

# **MIF COVID-19 Joint Incident Review Report**

**March Border Incident 2021  
Grand Millennium Managed  
Isolation Facility**

17 May 2021



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## EXECUTIVE SUMMARY

An inter-agency team was assigned to conduct an incident review after three border workers at the Grand Millennium managed isolation facility (MIF) returned a positive COVID-19 test on 22 March 2021, 6 April 2021 and 11 April 2021, respectively.

The team was tasked with reviewing the circumstances surrounding these three positive cases and determining what, if any, improvements could be made to the managed isolation and quarantine facility (MIQF) system to reduce the likelihood of cases occurring in MIF border workers in the future. This involved four reviewers from MOH and MBIE conducting interviews and on-site inspections of the Grand Millennium from 15 – 17 April 2021.

This report highlights the assessment methodology, consolidated and verified findings and an action plan with progress indicators and recommendations. Progress against the identified recommendations will be monitored across both Ministries.

In summation, this review outlines:

- The incidents that occurred at the Grand Millennium managed isolation facility that led to three positive cases in MIF border workers
- What the issue(s) or problem(s) were that contributed to the incidents
- How the relevant agencies addressed the problems and risks that emerged, and
- Outlines the actions both Ministries will undertake, to avoid a similar incident from occurring again.

## KEY FINDINGS

The key findings of the final incident review of the Grand Millennium MIF are:

- Overall, the day-to-day operations of the Grand Millennium MIF are running well
- The six-month term appointment of the MIF manager has allowed for continuity, staff relationship building, development of institutional knowledge and strong coordinated oversight of the MIF
- The MIF manager has a positive working relationship with hotel management and information is appropriately disseminated to relevant staff
- There are incentives for employees to seek a COVID-19 test and receive their vaccination, as well as the ability to take additional sick leave as required
- Communication channels and the dissemination of information within each respective organisation appears to be effective
- Infection, Prevention and Control (IPC) audits are regularly conducted at all MIQFs by the MOH. The Grand Millennium underwent a full IPC audit in January 2021
- There is an overarching theme of both government and non-government employers wanting to do the 'right thing' and support a successful COVID-19 response.

While the majority of findings show the system is working well, the following areas have been identified for improvement.

### Equipment and Facilities

- **Ventilation issues** may have contributed to the transmission of the virus from the Index Case to Case A via aerosol transmission in the hallway. While this is not confirmed, this is the most plausible hypothesis for transmission between these two cases. The on-site ventilation review currently underway may provide further information on the likelihood of aerosol transmission. Results were due on 30 April 2021, however MBIE did not receive the report until 12 May 2021. MBIE will provide an update to the Minister for COVID-19 response on findings.
- As per the **MOH IPC audit**, refresher IPC training should be provided to MIQF workers. To further strengthen IPC practices, a cleaning register should be kept in all cold zones and CCTV should be installed to assist with contact tracing if required as well as future IPC audits

### Staff Considerations and Employee Processes

- There are **barriers to accessing testing** for night-shift workers, as on-site tests are conducted during the day
- **Staff inductions** vary between government agencies and private companies, making it difficult to gauge whether appropriate, comprehensive and consistent inductions are given to all staff. In addition, pre-deployment training to staff who will be entering MIQFs is on the MBIE owned 'MIQ Learning Portal' which makes the tracking of pre-deployment training and induction processes of personal difficult for non-MBIE employers
- **Workplace stigma** and **privacy considerations** continues to be an ongoing and significant challenge for employers and employees at the Grand Millennium. Anecdotal evidence suggests that MIF border workers continue to be refused entry into hospitals and general practice clinics, whilst those who are parents have been asked to remove their children from school due from fear of COVID-19 transmission. In addition, the system must continue to consider the privacy requirements of both the disclosure of positive case information and employer access to employee information

### MIQF System

- **Communication channels** between organisations appear to be fragmented, especially in communicating between government agencies and private companies. This may affect quality control, risk management and oversight of the MIQFs.

## BACKGROUND TO THE REVIEW

The Terms of Reference for this incident review was commissioned through the joint-agency Ministry of Health (MOH) and Ministry of Business, Innovation and Employment (MBIE) Technical Advisory Group (TAG) and was approved by the respective Deputy Chief Executive and Deputy Secretary. The Advisory and Planning Group within the COVID-19 Health System Response Directorate at the Ministry of Health, led the review. The Terms of Reference are attached at **appendix 4**.

## MANAGED ISOLATION FACILITY

The Grand Millennium Hotel is located in Auckland Central. At the time of writing, the Grand Millennium is the largest isolation facility in Auckland, and since it was established as a facility in June 2020 it has processed over 7,800 returnees. In addition, they have successfully contained and managed around 60 positive cases of COVID-19, with no onward community transmission. Following these incidents, advice from the MIQ Technical Advisory Group (MIQ TAG) was to empty the facility while the on-site ventilation assessment was undertaken. At the time of writing MBIE is awaiting the results of the on-site ventilation assessment.

### HOTEL MANAGEMENT

At the time of the on-site visit, the Grand Millennium hotel management appeared to be well organised and overall operations were running smoothly. Although this facility is the largest MIF in Auckland, multi-levelled and complex, it has been aptly organised to allow different spaces for various personnel 'bubbles,' e.g. smoking areas and break out rooms are separated by staff role in the facility.

#### *High-level overview of hotel management practices<sup>1</sup>*

There are two separate lifts for hotel employees to use in order to avoid any transmission from returnees. Laundry is well managed with a separate area for soiled laundry. A contracted company collects dirty laundry and delivers clean laundry (in plastic bags) to the facility in a separate area. In addition, personal protective equipment (PPE) stations were adequately stocked with hand sanitiser, masks, gloves and sanitary wipes. Screens protect workers at indoor security posts and in the reception area.

### MIF MANAGEMENT

The Grand Millennium MIF manager has a solid understanding of the operational requirements of running the MIF and was seen to have great respect by all stakeholders on-site, including hotel and security management. The facility has had a long-term manager, who has been working on-site (Monday to Friday) for over six months. This has allowed for continuity and the building of trust and institutional knowledge.<sup>2</sup> Anecdotal evidence from personnel interviews suggest that when there is short term placement of MIF managers, it is harder to ensure appropriate dissemination of Standard Operating Procedures (SOPs), communication, training records and quality assurance. In the case of the March Border Incident, the long-term MIF manager was on leave when the COVID-19 positive cases were notified for Case B and Case C. It is difficult to hypothesise whether this could have been a factor of the incident, however, staff at this MIF indicated their preference is for management continuity.

