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21 December 2020

9(2)(a)

### RE Official information request CDHB 10482

I refer to your email dated 6 November 2020 to the Ministry of Health which they subsequently transferred to us on 16 November 2020 requesting the following information under the Official Information Act from Canterbury DHB regarding wearing PPE in Sudima Hotel / Nurse infection and the media article. <https://www.newshub.co.nz/home/new-zealand/2020/11/coronavirus-zero-new-covid-19-community-cases-as-one-detected-in-miq-facility.html>. Specifically:

- **Can you provide a description of the full PPE that the nurses were wearing including gowns, head coverings, N95 protective respirators and evidence that they had been subject to mandatory N95 fit testing with respect to the N95 respirator masks they were wearing?**

We have confirmed that all nursing staff wore appropriate PPE in accordance with relevant Infection Prevention and Control protocol in effect at the time. In accordance with best practice this was observed by another staff member and no significant breaches observed.

The requirement to use N95 respirator masks when working with confirmed cases was introduced subsequent to these staff infections. We have attached the Infection Prevention and Control document (v1.1) (please find attached as **Appendix 1**) that was relevant at that time.

- **Also provide copies of the standard operating procedures provided and staff training manuals provided to the nurses for testing COVID infected people.**

Please refer to **Appendix 2** (attached) for our Infection Prevention and Control, Standard Operating Procedures v1.2 (2 November 2020) and **Appendix 3** (attached) Infection Prevention and Control, Standard Operating Procedures v1.3 issued on 26 November 2020. Please also find attached as **Appendix 4** the Managed Isolation Facility – Guest swabbing procedure (August 2020).

I trust this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R La Salle', is positioned above the printed name.

Ralph La Salle  
**Acting Executive Director**  
**Planning, Funding & Decision Support**

# Infection Prevention and Control

Standard Operating Procedures

V1.1 – current as at 19 October 2020. Note: This document is updated regularly.

Printed copies may be out of date.



MINISTRY OF BUSINESS,  
INNOVATION & EMPLOYMENT  
HĪKINA WHAKATUTUKI

New Zealand Government

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# MIQ Standard Operating Procedure Cover Sheet

Managed Isolation and Quarantine Team (Ministry of Health) and Infection Prevention and Control Sub-group (Ministry of Health).

## Sign-Off Sheet

<b>Standard Operating Procedure</b>	Infection Prevention and Control
<b>Version number</b>	1.1
<b>Release Date</b>	19 October 2020

<b>GM COVID-19 Border and Managed Isolation</b>	Shona Meyrick
<b>Signature</b>	
<b>Date</b>	19 October 2020

<b>Chief Nursing Officer and MoH IPC-lead</b>	Margareth Broodkoorn
<b>Signature</b>	
<b>Date</b>	19 October 2020

## Consultation

To inform the development of version 1.1 of the IPC SOP, the Ministry of Health (MoH) Infection Prevention and Control (IPC) sub-group received and considered feedback from:

- CDHB IPC service
- Auckland RIQ-CC
- NZDF
- The MIQ IPC leads

Refer to the **Key changes tracker** on page 6 for a summary of the key changes made since Version 1.0, and refer to the **Upcoming changes** section on page 7 for an overview of updates to the IPC SOP due for inclusion in version 1.2 (due for release on 2 November 2020).

Feedback on version 1.1 of the IPC SOP can be directed to:

[COVID-19.mi.ops.framework@health.govt.nz](mailto:COVID-19.mi.ops.framework@health.govt.nz)

by **end of Thursday 22 October 2020**.

## **Development process**

The MoH IPC sub-group led the development of the IPC standard operating procedures (SOP) using:

- Existing IPC guidance from previous iterations of the MIQF Operations Framework;
- CDHB-developed IPC documentation that was endorsed by the DHB IPC-leads; and
- Additional guidance that was developed following the first round of IPC audits of MIQFs.

Further refinements to the IPC SOP have been made on the basis of feedback from a range of stakeholders, as above.

