

# Review of Maritime COVID-19 Border Incidents July- September 2021

November 2021

## EXECUTIVE SUMMARY

The Border Executive Board (BEB) commissioned a joint agency (Ministry of Health and the New Zealand Customs Service) review of all maritime incidents that have required a response to a COVID-19 incident since July 2021. The review is intended to inform system-wide improvements to the way agencies respond to COVID-19 at the maritime border. Between July and September 2021, there were five COVID-19 incidents that required a response to be stood up by the Ministry of Health's (MoH) Incident Management Team and the New Zealand Customs Service (Customs) led All-of-Government Operational Incident Management Team<sup>1</sup>. These incidents involved the following vessels:

- Viking Bay (fishing vessel) 12 July 2021 in Wellington
- Playa Zahara (fishing vessel) 18 July 2021 in Lyttelton
- Mattina (cargo vessel) 18 July 2021 in Bluff
- Rio De La Plata (cargo vessel) (two incidents) 4 August and 11 September 2021 in Tauranga.

A Case Incident Review Team (Review team) was formally established on 5 October 2021 to investigate each incident and determine what, if any, further improvements can be made to the future management of vessels at the maritime border to continue to keep our communities safe from COVID-19.

In summation, this review outlines:

- the incidents that occurred at the maritime border requiring a response
- the issue(s) or problem(s) that contributed to the incidents
- recommendations to improve the future management of vessels at the maritime border.

This report outlines the assessment methodology, consolidated findings and resulting recommendations. The final report will be provided to the BEB, and following the BEB's endorsement, will also be provided to the Ministers of Customs and COVID-19 Response. Following ministerial feedback, progress against the identified recommendations will be monitored across both agencies.

It is important to note that while this review focuses on areas for improvement, there has been no incidence of COVID-19 entering the New Zealand community through the maritime border in the last 12 months.

We acknowledge and thank all government and industry stakeholders for their dedication in keeping COVID-19 from entering New Zealand through the maritime border, and for their contributions to this review.

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<sup>1</sup> The trigger for standing up a response in a maritime setting is the confirmed or suspected presence of COVID-19 among crew onboard a vessel due to arrive or having arrived in New Zealand waters.

## CASE INCIDENT REVIEW TEAM & CONTRIBUTORS

The Review team was tasked with assessing the management of each incident to improve the management of vessels with crew with confirmed COVID-19, or suspected COVID-19 on board, to continue to keep COVID-19 out of New Zealand's communities. The Review team includes the following members:

<b>Name &amp; Role</b>	<b>Organisation</b>	<b>Role in Review Team</b>
Group Manager, Strategic Operations	Ministry of Health	Senior Responsible Officer
Group Manager, Maritime	The New Zealand Customs Service	Senior Responsible Officer
Senior Advisor, Strategic Operations	Ministry of Health	Joint Lead Reviewer
Senior Advisor, Maritime	The New Zealand Customs Service	Joint Lead Reviewer
Senior Advisor, Strategic Operations	Ministry of Health	Reviewer
Manager, Privacy and Risk	Ministry of Health	Privacy Reviewer

In addition, the following individuals contributed to the review:

<b>Name &amp; Role</b>	<b>Organisation</b>	<b>Role in Review Team</b>
Manager, COVID-19 Recovery	Maritime New Zealand	Contributor
Maritime Operations Lead	Maritime New Zealand	Contributor

## CONCEPTUAL FRAMEWORK

### REVIEW METHODOLOGY

To ensure a rigorous assessment of the management of the maritime incidents, the Review team undertook a multi-layered approach to engaging with stakeholders. The Review team assessed:

- findings through a self-assessment questionnaire for government and industry stakeholders of what went well and where improvements can be made as a result of each incident
- feedback from stakeholders, including industry, via a series of workshops in October 2021
- findings from previous debriefs and reviews, including two separate (but aligned) reviews undertaken by MoH and Customs of the first Rio De La Plata Incident (4 August 2021)
- existing documents, including infection prevention and control guidance and standard operating procedures (SOPs) that apply to border workers.

Findings were presented to the BEB, before the review was provided to the Ministers of Customs and COVID-19 Response. Recommendations that sit within Customs and MoH mandates will be implemented and tracked as per usual mechanisms. Relevant findings and recommendations will be incorporated into Workstream One of the Managing COVID-19 within Maritime Programme which the BEB governs.

All recommendations of this review are outlined at **appendix one** with associated actions that are outlined throughout the findings of this review.

### LIMITATIONS OF THE REVIEW

The terms of reference for this review can be found at **appendix two**. The following is out of scope for this review:

- recommendations that rest outside of MoH and Customs mandates
- site visits
- feedback and direct experience from crew onboard the vessels
- review of legislative instruments, including the COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020 (MBO) and the Health Act 1956<sup>2</sup>
- aspects of the management of COVID-19 at the maritime border that do not relate to the five incidents outlined in this report.

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<sup>2</sup> The MBO is reviewed for minor and technical amendments on a quarterly basis. Additionally, there are other policy reviews relating to maritime border settings underway. This includes current border settings for commercial vessels, and testing and vaccination of seafarers.

Note that this review *will* assess how these legislative instruments are understood in relation to the work required, but not the appropriateness of the instruments themselves.

