

## Annex 1:

As at 22/12/2021

### Public Health Risk and Impact Assessment Tool for early release or temporary exemption from managed isolation

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**Clause 14, Section 4 of the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 describes the risk assessment tool as follows:**

- 4) In this clause, risk assessment tool means a risk matrix that—
- (a) is approved by the Director-General, including as updated at any time; and
  - (b) assesses the risk of the outbreak or spread of COVID-19 by taking into account matters such as the following:
    - (i) the risk caused by any activity for which the person seeks to leave their place of isolation or quarantine:
    - (ii) the results of any medical examination and testing of the person or any other relevant person:
    - (iii) the length of time for which the person has been isolated or quarantined:
    - (iv) the risk profile of the country or countries from which the person arrived:
    - (v) any international airports or ports to which the person has been on the way to New Zealand:
    - (vi) any potential exposure of the person to COVID-19 before arriving in New Zealand (for example, from working in healthcare or being somewhere without controls on community transmission):
    - (vii) the length of time for which the person will leave their place of isolation or quarantine

**Table 1: Applicant Details - MBIE**

*Complete this table for early release and temporary exemption applications from managed isolation facilities. Note: applicants in quarantine facilities cannot be considered for early release or temporary exemption.*

Name of person/persons (if in bubble) seeking exemption	
Date form completed by MBIE	
Applicant contact number	
Arrival date and time at MIF	
Due departure date and time from MIF	
Application type	Choose an item.
MIQ Case number	
Day of proposed exemption (3-9)	
MIF location	
Destination	
Reason for exemption	

**Table 2: Country risk - MBIE**

*Complete this table for early release and temporary exemption applications.*

Risk profile of country travelled from	Can be considered for exemption from:
<ul style="list-style-type: none"> <li>High risk</li> </ul>	Day 3, once onshore, providing: <ul style="list-style-type: none"> <li>low-risk indicators are met; and</li> <li>negative rapid antigen test result on day of departure, (regardless of completing routine PCR tests); and</li> <li>regardless of whether for temporary exemption or early release</li> </ul>
<ul style="list-style-type: none"> <li>Low risk</li> </ul>	

**Table 3: Risk of transmitting Covid-19 in New Zealand - MBIE**

***Complete this table for temporary exemptions***

**If any of the below answers are “no”, the application must be declined.**

If the total duration out of isolation exceeds 3 hours, access to toilet facilities must be available.	Yes / No
Mode of transport: MIQ approved exclusive use vehicle	Yes / No
Facility or place being visited has provided a letter of support or evidence confirming that it can make arrangements to ensure no one is exposed	Yes / No
PPE (mask and hand hygiene products) will be used when in contact with others (in the same closed space or within 2 metres)	Yes / No
The applicant(s) has/have been fully vaccinated	Yes/ No
The applicant will come into contact with no more than 2 people (excluding during transport) while outside of the MIF	Yes/ No
If onshore the applicant is in a Managed Isolation Facility	Yes/ No

**Table 4: Risk of transmitting Covid-19 in New Zealand -MBIE**

***Complete this table for early release applications***

**If any of the below answers are “no”, the application must be declined.**

Applicant will be able to self-isolate for the original period of their isolation	Yes/ No/ NA
Mode of transport: MIQ approved exclusive use vehicle	Yes/ No/ NA
Applicant’s household has confirmed they are able to host the applicant during the period of self-isolation	Yes/ No/ NA
The applicant(s) has/have been fully vaccinated	Yes/ No/ NA

Providing the above tables answer ‘yes’ for all questions, proceed to Table 5 for temporary exemption visit plan, or Table 6 for early release plan.