This IPC SOP will continue to be refined by the MoH IPC sub-group and MIQ team, in partnership with the MIQ DHB IPC-leads, to ensure it reflects best practice in IPC.

## **Peer Review/Quality Assurance Check**

Peer review provides a ‘fresh pair of eyes’ to ensure that the SOP meets MoH and MBIE’s quality standards, ensuring that it is clear, concise and fit for use.

Quality assurance is proof reading, checking for spelling, grammar and formatting, and for accuracy and relevancy and lastly that the SOP follows the MBIE style guide.

# Document management and control

## Revision history

Version	Date	Author	Position	Description of changes
0.1	25 September 2020	Hannah King	Senior Advisor (MoH)	First draft created from content taken from MIQF Operations Framework.
0.2 – 0.6	28 September – 1 <sup>st</sup> October 2020	Jane Pryer	Clinical Principal Advisor, IPC (OCCO, MoH)	MoH IPC subgroup and MoH MIQ team reviewed and refined content until final version approved. Majority of content taken from CDHB IPC document.
		Tanya Jackways	IPC Advisor (MoH)	
		Alice Palmer	Senior Advisor (MoH)	
		Hannah King	Senior Advisor (MoH)	
1.0	02 October 2020	Alice Palmer	Senior Advisor (MoH)	Prepared for signoff
		Hannah King	Senior Advisor (MoH)	
1.1	12 – 18 <sup>th</sup> October	Tanya Jackways	IPC Advisor (MoH)	Considered feedback received from stakeholders, consulted with the MoH IPC subgroup, and updated and refined content.
		Jane Pryer	Clinical Principal Advisor, IPC (OCCO, MoH)	
	19 October	Hannah King	Senior Advisor (MoH)	Prepared for signoff



## Key changes tracker

Version	Date	Section/Appendix	Page	Summary of changes
1.1	16/10/2020	<b>Section 2</b> Hand Hygiene	9	Clarified hand hygiene requirements after having physical contact with returnees or their belongings.
		<b>Section 3</b> Personal Protective Equipment (PPE)	10	Updated the summary of PPE table ( <b>Section 3.1</b> ) to clarify the type of face masks required (including for children), the requirement to wear a long-sleeved gown if coming into contact with the environment, PPE requirements for maintenance staff (in new line in table), and the PPE requirements for luggage handling.
		<b>Section 4.1</b> IPC requirements for returnees in MIFs	18	Clarified role of MOoH decision-making regarding transfer of COVID-19 positive returnees to a QF/quarantine zone.
		<b>Section 6.2.2</b> Personal Laundry of returnees identified as close contacts, or confirmed or probable cases, and <b>Section 6.3.1</b> MIF Rooms Linen	21 - 22	Clarified the use of alignate bags.
		<b>Section 7</b> Cleaning	23	<b>Section 7</b> underwent substantial structural change to condense and clarify the cleaning guidance. This includes expanding IPC precautions sections, condensing and streamlining the cleaning order sections, and including guidance for cleaning high touch areas and visibly dirty surfaces.(in <b>Section 7.7</b> ).
		<b>Section 9.1.1</b> Waste in MIFs and <b>Section 9.1.2</b> Quarantine Area Waste	33	Clarified IPC requirements following waste collection (PPE removal and hand hygiene)
		<b>Section 10</b> Maintenance	34	Clarified the use of properly fitted N95/P2 respirators, gloves, and eye protection when working with ventilation systems, clarified the IPC requirements following maintenance tasks (PPE removal and hand hygiene)
		<b>Section 11</b> Changes to hotel configurations	35	Clarified who can authorise changes in hotel configurations.