## BACKGROUND TO THE REVIEW

### OVERVIEW OF ROLES DURING RESPONSE

To provide context to this review, the individually understood roles and responsibilities of those involved is outlined below. However, there was evident lack of understanding by some agencies, of other agencies' roles and responsibilities and legal obligations in practice. This was often due to the significantly complex and multifaceted operating environment of the maritime border, using response protocols that were designed for COVID-19 incidents at the air border or in the community. This was problematic across the five incidents, and the expectations as to responsibilities below were not necessarily corresponding across all responses due to the specific circumstances. The **findings** section provides further detail.

#### **Ministry of Health**

As the lead agency for the public health response to COVID-19, MoH is responsible for ensuring appropriate public health measures are taken in response to COVID-19 to reduce the harm of the virus on our communities. It provides public health advice to Ministers, takes government direction, and provides public health guidance at the national level. MoH is available to provide support to the public health units to carry out the public health risk assessment in relation to a vessel at a regional level.

The MoH-led Incident Management Team (IMT) is responsible for public health co-ordination and response to incidents at the national level and works closely with relevant public health units who lead the public health response at the regional level; including during the five maritime incidents outlined in this review. The MoH IMT is based on a Coordinated Incident Management System<sup>3</sup> (CIMS) structure and is the key point of contact for the regional health system (public health units and district health boards).

MoH's Infection Prevention and Control (IPC) team works with public health specialists within MoH to provide guidance to agencies, regulators, and industry on IPC measures that should be undertaken by industry stakeholders in the maritime sector. Maritime New Zealand then provides this guidance to maritime sector industry stakeholders, as the key relationship holder and primary regulator. The guidance is regularly reviewed and updated and varies for different stakeholders based on risk (e.g., pilots have a higher level of public health risk associated with their job as they have closer interaction with foreign crew on the bridge and are therefore required to follow more stringent measures. They also have a specific skillset required, significantly impacting port operations if they are stood down).

#### **Public health units**

Public health units lead the public health response at a regional level and are integral to managing the public health risk at the maritime border. Public health units are owned by district health boards and provided with the majority of their funding through Vote Health. Public health units are central in ensuring that COVID-19 has not entered our communities through their work undertaking a public health risk assessment of each incident as well as granting pratique to vessels.

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<sup>3</sup> [Coordinated Incident Management System \(CIMS\) third edition » National Emergency Management Agency \(civildefence.govt.nz\)](https://www.civildefence.govt.nz)

The public health unit uses the information from the early notice of arrival to provide an initial assessment of health risk to inform any resource planning that might be needed from a public health perspective in relation to the vessel.

Public health units are responsible for granting pratique. Pratique is a legal process mandated under section 107(1) of the Health Act 1956. Vessels and crew remain liable to quarantine until pratique is granted by the local public health unit's medical officer of health or health protection officer<sup>4</sup>. Pratique is not granted until the medical officer of health is satisfied that any reported or suspected quarantinable disease is on board (including COVID-19). If pratique is not granted, the default legal position (unless authorised by the medical officer of health, health protection officer or other relevant government official) is that:

- the vessel cannot be brought to any wharf or other landing place
- people cannot go on board the vessel
- people cannot leave the vessel
- cargo and other goods cannot be landed or transhipped from the vessel
- other vessels cannot be brought within 50 metres of the vessel.

### **New Zealand Customs Service**

Customs is the lead agency for the operational response to incidents at the maritime border and is responsible for standing up an AoG IMT. Customs chairs the AoG IMT meetings to ensure all agencies have key information in real time regarding all relevant aspects of the operational response such as cargo for importation/exportation, any known supply chain issues and the intelligence picture for each vessel that has crew confirmed or suspected of having a quarantinable disease.

Customs engages with, and connects, the wider border sector to government agencies, as well as overseas customs and border authorities to gather information required about vessels and their crew.

Customs takes the lead on the ground operations (e.g., security, personal protective equipment and isolation or quarantine compliance) while vessels are in port, ensuring quarantine and isolation provisions are adhered to.

Customs staff provide meeting co-ordination and situation reports, along with utilising their targeting component to understand cargo data. Customs share this information with other agencies through their liaison officers.

### **Maritime New Zealand**

Maritime New Zealand is the maritime safety, environmental and security regulator in New Zealand, established under the Maritime Transport Act 1994, Maritime Security Act 2004 and Health and Safety at Work Act 2020. In relation to managing vessels with COVID-19, or suspected COVID-19 on board, Maritime New Zealand provides guidance to ensure that maritime activities are carried out safely and assists in the facilitation of discussions around the development of cargo operations plans with key industry stakeholders, including port companies, unions and stevedoring companies. Maritime New Zealand acts as a liaison between the maritime industry and government as required and works with international transport bodies such as the International Maritime Organisation.

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<sup>4</sup> who are accountable to, and subject to direction from the Director-General of Health to ensure central oversight of regulatory functions.

Maritime New Zealand is also the national flag state authority and administrator of the New Zealand register of ships.

As the port state authority, Maritime New Zealand represents New Zealand when reporting to the Tokyo MOU (the Asia Pacific port state control organisation), for eliminating substandard shipping, promoting maritime safety, marine environmental protection and safeguarding working and living conditions onboard foreign ships in New Zealand waters.