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<sup>1</sup> Detailed IPC audits are undertaken by MOH's IPC team, and reviews of hotel management practices and protocols are undertaken by MBIE as the responsible government agency.

<sup>2</sup> In comparison other facilities typically have two MIF managers appointed for a six-week period.

## CASE DESCRIPTIONS

Three border workers at the Grand Millennium MIF were confirmed as positive COVID-19 cases in March and April 2021. This is collectively referred to as the March Border Incident 2021.

On 22 March 2021, a cleaner (Case A) at the Grand Millennium MIF tested positive for COVID-19. On 7 April 2021 and 11 April 2021 respectively, two further MIF border workers tested positive for COVID-19 (Case B and Case C). Following detection, these cases were genomically linked to an index case which arrived at the Grand Millennium MIF on 13 March 2021. Cases B and C are employed by First Security (contracted by MBIE) as security guards at the Grand Millennium.

In summary:

- **Index Case:** A returnee who arrived at the Grand Millennium MIF on 13 March 2021, and was transferred to the Jet Park quarantine facility on 15 March 2021 after returning a positive Day 0/1 COVID-19 test result
- **Case A:** A border worker (cleaner) employed by the Grand Millennium MIF returned a positive COVID-19 test result on 22 March 2021 and was subsequently transferred to the Jet Park quarantine facility on 23 March 2021
- **Case B:** A border worker (security guard) employed by First Security, working night shifts at the Grand Millennium MIF returned a positive COVID-19 test result on 7 April 2021 and was subsequently transferred to the Jet Park quarantine facility on 8 April 2021
- **Case C:** A 'close plus' contact of Case B (a colleague and security guard also employed by First Security), returned a positive test result on 11 April 2021 and was transferred to the Jet Park quarantine facility that same day.

Whole Genome Sequencing (WGS) confirmed all four cases have COVID-19 lineage B.1.1.7, the variant of concern first identified in the United Kingdom. As such, the WGS results confirmed a close genomic link between the Index Case and the three border workers. To date, no conclusive epidemiological links have been found between either;

- The index case and Case A, or
- Case B.

Additional case information, including the findings of the source investigations are outlined in the following section titled 'Contextual Analyses' on **page 9**. A source investigation diagrammatic summary is attached at **appendix 2**.

## CONCEPTUAL FRAMEWORK

The scope for this review is outlined in the Terms of Reference attached at **appendix 4**. Outlined in the Terms of Reference was the responsibility of the review team to undertake a holistic review, whilst maintaining the privacy of the individuals involved. The general factors for consideration were guided by the MIQ TAG and resulting Terms of Reference.

## **CRITICAL ASSUMPTIONS**

The review of the Grand Millennium MIF is one of several reviews conducted by MOH and MBIE to assess the performance and suitability of New Zealand's MIQF system. Reviews are conducted as part of the Government's commitment to continuous improvement and findings outlined in this report and resulting recommendations will help to further strengthen the system against any future incidents or outbreaks.

Auckland Regional Public Health Service (ARPHS) has undertaken extensive source investigations of the Grand Millennium, as well as other MIQFs in Auckland. Their insights, research and review were critical to the overall findings of this report.

The findings and recommendations in this review were verified with all relevant stakeholders, and against the case investigation reports, IPC audits, and the Rapid Assessment that was independently commissioned by MBIE to examine the MIQF system as a whole.

Whilst this review focuses on the March Border Incident and measures for improvement as a result of what occurred, it was observed that the MIQF system is, overall, well-designed and has served its purpose to keep COVID-19 largely out of New Zealand's communities.

## **REVIEW METHODOLOGY**

The joint review team was tasked with reviewing the incident circumstances whilst determining what, if any, additional improvements could be made to the Grand Millennium MIF, and the wider MIQF system. Ultimately, the system is working to reduce the risk and likelihood of cases occurring in MIQF border workers.

As noted earlier, members of the review team (two MOH staff and two MBIE staff) visited the Grand Millennium MIF between 15 -17 April to observe management, IPC measures and other relevant practices. In-person interviews and on-site MIF assessments were conducted to better understand how the front-line staff are working within the MIF. All meetings were coordinated through the Auckland Regional Isolation Quarantine Coordination Centre (ARIQCC).

Key questions were provided by the interagency MIQ TAG, and an assessment tool was developed to assist the coordination, consolidation and tracking of the key issues during interviews.

In addition, documentation and reports referred to during this review included:

- Memo: Follow up Infection, Prevention and Control Audits of Managed Isolation and Quarantine Facilities [HR20201836 Ministry of Health, 19 October 2020]
- Audit: MIQF IPC Audit Report (Grand Millennium Auckland) [Monina Hernandez, 8 April 2021]
- Briefing: IPC surveillance audits of MIQFs
- Final Report: Rapid Assessment of MIQ [Murray Jack and Katherine Corich, 9 April 2021]
- Contract: Contract for Services, MBIE and First Security, [January 2021]
- Framework: Operations Framework – Managed Isolation and Quarantine Facilities (v4) [Managed Isolation and Quarantine, MBIE]
- Briefing: Risk-based approach to managing in-MIF transmission [HR20210782 Ministry of Health, 1 April 2021]

- KPMG Review of MIQ First Security Incident, Ministry of Business, Innovation and Employment [KPMG, April 2021]
- Report: Case Investigation Report March Border Cluster [Ministry of Health, 14 April 2021].

This final report was reviewed and verified by officials at both the MOH and MBIE and was submitted to the Managed Isolation and Quarantine Technical Advisory Group (MIQ TAG) and the Risk, Quality and Assurance Advisory Group (RQAAG) at MBIE for endorsement.

The review recommendations are included in an attached action plan at the end of this report and includes the responsible agency (team where applicable), recommended actions to be implemented, and a suggested timeframe for implementation. It is important to note that many actions are already underway and/or completed.

### **LIMITATIONS OF THE REVIEW**

The following was out of scope for this review:

- Implementing recommendations that rest outside of MBIE and MOH mandates
- Health and wellbeing checks of returnees
- Returnees feedback or experience.

