



# COVID-19

## Te Mahere Tiaki

### National Management Approach

## Cover page – key information

The Government response to COVID-19 is driven by science and public health advice. The COVID-19 Group at the Department of the Prime Minister and Cabinet (DPMC) leads system coordination for COVID-19 management domestically and is responsible for setting out how the system works as a whole. This overview of the system is set out in this COVID-19 National Management Approach (this document).

This document and the Ministry of Health's (MoH) Manatū Hauora COVID-19 Management Plan are aligned and inform each other. Please contact [covid-19response@health.govt.nz](mailto:covid-19response@health.govt.nz) for a copy of the latest MoH plan, and [covid19response@dpmc.govt.nz](mailto:covid19response@dpmc.govt.nz) for a copy of this document .

### This Document

This document outlines the change from response to management of COVID-19 in New Zealand, the transition to the COVID-19 Protection Framework (framework), and the move from elimination to the minimisation and protection strategy. It covers the tools available under the framework and the roles and responsibilities of agencies.

This document sets out national and regional arrangements for managing COVID-19 under the COVID-19 Protection Framework which was in place from 11:59pm on 2 December 2021. Further revisions to the document are anticipated as part of continuous improvement processes, as the country adjusts to the framework and cases of COVID-19 occur across the motu (country). This ensures revisions of the framework, tools and decision-making arrangements are captured as the system embeds the new approach.

**At the time of final review, the Omicron variant had just been identified as a Variant of Concern. Planning and risk assessments are underway, and updates are shared through standard agency channels as outlined in this document. Border protections remain the first line of defence.**

### Version history

Version	Author	Date	Summary of Content
National Management Approach Q1	Zoe Juniper, DPMC Emily Waterson, DPMC Seb Eastment DPMC	07 December 2021	First COVID-19 National Management Approach to outline operational elements of the COVID-19 Protection Framework for managing COVID-19 in the community.
National Response Plan Q4 - Supplement 1	Zoe Juniper, DPMC Emily Waterson, DPMC Seb Eastment DPMC	26 October 2021	Supplement to the National Response Plan Q4 provided agencies with a toolbox view of the protection tools and introduced the COVID-19 Protection Framework.

# Contents page

<b>1. About this document</b>	<b>4</b>
1.1 Purpose	4
1.2 Scope	4
<b>2. The Minimisation and Protection Strategy</b>	<b>5</b>
2.1 Transition to the COVID-19 Protection Framework	5
2.2 COVID-19 Legislative Framework	6
2.3 Reconnecting New Zealand	8
2.4 Timeline of implementation	9
<b>3. The Framework Toolbox</b>	<b>10</b>
3.1 COVID-19 Protection Framework	11
3.2 Protections	15
3.3 Vaccinations and proof of vaccinations	17
3.4 Infection Prevention and Control & Personal Protective Equipment (IPC & PPE)	17
3.5 Testing Tracing Isolation and Quarantine Strategy (TTIQ)	20
3.6 Financial support	26
3.7 Health system preparedness	27
<b>4 Decision-making Architecture</b>	<b>29</b>
4.1 National coordination and decision-making	29
4.2 Regional coordination and advice	34
4.3 Iwi and Māori input into decision-making	34
<b>5. Information sharing and Privacy Act</b>	<b>35</b>
<b>Annex 1. The COVID-19 Protection Framework Regional/District Checklist</b>	<b>37</b>
<b>Annex 2. The COVID-19 Protection Framework National Checklist</b>	<b>38</b>
<b>Annex 3. Roles and responsibilities</b>	<b>39</b>
<b>Annex 4. Glossary</b>	<b>43</b>

# 1. About this document

## 1.1 Purpose

On 22 November 2021, the New Zealand Government announced the next phase in the COVID-19 response as Cabinet agreed to move New Zealand to the COVID-19 Protection Framework (framework) at 11:59pm on 2 December 2021.

This document outlines the high-level operational elements of the framework that underpin the minimisation and protection strategy to manage COVID-19 and includes an overview of the framework, the decision-making architecture, and the roles and responsibilities of agencies under the framework.

This document was developed in November 2021 and should be regarded as a 'living document' that evolves as the system adapts to and beds-in the framework and is valid as of 3 December until the next version is released in Quarter 2 of 2022. Supplements may be required if significant changes occur between quarterly updates. In particular, a summer supplement, including detailed rosters and arrangements for the holiday period will be circulated in mid-December.

## 1.2 Scope

This document has been developed to outline how the system supports management of COVID-19, including the decisions and actions required to minimise the spread of COVID-19 and protect the health system. It has been developed to:

- Sit alongside the MoH Manatū Hauora COVID-19 Management Plan, which outlines MoH's role as lead agency for the public health system, supported by Ministry of Social Development's (MSD) lead agency role for welfare support coordination.
- Outline the tools, roles and responsibilities for the management of COVID-19 under the minimisation and protection strategy and framework.
- Support agencies to align plans at different levels to the wider system management of COVID-19.
- Outline changes in how the system works with the regions to inform centralised decision-making, such as driving community-led delivery that is regionally and nationally enabled.

## 2. The Minimisation and Protection Strategy

On 18 October, Cabinet agreed to transition from an elimination strategy to a minimisation and protection strategy. Central to this shift is the new COVID-19 Protection Framework which lays out the domestic response measures for a highly vaccinated population.

Minimisation means we are aiming to keep the spread of COVID-19 at as low a level as possible. This means containing and controlling any outbreaks and utilising localised lockdowns if needed. There will likely be some level of cases in the community on an ongoing basis.

Protection means New Zealand will protect people from the impacts of the virus, with vaccination, infection prevention and control, and general public health measures (e.g. contact tracing, case management and testing). Response will also focus on minimising significant health impacts through treatment and support. There is also a focus on protecting people's health, especially vulnerable communities, by ensuring case numbers do not reach a point where the impacts have flow-on effects on other health services, impacting on other health priorities.

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-minimisation-and-protection-strategy-aotearoa-new-zealand>

### 2.1 Transition to the COVID-19 Protection Framework

The move from the Alert Level system to the framework reflects New Zealand's transition from elimination to a minimisation and protection strategy. It is informed by the need to balance high vaccination rates and progress in building a more resilient healthcare system, with the need for people to live normal lives. This change reflects a move from response to ongoing sustainable management of COVID-19 in the community, and the name change of this document (previously the National Response Plan) also reflects this.

Higher vaccination rates change the way the virus will be managed as fewer people become seriously ill and require hospitalisation, so attention is put on protecting the vulnerable and ensuring the health system isn't overwhelmed. Very high vaccination rates also mean loosening of some restrictions and reduced reliance on the lockdowns used to manage COVID-19 when we had an unvaccinated population.

The overall approach to the ongoing management of the virus in New Zealand is community-led, and regionally and nationally supported, with national leadership supporting DHBs, public services at the regional level, Local Government and local organisations to help their communities manage the impacts of COVID-19.

The mahi for all of us now is to work together to keep everyone as safe as possible with the reality of COVID-19 as a part of our daily lives. New Zealand is moving to a new toolkit with the same methodical and risk-based approach that we used when we implemented the Alert Level framework.

The new framework and tools will help people and communities safely navigate this next stage of the pandemic. This will include requirements like using My Vaccine Pass (MVP) to enjoy some activities in our communities. We also continue to accelerate our plan to reconnect New Zealand to the world. This means New Zealanders getting back to a life and a ‘new normal’ where protections like *mask, pass, and scan* are a part of a way we live.

## 2.2 COVID-19 Legislative Framework

Under the COVID-19 Public Health Response Act 2020 (the COVID-19 Act), the COVID-19 Response Minister and the Director General of Health have the power to make the COVID-19 Public Health Response (Protection Framework) Order 2021 (Order) to achieve the purposes of the COVID-19 Act. The COVID-19 Act was updated in November 2021 under the COVID-19 Public Health Response Amendment Act 2021.

These are independent statutory decision-making roles, noting that the Minister is required to consult with the Prime Minister, the Minister of Health, and the Minister of Justice before making or amending an Order. The Order and amendments are required to be approved by a resolution of the House and are revoked if not approved. The COVID-19 Act provides the primary legal authority for imposing the protections or requirements that are necessary to give effect to any framework decisions.

The structure of the Order has changed for the framework (Figure 1). The main body of the Order is latent, containing a list of all available protections, mitigations, and management “tools”. There are three permanent operative schedules to represent the standard Green, Orange or Red settings (Schedules 5, 6 and 7). Part 1 of each Schedule sets out the application area, with Part 2 specifying the management tools that apply to the application area and any time limits.

The Order enables the ability to apply additional protections for sectors, areas, or places that supplements the ‘standard’ requirements set out in the Green, Orange or Red Schedules. Additional protections must be selected from the list set out in the main body and can be applied for a specific timeframe.

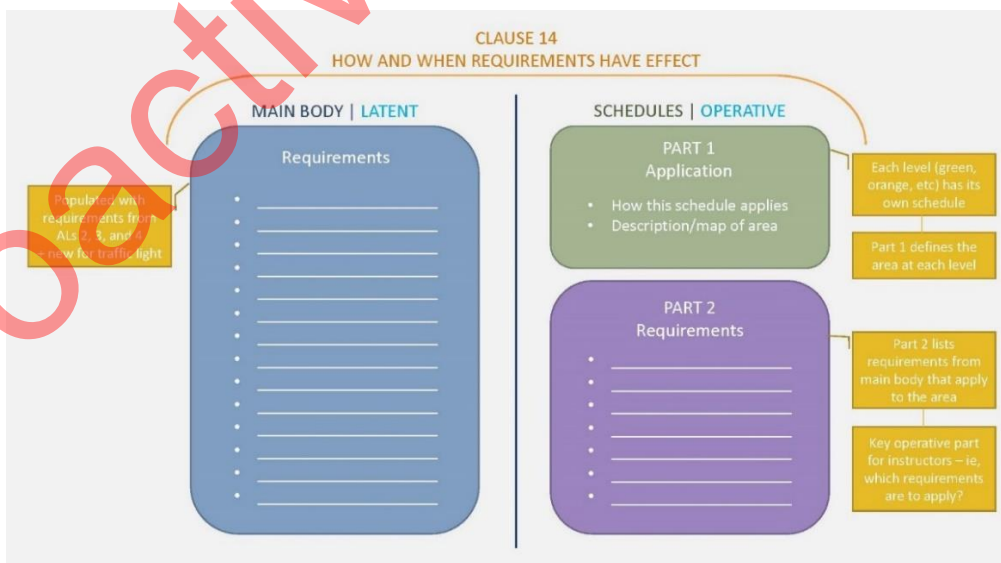


Figure 1 Structure of framework Order

**Example:**

Wellington is at Red setting and has all the requirements set out in Schedule 7. In addition, a specific schedule sets out that all freight drivers working or living in Wellington must also be tested weekly.

