subject to a Category Quarantine Order pursuant to section 12 of the COVID-19 Act 2020.

- You must abide by the quarantine rules and directions during your stay.
- You will receive daily health checks during your stay. This is a vital process for your wellbeing and for the wellbeing and health of others around you. Please cooperate fully with staff to ensure health checks can be completed effectively.
- Any breach of the Category Quarantine Order may result in prosecution and a term of imprisonment of up to 12 months or a fine not exceeding \$10,000.
- You will be responsible for any damage caused to your room or villa during the course of your stay

### **When does my period of managed quarantine start?**

Quarantine starts from the time you arrive in the Cook Islands unless the Secretary of Health decides otherwise. Your quarantine will be for a minimum period of 10 days.



Public Health Measures to keep you safe:



### Continue Physical Distancing

Please practice physical distancing at all times



### Maintain Good Hygiene

Wash hands regularly with soap and water



### Don't Touch Your Face

Avoid touching your face, eyes & mouth with unwashed hands



### Sanitise

Sanitise your hands regularly



### Coughing and Sneezing

Cover coughs and sneezes with your arm



### Wear a Mask

Consider wearing a face mask if you have a cough or are in crowded spaces

## Your 10-day snapshot

### Day 0

Arrive at the facility. You will be guided to your room where you must wait until you are called for your D0 COVID-19 test. **Stay in your room until you have received your negative test result.**

### Day 1 to 4

Day 0 test results. Those who test positive will be transferred to an isolation facility.

If test results are negative, you can go outside your room to access fresh air at approved time slots. Daily health checks will take place. A face to face health check will take place on D3

### Planning ahead for your departure

Start thinking and planning for your departure from quarantine. Think about where you are going and how you will get there. Please ensure that your post departure contact details are correct so that you can be contacted after leaving the facility.

### Day 5

Day 5 COVID-19 test and daily health check. You will be contacted to make your way to the testing tent/hut. **Stay in your room until you have received your negative test result.** Those who test positive will be transferred to an isolation facility.

### Follow rules to keep you safe

To keep you safe, stay in your room as much as possible, wear a mask when opening your door and while outside of your room, maintain 2 metres distance from others, wash and sanitize your hands often.

### Day 6 to 8

Day 5 test results. A face to face health check will take place on D7.

### Day 9

Day 9 COVID-19 test and daily health check. Those who test positive will be transferred to an isolation facility. Your Exit Managed Quarantine Form may be collected at the testing tent/hut.

### Day 10

D9 test results and final health check. If confirmed low risk, depart from the facility. Your Exit Managed Quarantine Form and Experience Survey may be collected during your final health check.

### BECOMING UNWELL

Inform staff immediately if you develop any COVID-19 symptoms. If at any point during your stay you develop any of the COVID-19 symptoms of fever, cough, shortness of breath or sore throat, please stay in your room and let the on-site staff know immediately by phone on **extension 8603**. They will arrange for you to be assessed by the on-site health professional.

### TESTING DAYS

You will be contacted via your room phone by a health professional. They will inform you that you are now required to make your way to the testing station. Please ensure that you are wearing a face mask/face covering upon leaving your room and are maintaining at least 2metres physical distance from other returnees. It is important that you

follow all instructions during this process to ensure your safety, the safety of other returnees and our staff. Testing will start from 0800AM unless otherwise stated.

### **HEALTH CHECKS**

You will have a mixture of Face to Face and Phone Health Checks. Face to Face checks will take place on Day 0, 3, 5, 9 and will start from 0600AM. Phone Health Checks will take place on Day 1, 2, 4, 6, 7, 8, and will start from 0600AM. Please be patient and kind to our staff performing these checks.

### **STAY IN YOUR ROOM**

You should stay in your room as much as possible during your stay. This will keep you and others safe from any exposure and prevent the spread of COVID-19. You are only allowed outside your room for your specified exercise time as informed by the MIQF staff. You may sit outside on the balcony BUT MUST ENSURE that you DO NOT interact with any other persons in the next room and MUST wear a mask.