### Industry stakeholders

A wide range of other industry stakeholders are involved in responses to maritime incidents, adding to the complexity of the system-wide response:

- **Port companies** operate as independent businesses and are the gateway at the maritime border that facilitate import and export trade via the maritime pathway. Port Companies generally provide their own pilots for the safe berthing of vessels at their ports.
- **Stevedoring companies** are independent businesses and are responsible for the loading and unloading of a ship's cargo, using different methods of operation depending on the cargo commodity being worked.
- **Ship's agents** are contracted and appointed by the vessel owners or shipping line to represent their interests and support vessels in New Zealand.
- **Harbourmasters** generally work for the city or regional council, and like Maritime New Zealand are responsible for enforcing maritime laws and rules within their own geographical area. They also apply their council's navigation safety bylaws.

## OVERVIEW OF INCIDENTS

**The fishing vessel Viking Bay (incident one)** is a Spanish flagged fishing vessel that arrived in New Zealand in April 2021 from Panama. Between April and late June, the vessel had been fishing outside of New Zealand's exclusive economic zone, and during that time made two subsequent port calls to unload fish and facilitate crew changes.

During the June port call in New Plymouth, there was a crew change, where on-signers flew into Auckland, were tested for COVID-19, and then travelled under isolation to New Plymouth by bus using an approved transport plan. Once these crew had signed on, the vessel departed New Zealand to the fishing grounds.

Following its departure, authorities were notified that at least one of the crew's tests had returned positive results. All crew were asymptomatic at the time they received this information, however a decision was made to return to New Zealand. Over coming days some crew started presenting symptoms. In response, the MoH and AoG IMTs were activated to manage the response at a national level.

The Viking Bay was docked and quarantined at a secure berth at Queens Wharf in Wellington Harbour on 12 July 2021. This was done via remote pilotage, where the port pilots did not board the vessel, but instead navigated the vessel over two-way radio with the assistance of a translator. No other New Zealand port would accept the Viking Bay to quarantine for 14 days, and the cost to Customs for quarantining the vessel at Queens Wharf was high (approximately \$100,000).

All 20 crew were tested at the vessel berth on the day of arrival. Initially 11 crew members were confirmed as having acute COVID-19 infection. Over the following days, seven further crew tested positive for COVID-19.

Over the following two days, 16 crew members were transferred to a Wellington Managed Isolation and Quarantine (MIQ) facility in stages while four crew members remained in quarantine on board the vessel. None required hospitalisation.

Once individual crew members were deemed to be no longer infectious, they were returned to the vessel in stages. By Thursday 31 July, only two crew members remained in MIQ. Deep cleaning of the vessel was completed on Sunday 1 August before the final two crew members re-joined the vessel from MIQ later that evening.

The vessel was granted pratique and departed Wellington on Monday, 2 August 2021.

**The fishing vessel Playa Zahara (incident two)** is a Spanish flagged fishing vessel that arrived in New Zealand in February 2021 from French Polynesia. Between February and late June, the vessel had been fishing outside of New Zealand's exclusive economic zone, and during that time made three successive port calls to unload fish and facilitate crew changes. During the June port call in New Plymouth, there was a crew change where on-signers flew into Auckland, spent two days in MIQ and then travelled under isolation to New Plymouth by bus using an approved transport plan. Once these crew had signed on, the vessel departed New Zealand to the fishing grounds.

Another crew change had been planned for early July, however authorities were advised that some of the crew had been experiencing mild-moderate illness since their last crew change in June, and the Taranaki District Health Board determined that testing needed to be undertaken before crew change and pratique would be considered.

Testing was undertaken at Port Taranaki on 13 July by district health board staff. The vessel returned to an anchorage to await results.

On 15 July, positive results were returned for most of the crew and the vessel began heading to Lyttelton Port, who had agreed to have the vessel quarantine there. As the MoH and AoG IMTs were already activated to respond to the Viking Bay vessel, they could quickly respond to the Playa Zahara as needed.

The vessel was quarantined at a secure berth at Lyttelton Port on the morning of 18 July. This was done via remote pilotage, where the port pilots did not board the vessel, but instead navigated the vessel over two-way radio with the assistance of a translator. As with the Viking Bay vessel, there were issues finding a port that would allow the vessel to quarantine, including Port Taranaki where the vessel underwent testing.

A comprehensive safety plan was developed and the risk to port workers and the public was deemed low.

A total of 16 cases of COVID-19 were identified among the 18 crew members of the vessel, all of whom were deemed to have experienced acute COVID-19 infections. 13 of the crew were taken to MIQ, while five crew members remained on board. Deep cleaning of the vessel took place on 23 July before the crew who were in MIQ re-joined the vessel on 24 July. The Playa Zahara departed New Zealand on 29 July.

A new master (who had completed 14 days of MIQ) was onboarded before departure from Lyttelton. The previous master who had quarantined on the vessel left New Zealand to return overseas once handover was completed.

**The container ship MS Mattina (incident three)** is a Marshall Islands flagged vessel and arrived in Bluff from Fremantle Australia on the evening of 18 July.

The master of the vessel had previously advised authorities that there were two symptomatic crew on board. As the MoH and AoG IMTs were already activated to respond to the Viking Bay and Playa Zahara vessels, they could quickly respond to the Mattina as needed. Pratique was withheld from the vessel and all 21 crew members were tested the following day. A total of 15 crew tested positive over the course of three days of testing. Two of those crew required hospital care, five were transferred to a Christchurch MIQ, and the captain was provided with isolated accommodation arranged by the district health board so he could remain in close proximity to the vessel.