## Upcoming changes to be included in Version 1.2

Upcoming changes:

- IPC guidance for sending returnee's items out of MIQFs during their stay
- Guidance for managing IPC breaches
- Further cleaning guidance for shared spaces and frequently touched surfaces
- IPC guidance for staff handovers and staff tea rooms

*Note: Version 1.2 of the IPC SOP is due for release on 2 November 2020. For feedback to be considered for inclusion in Version 1.2, please submit it to [COVID-19.mi.ops.framework@health.govt.nz](mailto:COVID-19.mi.ops.framework@health.govt.nz) by end of day **Thursday 22 October**. All feedback received after this time will be logged for consideration at a later date.*

# 1. Purpose

This document provides the national-level SOP for all aspects of Infection Prevention and Control (IPC) in Managed Isolation and Quarantine Facilities (MIQFs). This SOP ensures that MIQFs meet the IPC requirements of the **MIQF Operations Framework**. This SOP should be viewed in conjunction with the **MIQF Operations Framework**.

In keeping with the guidance and requirements included throughout the **MIQF Operations Framework**, sections where guidance for dual-use facilities or quarantine facilities differs from managed isolation facilities will be indicated in a yellow box like this one.

**Note:** It is important that you are familiar with the facility 'zoning' protocols of how facilities identify returnees and their COVID-19 status as they move through the facility during their stay.

## 2. Hand Hygiene

Hand hygiene is the most essential hygiene measure that minimises transmission of infectious droplets from one person to another and to other surfaces. Hand hygiene by washing (with soap and water) and drying hands thoroughly and using alcohol-based hand rub containing a minimum of 60% alcohol must be performed frequently by returnees and staff.

Hand hygiene should be performed by all staff:

- Before taking breaks; and
- After leaving zones where returnees are; and
- Before entering a staff area or zone; and
- Before and after meals or breaks; and
- After using the toilet; and
- After providing any cares or having any physical contact with a returnee or their belongings; and
- Before and after donning and doffing PPE.

Hand hygiene should be performed by all returnees:

- Before putting on a mask; and
- After removing a mask and putting in waste bin; and
- Before leaving their room; and
- Before and after exercising; and
- After handling waste, i.e. putting items into any waste bin.

## 3. Personal Protective Equipment (PPE)

PPE is worn at the MIQF to protect staff and returnees from potential exposure to infections and is selected depending on the work undertaken. PPE includes a medical mask, long sleeved fluid resistant gown or plastic apron, gloves and eye protection and is worn dependent on the interaction and activity. Refer to the **MIQF Operations Framework** for further guidance regarding PPE requirements.

**Appendix 1** Provides a pictorial summary of PPE requirements in MIQFs.

### 3.1 Summary of PPE requirements in MIQFs

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
Returnees	<ul style="list-style-type: none"> <li>During transport</li> <li>At the facility</li> </ul>	<ul style="list-style-type: none"> <li>Returnees must wear the provided medical mask at all times when outside their rooms. Exemptions may apply.<sup>7</sup></li> <li>If being transported to another facility or for exercise the returnee must wear a medical mask.</li> <li>Refer to section 10.8 in the <b>MIQF Operations Framework</b> for guidance for face mask use when using the exercise area and section 10.10 in the <b>MIQF Operations Framework</b> for guidance for face mask use when using the smoking area.</li> </ul>	<ul style="list-style-type: none"> <li>Returnees must wear a provided medical mask at all times when outside their rooms. Exemptions may apply.<sup>1</sup></li> <li>If being transported to another facility the returnee must wear a medical mask.</li> <li>Refer to section 10.8 in the <b>MIQF Operations Framework</b> for guidance for face mask use when using the exercise area and section 10.10 in the <b>MIQF Operations Framework</b> for guidance for face mask use when using the smoking area.</li> </ul>
Hotel staff: general	<ul style="list-style-type: none"> <li>Interactions between hotel staff and returnees</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> <li>If a staff member is required to enter a returnee's room the returnee should not be present.</li> <li>If they are present a medical mask must be</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> <li>If a staff member is required to enter a returnee's room the returnee should not be present. If the returnee is present a medical mask must be worn. The</li> </ul>

<sup>1</sup> Those who are exempt includes passengers with medical conditions that prevent them from wearing face masks, young children under 6 years of age or anyone who is unable to remove a face mask without assistance. Although children under 6 years of age are exempt from wearing a face mask, their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so, however these should be single use medical masks. Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents or care givers should be encouraged to assist children to perform hand hygiene.