In addition to the Order, the Government has introduced the COVID-19 Public Health Response (Vaccinations) Legislation Act 2021 (the Vax Act), COVID-19 Public Health Response (Vaccinations) Order 2021 (the Vax Order), and the COVID-19 Public Health Response (COVID-19 Vaccination Certificate) Order 2021 (the CVC Order).

The purpose of Vax Act is to prevent, and limit the risk of, the outbreak or spread of COVID-19 by requiring certain work to be carried out by mandating specific sectors and workers who are vaccinated. as the Vax Order specifies the mandated workforces, i.e. New Zealand Police, NZDF, and health sector workers.

The purpose of the CVC Order is to prevent, and limit the risk of, the outbreak or spread of COVID-19 by enabling eligible persons to obtain a COVID-19 vaccination certificate that may be produced when proof of vaccination status is required to enter certain areas, places, or premises.

**Foreign Diplomats**

Foreign diplomats accredited to New Zealand are expected to respect the laws of New Zealand. While there are no exemptions for foreign diplomats to comply with the framework, border enforcement agencies are reminded to act in accordance with New Zealand's obligations under the Vienna Conventions. Accredited diplomats hold immunity from jurisdiction. They cannot be searched, detained or charged, and are immune from jurisdiction including administrative jurisdiction. Any enquiries relating to foreign diplomats can be referred to the Ministry of Foreign Affairs and Trade's Protocol Division  
Duty phone s9(2)(a)

## 2.3 Reconnecting New Zealand

On 24 November 2021 the Government announced the direction and three steps for *Reconnecting New Zealand* to the world. These are:

Step 1: Opening the medium-risk pathway to fully vaccinated New Zealand citizens and those residence-class visa holders and other travellers eligible under our current restrictive border settings, travelling from Australia. This step will begin on at 11:59pm 16 January 2022.

Step 2: Expanding the medium-risk pathway to fully vaccinated New Zealand citizens and those residence-class visa holders and other travellers eligible under our current restrictive border settings, from all but higher-risk countries. This step will begin at 11.59pm 13 February 2022.

Step 3: Expanding the medium-risk pathway to fully vaccinated foreign nationals, possibly staged by visa category, and subject to further advice on immigration visa processing capacity and health advice on the ongoing need for volume controls. Depending on the progress of the earlier steps, this could start to occur from Q2 2022 onwards.

There are several pathway classifications from low to very high-risk. The settings are still to be finalised, however an example for the Medium Risk pathway may involve travellers self-isolating and is subject to several criteria being met:

- a negative pre-departure test
- proof of being fully vaccinated
- a passenger declaration about travel history
- a day 0/1 test on arrival
- a requirement to self-isolate for seven days, and
- a final negative test before entering the community.



## 2.4 Timeline of implementation

The timeline of key dates for the transition to the new framework and key dates for *Reconnecting New Zealand* is provided in Figure 2. Note the dates/topics in this timeline are indicative only and may change; they have been collated to provide visibility for all levels of operational planning.

### Key milestones



Figure 2 Timeline

### 3. The Framework Toolbox

There are a range of tools available for New Zealand to manage COVID-19, such as public health measures. There are varying degrees to which these tools can be used, including being implemented independently or in combination, depending on the desired outcome and the size of the outbreak. For maximum effectiveness individual action, community options and centralised requirements need to work together.

Individual action	Community options	Central requirement
		

**Example:**

Under Green settings, individuals can choose to wear masks in crowded locations to provide additional risk mitigation against catching COVID-19. Communities can also encourage use of masks in areas where the framework doesn't mandate it. At Red, the framework mandates mask wearing in some settings to protect the community.

The tools currently available are listed below, with a more detailed roles and responsibilities table in Annex 3:

Section	Tool	Responsible Agency
3.1	COVID-19 Protection Framework	DPMC
3.2	Protections	DPMC/MoH
3.3	Vaccines & proof of vaccinations	MoH
3.4	Infection Prevention and Control (IPC) & Personal Protection Equipment (PPE)	MoH
3.5	Test, Trace, Isolation & Quarantine (TTIQ)	
	Testing & surveillance	MoH
	Contact Tracing system	MoH
	Isolation & Quarantine	MoH/MBIE/MSD
3.6	Financial Support	MSD
3.7	Health System Preparedness	MoH

### 3.1 COVID-19 Protection Framework

The framework provides greater certainty for everyone, including business, about living with COVID-19. At all settings of the new framework, most businesses and education entities can remain open on-site, and sector guidance will help entities make decisions on how they can operate under the framework.

The framework follows on the next page. Noting that there may be refinement of settings to the framework, you can find the most current version and sector guidance on the Unite Against COVID-19 website: <https://covid19.govt.nz/alert-levels-and-updates/covid-19-protection-framework/>.

Isolation of individuals, who are positive cases or close contacts of positive cases, remains central to our public health led management of COVID-19. Localised protections, similar to Alert Level 3 restrictions, can apply to a specified area where there are particular high rates of spread, or spread within particularly vulnerable communities.

Temporary closures of or within individual workplaces or education entities are still possible (using Section 70 notices under the Health Act 1956), where the isolation or closure of a workforce or education service could reduce the spread.

Ongoing conversations with Māori, Pasifika, ethnic communities and community leaders, as well as business and sector groups, have been central to the framework development and ongoing refinement.

The enforcement model around framework restrictions will transition to a business as usual model with New Zealand Police, WorkSafe and sector agencies incorporating COVID-19 compliance as part of their normal functions (rather than being centralised). There remains a single point for the public to seek information and report. Further detail will be provided in the next edition of this document. Police continue to apply the Graduated Response Model: Engage, Encourage, Educate and Enforce (4Es), where education remains the primary focus, unless there is wilful or intentional breach of the requirement.



# COVID-19 Protection Framework (traffic lights)

The new framework provides a guide to protecting one another, keeping our health system running well and businesses open.

## Factors for considering a shift between levels

- vaccination coverage;
- capacity of the health and disability system;
- testing, contact tracing and case management capacity; and
- the transmission of COVID-19 within the community, including its impact on key populations.

Decisions will also include other factors, including economic and social impacts and operational considerations.

**Localised protections and lockdowns:** can be used as part of the public health response, in addition to other measures, where necessary to protect affected communities.

**My Vaccine Pass:** the official record of your COVID-19 vaccination status for use in Aotearoa New Zealand.

You will be legally required to provide your Vaccine Pass to enter places that have vaccination requirements in place in order to operate under the current traffic light setting. This may include hospitality venues, events, gatherings, and gyms.

You cannot be asked to provide your Vaccine Pass to access basic needs services, including supermarkets, dairies, petrol stations, public transport, pharmacies and essential health care. This also applies to specific education and housing services.

<p><b>GREEN</b></p>	<p>COVID-19 across New Zealand, including sporadic imported cases.</p> <p>Limited community transmission.</p> <p>COVID-19 hospitalisations are at a manageable level.</p> <p>Whole of health system is ready to respond – primary care, public health, and hospitals.</p>	<p><b>General settings</b></p> <ul style="list-style-type: none"> <li>• Record keeping/scanning required</li> <li>• Face coverings mandatory on flights</li> </ul> <p><b>No limits if My Vaccine Pass is used for:</b></p> <ul style="list-style-type: none"> <li>• Hospitality (e.g. cafes, restaurants, bars)</li> <li>• Gatherings at your home</li> <li>• Other gatherings (e.g. weddings, tangihanga, places of worship, marae, social sports)</li> </ul> <p><b>If My Vaccine Pass is not used, the following restrictions apply:</b></p> <ul style="list-style-type: none"> <li>• Hospitality (e.g. cafes, restaurants, bars) – up to 100 people, based on 1m distancing, seated and separated</li> <li>• Gatherings at your home – up to 100 people</li> <li>• Other gatherings (e.g. weddings, tangihanga, places of worship, marae, social sports) – up to 100 people, based on 1m distancing</li> </ul>	<ul style="list-style-type: none"> <li>• Public facilities (e.g. libraries, museums, public pools) – open</li> <li>• Retail (including farmers markets) – open</li> <li>• Events (indoor/outdoor, e.g. concerts, cinemas)</li> <li>• Close-proximity businesses (e.g. hairdressers, beauty salons)</li> <li>• Outdoor community gatherings (e.g. a community fair)</li> <li>• Gyms</li> </ul>	<ul style="list-style-type: none"> <li>• Workplaces – open</li> <li>• Education (schools, ECE, tertiary) – open</li> <li>• Outdoor community gatherings (with uncontrolled access, e.g. a public parade) - up to 100 people, based on 1m distancing</li> <li>• Gyms - up to 100 people, based on 1m distancing</li> </ul>
<p><b>ORANGE</b></p>	<p>Community transmission with pressure on health system.</p> <p>Whole of health system is focusing resources but can manage – primary care, public health, and hospitals.</p> <p>Increasing risk to at-risk populations.</p>	<p><b>General settings</b></p> <ul style="list-style-type: none"> <li>• Record keeping/scanning required</li> <li>• Face coverings mandatory in some places (e.g. on flights, public transport, taxis, retail, public facilities) and encouraged elsewhere</li> </ul> <p><b>No limits if My Vaccine Pass is used for:</b></p> <ul style="list-style-type: none"> <li>• Hospitality (e.g. cafes, restaurants, bars)</li> <li>• Gatherings at your home</li> </ul> <p><b>If My Vaccine Pass is not used, the following restrictions apply:</b></p> <ul style="list-style-type: none"> <li>• Hospitality (e.g. cafes, restaurants, bars) – contactless only</li> <li>• Gatherings at your home – up to 50 people</li> <li>• Other gatherings (e.g. weddings, tangihanga, places of worship, marae, social sports) – up to 50 people, based on 1m distancing</li> </ul>	<ul style="list-style-type: none"> <li>• Public facilities (e.g. libraries, museums, public pools) – open with capacity limits based on 1m distancing</li> <li>• Retail (including farmers markets) – open with capacity limits based on 1m distancing</li> <li>• Other gatherings (e.g. weddings, tangihanga, places of worship, marae, social sports)</li> <li>• Events (indoor/outdoor, e.g. concerts, cinemas)</li> </ul>	<ul style="list-style-type: none"> <li>• Workplaces – open</li> <li>• Education (schools, ECE, tertiary) – open with public health measures in place</li> <li>• Close-proximity businesses (e.g. hairdressers, beauty salons)</li> <li>• Outdoor community gatherings (e.g. a community fair)</li> <li>• Gyms</li> <li>• Outdoor community gatherings (with uncontrolled access, e.g. a public parade) - up to 50 people, based on 1m distancing</li> </ul>
<p><b>RED</b></p>	<p>Action needed to protect health system – system facing unsustainable number of hospitalisations.</p> <p>Action needed to protect at-risk populations.</p>	<p><b>General settings</b></p> <ul style="list-style-type: none"> <li>• Record keeping/scanning required</li> <li>• Face coverings mandatory in some places (e.g. on flights, public transport, taxis, retail, education (Year 4 and up, including tertiary), public facilities) and encouraged elsewhere</li> </ul> <p><b>With My Vaccine Pass, the following restrictions apply:</b></p> <ul style="list-style-type: none"> <li>• Hospitality (e.g. cafes, restaurants, bars) – up to 100 people, based on 1m distancing, seated and separated</li> <li>• Gatherings at your home – up to 100 people</li> <li>• Other gatherings (e.g. weddings, tangihanga, places of worship, marae, social sports) – up to 100 people, based on 1m distancing</li> </ul> <p><b>If My Vaccine Pass is not used, the following restrictions apply:</b></p> <ul style="list-style-type: none"> <li>• Hospitality (e.g. cafes, restaurants, bars) – contactless only</li> <li>• Gatherings at your home – up to 25 people</li> <li>• Other gatherings (e.g. weddings, tangihanga, places of worship, marae, social sports) – up to 25 people, based on 1m distancing</li> </ul>	<ul style="list-style-type: none"> <li>• Public facilities (e.g. libraries, museums, public pools) – open with capacity limits based on 1m distancing</li> <li>• Retail (including farmers markets) – open with capacity limits based on 1m distancing</li> <li>• Gyms – up to 100 people, based on 1m distancing</li> <li>• Events (indoor/outdoor, e.g. concerts, cinemas) – up to 100 people based on 1m distancing, seated and separated for service of food and drink</li> <li>• Close-proximity businesses (e.g. hairdressers, beauty salons) – public health requirements in place</li> </ul>	<ul style="list-style-type: none"> <li>• Education (schools &amp; ECE) – open with public health measures in place</li> <li>• Workplaces – working from home may be appropriate for some staff</li> <li>• Outdoor community gatherings (e.g. a community fair) - up to 100 people, based on 1m distancing</li> <li>• Tertiary education – open onsite with capacity limits based on 1m distancing</li> <li>• Outdoor community gatherings (with uncontrolled access, e.g. a public parade) - up to 25 people, based on 1m distancing</li> <li>• Tertiary education – distance learning only</li> </ul>