It was confirmed on 17 August that crew had begun deep cleaning the vessel, and pratique was granted to the ship on 18 August enabling the unloading and loading of cargo in Bluff and then continuation of its journey to Napier and Tauranga Ports.

**The container ship Rio De La Plata (incident four)** is a Singaporean flagged vessel that departed Botany Bay, New South Wales, Australia on 25 July heading for the Port of Tauranga. On 3 August, Maritime New Zealand was notified that an Australian pilot who had been on board the vessel had since tested positive for COVID-19. An initial assessment completed by MoH prior to the arrival of the ship deemed the risk to New Zealand to be low. This decision was based on the number of days since the pilot had been on board the ship and that their infectious period was deemed to be from Sunday 1 August, so would not have been infectious while on board. At this point the local public health unit was not aware of this information. The local public health unit only became aware of this information after the ship began unloading at the Port of Tauranga.

The vessel was granted pratique and berthed in Tauranga at 6:00pm 4 August, with stevedores commencing cargo operations. At approximately 10:00pm, the local public health unit received information from Customs about the Australian pilot and called a halt to cargo operations and port workers to leave the vessel until further notice. The public health unit contacted MoH the same evening about the situation; no further information was provided so the halt on work remained in place. The following morning, MoH advised the local public health unit of the prior risk assessment that been undertaken, and taking this information into account, the medical officer of health decided that unloading could recommence.

The ship was due to travel to Napier on 9 August, however Napier Port had conducted their own assessment of the vessel and crew history and specified that the crew members were required to complete a PCR COVID-19 test prior to arrival at Napier Port. This decision was relayed to Toi Te Ora Public Health who arranged for both PCR and serology testing of the 21 crew members. The testing was completed on 7 August on board the ship while docked at Port Tauranga. The ship departed the Port of Tauranga on the evening of 7 August to anchor off the coast while public health actions were underway.

On the afternoon of 8 August, positive PCR COVID-19 test results for 10 crew members were returned. The shipping agent was contacted on the evening of 8 August to advise of

the testing results. The shipping agent reported there were no medical requirements, as all crew members continued to be asymptomatic. All port workers who had been on board the vessel while it was in Tauranga were instructed to self-isolate and get tested.

The shipping agent requested permission to dock in Napier on 10 August; this was declined by Napier Port. In response, the shipping agent confirmed that the ship would not travel to Napier and instead would continue their journey to Malaysia to avoid disruption to their future berth bookings and voyage schedules. The shipping line indicated that they would be completing a full crew change before the vessel returned to New Zealand.

**The container ship Rio De La Plata (incident five)** returned to New Zealand territorial waters on September 10 after departing Sydney, Australia.

The AoG IMT re-convened to begin planning for its arrival. It was confirmed that all crew (with the exception of one) were the same crew from the previous Rio De La Plata journey to New Zealand in August. The new crew member had reportedly observed 14 days isolation in Malaysia, was tested before boarding their flight to Singapore, and was tested prior to being allowed to board the Rio De La Plata in Singapore with negative results.

Due to the knowledge of the previous infections on board amongst the same crew, and on learning that the previously planned full crew change in Malaysia did not occur, it was determined pratique would be withheld.

The Port of Tauranga admitted the vessel under quarantine into port on 11 September to enable COVID-19 testing of the crew by the district health board testing team, which was undertaken before the vessel returned to anchor off Tauranga to await the results of those tests.

The AoG IMT worked closely with port stakeholders and the ship's agent to ensure greater information sharing in comparison to the first arrival of the Rio De La Plata. While awaiting these results, Maritime New Zealand and Customs worked closely with stevedoring companies to assist them with drafting a contactless cargo operations procedure for use to unload this vessel. This procedure was arranged to address port worker concerns and facilitate the movement of cargo from the Rio De La Plata should it remain under quarantine. The medical officer of health had already set some minimum conditions under which cargo movement could take place, however this plan was never finalised as pratique was granted.

On 12 September, the test results for three of the twenty-two crew remained unclear, however serology results were due the following day. On 13 September, the medical officer of health received further information determining that a number of crew were considered immune. However, further clarification of testing results for the remaining crew was still needed.

On 14 September, the medical officer of health advised agencies and local stakeholders that following the receipt of further testing clarification, he had confidence that no COVID-19 infection was present on board the Rio De La Plata. As such, pratique was granted, allowing the vessel to return to port.

## FINDINGS

### THE MARITIME OPERATING ENVIRONMENT IS HUGELY COMPLEX MAKING IT DIFFICULT TO MANAGE COVID-19, OR SUSPECTED COVID-19, ON BOARD VESSELS

The management of COVID-19 in the New Zealand maritime operating environment is significantly complex and multifaceted. The MoH IMT response process was developed and implemented to manage COVID-19 community outbreaks and border incursions through the air border. The response does not adequately consider the complexities of the maritime border leading to a disjointed approach between health and border authorities.

New Zealand's maritime sector is a major contributor to, and an enabler of, New Zealand's economy. Approximately 99% of the country's trade by volume and 90% by value is transported through the maritime border. COVID-19 has had major implications on the supply chain, with significant disruption and cost impacts for businesses and consumers. Government sees continuing safe maritime cargo operations as integral in maintaining the supply chain, including the supply of critical COVID-19 and other medical supplies, while managing public health risk adequately as per the legal framework.