# IN CONFIDENCE

V1.1 – current as at 19 October 2020. Note: This document is updated regularly. Printed copies may be out of date.

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
		<p>worn. The returnee must also wear a mask.</p> <ul style="list-style-type: none"> <li>Interactions with returnees should be kept to a minimum</li> <li>If staff may come into contact with the environment (e.g. assisting with cleaning a room <b>during</b> the returnee's stay) they should wear a long-sleeve gown</li> </ul>	<p>returnee must also wear a medical mask.</p> <ul style="list-style-type: none"> <li>For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> <li>Interactions with returnees should be kept to a minimum</li> <li>If staff may come into contact with the environment (e.g. assisting with cleaning a room <b>during</b> the returnee's stay) they should wear a long-sleeve gown</li> </ul>
Hotel staff: house keeping and cleaners	<ul style="list-style-type: none"> <li>Cleaning of returnees' rooms <b>during</b> 14-day isolation/quarantine</li> </ul>	<ul style="list-style-type: none"> <li>Returnees to clean their own rooms during their 14-day isolation period, however;</li> <li>If staff are required to clean a room, the returnee should not be present. Staff must wear gown and gloves and a medical mask regardless if the returnee is present or not and any other protective items recommended by the manufacturer of the cleaning products</li> <li>If the returnee is present, the returnee must also wear a medical mask</li> </ul>	<ul style="list-style-type: none"> <li>Returnees to clean their own rooms during their 14-day quarantine period, however;</li> <li>If staff are required to clean a room, the returnee should not be present. Staff must wear gown and gloves and a medical mask regardless if the returnee is present or not and any other protective items recommended by the manufacturer of the cleaning products</li> <li>If the returnee is present, the returnee must also wear a medical mask.</li> </ul>
Hotel staff: house keeping and cleaners	<ul style="list-style-type: none"> <li>Cleaning of returnees' rooms <b>in-between</b> returnees</li> </ul>	<ul style="list-style-type: none"> <li>For routine cleaning (when there has not been a probable or confirmed case of COVID-19), appropriate gloves and any other protective items recommended by the manufacturer of the cleaning products</li> </ul>	<ul style="list-style-type: none"> <li>For cleaning after a probable or confirmed case of COVID-19 has vacated the room, medical mask, gown and gloves to be worn and any other protective items (such as eye protection) recommended by the manufacturer of the cleaning products.</li> </ul>
Hotel staff maintenance	<ul style="list-style-type: none"> <li>Undertaking specific on-site maintenance</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> </ul>

# IN CONFIDENCE

V1.1 – current as at 19 October 2020. Note: This document is updated regularly. Printed copies may be out of date.

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
	e or repair of air conditioning units, plumbing repairs to toilets.	<ul style="list-style-type: none"> <li>If a staff member is required to enter a returnee's room, the returnee should not be present.</li> <li>If they are present a medical mask must be worn. The returnee must also wear a mask.</li> <li>Interactions with returnees should be kept to a minimum</li> <li>An N95/P2 respirator face mask should be worn by staff conducting specific on-site maintenance work of air-conditioning units.</li> </ul>	<ul style="list-style-type: none"> <li>If a staff member is required to enter a returnee's room the returnee should not be present. If the returnee is present a medical mask must be worn. The returnee must also wear a medical mask.</li> <li>For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> <li>Interactions with returnees should be kept to a minimum</li> <li>An N95/P2 respirator face mask should be worn by staff conducting specific on-site maintenance work of air-conditioning units.</li> </ul>
Health care staff	<ul style="list-style-type: none"> <li>Providing care when 2m physical distancing cannot be maintained</li> </ul>	<ul style="list-style-type: none"> <li>A facemask must be worn if physical distancing of at least 2m cannot be maintained.</li> <li>Apply Standard Precautions depending on the care to be provided. For PPE when taking a nasopharyngeal swab refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a>;</li> </ul>	<ul style="list-style-type: none"> <li>Contact and Droplet Precautions must be followed (i.e. medical mask and eye protection, gown and gloves). For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a>;</li> </ul>
Health care staff	<ul style="list-style-type: none"> <li>Treating or transporting a returnee with any clinical symptoms of respiratory illness or they are a probable or confirmed COVID-19 case</li> </ul>	<ul style="list-style-type: none"> <li>Contact and Droplet Precautions must be followed (i.e. medical mask and eye protection, gown and gloves). For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a>;</li> </ul>	<ul style="list-style-type: none"> <li>Contact and Droplet Precautions must be followed (i.e. medical mask and eye protection, gown and gloves). For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> </ul>
Defence Force, Police, Security,	<ul style="list-style-type: none"> <li>During any interaction with returnees</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> </ul>	<ul style="list-style-type: none"> <li>Staff should not enter the returnees' room.</li> <li>If a staff member is required to enter a</li> </ul>