## **CONTEXTUAL ANALYSES**

### **INCIDENT 1 – INDEX CASE & CASE A**

#### **INCIDENT**

The MOH was notified by ARPHS of a positive case in a MIF border worker (a cleaner), known as Case A. This case was genomically linked to a previous returnee (Index Case) who arrived at the Grand Millennium MIF on 13 March 2021 and returned a positive Day 0/1 COVID-19 result. Whilst WGS linked the two cases, there was no clear epidemiological connection and as such ARPHS undertook an extensive source investigation.

#### **SOURCE INVESTIGATION**

The source investigation undertaken by ARPHS did establish a possible epidemiological link. The working hypothesis is that the most likely source of infection was from the Index Case to Case A via aerosol transmission in the hallway, however this is not confirmed, and investigation is ongoing.

Case A was cleaning the hotel room adjacent to the Index Case, of which the doors share an alcove. In addition, Case A may have been present when the Index Case opened their door to collect their meal. If there was positive pressure ventilation in the Index Case's room, the flow of air into the atrium of the hotel could have resulted in the cleaner walking into aerosolised infectious particles. It is important to note that this is a hypothesis and could explain transmission but is not confirmed.



## **ANALYSIS: GRAND MILLENNIUM VENTILATION REVIEW**

Following the incident, a ventilation review of the Grand Millennium was commissioned. At the time of writing, a desktop assessment was completed, however the on-site assessment was underway with the final report yet to be completed. Officials are expecting the final report on 14 May 2021.

There is no conclusive evidence that suggests that airborne transmission is the mode of transmission between the index case and Case A. However, the ventilation expert has two working hypotheses based on the possibility of the mode of transmission being airborne:

- The ventilation from the Index Case's room created a positive pressure system that pushed air out into the corridor, and Case A could have walked into a "cloud of infection"
- The less likely hypothesis (that may be ruled out through on-site inspection by ventilation expert) is that there is a link between the adjacent rooms allowing air flow, such as a hole in the wall.

MBIE will provide an update to the Minister for COVID-19 Response, once the on-site assessment has been completed.

## **INCIDENT 2 – CASE B**

### **INCIDENT**

MOH was notified by ARPHS that a second border worker at the Grand Millennium MIF returned a positive test result on 7 April 2021. This worker (a security officer) was employed by First Security and worked night shifts. Case B was subsequently transferred to Jet Park quarantine facility on 8 April 2021.

### **SOURCE INVESTIGATION**

There is a confirmed genomic link between the Index Case, Case A and Case B, but no known epidemiological link. Through the standard interview process, as part of the source investigation, Case A stated they knew of Case B, but specified they have had no direct interaction with them. Case B on the other hand stated they are not familiar with Case A. The mechanism for transmission between these two cases has not been identified. A review has confirmed there were no overlapping shifts during Case A's infectious period. While Case B did have limited contact with the Index Case, given known incubation periods for SARS-CoV-2, it is very unlikely that Case B was infected directly from the Index Case.

There is ongoing work attempting to establish whether there was an intermediary between either Case A and B, or the Index Case and Case B. At the time of writing, no intermediaries had been identified.

## **ANALYSIS: SURVEILLANCE TESTING OF SECURITY GUARDS (MIF BORDER WORKERS)**

### *Surveillance Testing of Border Workers*

As part of the source investigation regarding Case B's positive COVID-19 test, an examination of the surveillance testing data was undertaken.

The NHI (National Health Index) record for Case B shows that they had not had a surveillance test since November 2020. However, Case B had submitted regularly to their employer, First Security, that they had had surveillance tests on specific dates throughout their entire employment from October 2020 to April 2021.

On 9 April 2021, Case B confirmed to ARPHS that their most recent test was in November 2020 and that no further tests had been undertaken since then. Case B stated that they felt they were not required to test as they were not showing any symptoms, despite all border workers being required to test regardless of whether they are showing any symptoms. Case B was sent system generated text messages on 4 and 27 March 2021, via the BWTR to remind them they were overdue for testing. There is no obligation in the Required Testing Order (RTO) for a worker to provide evidence or make declarations confirming that all required tests have been completed. At the time of this incident, there was a trust-based system to disclose this information.

The ARPHS investigation was predominately focused on the period of March to April 2021 (the period in which this individual may have been infectious). MBIE MIQ undertook to examine what occurred with regards to Case B's records and their employers' access in this incident. Following an assessment of the BWTR records and after further discussions with the employer, it was confirmed that Case B had not been tested in accordance with the Required Testing Order (RTO).

In this case, the possibility that there were duplicate NHI numbers for Case B within the testing system was excluded however it was noted that APRHS and MIQ have struggled to access full staff testing records during source investigations. They have now begun to work more closely with the MOH Data and Digital team and the implementation of the mandatory BWTR has assisted in this area. The MIQ operations team at MBIE is working with MOH on improving the NHI matching process to ensure accurate employee and employer information is supplied.

In summary, there should be integration of data management systems where possible, to provide optimal support to the MIQF system and reduce the risk of gaps in data and issues of non-compliance.

### *Security Management*

First Security is currently contracted with MBIE to provide security across 30 of 32 MIQFs, with 21 employed guards stationed around the Grand Millennium facility at any given time. Across all MIQFs, there are a total of over 1,020 security staff, which First Security represent the highest proportion. At the time of review, First Security, under the RTO, was not entitled to have access to the results of its employees' COVID-19 tests. However, following the review and at the time of writing the report, this has been partially been rectified with the BWTR being mandatory from 27 April 2021<sup>3</sup> with employers and PCBU's able to see if an employee has been tested or not.

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<sup>3</sup> COVID-19 Public Health Response (Required Testing) Order 2020

In response to the Case B incident, First Security introduced several processes and control improvements. These are outlined in KPMG's review, but include daily audits of the BWTR against their attendance records and increasing their compliance monitoring resources.

In addition, the First Security contract details that the supplier is responsible for ensuring their personnel have read, understood and complied with the various policies and procedures. The MIF and security managers confirmed that all new security guards received introductions to the site operational considerations, standards and practices. First Security provide their staff with their own workshop style training. At the on-site visit, security guards confirmed to reviewers that they received this training when inducted. It is noted in the KPMG review that the supplementary information provided by MBIE and MOH to be used as part of MIQF site inductions is incorporated in First Security's SOPs.