### Criteria for decision-making: health and non-health factors

The following factors will determine settings of the framework, which include four health factors and four non-health factors:

#### Health Factors

- Vaccination coverage across the overall population and equity of vaccination coverage.
- The capacity of the health and disability system to manage COVID-19 cases, including across public health, primary care, community services, and secondary care.
- Testing, contact tracing and case management capacity.
- The transmission of COVID-19 within the community, including its impact on the most vulnerable populations.

#### Four non-health factors

- Evidence of the effects of the measures on the economy and society more broadly.
- Evidence of the impacts of the measures for at risk populations in particular.
- Public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them.
- Our ability to operationalise the restrictions, including satisfactory implementation planning.

The Director General of Health provides advice on health factors, based on the following:

Key questions	If Yes, move to:
<p>Will health capacity continue to be sufficient to meet healthcare demand? (Noting the ability to share resources across District)?</p>	<p style="text-align: center;"><b>Green</b></p> <p><b>Be prepared</b> for COVID-19 in your community.  <b>Description:</b> COVID-19 across New Zealand, including sporadic imported cases. Limited community transmission. COVID-19 hospitalisations are at a manageable level. Whole of health system is ready to respond.</p>
<p>Is health system capacity beginning to come under pressure, so more restrictions are needed to help protect capacity?</p> <ul style="list-style-type: none"> <li>• Are case numbers likely to exceed capacity to manage in one or more District?</li> <li>• Will the contact tracing or testing system come under strain as a result of an outbreak in a given District?</li> </ul>	<p style="text-align: center;"><b>Orange</b></p> <p><b>Be active</b> in stopping the spread of the virus  <b>Description:</b> Increasing community transmission with increasing pressure on health system. Whole of health system is focusing resources but can manage. Increasing risk to at risk populations</p>
<p>Are there warning signs that a shift for a District to red is needed to assure health system capacity remains sufficient?</p> <ul style="list-style-type: none"> <li>• Is demand on the health system (e.g. primary care, hospitalisations, Intensive Care Unit (ICU) admissions, testing, contact tracing) likely to exceed capacity?</li> <li>• Are we likely to see a rapid growth in hospitalisations or fatalities, particularly among the most vulnerable?</li> </ul>	<p style="text-align: center;"><b>Red</b></p> <p><b>Be safe</b>, take actions that stop you, your friends and your whānau from getting COVID-19  <b>Description:</b> Action needed to protect health system – system facing unsustainable number of hospitalisations. Action needed to protect at-risk populations.</p>
<p>Can we no longer ‘minimisation and protect’ effectively without localised protections and closures?</p> <ul style="list-style-type: none"> <li>• Is there a new variant of concern for which current vaccines in New Zealand have significantly reduced effectiveness at preventing severe illness that is resistant to the vaccine?</li> <li>• Are hospitalisations, ICU admissions, and/or deaths predicted to increase to levels where the health system will be overwhelmed?</li> </ul>	<p style="text-align: center;"><b>Localised Protections and closures</b></p> <p>(equivalent of AL 3 or 4 at a local, not national, level)</p>

## 3.2 Protections

The framework uses localised protections where required to protect people's health. The Minister for COVID-19 Response can put in place localised protections (or lockdowns), if pressure on the health system becomes unmanageable, or if there are new variants that evade our vaccine and border protections.

### a) The COVID-19 Protection Framework Settings

Framework settings are contained and described by Districts or Territorial Authority areas. At all times, each District is at one of the levels of the framework and listed in the relevant Schedule for Green, Orange or Red in the Order. Under framework decision-making protocols, local advice (District level) is included as a consideration in determining and changes in the settings for each District. The decision-making cadence and process is set out in Chapter 4. Movement up or down the settings is less frequent under the framework than under the previous Alert Level System with the aim of being proactive rather than reactive.

As a general rule, there are no movement control limitations (checkpoint-controlled boundaries) between Districts with differing settings, including to and from Red. The exception for this is the Auckland boundary for the period of commencement of the framework to 17 January 2022 (see Chapter 2). Under the COVID-19 Act Police retain enforcement responsibilities and discretion around movement controls.

#### Example:

A District is at Orange. There is an increasing demand on the health system as COVID-19 cases are rising within identified vulnerable populations in several suburbs. There is concern that cases spread rapidly, and that negative public sentiment means public health mitigations and basic hygiene protections are not being used. Following a MoH risk assessment, RLGs meet and provide advice to the NRG Chair. NRG meets and provides collated District and national advice to NRLT on the need for an urgent out-of-cycle move to Red settings.

### b) Localised protections and lockdowns

Under the framework, localised protections could be used as the additional protection mechanism on top of the baseline framework colour settings. These are expected to target areas with high rates of transmission.

Localised protections and lockdowns are not be one size fits all, and the settings vary by location as required to best protect affected communities within the minimisation and protection strategy. Regional advice is a key consideration for decisions on localised protections and Districts are invited to provide advice into the decision-making processes, set out in Chapter 4. This provides the opportunity for the PSRCs to collate information on the likely impacts to affected communities and key stakeholders, including iwi, and helps inform what is feasible to implement.

Localised protections and lockdowns do look different to the lockdowns previously experienced under the Alert Level System. Localised protections employ a combination of

tools proportionate to the protections required in the affected area. The default option for localised protections is that they apply to a specified geographical area that is more granular than a region, on top of a Red setting. These controls may include:

- stay at home requirements
- closure of premises, e.g. schools and retail
- controls on gatherings, and
- controls on movement in and out of the lockdown area, either controlled or spot-checked boundaries).

Under the COVID-19 Act, New Zealand Police retain enforcement responsibilities and discretion around movement controls, supported by Waka Kotahi and the Defence Force as required.

**Example:**

The Golden Bay may be subject to additional localised protections, while the remainder of Nelson/Marlborough region remains at Red due to several outbreaks in vulnerable communities with limited health system infrastructure that is at critical risk of becoming overwhelmed. RLG have provided advice incorporating local iwi concerns on the need to protect these communities.

**c) Closures**

Temporary and targeted closures of schools or workplaces, and isolation requirements for individuals can be made by the Director General and Medical Officers of Health using Section 70 of the Health Act 1956.

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

**Example:**

Following an outbreak of COVID-19 in a primary school, the local DHB Medical Officer of Health works with the Ministry of Education and school Principal and issue a Section 70 notice closing the school and requiring all students and their households to isolate and get tested. RLG is informed and supports the local community with key assurance messages and advice to the national level around impacts and inform decision-making.



### 3.3 Vaccinations and proof of vaccinations

The framework is designed for a highly vaccinated population. MoH is responsible for the vaccine strategy, which can be found on the MoH website: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-strategy-planning-insights/covid-19-supporting-vaccine-rollout>

Higher risk roles such as frontline border staff, healthcare workers, and teachers are mandated to be vaccinated under the Vaccination Order.

While requiring proof of vaccination is optional for many locations, there are significant advantages under the framework to operating businesses and requiring proof of vaccines. Basic needs services are prohibited from requesting proof of vaccine to enter, such as supermarkets and pharmacies. MoH is responsible for this policy setting and the vaccine exemption process.