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
other approved agency staff	when 2m physical distancing cannot be maintained or when assisting clinical staff.		returnee's room or interact within 2m of the returnee, Contact and Droplet Precautions must be followed (i.e. medical mask, eye protection, gown and gloves). A clinical staff member must be present. For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a>
Driver or crew of bus or minivan	<ul style="list-style-type: none"> <li>When transporting returnees</li> <li>When handling returnees' luggage</li> </ul>	<ul style="list-style-type: none"> <li>Drivers should wear a medical mask when transporting returnees</li> <li>Drivers or crew who handle returnees' luggage are to wear a face mask. They are not required to wear gloves, however, they must perform hand hygiene immediately after handling luggage. Refer to <b>section 2</b> for further guidance regarding hand hygiene.</li> </ul>	<ul style="list-style-type: none"> <li>Drivers should wear a medical mask when transporting returnees</li> <li>Returnees should be seated at least 2m from driver where possible.</li> <li>Drivers or crew who handle returnees' luggage are to wear a face mask. They are not required to wear gloves, however, they must perform hand hygiene immediately after handling luggage. Refer to <b>section 2</b> for further guidance regarding hand hygiene</li> </ul>

### 3.2 IPC precautions for Clinical Staff

A **medical mask** should be worn as part of IPC practices, specifically Standard and Transmission-based precautions when the wearer needs protection from infectious respiratory droplets. A medical mask is part of necessary PPE.

Medical masks must be changed as soon as they become damp, damaged or soiled.

Eye protection refers to the use of safety glasses or full-face shields. Prescription glasses are not classed as eye protection.

#### 3.2.1 Clinical staff PPE requirements when interacting with returnees

Nurses are to wear a medical mask when physical distancing of 2m or more cannot be maintained during health checks provided they DO NOT enter the returnee's rooms.

If nurses are required to enter the returnee's room, full PPE (mask, gloves, long-sleeved impermeable gown, eye protection) is required.

All clinical staff should refer to **section 3.5** for putting on and removing PPE.



### 3.2.2 Clinical staff PPE requirements when interacting with returnees identified as close contacts

Nurses to wear full PPE (long-sleeved gown, medical mask, gloves and eye protection) when in direct contact with returnees who are identified as CLOSE CONTACTS:

- When entering returnee room for any reason including
  - Symptom and temperature checks
  - Taking naso/oropharyngeal swabs
- Where returnees are asymptomatic, and staff are unable to maintain 2m physical distancing.
- All PPE must be changed between every room where returnees are symptomatic (whilst awaiting swab results).

### 3.2.3 PPE requirements for undertaking COVID-19 naso/oropharyngeal swabs

Taking a nasopharyngeal swab is NOT an aerosol generating procedure

- PPE required for undertaking a COVID-19 nasopharyngeal swab from returnees: medical mask, eye protection or full-face shield, long-sleeved fluid resistant gown and gloves
- PPE required for routine COVID-19 nasopharyngeal swabbing of staff: medical mask, eye protection or face shields, disposable apron/long sleeve fluid resistant gown and gloves
- Refer to the [Ministry of Health PPE guidance](#) for undertaking naso/oropharyngeal swabs for further guidance.