#### *MBIE First Security Contract*

MBIE has indicated that it is reducing its reliance on First Security contracted personnel and is hiring its own MBIE Security workforce to provide security support to MIQFs. This will be a blended workforce and will include personnel from NZDF, AVSEC, MBIE and contracted security personnel from First Security. MBIE recruitment is underway with the expected completion for all sites by the end of July 2021. The intention is that this will support clearer lines of accountability, centralised oversight and consistent training and communications.

### **ANALYSIS: MIQ RESPONSE**

MBIE MIQ undertook two main responses following the incident with Case B:

- Proactive assurance by MIQ around staff testing
- An independent audit to examine what occurred and to provide any recommendations on what we could do to avoid a similar situation from occurring again.

#### *Proactive assurance*

While it is the responsibility of employees to be tested and employers to facilitate their staff being tested, the Government does have a role in ensuring this is occurring as required.

Alongside the Ministry of Health, MBIE MIQ have been steadily improving the MIQ staff testing process since routine testing of border workers was established in September 2020.

There has been a need to move quickly to respond to developments and often this has meant an interim solution is rolled out while a longer-term solution can be implemented. Attendance data was initially collated manually at each site, as work was undertaken to move to a more sustainable model for reporting staff testing data.

For staff testing, these records are now recorded in the BWTR which is managed by the Ministry of Health. Those testing records are then matched up with rosters and attendance records.

To ensure MBIE MIQ can get reliable attendance data for staff, in late 2020 MBIE initiated a project to put in place a system to automatically capture attendance called 'WhosOnLocation'. This was piloted in November and December 2021 and was fully implemented across all 32 MIQFs by February 2021.

This system now allows MBIE MIQ to confirm who has worked in the facilities and then match it with the Ministry of Health owned BWTR.

In April 2021, MBIE MIQ was able to generate reliable records of staff who are up to date with their testing and those who are not. This has shown that the large majority of staff are meeting their obligations but there remain some who are not getting their tests in time to meet their obligations. MBIE MIQ are now using this information proactively to support MIQ employers and employees to meet their obligations when it comes to staff surveillance testing.

A dedicated team has been established within MIQ to work proactively with these employers and employees to ensure this testing is occurring and also to identify if there are any barriers to it happening.

#### *KPMG audit*

To provide further information about this situation and to determine if there is anything MBIE or MOH should be doing differently, KPMG was commissioned to undertake an independent review.

The objectives of the review were to:

- Establish the facts of the incident and the circumstances and actions leading up to the incident
- Assess the adequacy of First Security's internal processes to facilitate compliance for its workers at MIQFs to complete their periodic testing regime for COVID-19
- Investigate the underlying issues as to why this incident was not identified as non-compliance
- Examine whether there were any internal and external factors.

This audit is currently being finalised and will be proactively released upon completion.

#### **ANALYSIS: INFECTION, PREVENTION AND CONTROL (IPC) AUDIT**

The Ministry of Health conducts a full IPC audit approximately every three-months as part of their regular audit cycle. In addition, a surveillance audit takes place mid-year for MIQFs who receive high-priority recommendations. According to the IPC audit cycle, internal on-site walkthroughs are also conducted between regular audits, by an IPC Expert/Charge Nurse and MIF Manager.

A full IPC audit was conducted for the Grand Millennium on 14 January 2021, with recommendations canvassing the communication of IPC information, appropriate PPE use, IPC training, staff management and operational processes. As at the last update on 23 April 2021, one recommendation remains in progress. To note, none of the IPC findings that came out of the review relate directly to the March Border Incident.

### **INCIDENT 3 – CASE B & CASE C**

#### **INCIDENT**

On 11 April 2021, a close-plus contact of Case B returned a positive test result. Referred to as Case C, this individual was a colleague of Case B and also a security guard employed by First Security. Case C was transferred to the Jet Park quarantine facility that same day.

## SOURCE INVESTIGATION

The source investigation identified that Case C is a close contact of Case B, and it is highly likely they were infected through direct exposure when working the same night shift on Sunday 4 April 2021. Case C's WGS is closely related to all other cases in the incident.

## ANALYSIS

No further analysis was required regarding the transmission of COVID-19 from Case B to Case C. Both the genomic and epidemiological links were clearly identified, and Case C was a known close plus contact.

## INITIAL RESPONSE: MARCH BORDER INCIDENT

### MANAGED ISOLATION AND QUARANTINE TECHNICAL ADVISORY GROUP (MIQ TAG)

In response to the in-MIF transmission incidences at the Grand Millennium, the interagency MIQ TAG met on 13 April 2021 to discuss the events and actions required. ARPHS were present to summarise the current understanding of the transmission between the Index Case and Cases A, B and C. They also considered the initial findings of the interim ventilation assessment. Following this, the MIQ TAG considered and advised on the actions required to address any of the initial concerns or risks that were highlighted.

The MIQ TAG requested that operations management explore additional precautions to manage the risk of cleaners being located outside hotel rooms during mealtimes. The MIQ TAG also advised that no new returnees should be accommodated in the Grand Millennium until the on-site assessment was complete. It was agreed that this should be the standard position while any in-MIQF transmission investigations are underway.

The MIQ TAG indicated the initial scope of the terms of reference for a holistic review of the incidents at the Grand Millennium. This was refined and agreed by the joint agency owners and is attached at **appendix 4**.

## THEMATIC REVIEW FINDINGS

### EQUIPMENT AND FACILITIES

#### FINDING: MOH IPC AUDIT, 'HOT AND COLD ZONES'<sup>4</sup>

The Grand Millennium has both 'hot zones,' where PPE is required, and 'cold zones' where PPE use is not required. 'Cold zones' are identified as areas where returnees are not located and are designed as a 'safe' area to allow staff to take breaks. There are separate 'cold zones' for each category of staff, including MIF management and government employees, hotel employees and security guards. In addition, compulsory daily health checks are conducted for

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<sup>4</sup> Hot and cold zones are terms used by MIF and hotel management to distinguish areas in the facility that require PPE use from areas which are 'safe' area for staff to take breaks in.

all staff entering the 'cold zones' and there is an IPC station at the entrance for donning and doffing of PPE and sanitisation.