The only accepted proof of vaccination domestically is the MVP, which is a QR code pass that can be requested through My COVID Record (MCR) which is directly linked to the national COVID-19 Immunisation Register (CIR) (<https://app.covid19.health.nz/>). MCR provides the date and dose of the COVID-19 vaccination individuals have received. It also provides the ability to request the domestic MVP or the International Travel Vaccination Certificate for overseas travel. MoH is responsible for the CIR and development of MCR and MVP. MoH is working with border agencies on the International Travel Vaccination Certificates required for overseas travel.

MoH has developed a free NZ Pass Verifier for businesses to use and it has also allowed for private enterprises to develop technology and apps to support specific sectors.

MBIE is responsible for providing guidance about business requirements under the framework, including verifying passes: [www.business.govt.nz](http://www.business.govt.nz)

### 3.4 Infection Prevention and Control & Personal Protective Equipment (IPC & PPE)

The virus that causes COVID-19 is mostly spread via particles that escape from an infected person's mouth or nose when they breathe, speak, cough, sneeze or sing.

Infection occurs in three main ways:

- breathing in air that contains infectious particles
- infectious particles landing on your mouth, nose or eyes through being coughed or sneezed on, for example)
- touching your mouth, nose or eyes when your hands have been contaminated by the virus (either through direct contamination, or indirectly by touching surfaces contaminated with the virus).

Within the framework public health measures remain core tools to keep New Zealanders safe. These tools include face covering, basic hygiene, physical distancing, gathering limits, and ventilation. The implementation of these tools can vary depending on the desired outcomes and the assessed public health risk. MoH is responsible for setting IPC and PPE requirements and work with agencies to ensure sector specific guidance around what IPC & PPE is suitable.

**Example:**

Ministry for Primary Industries (MPI) and MoH support the primary sector to ensure IPC, PPE and ventilation requirements minimise COVID-19 risks in the specialist environments of meat works.

MoH is responsible for supporting PPE supplies centrally for the healthcare sector: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-central-supply>

Other agencies, organisations and sectors are responsible for their own PPE purchase and supply chain. Should concerns around supply chain and availability become an issue, these should be raised urgently through the decision-making system, such as with Senior Officials' Group (SOG).

**a) Face coverings**

Face coverings help stop droplets spreading and so help in preventing the spread of COVID-19. This measure can be used in isolation or combined with other measures such as physical distancing, or it can be used when other measures cannot be adhered to. There are a range of face coverings available, and details on how to use them can be found on the MoH website:

<https://covid19.govt.nz/health-and-wellbeing/protect-yourself-and-others-from-covid-19/wear-a-face-covering/>

**b) Physical distancing & basic hygiene**

Keeping physically distanced from each other and using hygiene measures such as handwashing or sneezing into elbows, can reduce the chances of transmission of COVID-19. This is more effective when applied with other public health measures such as handwashing. The MoH website provides additional details on basic hygiene:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/protecting-yourself-and-others-covid-19#hygiene>

**c) Gathering limits**

Limits on gathering numbers is an important tool for managing COVID-19 as it minimises opportunity for exposure and spread when COVID-19 is prevalent in the community. The framework also introduces differing limits if attendees are vaccinated or unvaccinated.

The settings for events, gathering, specified outdoor community event, and 'all types of outdoor organised, community sport' are set out under the framework with additional detail provided in the sector guidance section of the Unite Against COVID-19 (UAC) website; <https://covid19.govt.nz/>.

#### **d) Ventilation and air flow**

MoH, the Ministry of Business, Innovation, and Employment (MBIE) and the National Institute of Water and Atmospheric Research (NIWA) are working together to provide guidance for individuals and sectors on improving air flow and ventilation to help mitigate COVID-19 spread. Good airflow and use of outdoor spaces have been a key health recommendation to date. More formal advice and guidance is expected to be announced in coming months.

##### **Example:**

NIWA has produced the following blog on air flow: <https://niwa.co.nz/news/opening-classroom-windows-and-doors-one-of-the-best-ways-to-remove-covid-19-from-air>

### 3.5 Testing Tracing Isolation and Quarantine Strategy (TTIQ)

The maintenance of an effective TTIQ system is critical to the minimisation and protection strategy. The move to the framework both requires and enables revisions in the TTIQ system.

#### 3.3.1 Testing and Surveillance

##### a) Surveillance testing

Surveillance testing is key to monitoring the spread of COVID-19 within the motu, especially as many people are vaccinated and could be asymptomatic. MoH is responsible for the surveillance strategy and works with other agencies and organisations to deliver the plan.

MoH will evolve the Surveillance Strategy and plan through continuous improvement processes to align with latest international technology and research advances.

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

##### Example:

At the Green setting, testing of symptomatic people remains essential, and is complemented by wastewater testing and ongoing surveillance testing of asymptomatic people through the increased use of rapid antigen testing.

The MoH Surveillance Plan aims to monitor, evaluate and inform the equitable delivery of New Zealand's COVID-19 minimisation and protection strategy. Current surveillance testing includes the following:

- wastewater testing
- testing of asymptomatic people
  - routine polymerase chain reaction (PCR) testing of overseas arrivals at the border
  - routine PCR or Saliva testing of border workers and specified classes of workers
  - wider use of rapid antigen tests in workplaces, and
  - rapid antigen tests available at pharmacies for the public (costs involved).

##### b) Testing

Linked to the Surveillance Strategy is the Testing Strategy which MoH is responsible for and District Health Boards (DHB) and Public Health Units (PHU) deliver locally. This Testing Strategy will also evolve to align to latest technology and research. DHBs have established Community Testing Centres (CTCs) and additional surge testing centres that can be stood up to support an increase in testing. The Testing Strategy is supported by a communications plan to encourage testing of symptomatic people and when positive wastewater results occur. DHBs are responsible for logistics and resource plans, maintaining a supply of testing kits (which are held centrally by MoH) and working with the MoH to support the testing and or collection of specimen samples and transport to the laboratories. Funding has been

allocated to expand testing capacity to 60,000 PCR tests a day by early 2022 and to train and stand up a new national telehealth case investigation service with 475 investigators.

MoH and the Institute of Environmental Science and Research (ESR) maintain the centralised database and IT infrastructure to inform patients and clinicians of test results. Real-time lab testing data are received and stored in ESR's eclair system. Early notification of positive results is reported to the MoH and the local Medical Officers of Health.

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

### 3.3.2 Contact tracing & case management

Contact tracing allows for early detection and isolation of people who have a high risk of contracting COVID-19 due to being in close proximity to a confirmed COVID-19 case. Changes to how cases are classified, and requirements on contacts and cases are changing under the minimisation and protection strategy.

#### Example:

Recent announcements have included reductions in isolation requirements for vaccinated contacts and cases. <https://covid19.govt.nz/alert-levels-and-updates/latest-updates/changes-to-isolation-to-reflect-vaccination-status/>

A case management approach is taken with positive cases to ensure their clinical and welfare needs are met throughout their isolation period. PHUs lead contact tracing in their local areas. Information gathered on contacts is visible nationally through the National Contact Tracing System (NCTS). Any contact tracing surge workforce requirements are monitored and supported through the National Investigation Tracing Centre (NITC).

The case management approach is changing significantly under the framework as New Zealand moves to a model of managing COVID-19 in the community. More information on this is covered in the next section. Quality in service provision is sought via a national set of standard operating procedures, an agreed set of performance metrics and through reviews (to ensure continuous improvement) of the following:

- public Health Protocols
- case Definition
- case Investigation Protocol, and
- international Case Protocol.

#### c) Record keeping

Individuals are responsible for maintaining their own records when visiting public premises and workplaces by scanning QR codes using the NZ COVID Tracer app. In addition, there are record keeping requirements on businesses to maintain a list of workers, customers, and visitors who visit a premise. This allows for public health officials to effectively identify people who may have been exposed to COVID-19. Further information can be found on the UAC

website: <https://covid19.govt.nz/business-and-money/businesses/record-keeping-and-contact-tracing/>

Record keeping and scanning continues to be required at all the settings under the framework. Businesses, locations and events are legally required to:

- Ensure safe and secure systems and processes are in place so that everyone working on or visiting the premises can scan in or provide their details for contact tracing purposes.
- Keep contact tracing records for workers, contractors, customers, and volunteers, (aged 12 or older) no matter how long they are there for, and
- Provide more than one way for people to record their visit, especially for people who are not able to scan QR codes.

### 3.3.3 Isolation and Quarantine

#### Isolation and quarantine requirements

The requirements for isolation and quarantine of positive cases, close contacts or returnees at the border are set by MoH and reflected as follows:

##### Positive cases in the community

- The isolation period for fully vaccinated COVID-19 cases in the community is currently 10 days and must include 72 hours symptom-free.
- The isolation period for partially vaccinated or unvaccinated COVID-19 cases is 14 days, including 72 hours symptom-free.

##### Close contacts in the community

- Close contacts who are fully vaccinated need to self-isolate for 7 days.
- Close contacts who are partially vaccinated or not vaccinated need to self-isolate for 10 days.

##### Returnees at the Border

- Currently all returnees are required to enter a Managed Isolation Facility for 7 days followed by 3 days self-isolation at home.
- From 16 January 2022, fully vaccinated citizens or residents returning to New Zealand will be able to complete 7 days self-isolation at home without entering MIQ (initially with Australia, extending to the rest of the world from 14 February 2021).
- Unvaccinated returnees and returnees from high-risk and very high-risk countries will continue to isolate in a Managed Isolation Facility.
- Note – the Chief Executive of the Ministry of Business, Innovation and Employment has the authority to determine duration of stay in a Managed Isolation Facility under the Order.

To be considered fully vaccinated, seven days must have passed since the second dose of the vaccine was administered.

### 3.3.4 Care in the Community

Many systems and processes which were designed with the goal of stamping out COVID-19 are now being adjusted to reflect the new strategy, aimed at protecting those most vulnerable to the disease. The COVID-19 Care in the Community model will be iterated as we adapt to ongoing management of COVID-19 in the community. The Care in the Community model is intended to provide an alternative to Managed Isolation and Quarantine (MIQ) for many people, with MIQ places being reserved for those who most need it. MIQ is not available throughout NZ and therefore should be a last-resort option for those with high needs (supervision or health).

Once a person has been identified as a positive case or close contact, they are contacted by a healthcare provider within 24 hours and an assessment of their clinical and medical conditions, household environment, and other risk factors is undertaken.