There are key public health and operational risks associated with vessels with diagnosed or suspected COVID-19 entering a port. This includes risks:

- to the crew, who may become unwell or require hospitalisation, or transmit COVID-19 to other crew members
- to the safety of the vessel which may become unsafe due to the lack of crew
- to the port staff including those exposed during piloting the vessels, loading and unloading the vessel
- to the supply chain which becomes difficult for ports to manage when there are delays in unloading/loading cargo
- to the wider New Zealand community should COVID-19 leak through border defences.

Most New Zealand ports have dedicated berths for specific cargo commodities, and delays to operations (e.g., crew becoming ill, or delayed cargo operations) have a significant impact to the port company, which impacts the supply chain both upstream and downstream. The long-term implications of this can be significant. For example, the *Mattina's* voyage and the cargo exchange in three New Zealand ports was delayed by four weeks while issues around crew health and possible cargo options were worked through. Critical animal welfare goods were on board the vessel, which meant the importer had to identify alternative supply chain options. Another example is the first Rio De La Plata incident, where the vessel had to omit its subsequent port calls and departed New Zealand without discharging some import cargo and loading cargo for export.

Disruption to a port company's ability to continue pilotage of other commercial vessels is a significant issue that ports face. Pilots are extremely specialised and are usually only able to work in specific port locations depending on their experience. Many ports have small numbers of pilots (e.g., three pilots to provide 24/7 cover of the port) and if a pilot is in contact with a vessel with crew suspected of, or diagnosed with COVID-19, they may be

required to isolate for 14 days due to being deemed a COVID-19 case or a suspected case. Where a pilot is stood down, significant pressure is placed on the port company and their ability to continue their commercial shipping operation. An example of this was where two pilots involved in the arrival and departure of the Rio De La Plata (first arrival) were both required to isolate for a period of 14 days. This significantly impacted the port's piloting ability given there are less than 10 pilots who manage 15 international berths at the Port of Tauranga.

Employers of stevedores and other port workers face similar pressures where significant numbers from their workforce have been subject to stand down periods until they can be tested. This also occurred during the first instance of Rio De La Plata.

It is recommended that the following actions are undertaken:

- To help balance public health risk with maintaining the supply chain, vessel management plans should be strengthened to safely unload and load cargo from a ship that has not been granted pratique, where the medical officer of health agrees. These plans should be consistent across regions where possible.

#### THERE IS A LACK OF UNDERSTANDING OF ROLES AND RESPONSIBILITIES AT BOTH A NATIONAL AND LOCAL LEVEL

Lack of an agreed understanding of roles and responsibilities has been a challenge faced in each of the incidents covered in this review. This is largely due to:

- the lack of a pre-agreed framework for responding to incidents
- the complex operating environment for each response
- the nuances that each incident has experienced (e.g., vessel type, infection spread, available information, time to respond, port variabilities)
- the reality of the quick turnover of staff across the response structure and therefore loss of institutional and system knowledge and capabilities
- the lack of timely communication of crucial information between agencies.

Government and industry stakeholders responding to the self-assessment questionnaire indicate that since the first incident, some improvements have been made to the understanding of roles and responsibilities across the response system. This included:

- faster establishment of the AoG and Health IMTs helped close information gaps
- meetings were regularly convened to ensure information was shared in real time
- the urgency of each incident and importance of 'getting it right' became understood by all stakeholders.

Further clarity on roles and responsibilities is still required to best respond to the maritime incident on hand quickly. This includes the need to balance roles and responsibilities at a national and local level, as distributing decision making to a local level hinders a consistent nationwide response being applied. An example where there were issues around lack of clarity of roles and responsibilities was the public health risk assessment of the first Rio De La Plata incident which was initially undertaken by MoH. The relevant public health unit wasn't

initially made aware of the incident due to the risk being deemed low, causing confusion and inadequate information sharing. In addition, there were incidents of crucial personnel (including the relevant medical officer of health) not being invited to the relevant IMTs from the beginning.

Noting that the nuances in each response make it difficult to apply a 'one size fits all approach', there were instances where there was no apparent owner of the action that needed to be undertaken. Some public health units requested that Maritime New Zealand make decisions concerning the crewing levels of a ship whilst alongside in port, which is outside their mandate. While the decision rests with the flag state, clarity is required about how to best manage crewing levels as public health units should not be making decisions that are non-health related. Another example was the confusion around the responsibility of creating unloading plans; this should be the responsibility of industry to collate and present to the relevant public health unit for consideration, rather than the role of Customs or Maritime New Zealand.

Customs has commenced the lead on a vessel management workstream which takes a systems approach. It is intended to develop and implement procedures and processes for managing vessels carrying suspected or confirmed cases of COVID-19, which will include a framework that develops and clarifies roles and responsibilities.

While this will help create consistency, each incident will be assessed on its particular circumstances and the information available, inevitably leading to variable outcomes.

It is recommended that the following actions are undertaken:

- All appropriate personnel should be invited to the relevant IMT meetings as this will allow for more streamlined decision making as well as appropriate and legally obligated solutions determined.
- Maritime-based scenarios should be included for relevant public health units and MoH as part of ongoing readiness planning (which includes table-top exercises) where possible.
- A framework should be developed to clarify roles and responsibilities across the response structure so that all parties involved have an agreed understanding of what is required, and by whom, in a response to a maritime incident.
- There should be clear descriptions of the roles of those assessing risk on arriving to ensure well organised coordination.