As discussed on **page 13**, the Grand Millennium underwent a full IPC audit in January 2021, which found no issue with these zones. However, given the transmission between Cases B and C while working at the Grand Millennium, reviewers do recommend that CCTV is installed in cold zones at the Grand Millennium. In addition, a cleaning register should be kept in each of the 'cold zone' rooms (alongside other commonly used, shared spaces), to indicate the time, date and level of cleaning (deep/regular) alongside a supply of cleaning facilities for that area. Reviewers are aware that this has been implemented in other MIQFs.

Future audits will be conducted as per business-as-usual activity and will help ensure all IPC practices are sufficient.

## **STAFF CONSIDERATIONS AND EMPLOYEE PROCESSES**

### **FINDING: ACCESS TO TESTING AND VACCINATION**

The Border Workforce Testing Register (BWTR) was launched in November 2020, and from December 2020 until early April 2021, this was a voluntary tool, under trial and ongoing development. At the time of this review, the BWTR was not mandatory (it became mandatory on 27 April 2021). Access to testing was also noted as a factor associated with Case B, in KPMG's Review of MIQ First Security Incident. Commissioned by MBIE as an independent review, this concludes that access to testing was problematic for shift workers, and that the BWTR, at the time of the incident, was not yet viewed as the 'one source of truth.' KPMG recommended that a third-party provider should be allowed to test border workers and manage associated administration. If this is not feasible, MOH should organise additional testing windows that cater for the range of shift patterns.

It was confirmed by hotel management that they were providing transport for their staff to get tested or vaccinated, and they were paid on hotel time. Security staff were also provided an additional eight hours of pay to receive their two doses of vaccine. However, night shift workers may find it difficult to seek a vaccine during the standard opening hours of vaccination centres, as stated by Case B.

Through the review process, MIF nurses reported that the number of COVID-19 tests they are required to conduct in any given day at a MIF often surpasses their capacity. To note, Case B did not undergo a health check on one of the days they were working a night shift, so it may be that demand exceeds capacity overnight. This is supported by the information provided that only one nurse covers the Grand Millennium overnight. Typically, as outlined in the Operations Framework for MIQFs, all border workers and staff, have to undergo daily health checks at the beginning of each shift. These must be carried out by a suitably qualified practitioner on-site. In addition, the COVID-19 Public Health Response (Required Testing) Order 2020 which requires routine testing of border workers, is supported by the Operations Framework which requires worker testing every 7 or 14 days (timing depends on facility of worker).

It was confirmed that many of the security guards who work the night shifts, are only given certain timeframes during the day shift for testing on-site. It was reported that this makes it challenging for some to return to the worksite during the time off to undergo testing.

## **FINDING: STAFF INDUCTIONS**

During the review process it was noted that security guards, MIF management, nurses and hotel staff all experience different inductions. Whilst tailoring inductions is necessary depending on the staff member's role, the lack of consistency can lead to inconsistent messaging, and therefore impact on the quality and comprehensiveness of the induction processes.

It was observed that MIF agency staff receive a full on-site induction, including IPC training and First Security also provide their staff with their own workshop style training, including introductions to the site operational considerations, standards and practices. The review process highlighted that all three security guards on-site during the visit confirmed they had received health and safety, and IPC induction training.

It was recommended that one induction package for all MIQF employees is created to ensure consistent information. This can then be adapted as required, to ensure relevance to each staffing group groups. In addition, the creation of one data system will support compliance and tracking of induction completion which should be shared with employers to ensure appropriate oversight.

### *Pre-deployment training on MBIE learning portal*

The security company management, hotel management and MIF manager all stated that some of the pre-deployment training is on the MBIE owned, MIQ learning portal. It was indicated that this makes tracking of pre-deployment training and induction for personnel difficult.

It was suggested that MBIE should explore how to expand access to the MBIE owned, MIQ learning portal, for all agencies involved in MIQFs. This would assist in ensuring staff pre-deployment training is appropriate, consistent and comprehensive for the roles the individuals are undertaking.

In summary, it appears that staff all receive a form of induction upon commencement of their role in a MIF, although refresher training was less consistent. To improve the practice of staff induction and ensure consistent training and messaging, regardless of role, all MIF staff members should undergo consistent IPC, health and safety, and specific site inductions.

## **FINDING: WORKPLACE STIGMA AND PRIVACY CONSIDERATIONS**

### *Stigma and Discrimination*

Some MIF staff expressed a fear of discrimination and stigma attached to working in a MIF, and there are anecdotal reports of border workers being refused entry to hospitals and general practices as well as fear of transmission from schools attended by children of border workers. It was noted by First Security that staff turnover is high, likely due to the high-risk work and stigma attached to working in the MIFs.

### *Privacy of positive case information*

The way in which the Government transparently reports aspects of a positive case, has often resulted in the affected people and their whānau becoming identifiable to their communities which can have harmful consequences. Concerns were expressed that New Zealand has a culture of sharing details related to individual incidences and that members of the public can often ascertain which communities are affected.

*Addressing stigma in the workplace*

In discussions with First Security, they outlined the actions that they are taking to support their staff, including giving their employees additional sick leave, providing living wage for all employees and making Employee Assistance Programme (EAP) counselling services available. Reviewers recommend additional support by MBIE is offered to workplaces to support health, safety and wellbeing of staff. It was noted that there is an overarching theme of all employers wanting to do the right thing in relation to their employees and the overall response to COVID-19.

**MIQF SYSTEM****FINDING: COMMUNICATION CHANNELS**

Overall, communications within each agency and private company are effective however communications between and across these agencies and private companies appears to be fragmented. This was specifically highlighted for those who are outside of government agencies. It is surmised that this may impact quality control and assurance, risk management and oversight of issues such as staff compliance and training.

In addition, hotel staff rely on the MIF manager to disseminate any information from the ARIQCC and government agencies, for example changes to SOPs. There is not however, a formalised system for sharing official documentation with external parties outside of central government.

In summary, the dissemination process for information is informal and depends on the relationships established between management at the specific MIF. A more formalised communication and dissemination process of policies and practice will result in greater consistency of information.

**RECOMMENDATIONS**

Considering the findings from the Grand Millennium Review, May 2021, we have outlined **recommendations** below as part of a wider action plan to build on existing efforts and improve the system approach to the MIQF function. Effective action against these recommendations will avoid the incidents which occurred at this facility from happening again. Work has already begun in these six recommendation areas, and in many cases have been completed.