Based on this, cases are directed to one of the following options and supported as required:

- stay at home – Care in the Community Home Isolation
- isolation in other local accommodation (could be MSD, HUD, TAS, DHB, iwi, other local group provided) – Care in the Community - Supported Isolation and Quarantine (C-SIQ), or
- Managed Isolation and Quarantine.

The Care in the Community detailed model is still being finalised which will include greater detail on the coordination arrangements and patient journey. Updates will be provided to agencies once finalised, in future editions of this document, and on the MoH website: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/caring-people-covid-19-community> Further details on the coordination arrangement can be found in Chapter 4.

#### a) Care in the Community – Home Isolation

The COVID-19 Care in the Community model operates with a high-trust framework and the delivery is community led, regionally enabled and nationally supported. MoH is responsible for developing an end-to-end plan and operating guidance for DHBs, healthcare workers, clinicians and regional welfare supporting agencies and organisations and have developed COVID-19 Care in the Community Operating Guidelines to support this.

An initial risk assessment identifies the correct care path for each positive case. Most individuals who test positive are likely to prefer to be cared for at home when they are sick, when this is possible. They will be able to access primary care as their entry point to the health system if this is needed, or hospital-level care if they are very unwell. In the case of communicable diseases, isolating (such as someone staying home from work and other activities) has public health benefits as well as clinical benefits to the individual.

A designated point of contact, most likely from a local healthcare provider, is allocated to the individual and their household. This person is responsible for monitoring the person's health and wellbeing needs, including regular check-ins while the individual is infected and isolating, to make sure the person is coping with symptoms and is safe to continue being cared for in the community.

A health pack tailored to the individual's health needs is delivered within 48 hours to help the individual manage recover.

A health assessment at Day 10 determines whether the person can safely end time in isolation. Household contacts need to stay at home for at least 10 days, to make sure they remain free from the virus. The household's dedicated health contact continues to check in on them during this time.

A readiness checklist is available for individuals to help them plan and prepare in case they test positive for COVID-19. This is available on the UAC website:  
<https://covid19.govt.nz/health-and-wellbeing/care-in-the-community/>.

### **b) Care in the Community - Supported Isolation and Quarantine**

The 'Care in the Community' model recognises the value of allowing people to isolate within their communities, instead of an MIQ facility. This could be due to the remoteness of where the person lives or their specific welfare or health needs.

The initial assessment is critical in determining the level of care required that is proportionate and appropriate for the individual and their household. Care is provided using a patient centric approach and delivered locally, in the same way at home isolations support is provided.

### **c) Managed Isolation and Quarantine**

MBIE runs Managed Isolation and Quarantine facilities <https://www.miq.govt.nz/>. These facilities predominantly manage international arrivals but also provide a limited capacity for managing high-risk or high-needs individuals who tested positive while in the community (i.e. community cases). MIQ facilities are restrictive, semi-secure and have a permanent dedicated on-site health presence. As such they are suited to cases that require higher levels of physical or clinical supervision. Given the limited availability of MIQ their use should ideally be restricted to those with high needs. MIQ's Regional Isolation and Quarantine Coordination Centres (RIQCC) should be involved in ensuring that MIQ can meet the needs of any referrals.

The managed isolation period for international arrivals into New Zealand is 7 days, followed by isolation at home until the negative result of a test at Day 9 has been received.

Local Medical Officers of Health determine the length of time community cases need to spend in MIQ based on a range of variables, including whether they are able to safely self-isolate at home.

## **3.3.5 Provision of Care in the Community**

### **Community Connectors**

MSD has agreed to fund a Community Connection Service (CCS) through till June 2023. Community Connectors act as a conduit for individuals and whānau to government services that they may not otherwise be able to/know how to access, such as those available through



Work and Income. Providers have a 'no wrong door approach' and whānau and individuals in need of the CCS can be assisted through any service line. MSD also have a dedicated 0800 line to support welfare requests from those home isolating.

MSD currently funds 157 Community Connectors and has agreed to expand this, up to another 105 Community Connectors. This allows extra coverage, including for rural and isolated areas where higher demand is anticipated. MSD has secured additional funding for community partners to provide food and other support to households in need that have been required to self-isolate at home. This is in addition to ongoing food needs MSD is already meeting.

The Community Connection Service has become the 'go to' service during the Auckland outbreak for various bespoke arrangements needed to respond to the extraordinary circumstances surrounding COVID-19, such as:

- support for families in MIQ
- support for those having to self-isolate
- support for deportees unable to leave New Zealand, and
- support for temporary residents.

A strength of the CCS is its ability to triage service with urgency, and that it has developed a specialist response in providing MIQ support. This makes it ideal for supporting the welfare needs of people and whānau who are required by government to self-isolate but who may not need longer-term support.

Community Connectors act as a conduit for individuals and whānau to government and non-government services that they may not currently access, such as through Work and Income. MSD is working with Te Puni Kōkiri on Community Connection Service expansion and how it complements the Whanau Ora Service. There are clear and complementary differences between these services, which working together support a broader range of community members who are highly vulnerable.

Community Connectors can help individuals and whānau during self-isolation and afterwards to:

- access food and essential items during self-isolation
- access health and safety programmes, including mental health, addiction services, anger management or family violence services
- access supports to improve their ability to self-isolate at home (e.g. heating and insulation or furniture and appliances)
- access budgeting services
- re-engage with education, and
- re-enter the workforce, such as through MSD's employment services.

**Example:**

Community Connectors have a direct line into MSD to ensure expedited support to access existing and eligible MSD products and services. This flexible, navigation role is particularly important for certain groups, such as disabled people, who need tailored support. The services that people are connected into can help them to develop the tools they need to be confident and self-determining.

**Support for Māori**

The Māori Communities COVID-19 Fund (MCCF), led by Te Puni Kōkiri (TPK) with Te Arawhiti and Ministry of Health, provides specific support to iwi, and Māori groups and communities for their response to COVID-19. Funding has initially focussed on increasing Māori vaccination rates and will then focus on increasing resilience by supporting social cohesion, ensuring access to information and resources, and supporting locally led and co-designed approaches to managing local risks and supporting local priorities.

**3.6 Financial support**

The Ministry of Social Development and the Treasury are responsible for delivering financial support, and these have changed under the framework.

**Financial support for individuals and businesses.**

The **COVID-19 Leave Support Scheme** is available for employers, including self-employed people, to help pay their employees who need to self-isolate and can't work from home.

The **COVID-19 Short-Term Absence Payment** is available for employers, including self-employed people, to help pay employees who can't work from home while they wait for a COVID-19 test result.

MSD continue to provide full services, including financial support, to clients through usual channels. Financial assistance from MSD remains available for **people who have become unemployed**, regardless of their vaccination status.

There is ongoing work being done to design potential support for businesses during localised protections and closures. Information is available on the Unite Against COVID-19 Website: <https://covid19.govt.nz/>

### 3.7 Health system preparedness

On 14 October 2021, the Minister of Health announced a health system preparedness programme that includes workforce capacity and innovation, testing and surveillance, hospital readiness, capacity, facility and equipment supply, data and digital, equity challenges, primary and community level models of care for the management of COVID-19, and equitable distribution of resources across communities and regions.

As part of the transition to managing COVID-19 in the community the health system has undergone an assessment against sixteen National Resilience criteria (Figure 3) and a plan has been developed to address the refinements required to adapt to endemic COVID-19.

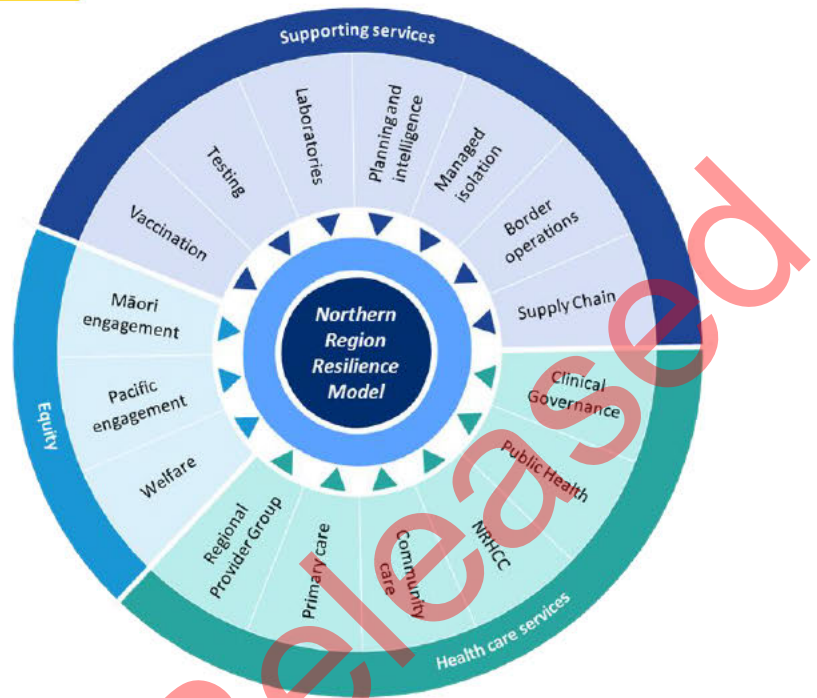


Figure 3 Example of the regional health system preparedness criteria

The National Regional Resilience plan and work programme is based around four geographical health system regions:

- Northern
- Te Manawa Taki
- Central, and
- Southern.

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

Reporting into the Health system risk assessment is also done for each of the twenty DHBs.

#### COVID-19 Māori Health Protection Plan

The COVID-19 Māori Response Action Plan establishes a framework to ensure the health and wellbeing of Māori is protected during the COVID-19 pandemic. This Plan is a living document that evolves and adapts to the COVID-19 management approach as it progresses through continuous improvement processes. It articulates a strategic approach and suite of actions that the COVID-19 management can adopt to uphold Te Tiriti o Waitangi and support the achievement of Māori health equity:

<https://www.health.govt.nz/publication/initial-covid-19-maori-response-action-plan>

**Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan**

The Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan provides a framework for actions to support the mental wellbeing of New Zealanders as we respond to the impacts of COVID-19.

<https://www.health.govt.nz/publication/covid-19-psychosocial-and-mental-wellbeing-plan>

**COVID-19 Health and Disability System Response Plan**

The COVID-19 Health and Disability System Response Plan establishes a framework to prepare for and manage novel coronavirus disease 2019 (COVID-19) in New Zealand. It is aimed primarily at the health and disability sector but includes some components relevant to other agencies and sectors.