**Table 5: Temporary visit plan- MBIE**

*Note: the travel plan does not need to be completed where the application is to be declined.*

Section	Description	Details
Request	Requested date and time of departure from MIF	
Mode of Transport	MIQ approved exclusive use vehicle	
Destination	Arrival destination and estimated time of arrival	
Who will the person be in contact with	<p>Include names where known, contact details, length of contact and proximity (for how many minutes/hours and within how many metres)</p> <p>Description of precautions close contacts will take to protect themselves (for example masks, hand hygiene)</p>	
Precautions taken by person to prevent the spread of COVID-19	<p>Describe how the following measures will be used:</p> <ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• Social distancing</li> <li>• PPE (face mask)</li> <li>• Avoiding enclosed spaces</li> <li>• Minimising length of time in contact with people</li> </ul>	
Length of time at planned destination	If staying longer than 2 hours at a location, describe plans to avoid sharing toilet facilities	
Letter of endorsement	Letter or evidence outlining that they are aware of exemption/visit and have been able to prepare their location to manage the risk from an appropriately authorised person at the facility or destination	
Date and time of return to MIF		
Mode of transport to MIF	MIQ approved exclusive use vehicle	

Notes (optional)

**Table 6: Early release plan -MBIE**

*Note: the travel plan does not need to be completed where the application is to be declined.*

Section	Description	Details
Request	Requested date and time of departure from MIF	
Mode of Transport	MIQ approved exclusive use vehicle	
Destination	Address of arrival destination and estimated time of arrival	
Who will the person be in contact with	Include names of household contacts	
Precautions taken by household contacts to prevent the spread of COVID-19	Description of precautions household contacts will take to protect themselves <ul style="list-style-type: none"> <li>• Masks, hand hygiene</li> <li>• Shopping arrangements</li> <li>• Working arrangements</li> <li>• School arrangements</li> </ul>	
Precautions taken by person to prevent the spread of COVID-19	Describe how the following measures will be used: <ul style="list-style-type: none"> <li>• Hand hygiene</li> <li>• Social distancing</li> <li>• PPE</li> <li>• Avoiding enclosed spaces</li> <li>• Minimising length of time in contact with household contacts</li> </ul>	

Notes (optional)

**Table 7: Low Risk Indicators -MIF**

***These indicators need to be met before a person can leave a facility – if any of the below are not met, the exemption must be declined.***

<b>Indicator</b>	<b>Y/ N</b>	<b>Met?</b>	<b>Date</b>	<b>Name/Signature of RN or delegate</b>
Day 3 COVID-19 PCR test returned negative result? ( <i>record date of test</i> )	<b>Y/N</b>	<b>Met = yes</b>		
Negative rapid antigen test result on day of departure	<b>Y/N</b>	<b>Met = yes</b>		
Have COVID-19 symptoms been identified throughout their stay as per their daily health checks?	<b>Y/N</b>	<b>Met = no</b>		
Has not been on a flight with a COVID-19 case (List flight number and flight dates)	<b>Y/N</b>	<b>Met = no</b>		
Is there anyone in the person's bubble who is unwell or has respiratory symptoms?	<b>Y/N</b>	<b>Met = no</b>		
Has the person been in close contact with a COVID-19 case within the last 10 days?	<b>Y/N</b>	<b>Met = no</b>		
<b>Notes (optional)</b>				

## Table 8: Medical Officer of Health Assessment

**Documentation required for Medical Officer of Health Assessment. If this documentation cannot be provided, do not proceed until it is available:**

Document	Y/ N	Date	Name/Signature of MOoH
Flight itinerary	Y/N		
Documentation on the reason for exemption	Y/N		
Completed travel plan including list of contacts and their contact details	Y/N		
Clearance letter from receiving facilities/destination host.	Y/N		
<b>Notes (optional)</b>			

The Medical Officer of Health is to assess the documentation for risk by determining that:

- The documentation is complete for the assessment.
- The incremental risk associated with this application is appreciably low and the Medical Officer of Health is satisfied it would not create a high risk of an outbreak or the spread of COVID-19.
- Any close or casual contacts can be followed up easily should the individual develop COVID-19.
- The public health unit where the person will be located has been notified has adequate capacity to manage this instance.
- Any close contacts are aware of their risk and have a satisfactory plan in place to self-isolate.

### Public Health Risk Assessment Result

Is the risk to public health posed by this request for an exemption or early release from managed isolation (with appropriate measures in place to minimise the chance of COVID-19 spread) acceptable and will not create a high risk of an outbreak or the spread of COVID-19?	Yes
	No