**1. IPC practice**

Continue to improve the systems, procedures and policies around IPC practice at MIQFs to help protect border workers

**2. Access to testing**

Further reduce barriers for border workers to access COVID-19 testing and vaccination

**3. Staff Inductions**



Continue to improve and standardise staff inductions and pre-deployment training across all groups of workers to ensure consistency of information and assurance over practices in MIFs

4. **Workplace stigma and privacy considerations**

Continue to address the stigma border workers face as a result of working in a MIQF and give consideration to the privacy requirements of both the disclosure of positive case information and employer access to employee information

5. **Data management**

Continue to improve data management systems to sufficiently support the operations at the MIF and across the MIQF system

6. **Communication channels**

Continue to improve and streamline communication channels between agencies involved in MIF management.

These six recommendations are outlined in an action plan attached at **appendix 1**. The recommendations note the responsible lead agency and the suggested timeframe for implementation.

## CONCLUSIONS

In summary, the overall findings of the Grand Millennium MIF incident review have identified both the strengths of, and opportunities for, improving the settings, practices and protocols at the facility, and to the MIQF system as a whole.

Included below is an action plan outlining the six recommendations and associated actions highlighted through this review process. Progress against the identified recommendations will be monitored by both Ministries.

While this report outlines several recommendations across agencies and relevant stakeholders, it is important to place these recommendations within the context of the hard work and sacrifice of New Zealand's border workers. The Review Team observed teams of people who are committed to keeping COVID-19 out of our communities, and it is important that their resilience and dedication is recognised and celebrated. The future state of New Zealand's freedom relies on the success of the MIQF system, and there is a need to support this workforce as they continue to strengthen and improve the system.