## COMMUNICATION CHANNELS REQUIRE CLARIFICATION TO ALLOW FOR BETTER INFORMATION SHARING

Relevant agencies and stakeholders have for the most part provided information relevant to the response and/or managing vessels in a timely manner due to the flexible nature of the response process. However, because roles and responsibilities have not been clearly defined, the information flow was fragmented and came through various and inconsistent channels. An example of this was port managers receiving different information from agencies, with no oversight from the AoG IMT as intended.

With the first Rio De La Plata incident, stevedore test results and vaccination data were announced to the public via the media before the individuals themselves were advised. Results were fed into the border worker testing register which did not alert the individuals or the employers (rather employers had to access the register themselves). This led to issues for employers and the stevedoring workforce as cargo operations for other vessels in port, and decision making was slowed or halted until negative COVID-19 results were confirmed.

There are reported language barriers between vessels and industry response stakeholders. This could create possible issues around understanding of New Zealand public health requirements, including information around testing.

Each response has seen improved consistency in the communication and notification processes during early stages. While some initial responses were not well executed, and communication was minimal across all workgroups, the second Rio De La Plata voyage and subsequent responses for other vessels have seen progressively improved consistency in the communication and notification processes.

It is recommended that the following actions are undertaken:

- A central communication model should be developed to ensure strengthened communication and information sharing between agencies and stakeholders, informing vessels of any outcomes and directives.
- If required, an escalation process should be created for maritime border workers awaiting test results to avoid any disruption to key decision making.
- Communication leads should be clearly established and formalised, with all stakeholders advised of the communication channels to ensure information is being appropriately shared, consolidated and privacy obligations observed.
- Review any language barriers with vessels, to ensure appropriate and timely communications to the vessels and crew, including for assessment of COVID-19 symptoms.

THERE WAS A LACK OF CLARITY AROUND POLICIES, PROCEDURES AND THE LEGISLATIVE FRAMEWORK

## **POLICIES AND PROCEDURES**

There were various challenges regarding the policies and procedures activated to respond to the five COVID-19 maritime border incidents. Because there is no nationally agreed process framework, ad hoc processes were developed by agencies as the situations evolved. This resulted in disconnected approaches and lack of protocol for key stakeholders to follow.

It was perceived that there was inconsistency in the health analysis of the incidents by different public health units, leading to inconsistent protocols. Most unwell and well crew from the Viking Bay vessel were removed, resulting in the ship being close to, or falling below, safe crewing levels for operation. The vessel was left with four crew on board, where minimum safe manning levels was seven. As the public health unit is not responsible for

vessel operations, the gap appears to be around protocols to safely manage minimum crewing in the instance that crew need to be removed from the vessel.

It was perceived that directives did not adequately consider the operating and economic context. The Rio De La Plata was not permitted to re-enter any port while ongoing discussions were held around how to manage the vessel, causing significant issues with the supply chain, and causing concern if crew became unwell while at anchor. Supply chain issues are exacerbated with the reluctance of some ports to accept vessels with suspected COVID-19, regardless of assurances given by public health units.

There was also friction between the health requirements of a suspect ship and the wider national need to keep the shipping supply chain moving. The primary objective of pratique is to keep any quarantinable disease from entering the New Zealand community and therefore pratique does not require supply chain considerations. However, a ship can load and unload cargo with the permission of the medical officer of health or health protection officer even when pratique has not been granted, as long as the public health risk is appropriately managed. A possible way to balance public health risk and maintaining the supply chain would be to strengthen vessel management plans to safely load and unload cargo from a ship that has not been granted pratique if the medical officer of health agrees.

Stevedoring companies and ports introduced additional public health requirements, over and above the requirements provided by health authorities, leading to confusion and ambiguity. In the case of the first Rio De La Plata, Viking Bay and Playa Zahara incidents, there were situations where MoH declared the relevant vessel safe and without risk of transmission; however, some New Zealand ports still refused vessel entry impacting cargo plans and vessel schedules. To stop this from happening with the second visit of the Rio De La Plata, and to provide assurance to workers that they would not be stood down for 14 days, Maritime New Zealand and Customs worked with stevedoring companies to develop safe cargo operating plans. The plans noted that the requirements were over and above those identified by health authorities to provide additional reassurance to port workers. Industry stakeholders have indicated the need for uniform protocols for all parties in the supply chain to help enable planning of vessel schedules and avoid discrepancies between ports.

It is recommended that the following actions are undertaken:

- As a result of the ambiguity and separate restrictions introduced by some New Zealand ports, other options should be explored to provide consistent assurances to maritime industry stakeholders and employees. This will provide assurances that workers will not face consequences, such as being stood down for 14 days for boarding a ship with suspected COVID-19. It will also avoid additional and varying guidance being developed by ports.
- Protocols should be developed to outline how to engage with a vessel's owner and the flag state to safely manage minimum crewing in the instance that crew need to be removed from a vessel.