#### 3.2.3.1 Sessional use of PPE

If collecting a series of swabs, change your gloves, perform hand hygiene and don new gloves between each screen/specimen collected. Gown/ mask/ eye protection can remain on until end of session as long as not visibly contaminated.

### 3.3 IPC precautions for Security and Hotel Staff

- Hand hygiene using alcohol-based hand rub or washing hands and drying hands must be performed frequently
- Hand hygiene is recommended before taking breaks
- Maintain 2m physical distancing
- Staff to wear medical masks in returnee isolation wings and during observed activities and security checks, when distancing of 2m cannot be observed
- PPE - Medical masks must be replaced when they become damp or contaminated.
- Medical masks may be worn in staff areas when transiting between zones and physical distancing cannot be observed
- Disposable gloves/aprons to be worn as indicated/recommended and **must not** be worn in staff areas (refer to **catering/cleaning**). Hand hygiene is required on removal.
- Also Refer to **cleaning, laundry, waste, transport and maintenance** sections

### 3.3.1 Note on Glove Use

- Regular hand hygiene is preferable to glove use
- Inappropriate or incorrect use of gloves increases virus transmission risk
- Remove gloves safely and perform hand hygiene immediately
- Gloves, if used, must be changed between tasks
- Alcohol hand rub is not to be used on gloves

### 3.3.2 Security and hotel staff PPE requirements when interacting with returnees

- Security staff may wear a medical mask when performing duties within the returnee corridors and whilst observing in exercise areas if unable to maintain 2 metre physical distancing.
- Hand hygiene must be performed after removal of PPE
- Security staff should not enter returnees' rooms

### 3.3.3 Security and hotel staff PPE requirements when interacting with returnees identified as confirmed or probable cases

- Security staff who are required to observe quarantine areas 24/7 must wear a medical mask and should always maintain >2m distance
- DO NOT ENTER THE RETURNEE ROOM – contact clinical nursing staff if you have any concerns
- Hotel staff to deliver food bags to security desk in this area
- Security to contact nursing staff re food delivery – or follow MIQF policy for this

### 3.3.4 Security / NZDF / hotel staff: IPC responsibilities

- Security/NZDF/Hotel staff to follow and be familiar with IPC precautions as in 3.3
- Remind returnees to maintain 2m physical distancing
- Returnees must not socialise in communal areas/ hallways (eg. consuming beverages)
- Ensure anyone leaving their room is wearing a medical mask and that it remains on at all times
- Where possible, staff to use separate access/lifts when moving around the facility
- Staff should not share lifts with returnees unless it is a nurse escorting returnee from room for medical reasons or escorting to exercise area.

## 3.4 How to use a face (medical) mask safely

It is important that facemasks are put on, worn, removed and disposed of correctly. Masks should fit snugly and fully cover the nose and mouth. The following information should be clearly communicated to returnees.

Refer to **Appendix 2** and **Appendix 3** for a pictorial representation of how to put on and remove face masks safely.

### 3.4.1 General principles for safe use of masks

- Always perform hand hygiene before putting on a mask, after removing a mask and disposing of it.

- Do not touch the front of your mask, your face, or rub your eyes while wearing a mask.
- Do not re-use single-use masks. Dispose of them immediately after removing.
- Replace the face mask every 4 hours or earlier if it becomes damp, damaged or soiled.
- Some people are exempt from wearing face masks, including people who have medical conditions that prevent them from doing so, young children under 6 years of age or anyone unable to remove them without assistance.<sup>2</sup>
- Practice other basic hygiene measures at all times and maintain physical distancing of 2 metres from others wherever possible.

### 3.4.2 How to put on a mask

- Clean your hands with soap and water or use hand sanitiser (containing at least 60 percent alcohol). Ensure your hands are dry before touching the mask.
- Check there are no obvious tears or holes in either side of the mask.
- Place the face mask over your nose and mouth and secure with ties or ear loops.
  - **For face mask with ties:** bring the mask to your nose level and place the top ties over the crown of your head and secure with a bow. Once you have made sure that the mask fits snugly, moulded to your face and around your nose, fully covering your nose mouth and chin then take the bottom ties, one in each hand, and secure with a bow at the nape of your neck.
- Make sure the mask fits snugly, moulded to your face and around your nose. Make sure the mask fully covers your nose, mouth and chin. Your mask should be comfortable, with no gaps around the mask and your face, and allow you to breathe easily.

