

# Briefing

## Regulatory changes to enhance the testing regimes of workers in managed isolation and quarantine facilities

**Date due to MO:** 29 September 2021      **Action required by:** 30 September 2021

**Security level:** IN CONFIDENCE      **Health Report number:** 20212149

**To:** Hon Chris Hipkins, Minister for COVID-19 Response

**Copy to:**

### Contact for telephone discussion

Name	Position	Telephone
<b>Dr Ashley Bloomfield</b>	Te Tumu Whakarae mō te Hauora Director-General of Health	s 9(2)(a)
<b>Bridget White</b>	Deputy Chief Executive, COVID-19 Health System Response	s 9(2)(a)

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# Regulatory changes to enhance the testing regimes of workers in managed isolation and quarantine facilities

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**Security level:** IN CONFIDENCE      **Date:** 29 September 2021

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**To:** Hon Chris Hipkins, Minister for COVID-19 Response

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## Purpose of report

1. This report seeks your agreement to an adjustment to the proposal to amend the COVID-19 Public Health Response (Required Testing) Order 2020 (the Required Testing Order) to require daily saliva testing of workers in quarantine facilities (QFs) and twice-weekly saliva testing of workers in managed isolation facilities (MIFs).
2. The purpose of the adjustment is to allow workers a choice of testing modality while delivering the increased testing frequency you have requested in QFs and MIFs.

## Summary

3. You have previously agreed to changes to the Required Testing Order to increase the frequency of saliva testing in QFs and MIFs.
4. In the course of developing and consulting on drafting instructions for this change it has become evident that there are operational and compliance risks associated with limiting the increased testing in QFs and MIFs to the saliva testing modality.
5. This briefing proposes that we amend the Required Testing Order to deliver the frequency of testing you have requested but allow workers to choose their testing modality (i.e. saliva, nasopharyngeal or oropharyngeal).
6. For similar operational and compliance-based reasons, we also propose that the testing schedule in MIFs be maintained at twice weekly on an ongoing basis, not just for 14 days after a case has been detected in a MIF.

## Recommendations

We recommend you:

- a) **Note** that on 16 September 2021, you agreed to amend the COVID-19 Public Health Response (Required Testing) Order 2020 to require daily saliva testing in quarantine facilities (QFs) on an ongoing basis, and a minimum of twice-weekly saliva testing in managed isolation facilities (MIFs) for a period of 14 days after a confirmed case in a facility [HR20211983 refers]. **Noted**

- b) **Note** that the Ministry of Business, Innovation and Employment's (MBIE's) engagement with the QF and MIF workforces indicates testing compliance may be at risk if increased saliva testing is mandated without giving workers the option to substitute a different test modality. **Noted**
- c) **Agree** that workers in QFs and MIFs be able to substitute oropharyngeal or nasopharyngeal testing for saliva testing, provided they still adhere to the proposed increased testing schedule. **Yes/No**
- d) **Note** that MBIE and the Ministry of Health's Testing Team consider that the proposal to require workers in MIFs to switch to twice-weekly saliva testing for 14 days after a case has been detected in the MIF, but then change back to their usual schedule, presents operational difficulties and risks, including that it will contribute to change fatigue and may have an impact on compliance and workforce retention. **Noted**
- e) **Agree** that that workers in MIFs shift to a twice-weekly testing schedule (using their chosen testing modality) on an ongoing basis. **Yes/No**
- f) **Note** that saliva testing will continue to be promoted with the aim that it becomes the predominant testing modality in QFs and MIFs. **Noted**
- g) s 9(2)(h) [REDACTED] **Noted**
- h) **Note** that, subject to your agreement, we will instruct PCO to give effect to the proposed changes. **Noted**



Dr Ashley Bloomfield  
**Te Tumu Whakarae mō te Hauora**  
**Director-General of Health**