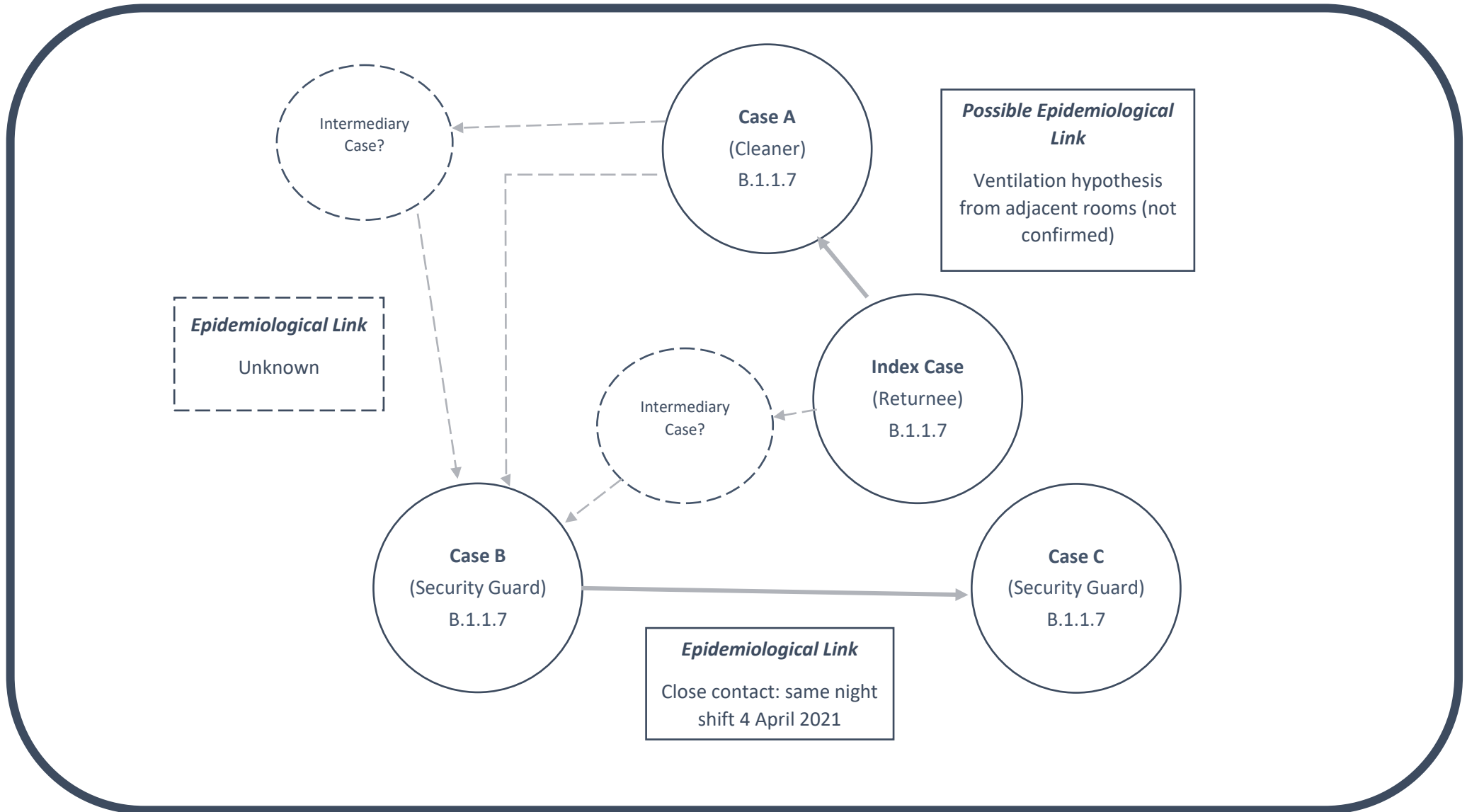
## APPENDIX 1: ACTION PLAN

Theme	No.	Recommendation		Action	Responsible	Priority	Timeframe
<u>Equipment and Facilities</u>	<b>1</b>	<b>Strengthen the systems, procedures and policies around IPC practices at MIQFs</b>	A.	Ensure refresher health and safety, and IPC training is provided to all personnel on a regular basis and confirm that this is tracked and monitored to ensure compliance	MBIE (input from IPC team at MOH)	Medium	Within 3 months
			B.	Review the system impact on the use of CCTV across the MIQF portfolio to support effective IPC auditing and contact tracing for instances of in-facility transmission including within staff specific areas as appropriate	MBIE	High	Within 1 month
			C.	Review the processes and procedures for monitoring and providing assurance of cleaning protocols within facilities in accordance with the requirements specified within the Operational Framework	MBIE	Medium	Within 3 months
			D.	Continue to review IPC protocols and PPE use for staff in MIQFs as we learn more about airborne transmission	MOH	Medium	Within 3 months
<u>Staff Considerations and Employee Processes</u>	<b>2</b>	<b>Reduce barriers for border workers to access COVID-19 testing and vaccination</b>	A.	Further reduce barriers for staff to access testing and vaccination (e.g. for night shift workers)	MOH (Testing and Supply Chain and MIQ teams)	High	Within 1 month
			B.	In addition to the above, create a working group to address these complex cross-agency issues regarding access to testing and vaccination	MOH (Testing and Supply Chain)	High	Within 1 month
	<b>3</b>	<b>Improve and standardise staff inductions across all groups of workers</b>	A.	Develop one induction package for all employees that can be adapted as required to ensure relevance to various staff groups	MBIE	Medium	Within 3 months
			B.	Following on from the above, create one data system to ensure compliance and tracking of induction for all MIQF employees	MBIE	Medium	Within 3 months

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			C.	Following on from the above, ensure regular reporting of induction compliance is shared with employers	MBIE	High	Within 1 month
	4	<b>Continue to address the stigma border workers face as a result of working in a MIQF and give consideration to the privacy requirements of both the disclosure of positive case information and employer access to employee information</b>	A.	MBIE to assist employers to enhance health safety and wellbeing assistance of MIQF employees	MBIE (Health Safety and Security)	Medium	Within 3 months
B.			Enhance communications campaigns to support MIQF system workers against discrimination and stigma of the workforce	DPMC COVID-19 Response Group	Medium	Within 3 months	
C.			Explore ways of ensuring privacy when publicly commenting on positive cases involving MIQF workers	MBIE/MOH	High	Within 1 month	
<u>MIQF System</u>	5	<b>Improve data management systems to sufficiently support the operations at the MIF and across the MIQF system</b>	A.	Integrate data management systems where possible to provide optimal support to the MIQF system. This should include testing data and vaccine information, to assist with oversight and compliance regarding testing and vaccination	MBIE/MOH	Medium	Within 3 months
	6	<b>Improve and streamline communication channels between agencies and organisations involved in the MIQF system</b>	B.	Improve and clarify the communication and dissemination process from responsible Government agencies, (particularly from National MIQ) to the MIQFs	MBIE	Medium	Within 3 months

APPENDIX 2: SOURCE INVESTIGATION DIAGRAMATIC SUMMARY



## APPENDIX 3: ACRONYMS

MIF	Managed Isolation Facility
ARPHS	Auckland Regional Public Health Service
MBIE	Ministry of Business, Innovation and Employment
MOH	Ministry of Health
MIQ	Managed Isolation and Quarantine
MIQF	Managed Isolation and Quarantine Facilities
TAG	Technical Advisory Group
MIQ TAG	Managed Isolation and Quarantine Technical Advisory Group
MIW	Managed Isolation Walk
ARIQCC	Auckland Regional Isolation and Quarantine Coordination Centre
OIC	Medical Advisor and the Managed Isolation Facility Manager Officer in Charge
N95/P2	Two types of half-face particulate respirators that are devices which provide respiratory protection
CCTV	Closed-circuit television
PHU	Public Health Unit
PPE	Personal Protective Equipment
SOP(s)	Standard Operating Procedure(s)
DHB(s)	District Health Board(s)
IPC	Infection, Prevention, Control
EAP	Employee Assistance Programme
WOL	Who'sOnLocation App
RTO	Required Testing Order
BWTR	Border Workforce Testing Register
PMS	Patient Management System
PCBU	Person Conducting a Business or Undertaking

**APPENDIX 4: JOINT REVIEW TERMS OF REFERENCE**

# **Terms of Reference**

## **GRAND MILLENNIUM AUCKLAND 2021 JOINT REVIEW**

**April 2021**

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Version: 0.3

Date: 14 April 2021

Created by: Rebecca Simpson, MBIE MIQ

Approved by: Megan Main, Sue Gordon

Endorsed by: Andy Milne, Shona Meyrick, Tess Ahern, Felicity Williamson, Jane Kelley

## **1. Purpose**

This Terms of Reference commissions a team to conduct a joint review after two workers at the Grand Millennium returned a positive COVID-19 test result on 22 March and 6 April 2021 respectively.

The team is tasked with reviewing the circumstances surrounding these two positive cases and determining what, if any, improvements can be made to the MIQ system to reduce the likelihood of cases occurring in MIQ workers in the future

An assessment methodology, consolidated review report and an action plan with progress indicators and recommendations will be coordinated with MBIE. The report may be made available for Ministers and subsequently the public in the future.

## **2. Responsibilities**

The team will have responsibility for undertaking a holistic review whilst maintaining the privacy of the individual(s) involved. The following general factors will be addressed:

- Environment – including physical space, ventilation, IPC for physical environment
- Equipment – including correct PPE, equipment being maintained, appropriate training in the use of PPE is available
- People – evidence of IPC not being followed, language or communication issues, near-misses, physiological factors (e.g. fatigue), was the worker appropriately trained and monitored
- Policies and procedures – are the current policies appropriate and whether new ones are needed. We will review the risk management, quality control and assurance and vaccine delivery procedures and timing at the site
- Organisation and MIQ system – organisation culture, communications, supervision and oversight, the contractual arrangements with the security and hotel.

Further information on the detailed questions for the review are included in Appendix One.