### 3.4.3 While wearing a mask

- Do not touch the front of the face mask. If you do, clean your hands with soap and water or use hand sanitiser (containing at least 60 percent alcohol). Ensure your hands are dry.
- Avoid touching your face, as infection can still be introduced by touching your eyes, mouth or nose, or if you are not wearing your face mask correctly.
- Face masks should not be moved or adjusted during use. This includes being pulled up or pulled down below your chin. If you need to remove your mask - remove it safely (as below), dispose of it appropriately and clean your hands.
- Replace the face mask every 4 hours or earlier if it becomes damp, damaged or soiled.

### 3.4.4 How to remove a mask and dispose of it safely

1. Use hand sanitiser (containing at least 60 percent alcohol) Or clean your hands with soap and water. Ensure your hands are dry.
2. Remove the face mask from behind (do not touch the front of the mask) by untying ties or removing loops and pull it away from your face. Be careful not to touch your eyes, nose and mouth when removing your mask.
3. Dispose in a rubbish bin or place into a bag and seal before putting into a rubbish bin.

<sup>2</sup> Although children under 6 years of age are exempt from wearing a face mask, their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so, ideally a medical mask that should be disposed of after use. Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents or care givers should be encouraged to assist children to perform hand hygiene.

4. Clean your hands again after disposing of the mask (as above).

### 3.4.5 Mask Use

Note that the requirement to wear medical masks in staff areas may change depending on the COVID-19 alert level for the region and MoH recommendations. Staff are expected to be aware of the current guidance and wear masks appropriately.

## 3.5 Order for putting on and removing PPE

### 3.5.1 Order for putting on PPE

Perform hand hygiene then:

1. Put on gown or apron;
2. Put on mask;
3. Put on protective eyewear (if required);
4. Put on gloves.

### 3.5.2 Order for removing PPE

1. Remove gloves;
2. Perform hand hygiene;
3. Remove gown;
4. Perform hand hygiene;
5. Remove protective eyewear (if worn and separate from mask);
6. Perform hand hygiene;
7. Remove mask;
8. Perform hand hygiene.

Refer to **Appendix 4** and **Appendix 5** for pictorial representations of the sequence for putting on and removing PPE safely.

## 4. IPC requirements for returnees

All returnees to be supplied with medical masks as per facility protocol including advice on how to put on and take off, when to change a mask, how to request additional masks and how to dispose of safely and appropriately.

### 4.1 IPC requirements for returnees in MIFs

Returnees may leave their room but **MUST**:

- Perform hand hygiene (wash hands or use alcohol-based hand rub) on leaving room
- Wear a medical mask at all times when out of their room (this includes exercise area)
  - when opening door (ie. during daily health monitoring)
  - when collecting meals from outside of door
  - when receiving clean linen
  - when placing used items out in corridor areas
- Remain 2 metres from staff and other returnees that they are not sharing a room with (or those not in the returnee's approved bubble if located in more than one room).
- Perform hand hygiene (wash hands or use alcohol-based hand rub) on entry/exit to exercise or COVID-19 testing area
- If symptoms develop, returnees are to be managed as if they are a close contact/probable case in room until test results are known.
  - Only transfer to quarantine facility/wing if returnee tests positive (or if deemed to be “probable” case) after discussion with Medical Officer of Health.
  - May no longer be managed as close contact/probable case only as advised by medical Officer of Health/ Clinical Microbiologist/ID

### 4.2 IPC requirements for returnees identified as close contacts

In addition to above, returnees may **NOT** leave room **unless**:

- Approval has been given by nursing/NZDF staff and a designated time/place for exercise is identified.
- Wear a medical mask at all times when out of their room (this includes exercise area)
  - when opening door (ie. during daily health monitoring)
  - when collecting meals from outside of door
  - when receiving clean linen
  - when placing used items out in corridor areas
- Remain 2 metres from other returnees that they are not sharing a room with (or not in approved bubble with) and staff
- Perform hand hygiene (wash hands or use alcohol-based hand rub) on leaving room and on entry/exit to exercise area
- If the returnee is symptomatic, in addition to the above requirements, they must be escorted by a MIQF staff member when they leave their room. Refer to the **MIQF Operations Framework** for further guidance.