Date: 1 October 2021



Hon Chris Hipkins  
**Minister for COVID-19 Response**

Date: 8/10/2021

## Background and context

7. On 16 September 2021, you to amend the Required Testing Order to [HR20211983 refers]:
  - a. make it mandatory for workers in QFs to undergo daily saliva testing, when they are onsite at work, on an ongoing basis.
  - b. require workers in MIFs to undergo twice-weekly saliva testing, when they are onsite at work, for a period of two weeks following an acute case departing their MIF.
  - c. require that when a dual-use facility is operating as a QF, workers undertake daily saliva testing, in accordance with a) above, and when it is operating as a MIF, workers undertake twice-weekly saliva testing for 14 days after an acute case leaves the facility, in accordance with b) above.
8. You also agreed that the Ministry issue drafting instructions to the Parliamentary Counsel Office (PCO) to draft the required amendments to the Required Testing Order to give effect to the proposal. In the course of developing those instructions and consulting agencies, the Ministry of Business, Innovation and Employment (MBIE) MIQ managers and health leads have proposed that increased testing be offered in the oropharyngeal or nasopharyngeal testing modalities as well as saliva testing.
9. In addition, based on conversations with MBIE about the operational impacts of having MIFs change testing cycles depending on whether there has been an acute case, the Ministry's Testing Team now recommends that twice-weekly testing in MIFs is implemented on an ongoing basis, rather than only for 14 days, following the identification of a case.
10. These proposals align with your request on 7 September 2021, that all workers in quarantine facilities are moved to a daily testing cycle and all workers in managed isolation facilities are moved to, preferably, a 2-3 day cycle [HR20211996 refers].

## Proposals

### Allow increased testing to be undertaken using any of the available modalities

11. We recommend that the increased testing regime in QFs and MIFs allows workers to opt for the nasopharyngeal or oropharyngeal testing modalities, rather than just saliva testing. The purpose of this change is to manage the risk of non-compliance with the new testing regime.
12. MBIE's recent engagement with the workforce in QFs and MIFs demonstrates that nasopharyngeal swabbing is currently an entrenched modality and the uptake of saliva testing has been slow. While mandating saliva testing as originally proposed would be one way to increase the uptake of that testing modality, the advice we have received from MBIE MIQ managers and health leads is that it would be better to manage the transition to saliva testing in a more measured way. Saliva testing will continue to be promoted with the aim that it becomes the predominant testing modality in QFs and MIFs as it is less resource-intensive for the health workforce and less invasive.
13. While the Ministry has advised that a series of saliva tests (2 tests in 7 days that are at least 2 days apart) is a suitable replacement for nasopharyngeal and oropharyngeal

swabbing from a surveillance perspective, the Ministry's position remains that nasopharyngeal and oropharyngeal swabbing remain the preferred testing modality for diagnostic testing. Workers therefore continue to regard these modalities as superior to a series of saliva tests.

14. In addition, workers have been under considerable pressure handling the current community outbreak, and we are advised that there is some resistance to fast-paced change, with lack of consultation and lack of choice.
15. At the last meeting of the Saliva Testing Clinical Governance Group (STCGG) on Wednesday, 22 September 2021 it was agreed that it would be preferable that the border workforce has choice in which testing modality they access. The analysis by the STCGG factored in the resource impacts of increased testing across modalities.

**Implement twice weekly-testing in MIFs on an ongoing basis.**

16. For operational reasons, we also recommend that the proposed twice-weekly testing regime in MIFs operates on an ongoing basis, rather than only for the period of 14 days after an acute case is identified in a MIF. These include that:
  - a. workers in MIFs are working in a high-pressure environment that is constantly changing as we learn more about effective risk mitigation strategies. Requiring workers to constantly monitor what testing schedule they should be on, if it is often changing, will contribute to change fatigue and may have an impact on compliance and workforce retention. Some staff work between managed isolation facilities, adding another layer of complexity to their testing regimes.
  - b. the data on the frequency of cases in MIFs indicates that there are very few times when many facilities, particularly in Auckland, would not be in a situation where they were two weeks post an acute case.
  - c. a case may have come into contact with workers before the case either tested positive or developed symptoms. Given the intermittent nature of some staff's attendance at a particular MIF, workers who were present at a MIF during a case's infectious period might not work at the MIF again in the 14 days following a case's departure, meaning that they will not be subject to increased testing despite having possibly been exposed to the case.
  - d. simple and straightforward processes and protocols will ensure a smoother transition when dual-purpose facilities are required to shift between a QF and a MIF.

*Public Health comment*

17. The public health position remains that if there are no cases in a facility then there is not an increased risk to workers that warrants additional testing. However, it is recognised that there may be operational reasons for recommending enhanced testing. Offering nasopharyngeal or oropharyngeal as an alternative to saliva testing is also acceptable.
18. We note while the current laboratory advice is that twice-weekly saliva testing is equivalent to once a week nasopharyngeal or oropharyngeal testing, the proposal in this paper responds to the Minister's request for greater frequency in testing while offering workers a choice of modality for their testing.

s 9(2)(h)

[Redacted]

**Next steps**

- 24. If you agree to these changes, we will provide amended instructions to PCO to give effect to the proposals.

**Ends.**