The following is out of scope for this review:

- Recommendations that sit outside of MBIE and MoH mandates
- Health and welfare checks
- Returnees feedback or experience
- While recommendations are specific to the Grand Millennium Auckland, they may apply more broadly to the managed isolation facility system

### 3. Membership

The Joint Review Team will be established on 12 April 2021 and comprises of the following members:

Name & Role	Organisation	Role in Review Team
Kristin Kalla Manager, Advisory and Planning	COVID-19 Health System Response Directorate, Ministry of Health	Team leader
Kendra Simmons Senior Advisor, Advisory and Planning	COVID-19 Health System Response Directorate, Ministry of Health	Reviewer
Kristen Davison Senior Advisor, Advisory and Planning	COVID-19 Health System Response Directorate, Ministry of Health	Reviewer
Caitlin Hawkins, Manager, Privacy and Risk	COVID-19 Health System Response Directorate, Ministry of Health	Privacy reviewer
Tina Bogaard Senior Quality Assurance Advisor	Service Quality and Assurance, MIQ Ministry of Business, Innovation and Employment	Reviewer
Stacey Williams Health Safety and Security Advisor	Service Quality and Assurance, MIQ Ministry of Business, Innovation and Employment	Reviewer
Dave Brensell (delegate) MIQ Air Operations Lead	MIQ Operations, Managed Isolation and Quarantine	Reviewer
Felicity Williamson	Auckland Regional Public Health	Clinical
Noelle Richmond	Service Quality and Assurance, MIQ	Secretariat support



Executive Assistant, General Manager Service Quality and Assurance	Ministry of Business, Innovation and Employment	
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The following individuals may be invited to participate and provide input into the review:

- Grand Millennium MIF Manager,
- Grand Millennium General Manager
- Employer of workers infected with COVID-19
- RIQCC staff including the health leads
- Site Security and Operations Manager (Day and Night Managers)
- MIF Charge Nurse
- Auckland IPC Specialists

**4. Key inputs into review**

- Infection Prevention and Control Audits (January and April 2021)
- Ventilation assessment findings (April 2021)
- ARPHS Source Investigations
- MoH COVID-19 Directorate/MBIE MIQ Risk Register
- Relevant Standard Operating Procedures (SOPs) and other relevant guidance
- Relevant Orders and other legal documentation
- MIQ Technical Advisory Group –to provide advice or technical guidance to support the reviewers
- Clinical and Operational Governance Group (provide independent technical peer review)

**5. Key Dates**

Date	Activity
12 April 2021	Terms of Reference signed off and Joint Review Team established
12 April-14 April 2021	Gathering documentation, scoping, developing methodology and assessment tool

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9 April 2021	IPC Audit findings expected
13 April 2021	TAG meeting
15-17 April 2021	Undertaking in-person onsite review (Kalla, Simmons, and others as required)
16 April 2021	ARPHS source investigation initial findings expected
19-26 April 2021	Verification of report findings and report writing
19-26 April 2021	Communications pack and cover briefing drafted to support the possible release of the report
29-30 April 2021	Risk and Quality Group for MIQ and TAG Review
4-5 May 2021	Clinical and Operational Governance Group independent technical peer review
6-7 May 2021	Cover briefing, draft report and communications pack provided to MBIE and MOH for review
10 May 2021	DCE COVID-19 Health System Response MoH and Deputy Secretary MIQ MBIE sign-out
12 May 2021	DG Health and CE MBIE sign-out
13 May 2021	Cover briefing, final report and communications pack provided to Ministers
17 May 2021	Report publicly released (pending decision)

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## Appendix One

Aspect	Key questions	Information source
Source investigation (Primary priority)	<ul style="list-style-type: none"> <li>• Where did the transmission likely take place?</li> <li>• How many factors such as physical space, physical distancing, noise, cleaning processes, temperature, and ventilation contribute to the COVID-19 transmission?</li> <li>• Does the transmission and its likely causes raise issues that could apply to other MIQFs or other environments?</li> </ul>	<p>ARPHS – Source investigation to determine likely source of investigation</p> <p>MBIE Ops – review of any incidents in Grand Millennium that the workers may have been involved in</p> <p>MoH – IPC out of cycle audit to be completed</p>
Organisation, policies and procedures	<ul style="list-style-type: none"> <li>• Do employees have ready access to SOP information and updates (both in terms of channels used to disseminate information &amp; whether it is written in a clear and accessible way)?</li> <li>• Are there any evidence of workers or other people at the MIQF having challenges adhering to the IPC or other relevant protocols?</li> <li>• Does the organisation actively minimise disincentives to 'doing the right thing', e.g. ensuring employees are aware of sick leave provisions, encouraging reporting of symptoms without fear of loss of employment?</li> <li>• Were there any issues associated with clinical management, access to testing and scheduling, access to services e.g. GP/ emergency response, access to public health advice, quality control and assurance oversight?</li> <li>• Have there been any near misses reported/documentated at the facility for a similar incident?</li> <li>• Have the workers been compliant with the surveillance testing regime? If not, what were the factors leading to the failure to comply.</li> <li>• What monitoring of the testing compliance is undertaken by the employer?</li> <li>• Has the worker been vaccinated? If not, what barriers may have prevented them from doing so.</li> </ul>	<p>MBIE/MoH/DHB</p>

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Aspect	Key questions	Information source
	<ul style="list-style-type: none"> <li>• Review employee movements in the MIQ, including arrival timecard check-in and protocol for disinfecting. Is there a locker area, break out area, departure check out, toilets (inspect for sanitation)?</li> <li>• Are there common areas for chatting with other staff during breaks?</li> </ul>	
People	<ul style="list-style-type: none"> <li>• Are there any equity issues to be considered?</li> <li>• Is there a central roster of staff movement and location during shifts?</li> <li>• How may have staffing levels contributed to the transmission of COVID-19 to the worker?</li> <li>• Was the infected worker trained, competent and suitable for the task they were undertaking?</li> <li>• Was IPC training provided to the worker and, if so, was that training sufficient for the operational context?</li> <li>• How are masks issued to staff at the beginning of shifts and disposed at the end of shifts? Who is responsible for managing this waste?</li> <li>• Are there clear communication channels between staff and teams?</li> <li>• Is there any reason to think the transmission was related to the worker's schedule or roster?</li> <li>• Are there any physiological factors that contributed to the worker's infection, e.g. fatigue, substance abuse, physical stress, illness or impairment, or age?</li> <li>• Were there any language or communication issues that may have contributed to any confusion?</li> <li>• Did the worker have access to relevant decision-makers and/or the appropriate specialist support for advice?</li> <li>• Were individual responsibilities and team structure clear?</li> <li>• Did the worker feel supported to do the right thing (such as declaring symptoms or staying at home while unwell)?</li> <li>• How did actions or inactions of any other people have an impact on the transmission of COVID-19 to the worker (e.g. returnees (either as individuals or special groups such as teams of sports people or groups of migrant workers, member of the public etc)?</li> </ul>	MBIE/MoH/DHB