### **OPENING YOUR DOOR**

Your door must remain closed at all other times. Before you open the door:

Close your windows and balcony door

Wash your hands

Put on a mask

Open door

### **WEAR FACE MASKS**

You must only wear single-use disposable masks that are provided to you by the facility. You must wear a mask:

Before opening your door to collect food, or other items left at your door

If placing laundry, rubbish or other items directly outside your door for collection

When undertaking COVID-19 testing

When someone needs to enter your room for any maintenance

When you leave your room for your allocated exercise times or for emergencies

### **What are the basic health and hygiene precautions while in the facility?**

- Washing your hands regularly (at least 20 seconds with soap and water) or using hand sanitiser
- Follow physical distancing practices as directed by health officials
- Cover coughs and sneezes with your arm/elbow
- Avoid touching your face, eyes, nose, and mouth with unwashed hands
- Avoid hugs, kisses or shaking hands.

## **6. Services in the facility**

### **Medical care**

A team of health professionals are always available at your facility. If you feel unwell, contact the health team of the facility to arrange a health check. The onsite staff will also be able to assist with any medications and prescription requirements.

If you feel unwell, need urgent medical care or are showing COVID-19 symptoms, stay in your room and phone the onsite team (reception nursing team or the Site Manager).

**Nurses Station**                **EXT 8603**

**Reception**                    **EXT 5000 or EXT 5001**

## **Food**

Your breakfast, lunch and dinner will be delivered and placed outside your door.

**Breakfast delivery**        **from 07:15am**

**Lunch Delivery**            **from 11:30am**

**Dinner Delivery**          **from 5:30pm**

Let the on-site team know if you have any food allergies or medical conditions that require special diets.

**Any extra food you want to order from the Restaurant will be at your own cost. You will need to provide your credit card details to reception over the phone.**

**F&B Manager (Roland)** **EXT 5009**

**Restaurant**                **EXT 5011/5012**

**Reception**                **EXT 5000 or EXT 5001**

You will be provided with bottled water during your stay. Families who are placed in a villa are able to drink water straight from the smallest tap that has a filter already fitted. It is important to stay hydrated during your stay. If you need more drinking water please ring reception and this will be delivered to your room during the meal delivery times.

**Reception**                **EXT 5000 or EXT 5001**

## **Room service**

Facility staff will provide room service during meal delivery times **only**.

## **Cleaning and laundry**

Facility staff cannot enter your room, this will keep you and our staff safe. You will be given some basic cleaning products so you can clean your room.

Laundry services are available during your stay. A spare set of clean linen and towels will be left in the wardrobe in your rooms and villas. Put your used hotel laundry in a plastic bag provided and place outside your door.

2000/3000/4000 BLOCKS

DAY 6 (Tuesday) – pick up 09:00am for personal laundry only

Use the Laundry mesh bag provided in your room for your personal laundry.

We advise you not to include your delicate clothing into the laundry bag. The whole laundry bag will be placed in the industrial washing machine. This process has been put in place to protect our laundry staff.

After completion of the washing cycle the whole laundry bag will be placed in the dryer. Your clean laundry bag will be delivered and placed on the chair outside your door.

PLACE YOUR LAUNDRY BAG IN THE BIG **RED** LAUNDRY BAG PLACED ON THE SAME LEVEL AS YOUR ROOM – MARKED “LAUNDRY PICK UP BAG”.

### Wi-Fi

You will be able to purchase a Wi-Fi pass whilst at the facility. Please contact reception **EXT 5000 or EXT 5001** for further information.

### Delivery of food and goods

You cannot leave the facility and you cannot send any packages or items to your family, friends or visitors. Family and friends are permitted to food to the Edgewater reception desk. Please ensure all food are in reusable containers. If bringing in Nu, please ensure that it is in a plastic bottle. Avoid bringing in full coconuts as they are difficult to dispose of safely. Delivery of alcohol to the Edgewater is NOT permitted.