<https://www.health.govt.nz/publication/covid-19-health-and-disability-system-response-plan>

## 4 Decision-making Processes

Decisions on the protection settings of the framework for each part of the country and any changes to this, are made by Ministers. Ministers with Powers to Act will meet as required to assess the situation, based on assessment questions agreed by Cabinet covering health factors and non-health factors, as referenced in this document.

The Minister for COVID-19 Response makes the Order and amendments to the Order under the COVID-19 Public Health Response Act 2020 based on advice from the Department of the Prime Minister and Cabinet (DPMC). DPMC's advice is based on the Director-General of Health's advice and Cabinet-agreed health and non-health factors set out in the COVID-19 Protection Framework Checklist (Annex 1 and 2). The resultant setting decisions are mandated through revising the order under the Act. These decision-making factors (Annex 2) will be refined through continuous improvement processes as we learn more through modelling and the implementation of our approach.

The public communications and engagement approach will adapt as the framework beds-in, and revisions will be provided in future editions of this document.

### 4.1 National coordination and decision-making

In the period ahead, national coordination activities will include:

- Assessing and advising on framework settings, including introducing localised protections, or additional protections for specific sectors/activities as required,
- Managing the effects of disruptions and uncertainty caused by the protections (for example, ongoing care for vulnerable persons and communities; provision of education services, support to Māori and business; and changes to international travel arrangements).

The clinical management of COVID-19 remains health-led. DHBs coordinate the locally led delivery of health services as cases occur across the motu. Welfare management is coordinated by MSD.

Cabinet has agreed to governance and decision-making structures to support broader COVID-19 management. The role of these groups is outlined further in this section. The membership of the groups, especially the National Response Group and the National Response Leadership Team remains as outlined in 2021 Quarter 4 of the National Response Plan and will be reviewed early in 2022 once the framework has been implemented and matured. Updates will be provided in the next edition of this document.

Groups or individuals that play a key role within the COVID-19 management include:



### Ministers

As decision-makers, Ministers are responsible for setting the direction for the system approach. Cabinet may choose to delegate decision-making authority to Ministers with the Power to Act where it is not necessary for all of Cabinet to meet. The Minister for COVID-19 Response makes the Order or amends the Order under the COVID-19 Public Health Response Act 2020. The Minister must consult with the Prime Minister, the Minister of Justice, and the Minister of Health and may consult with any other Minister when making orders.



### National Iwi Chairs Forum – Pandemic Response Group (PRG)

This group brings Iwi Chairs, Chief Executives and technicians of the 73 iwi entities from across the country who provided a strategic approach to Covid-19, focusing on data, advocacy, intelligence and planning, and communication and political strategy from a national and regional Level. (Please note this does not replace the need for wider engagement with iwi). Te Arawhiti facilitates hui between the PRG, Ministers and agencies on a weekly basis.



### National Response Leadership Team (NRLT)

Responsible for providing strategic direction and advice of the COVID-19 management to Ministers.

NRLT membership is comprised of Chief Executives of core COVID-19 agencies. The meeting cadence of the NRLT under the framework will evolve as the system beds-in the framework further, but the NRLT will initially convene as required, to provide advice to Ministers at critical decision points. NRLT can meet out of session if an urgent change in framework settings or additional protections are required.



### National Response Group (NRG)

NRG provides advice to NRLT, sets priorities and triages taskings from NRLT, and reports risks and issues back to NRLT from the system. NRG provides decision makers with advice, reporting where required, and information flows from regional and national operational levels of the system. NRG acts as the coordinator of the operational and strategic systems. NRG meets fortnightly initially, moving to a monthly cadence in time, with the ability to meet out of session if an urgent change in framework settings, additional protections are required, or a new variant emerges.



### MoH Incident Management Team

The MoH IMT oversees and guides the clinical management of COVID-19 at a strategic level from a MoH perspective and helps ensure effective overall coordination and control for the health system and across DHBs. The IMT continue to meet daily to support the DHBs and wider health system. It provides advice and

specialist knowledge and handles the detailed management work. MoH IMT flags issues and risks to SOG/NRG or directly into NRLT.



### COVID-19 Senior Officials Group (SOG)

This group brings senior representatives from across the system together initially on a weekly basis, moving to fortnightly in time to provide a single point for information about the ongoing management of COVID-19. This group includes a range of agency representatives that support key areas and can mobilise the system when required. Agencies attending are much broader than NRG membership and can support regional issues and risks. This group reports system issues and risks up to NRG and disseminates information from NRG.



### Regional Leadership Groups (RLG)

These provide strategic oversight, connecting to local and operational coordination at the regional level and provide advice to the national level, most RLGs have local government, iwi, DHB and Public service leaders represented. The RLGs are invited to provide input into the fortnightly decision-making cycle on the non-health related considerations specific to their region through their RPSCs to the NRG secretariat.



### Care in the Community Operations Group (CCOG)

This is a DCE level operational oversight and coordination group to facilitate the community led delivery, regionally enabled and national supported Care in the Community welfare arrangements. CCOG provides a framework and nationally required systems and supports, working with RPSCs to ensure operational needs are fully supported.

In addition to the above operational groups, there are three Chief Executive level Governance boards: COVID-19 Chief Executives Board (CCB), the Caring for Communities (C4C) Governance Group, and the Border Executive Board (BEB).

### COVID-19 Protection Framework decision-making

To support sustainable decision-making for the management of COVID-19, NRG develops advice initially on a fortnightly basis, moving to monthly in time, seeking input from MoH and the wider system (see Figure 4 and 5). Advice is prepared using the checklist (Annex 1 and 2) to address the eight key factors approved by Cabinet.

This system advice combines the information provided by each of the 16 regions through the RPSCs, SOG, and border agencies.

MoH in parallel develop health system and public health advice, seeking input from the DHBs to undertake a risk assessment for the four health regions.

The MoH advice is based on the following aspects:

- Health System Preparedness Program (HSPP) – baseline for health resilience
- COVID-19 impacts related to the community and the health system
- modelling (retaining health system resilience), and
- the HSPP considers sixteen criteria for the four health regions (see Figure 3).

Both the health and system advice are combined, which the NRLT Chair uses to brief the Ministers, supported by the Director General of Health. The Ministers then decide on whether any change is needed to the framework settings or localised protections, and if so, a public announcement is made, and legal Order amendments drafted.

**COVID-19 management coordination**

MoH run a daily IMT to coordinate and support DHBs. MoH identify triggers for activating NRG/NRLT, and CCOG will flag any welfare issues into the decision-making processes outside of the regular cadence. RPSC and SOG can also flag any issues to NRG chair.

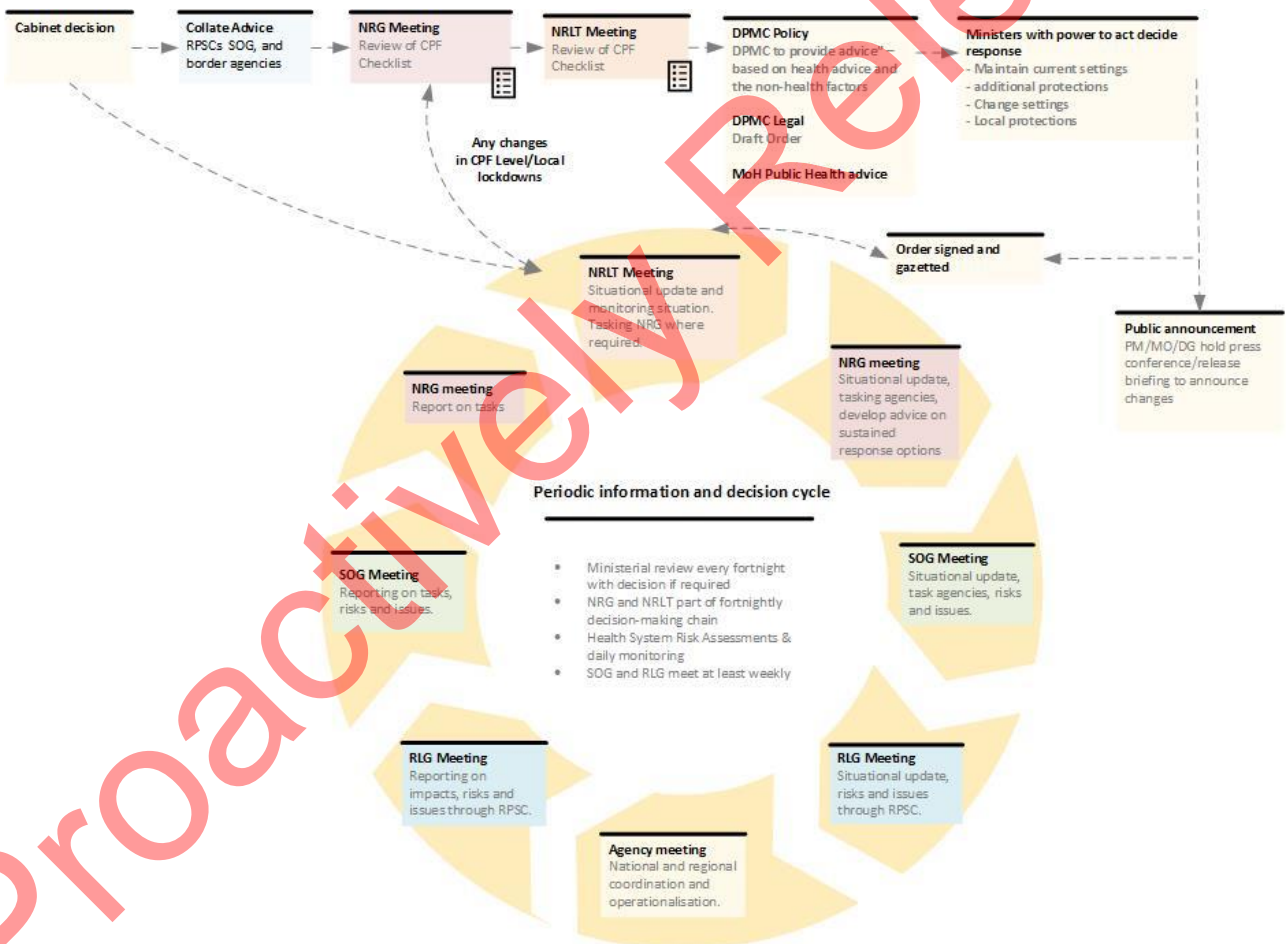


Figure 4 framework decision-making cycle

Collation and analysis of information and intelligence is critical for decision makers in the sustained management of COVID-19. MoH’s intelligence hub is central to this. Information



and intelligence are gathered from the regions and collated into a national picture, and disseminated across key agencies, to maintain an accurate picture of the situation.