## INCIDENT MANAGEMENT TEAM STRUCTURE

The MoH and AoG IMTs adopted a CIMS structure, which worked well for those teams at the national level. This is primarily due to the training of the structure across government as well as the experience gained by the workforce in responding to COVID-19 related incidents. However, there was a lack of understanding of the CIMS structure by maritime industry stakeholders, which added to the complexity in responding to vessels at the maritime border at a systematic level. In addition, the centralised CIMS structure was perceived as not being helpful at the local level in some incidents. Public health units view the centralised CIMS structure as not fully recognising the legal responsibilities that sit within the public health units.

By developing a framework for managing vessels (as recommended throughout this Review report), much of the incident response will move to business-as-usual practice, rather than being run from an IMT. This will help avoid the confusion of the CIMS structure by non-government response stakeholders and will help shift the response from being largely reactive to proactive.

It is recommended that the following action is undertaken:

- The role of the CIMS and IMT functions should be clarified at the national and regional level.

## UNDERSTANDING OF LEGISLATIVE INSTRUMENTS

The COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020 (MBO) is the legislative instrument which manages New Zealand's COVID-19 response at the maritime border. The MBO creates a general requirement for any person arriving in New Zealand via the maritime border to undertake 14 days of isolation and return a negative COVID-19 test prior to entering the New Zealand community. Some exemptions are provided, e.g., to facilitate safe crew changes. The MBO also provides a general ban on foreign vessels, other than some fishing and cargo ships arriving in New Zealand.

The Health Act 1956 (the Act) is a key piece of health-related legislation in New Zealand, regulating areas such as the powers of MoH, drinking water and health screening. In the context of COVID-19, the Act provides powers to medical officers of health and health protection officers to manage suspected cases on board a maritime vessel. One of the key principles in this context is the power to grant or withhold pratique to a vessel, which can only be done when the local medical officer of health or health protection officer is satisfied that no quarantinable disease exists on board the ship. Prior to pratique being granted, there are tight restrictions on who can board or disembark a vessel and the discharge of cargo.

While this legislation largely does what it intends to do, there are issues around the complexity, inconsistent interpretation and it being outdated. District health boards and public health units have outlined the difficulties in managing the interaction between the Act and MBO and have advised they need further guidance on this. Various legal instruments are utilised for applicable situations, indicating a clear need for straightforward access to legal

advice to ensure the appropriate legislative instruments are being used in these scenarios. Parties who are unfamiliar with the legal instruments have used the response events as learning experiences to increase this understanding. Although, Maritime New Zealand and MoH have previously imparted some legal advice in these situations, conveying a clearer comprehension to parties will ensure they have understood their legal obligations and the tools that can be utilised in response to maritime incidents.

It is recommended that:

- Guidance around the legislative environment should be reviewed and updated as needed, to ensure all maritime response stakeholders, DHBs, and PHUs understand their own, and other agencies', legal obligations.

#### THERE ARE RESOURCE CONSTRAINTS AT THE NATIONAL AND LOCAL LEVEL

Given the complex environment of the maritime border and the enormity of the wider community COVID-19 response, there is resourcing implications required to effectively manage COVID-19 onboard (or suspected to be onboard) vessels safely. This includes frontline and response resources within agencies and ports. Incident response requirements encompass a large volume of labour to ensure a timely response for both the vessel and New Zealand's ability to maintain supply chains. Continual concerns over supply chains (especially with some ports having differing views on whether to accept vessels), contributes to unnecessary stress to the crew and adds to resource constraints.

There are also challenges with staff availability during response to cover areas when needed. The response model involves heavy workload, with only a limited number of staff available which raises concerns of resource strain and burnout for staff at the ports and within response agencies. With the Mattina, no primary health care workers were available to assess crew, leading to secondary care workers becoming involved. As suggested throughout this review, a framework for managing vessels will shift the response from being reactive to largely proactive which will ease response resourcing pressures.

Adding to resource pressures for MoH, Customs and relevant public health units is the volume of information requests, taking away from the ability to focus on the response at hand. This has particular implications for public health units who are small in comparison to national government agencies and do not have the sufficient resourcing to manage requests in the timeframes asked. In many cases, priorities differ at the national and local level making it difficult to manage competing priorities.

It is recommended that the following actions are undertaken:

- Frequently requested information should be made publicly available via the relevant communication channels where appropriate (e.g., FAQs on the Customs and MoH websites), to decrease the volume of requests and in-turn assist with resource pressures.

## RECOMMENDATIONS

As a result of the above findings, outlined below are recommendations to streamline and enhance the response to future incidents. These are at a system-wide level, noting the nuances and complexities that come with managing different vessels leading to unavoidable variable outcomes. Associated actions are outlined in the action plan attached at **appendix one**. This action plan outlines recommendations, timeframes, responsible owners and progress.

1. Further work is required to enable public health units to carry out their work to keep COVID-19 out of our communities, while maintaining the supply chain where possible
2. Clarity of roles and responsibilities at the national and local level is required to better manage vessels with COVID-19, or suspected COVID-19, on board
3. Strengthened communication is required to ensure adequate information flow to all involved in the response
4. Clarity should be provided on policies, procedures, and the legislative framework regarding maritime response stakeholders.

Many of these recommendations or associated actions were put in place during or shortly after the response was concluded. Undertaking this review and identifying system recommendations provides MoH and Customs with an opportunity to further strengthen response processes and procedures. All recommendations that were not already underway have been accepted and will be implemented.