**Arrival day**                    08:00am – 12:00pm (noon)

**Remainder of MIQ**        07:00am – 05:00pm

**Check out day**              No deliveries

**All deliveries to the Edgewater Resort at the drop off counter will be checked.**

### Alcohol

Only reasonable quantities can be ordered for personal consumption. Please drink responsibly, be considerate of other people and staff in this facility and ensure your behaviour is appropriate. You must be able to respond to staff or an emergency (such as fire evacuation) as well as follow PPE and physical distancing rules – alcohol may affect your ability to keep you and others safe.

The Ministry of Health recommend no more than two standard drinks a day for women (no more than 10 standard drinks a week) and three standard drinks a day for men (no more than 15 standard drinks a week).

During your stay, you will be able to access

- Six 330ml cans of beers (6/9 standard drinks) **or**
- One bottle of wine (7-8 standard drinks), **or**
- Four pack, up to 330ml each, of RTDs (7-8 standard drinks),

- Deliveries of spirits will not be accepted

These will be made available and delivered **ONLY** on day 1, 4, 8 and of your stay.

**NO ALCOHOL DELIVEREY INTO THE EDGEWATER PERMITTED**

### **Smoking**

Smoking is not permitted in your room – an ashtray is provided directly outside your room or balcony. Be considerate of your neighbours.

### **Can I go outside my room or for a walk outside?**

Movement outside your room is allowed in a strictly controlled manner and on the advice of onsite staff.

Pre-planned exercise is permitted for 1 hour on a daily basis. This can include walking along the beachside and around accommodation blocks. Swimming in the pool or at the beach is not permitted.

You must follow the protocols, guidance, and recommendations of health professionals at your facility. You will be notified daily when you can leave your room for exercise and will be required to maintain strict physical distancing of 2 meters from others at all times.

There is a procedure for exercising and the hotel will advise you of where and when you may exercise.

**Exercise Map will be provided in each room with allocated time for each block**

### **Can I go to a supermarket or shop?**

**No.** You cannot visit or use any essential services that are open – such as supermarkets, convenience stores, pharmacies, or other services.

### **What if I have a medical prescription?**

Health professionals are available on site. Let hotel staff know that you need to speak to a health professional who will be able to assist you.

### **Can I have visitors to the facility?**

**No.** you cannot have family and friends visit you. You can keep connected to your friends and family through phone call, text or social media platforms. Please note that any local phone calls made using the hotel room phone will incur charges which you will need to pay for.

### **What costs am I responsible for whilst in MIQ?**

Any additional food or beverage ordered, WIFI will need to be paid for. Any local or mobile calls made from the hotel phone will be charged to you. It is important that you do not remove any of the facilities belongings upon discharge such as bowls, cups or tea towels. You will be contacted and asked to replace any missing items.

### **What if I start to feel unwell?**

If you start feeling unwell – including symptoms of fever, a cough, difficulty breathing, or sore throat – please remain in your room and contact the hotel **Nurses station on EXT 8603 or reception on extension 5000 or 5001** who will ask a health professional to check on you.

### **What happens prior to your departure from the Managed quarantine facility?**

A health professional will confirm you have met certain criteria prior to your departure from this Managed quarantine facility. This includes confirming you have:

- been in managed quarantine for at least 10 days
- no symptoms consistent with COVID-19
- no temperature of 38 °C or higher
- a COVID-19 negative test result.

### **What happens if I have a positive COVID-19 test?**

- a risk assessment will be undertaken for you and any persons that have been residing with you or who might have come into close contact with you
- you, and any other persons who are deemed to have come in close contact with you, will be placed in managed isolation in a facility that will be determined by TMO, and contact tracing procedures will follow
- Te Marae Ora will advise and support you through this process
- Should you develop COVID-19 symptoms and require hospitalisation, you will be transferred to Rarotonga Hospital Te Kou ward.

## **8. Medical care**

If you are feeling unwell at any point during your stay, or you develop symptoms of fever, cough, shortness of breath, sore throat, loss of sense of smell or altered taste, please remain in your room, and contact hotel reception. They will ask a health professional to check on you.