Information and intelligence are gathered and disseminated via:

- Daily MoH Situation Report (SitRep) updates
- RPSC to share with RLGs
- SOG meetings (weekly moving to fortnightly)
- NRG meetings (fortnightly moving to monthly)
- CCOG meetings (thrice weekly until at least the end of January)
- NRLT meetings, and
- Ministers with Power to Act meetings.

Daily MoH and DPMC COVID-19 communications and engagement, as well as the Prime Minister’s Office (PMO), who modify and implement communications and coordinate the announcement of framework setting changes which is then shared on the UAC channels.

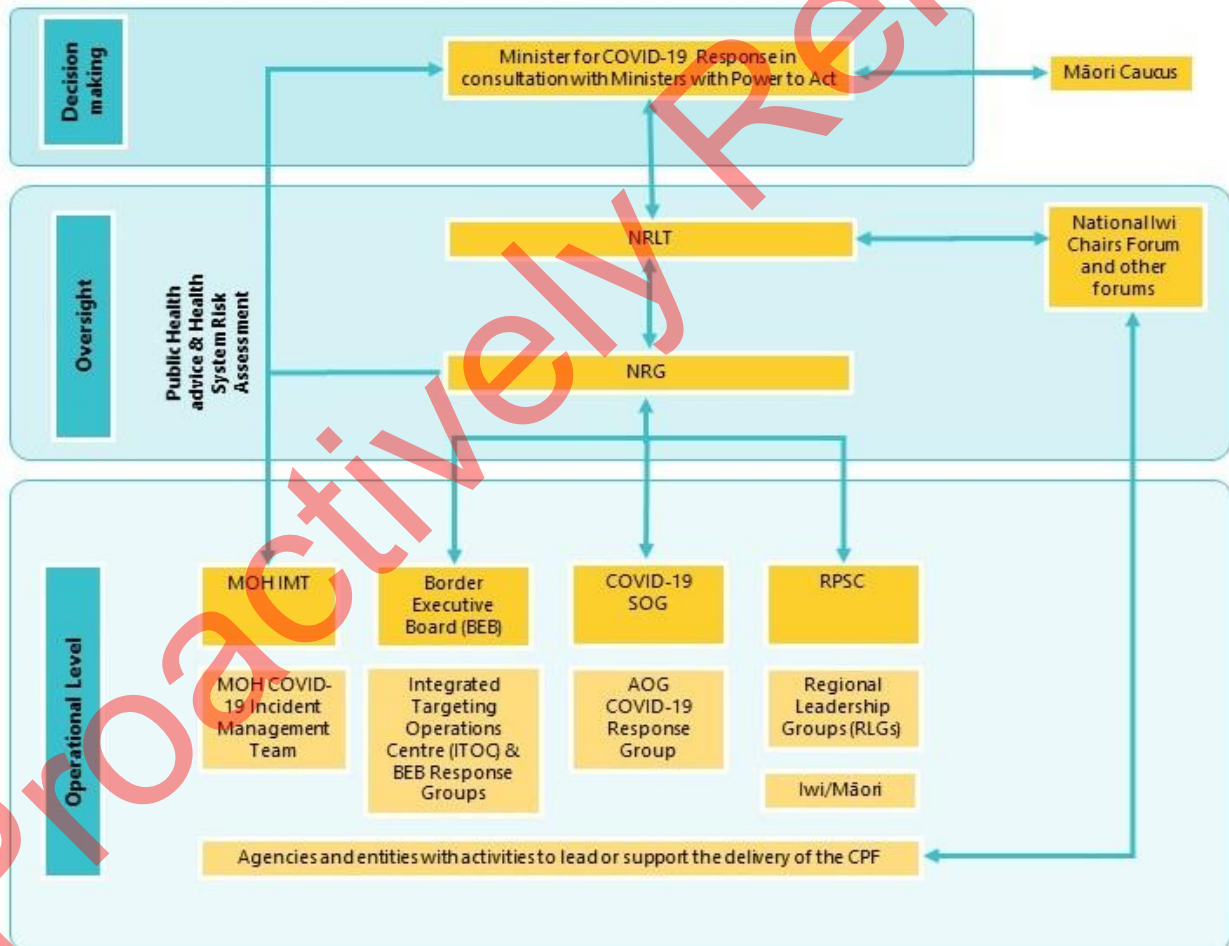


Figure 5 COVID-19 Protection Framework decision making architecture

Following Ministerial decisions, NRLT, NRG, RPSCs and SOG is responsible for giving effect to the course of action. Other agencies are required to modify their management activities as appropriate.

Each agency involved has a different role to play, and accordingly has its own plan for how to deliver the framework, support the management of COVID-19 in the community and undertake the activities required to protect the health system.

Agencies may continue to use their national coordination centres using the Coordinated Incident Management System (CIMS) framework with a view of transitioning into a business as usual function. Noting the ongoing role of policy function to feed into the DPMC & MoH policy groups, PIM functions should dock into the DPMC COVID-19 Comms & Engagement team. The Public Service Commission (PSC) has responsibility for system workforce oversight through the Public Service Commission's Workforce Mobility Hub [deployment@publicservice.govt.nz](mailto:deployment@publicservice.govt.nz). PSC also provide support to Public Service Chief Executives as they forecast and manage their individual workforces' capacity.

## 4.2 Regional coordination and advice

The ongoing management of COVID-19 in New Zealand is community led delivery, regionally enabled and national supported. To deliver COVID-19 services and care regionally and locally requires the establishment, or formalisation of, a coordination function. The Care in the Community model detail is still being reviewed and approached by the CCOG and finalised operational guidance will be shared through NRG/SOG and RPSCs to regional leaders. Updates will be added to future editions of this document.

RPSCs are the key central government representatives in Regions and Districts, tasked with supporting the regional alignment and coordination of the public service contribution to the framework, including the welfare approach. One of RPSCs' key roles is to ensure the public service effectively partners with iwi, local government and large service providers.

The 16 RLGs across New Zealand are the mechanism for Regional/District level advice on non-health factors to contribute to framework assessments considered by decision-makers. The mechanism for providing this advice is through RPSCs into the NRG.

MSD Regional Commissioners take a lead role in coordinating the implementation of the welfare system approach in their regions.

## 4.3 Iwi and Māori input into decision-making

Māori have several opportunities to feed into the decision-making process (Figure 5). Where Iwi are connected into established regional leadership group arrangements, they can provide advice or raise risks or issues directly through RLG into NRG through the RPSCs. In addition to this Iwi can feed information, advice, risks and issues into Te Arawhiti and TPK through at both the regional level and national level as well as through the National Iwi Chairs Forum (NICF) and other forums convened by Te Arawhiti.

## 5. Information sharing and Privacy Act

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

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

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

The MoH has the lead role in advising the Government and New Zealand on whether a situation represents a serious threat to public health. Agencies are entitled to rely on the Ministry's advice in making decisions regarding whether the collection, use and sharing of personal information is necessary to prevent or lessen the threat posed by the transmission of COVID-19.

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

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

- Framework settings change the context of both the COVID-19 management, and the necessity to share personal and health information.

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

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

Responsibility:

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

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

Only share what is necessary and only with agencies involved in the COVID-19 management approach.

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

Proactively Released

# Annex 1. The COVID-19 Protection Framework Regional/District Checklist

## The COVID-19 Protection Framework Regional/ District checklist

- |                                                              |                                                                          |                                                                           |                                                      |
|--------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------|
| <b>1</b>                                                     | <b>2</b>                                                                 | <b>3</b>                                                                  | <b>4</b>                                             |
| Districts/Regions to complete fortnightly, collated by RPSC. | RPSC to report to Chair NRG, NRG to assess and consider recommendations. | NRLT to assess and recommend course of action to Ministers (pre-Cabinet). | Ministers to decide action based on advice provided. |

<b>Regional/District Advice summary</b>
Signed
NAME
Regional Public Service Commissioner
REGION/DISTRICT

Regional/District considerations for (CPF Level changes/localised lockdown)	
Regional/District Considerations	
Insights of the effects of the measures on the economy and society more broadly;	
Evidence of the impacts of the measures for at risk populations in particular;	
Public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them; <i>Include public/business/education understanding of the change, sentiment considerations, and including equity considerations in the region.</i>	
Our ability to operationalise the restrictions, including satisfactory implementation planning.	
Te Tiriti or iwi/Māori specific considerations.	
Additional Regional/District considerations that can provide context to NRG may include:	
What is the situation in neighbouring Regions/Districts and does this have an impact?	
Are any other Regional/District risks present (e.g. threat of concurrent emergency event)	

For reference: MoH/DHBs will also provide advice to NTG/NRLT on the following:	
Vaccination coverage across the overall population and equity of vaccination coverage;	
The capacity of the health and disability system to manage COVID-19 cases, including across public health, primary care, community services, and secondary care;	
Testing, contact tracing and case management capacity; and	
The transmission of COVID-19 within the community, including its impact on key populations.	

# Annex 2. The COVID-19 Protection Framework National Checklist

## The COVID-19 Protection Framework National checklist

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Districts/Regions to complete fortnightly, collated by RPSC.	RPSC to report to Chair NRG, NRG to assess and consider recommendations.	NRLT to assess and recommend course of action to Ministers (pre-Cabinet)	Ministers to decide action based on advice provided

Regional/District advice for CPF Level changes/localised lockdown
NRG advice summary:
Signed  Aaron Wright Chair, National Response Group
NRLT Decision
Signed  Brook Barrington Chair, National Response Leadership Team

NRG consideration	
Health situation	
Vaccination coverage across the overall population and equity of vaccination coverage;	
The capacity of the health and disability system to manage COVID-19 cases, including across public health, primary care, community services, and secondary care;	
Testing, contact tracing and case management capacity; and	
The transmission of COVID-19 within the community, including its impact on key populations.	
Wider System / Regional/District Considerations	
Evidence of the effects of the measures on the economy and society more broadly;	
Evidence of the impacts of the measures for at risk populations in particular;	
Public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them; <i>Include public/business/education understanding of the change, sentiment considerations, and including equity considerations in the region.</i>	
Our ability to operationalise the restrictions, including satisfactory implementation planning.	
Te Tiriti or iwi/Māori specific considerations.	