## NEXT STEPS

This report will be shared with the Ministers for the COVID-19 Response and Customs. Recommendations will be tracked and updated as part of our business-as-usual processes. Progress against the recommendations will be shared with the Border Executive Board in March 2021.

## APPENDIX 1: RECOMMENDATIONS

No.	Recommendation	No.	Action	Responsible	Timeframe <sup>5</sup>	Status/progress <sup>6</sup>
1	Further work is required to enable public health units to carry out their work to keep COVID-19 out of our communities, while maintaining the supply chain where possible	1	To help balance public health risk with maintaining the supply chain, vessel management plans should be strengthened to safely unload and load cargo from a ship that has not been granted pratique, where the medical officer of health agrees. These plans should be consistent across regions where possible	Customs	3 months	<b>Underway</b> Development of a vessel management framework has commenced and will include the development of safe cargo operations plans
2	Clarity of roles and responsibilities at the national and local level is required to better manage vessels with COVID-19, or suspected COVID-19, on board	2	A framework should be developed to clarify roles and responsibilities across the response structure so that all parties involved have an agreed understanding of what is required, and by whom, in a response to a maritime incident	Customs	3 months	<b>Underway</b> Development of a vessel management framework has commenced and will include a matrix that will clarify roles and responsibilities
		3	There should be clear descriptions of the roles of those assessing risk on	MoH	1 month	<b>Underway</b>

<sup>5</sup> These timeframes came into effect following the endorsement of this report from the Border Executive Board on 10 November 2021

<sup>6</sup> As of 5 November 2021

			arriving to ensure well organised coordination			Workshops have commenced to clarify roles and responsibilities which will feed into a framework for managing vessels (see action 4)
		4	Maritime-based scenarios should be included for relevant public health units and MoH as part of ongoing readiness planning (which includes table-top exercises) where possible	MoH	3-6 months	<p><b>Underway</b></p> <p>MoH's Response team already undertake table-top exercises with public health units. The team will create maritime-based scenario exercises to help relevant public health units prepare for possible future incidents at the maritime border</p> <p>The Customs-led vessels management workstream will clarify the roles and responsibilities of health authorities which can be practiced in these exercises</p>
		5	All appropriate personnel should be invited to the relevant IMT meetings as this will allow for more streamlined decision making as well as appropriate	MoH/Customs	1 month	<b>Underway</b>

			and legally obligated solutions determined			MoH has invited all medical officers of health and internal relevant teams to all IMTs
3	Strengthened communications is required to ensure adequate information flow to all involved in the response	6	A central communication model should be developed to ensure strengthened communication and information sharing between agencies and stakeholders, informing vessels of any outcomes and directives	Customs/MoH	3 months	<b>Underway</b> This action will be completed as part of the collective intelligence workstream being led by MoH
		7	If required, an escalation process should be created for maritime border workers awaiting test results to avoid any disruption to key decision making	MoH	1 month	<b>Not yet started</b>
		8	Communication leads should be clearly established and formalised, with all stakeholders advised of the communication channels to ensure information is being appropriately shared, consolidated and privacy obligations observed	MoH/Customs	3 months	<b>Underway</b> Development of a vessel management framework has commenced and will include a matrix that will clarify roles and responsibilities
		9	Language barriers with vessels should be reviewed, to ensure appropriate and timely communications to the vessels	MoH/Maritime New Zealand	3 months	<b>Underway</b> Customs, Maritime New Zealand and the Ministry of

			and crew, including for assessment of COVID-19 symptoms			Primary Industries have translation services if required.
		10	Frequently requested information should be made publicly available via the relevant communication channels where appropriate (e.g., FAQs on the Customs and MoH websites), to decrease the volume of requests and in-turn assist with resource pressures	Customs/MoH	3 months	<b>Underway</b> MoH and Customs provide advice relating to the Maritime Border Order and vessel arrival.
4	Clarity should be provided on policies, procedures, and the legislative framework regarding maritime response stakeholders	11	As a result of the ambiguity and separate restrictions introduced by some New Zealand ports, other options should be explored to provide consistent assurances to maritime industry stakeholders and employees. This will provide assurances that workers will not face consequences, such as being stood down for 14 days for boarding a ship with suspected COVID-19. It will also avoid additional and varying guidance being developed by ports	MoH/Customs	3 months	<b>Underway</b> Customs and Maritime New Zealand worked with stakeholders to develop a safe cargo operations plan for the second arrival of the Rio De La Plata IPC guidance is being strengthened to clarify requirements for industry stakeholders
		12	Protocols should be developed to outline how to engage with a vessel's owner and the flag state to safely manage minimum crewing in the	Maritime New Zealand	3 months	<b>Not yet started</b> Recommendation to be passed on to Maritime New Zealand as the responsible owner.

			instance that crew need to be removed from the vessel			Progress will be tracked by Customs moving forward.
		13	The role of the CIMS and IMT functions should be clarified at the national and regional level	Customs/MoH	3 months	<b>Underway</b> This action will be addressed through the vessel management workstream
		14	Guidance around the legislative environment should be reviewed and updated as needed, to ensure all maritime response stakeholders, district health boards, and public health units understand their own, and other agencies', legal obligations	MoH	3 months	<b>Underway</b> MoH has clarified the legal position on the interplay between the Health Act and the Maritime Border Order. Next steps will be producing guidance on this for the public health units

## APPENDIX 2: TERMS OF REFERENCE