During your stay you will have your temperature taken daily and will answer some health questions. You will also undergo a COVID-19 test prior to departure.

Should you develop COVID-19 symptoms during your stay, you will be moved to a designated isolation facility.

## 9. Leaving the facility

A health professional will confirm you have met certain criteria prior to your departure from the managed quarantine facility. This includes confirming you have:

- been in managed quarantine for at least 10 days
- no symptoms consistent with COVID-19
- no temperature of 38 °C or higher
- completed a COVID-19 test and have a negative result.

It is important that you are honest about your health during your managed quarantine. While quarantine can be difficult, the reason for it is to keep the Cook Islands safe and to ensure it remains COVID-19 free. By practising public health measures and monitoring your own health, you are playing the most important role you can.

Prior to your departure, you will need to complete the Exit Managed Quarantine Form at Appendix 1

1. A health professional will help you with this and sign it off.
2. You will be provided with confirmation of your COVID-19 negative test.
3. You will undertake a final health check
4. You will be handed your “Notice of Release Letter” along with instructions on how to exit the facility and this letter is to be shown to the security at the Exit gate on your release day.
5. You will need to arrange your own transport

In order to improve the Managed Isolation and Quarantine experience, you will be given an experience survey towards the end of your stay. Completing this survey is voluntary, but we encourage you to respond as your feedback will help us better understand the experience, and identify what works well and where we can make improvements. This may be collected upon your exit health screening on D10.

## 10. After Managed quarantine: if you become unwell

If you begin to feel unwell contact **101 for Rarotonga or 102 for Aitutaki**. The symptoms of COVID-19 are cough, fever, shortness of breath, sore throat, runny or blocked nose, loss of sense of smell or taste, headache, vomiting or diarrhoea and body aches.

You can call emergency services on **999** if you have an emergency. If you need to call emergency services, please let them know if you have been in managed quarantine in Rarotonga.

For all social welfare queries, call the Ministry of Internal Affairs on **29370** 8am - 4pm Monday – Friday or email [internalaffairs@cookislands.gov.ck](mailto:internalaffairs@cookislands.gov.ck)



Your emotional and mental health is important. It is normal to feel stressed or lonely when in managed quarantine, but there are some things you can do to feel better.

Reach out to your usual support networks, like family and friends, and talk about how you feel. We also recommend sticking to a routine such as having regular mealtimes, bedtimes and exercising indoors.

If you feel you are not coping, it is important to talk with a health professional. For support with grief, anxiety, distress, or mental wellbeing, you can call or text **0800 1814**, to talk with a trained counsellor.

**If you need more information**

Visit [www.covid19.gov.ck](http://www.covid19.gov.ck)

# Exit Managed Quarantine Form

*This form is to be completed prior to departure from the Managed Quarantine facility*

|                           |  |
|---------------------------|--|
| <b>Date of assessment</b> |  |
| <b>Guest Name</b>         |  |
| <b>Phone Number</b>       |  |
| <b>Email address</b>      |  |
| <b>Hotel name</b>         |  |
| <b>Room number</b>        |  |

|                           |                                                          |                                   |          |
|---------------------------|----------------------------------------------------------|-----------------------------------|----------|
|                           | Temperature:                                             |                                   |          |
|                           |                                                          | <b>Circle the relevant answer</b> |          |
| <b>Standard Questions</b> | Do you have a cough?                                     | YES                               | NO       |
|                           | Date of onset:                                           |                                   |          |
|                           | Have you had difficulty breathing / Shortness of breath? | YES                               | NO       |
|                           | Date of onset:                                           |                                   |          |
|                           | Do you have a sore throat?                               | YES                               | NO       |
|                           | Date of onset:                                           |                                   |          |
|                           | Have you completed a COVID-19 test                       | YES                               | NO       |
|                           | Result of COVID-19 test                                  | Negative                          | Positive |

|                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                        |
| <p><b>Signature</b> (Declaration that this is a true and correct record)<br/>         To be signed by a guardian if under 18 years of age<br/> <b>Name and Signature of Health Professional undertaking checks</b></p> |