## Annex 3. Roles and responsibilities

All agencies continue to have responsibility to support and enable effective decision-making & governance. Responsibilities include:

- participate in NRG/NRLT as required providing sector and system advice
- participate in COVID-19 Senior Officials Group (C-19 SOG) as required
- liaison with DPMC COVID-19 Group as required
- attend workshops and exercises programme events as required, and
- develop sector guidance and engage with sectors to support readiness planning.

Tool	Task	National	Regional/District
COVID-19 Protection Framework	Framework setting changes	<p>MOH – provide public health advice and Health system risk assessment.</p> <p>DPMC – Chair NRLT &amp; NRG to provide system advice.</p> <p>DPMC – draft legal orders and write briefing papers.</p>	RPSC to provide Regional, District (including iwi) advice into NRG advice chain.
	Localised protections	<p>MOH – provide public health advice and Health system risk assessment.</p> <p>DPMC – Chair NRLT &amp; NRG to provide system advice.</p> <p>DPMC – GIS mapping, draft legal orders and write briefing papers.</p>	RPSC to provide Regional/District (including iwi) advice into NRG advice chain.
	Closures (Section 70)	MoH –	RPSC to provide Regional/ District (including iwi) advice into advice chain DHBs – building closures.

	Additional protections	<p>MOH – provide public health advice and Health system risk assessment.</p> <p>DPMC – Chair NRLT &amp; NRG to provide system advice.</p> <p>DPMC – GIS mapping, draft legal orders and write briefing papers.</p>	RPSC to provide Regional/ District (including iwi) advice into NRG advice chain.
	Enforcement	<p>Police – checkpoints as required.</p> <p>Police – non-compliance line and investigations.</p>	<p>Police – checkpoints as required, liaison with local iwi around operationalisation of protection checkpoints.</p> <p>Police – non-compliance line and investigations.</p> <p>MPI – compliance for primary sector and food safety.</p>
	Policy Setting and reviews	DPMC and MOH.	DHBs – provide localised public health advice to MoH.
	Ongoing Management coordination	<p>MoH – IMT and DHB management co-ordination at national level.</p> <p>DPMC – C-19 SOG &amp; RLG Forum.</p>	<p>DHB – Regional IMT, clinical hub.</p> <p>RPSC– Regional/District coordination supported by RLGs including CDEM Group Controller.</p>
	Workforce Assurance and surge workforce support for Public service agencies	<p>PSC – Workforce Guidance for public service agencies.</p> <p>MoH – Health system Workforce.</p>	
	Communications	DPMC – Manage UAC website and channels, strategic comms, development of comms strategy & messages.	All regional agencies – promote key messages for/to local communities.
Infection Prevention and Control (IPC) & Personal	Guidance to sectors and public	MoH	DHBs
	PPE Supply for healthcare	MoH	



Protection Equipment (PPE)			
Test, Trace, Isolation & Quarantine (TTIQ)	Surveillance testing	MoH – Surveillance Strategy & testing kits.	ESR – wastewater collection and testing. MBIE – RATs Pilot for business.
	Diagnostic testing	MoH – Testing Strategy & testing kits.	DHBs – testing centres & supply logistics/transport. ESR – wastewater testing. GP/PHU/Coordination Centre – receive confirmation of positive test.
	Contact tracing	MOH – Contact Tracing Strategy. MoH – National Contact Tracing Centre.	DHB – contact tracing classification and interviews.
	Case management	MoH – Strategy. MoH - operational guidance.	DHB – Clinical assessment, including Medication/ thermometers/ oximeters. GP’s - clinical care. Coordination Centres - allocate case owner.
	Provision of care in the community	MSD – strategy & strategic operations, using the CCOG for coordination and support to Regions/Districts.	MSD – Welfare assessment When determined by case owner as necessary: <ul style="list-style-type: none"> <li>• Accommodation – HUD</li> <li>• Food/essential supplies – MSD</li> <li>• Transportation – tbc</li> <li>• Translation/telecommunications – tbc</li> <li>• Care for other people – tbc</li> <li>• Advice on care of animals – MPI</li> <li>• Education support – MEd</li> </ul>
	Home Isolation	MoH – Strategy. MoH - operational guidance.	GP’s – clinical care. MSD – welfare support coordination. CDEM – support to RLG/C4C, and readiness for concurrent events.

	Community Isolation	MoH – Strategy. MoH - operational guidance.	GP’s – clinical care. MSD – welfare support coordination. HUD – local accommodation. CDEM – support to RLG/C4C, and readiness for concurrent events.
	MIQ	MBIE – facilities management.	DHB – Clinical care. Medical Officer of Health – decides who goes into MIQ/MIF/CIF (this varies by PHU).
Vaccines & Vaccine Certification	Vaccine roll out	MoH – Strategy.	DHB – Delivery, working with local GP, chemists, healthcare providers, Māori providers, Pacifica providers.
	My COVID Record/My COVID Pass	MoH	
	Vaccine mandates & workplace policy settings	MBIE – Policy lead. PSC - Workforce Guidance for public service agencies.	
	Enforcement	WorkSafe	
Financial Support (Welfare)	Financial welfare supports	MSD	
Health System Preparedness	Critical, acute & planned care	MoH (supported by St John)	DHB
	Supply chain & logistics (equipment’s & PPE supplies)	MoH	DHB
	Facilities improvements	MoH	DHB

## Annex 4. Glossary

**Basic needs service** – replaces the term essential service, are places that do not require proof of vaccine status such as health care and supermarkets.

**Capacity limit** – the maximum number of people allowed at a single location or premises.

**Care in the community** – is the way most people who get COVID-19 and don't require admission to hospital will be cared for. People will receive the tailored support to manage their illness and reduce the chance of transmission to their families and the community around them.

**Close-proximity business** – a business where staff and customers are likely to be in close proximity, therefore requiring additional health measures at Orange and Red. Businesses such as hairdressers and beauticians are considered close-proximity businesses.

**Community Connection Service (CCS)** – act as a conduit for individuals and whānau to government services that they may not otherwise be able to/know how to access.

**Controlled boundary** – If there are requirements on people moving in and/or out of area, there are various way for the requirements to be enforced at the discretion of the Police – such as a controlled boundary. A line which marks the limits of an area; checkpoints will be in place to check people passing through, e.g. Travel across controlled boundaries is strictly limited, and you need to check requirements for travel.

**COVID-19 Protection Framework (framework)** – (framework, *informal*) the system which has replaced the Alert Level Framework and is the technical term which should be used in official documents. All words capitalised and can be shortened to the term 'framework' but never abbreviated.

**District** – refers to the area of the 67 Territorial Authorities (Local Government) including the six Unitary Authorities.

**Green** – the lowest setting in the COVID-19 Protection Framework. Can be used as a standalone descriptor e.g. Dunedin is at Green, or Green protections are in place for Dunedin.

**Infection Prevention and Control (IPC)** – a practical, evidence-based approach which prevents patients and health workers from being harmed by avoidable infection and as a result of antimicrobial resistance.

**Localised protections and lockdowns** – Similar to lockdown – with, for example, shops shut and working from home required. Localised protections could include requirements for people moving in and/or out of an area such as in place for people leaving Auckland from 15 December 2021 to 17 January 2022 to be either vaccinated or have a negative PDT, e.g. Movement in and out of Kaitia is restricted due to localised protections being in place.

**Managed isolation and quarantine (MIQ)** – facilities which manage international arrivals but also provide a limited capacity for managing high-risk or high-needs community cases. MIQ facilities are restrictive, semi-secure and have a permanent dedicated on-site health presence. As such they are suited to cases that require higher levels of physical or clinical supervision.

**Minimisation and protection strategy** - the Government's new strategy for managing COVID-19, which aims to minimise case numbers and protect our vulnerable communities and health system. The COVID-19 Protection Framework is the way this strategy is delivered which aims to minimise case numbers and protect the health system and vulnerable communities.

**Ministers with Power to Act** – a group of Ministers who take decision on the government response to COVID-19, comprising the Prime Minister, the Deputy Prime Minister, the Attorney General, the Minister of Health, and the Minister of Justice.

**My Covid Record** - record of a person's COVID vaccination history in NZ, taken from data stored in the national COVID-19 Immunisation Register (CIR).

**My Vaccine Pass (MVP)** – (vaccine pass, *informal*) My Vaccine Pass is an official record of your COVID-19 vaccination status for use in Aotearoa New Zealand, a digital downloadable certificate with a QR code.

**Orange** – the middle setting in the COVID-19 Protection Framework. Can be used as a standalone descriptor e.g. the current setting for Hawkes Bay is Orange.

**Personal Protection Equipment (PPE)** – anything used or worn by a person to minimise risks to the person's health and safety.

**Polymerase chain reaction (PCR) testing** – method used to rapidly make millions to billions of copies of a specific DNA sample.

**Reconnecting New Zealand** – the Government's plan to re-open our borders and develop new ways for people to travel to and from New Zealand.

**Red** – the highest setting in the COVID-19 Protection Framework. Can be used as a standalone descriptor e.g. Auckland is currently at Red.

**Regional Public Service Commissioners (RPSCs)** – central government representatives in regions tasked with supporting the Regional/District alignment and coordination of the public service contribution to the framework.

**Requirements** – replaces settings, to describe the measures in place at each of Red, Orange and Green.

**Setting/settings** – replaces the term Alert Level, e.g. we are at Green setting; the current setting for Timaru is Green.

**Spot-checked boundary** – replaces the term soft boundary. A spot-checked boundary where the Police have determined that the right enforcement approach is where no physical checkpoints are in place. There will still be requirements which need to be met to cross into or out of an area and spot checks could be carried out. e.g. a spot-checked boundary is in place for Upper Hauraki, you will need to be fully vaccinated or a PDT in order to travel across the boundary, spot checks may be carried out.

**traffic lights** – (*informal*) the name which the COVID-19 Protection Framework is often referred to. All lower case. The preference should be to use the term 'traffic lights' instead of the term 'framework'.

**Unite Against COVID-19 (UAC)** – central website containing information from the New Zealand Government about COVID-19

**Wastewater testing** – testing of water samples to examine if fragments of SARS-CoV-2; essentially allows testing of hundreds of thousands of people at once.

Proactively Released