### 4.3 IPC requirements for returnees identified as confirmed or probable cases

May **NOT** leave room unless has a nurse MIQF staff escort, and:

- Wear a medical mask at all times when out of their room (this includes exercise area)
  - when opening door (ie. during daily health monitoring)
  - when collecting meals from outside of door
  - when receiving clean linen
  - when placing used items out in corridor areas
- Remain 2 metres from other returnees that they are not sharing a room with (or in an approved bubble with) and staff
- Perform hand hygiene (wash hands or use alcohol-based hand rub) on leaving room and on entry/exit to exercise area.
- Dedicated equipment should be available for twice daily monitoring and disinfected between each returnee use.

### 4.4 Risks when Standards and advice are not adhered to

- Anyone at the hotel is at increased risk of being exposed to COVID-19 if isolation/ quarantine advice is not followed or is breached.
- Staff may be required to self-isolate
- Returnees may be required to extend isolation requirements if the above advice is not followed (ie. start 14-day self-isolation period from the last contact). This will be determined by Clinical staff following assessment of risk or breach of isolation.

## 5. Blood and Body Fluid Exposure (BBFE)

See Blood and Body Fluid Exposure Policy of the DHB for further advice.

- Administer first aid - wash wounds/puncture wounds with soap and water or eyes/ mouth with saline or water
- Report exposure to nursing staff
- Report to ACNM and contact DHB Occupational Health Service or
- Refer to ED if further treatment is required



## 6. General Services

### 6.1 Laundry

Refer to the **MIQF Operations Framework** for principles for laundry.

Providers must comply with Laundry Standards AS/NZS 4146:2000 Laundry Practice and in accordance with the HDSS NZS8134:2008.

External Laundry/ Linen Providers Drop off and Collection of Hotel linen:

- Dirty linen to be segregated from clean linen
- Collection of dirty linen should occur at a designated point (dirty only area/ back of house). External laundry providers must not enter main facility.
- Clean linen must be delivered to clean collection point that is not used for dirty linen
- If Scrubs are provided to staff these remain the property of the distributing DHB and are not be removed from managed isolation premises unless for laundering
- Hotel communal laundry rooms must be closed and not used by returnees
- It is the hotels responsibility to source an appropriate laundry service & laundry bags for returnees to use (they must adhere to laundry standards AS/NZS 4146: 2000) and in adherence to HDSS NZS8134:2008

All full linen bags (including staff scrubs) to be immediately placed in dirty linen cages back of house and not stored in staff areas.

### 6.2 Personal laundry

#### 6.2.1 Personal Laundry of Returnees

- Personal laundry for MIF returnees may be performed in-house by hotel staff providing the hotel has sought advice and approval of their SOP from the IPC Service. Items must be placed in a folded/sealed laundry bag
- Where returnee personal laundry is not undertaken on-site (or by returnee in their room), send to an accredited laundry in designated bag (please ensure top of bag is folded/sealed).

#### 6.2.2 Personal laundry of Returnees identified as close contacts, or confirmed or probable cases

- Personal laundry must be placed in alginate liner bag if required by the laundry operator prior to placing in normal laundry bag (i.e. double bagged or use an impervious linen bag)
- Close contact and confirmed/probable case personal laundry must be sent off site to an accredited laundry in designated bag
- Nurses to collect/ return personal laundry to quarantine rooms

## 6.3 Room linen

### 6.3.1 MIF room linen

- Regular laundry collection should be undertaken by hotel staff
- Returnees to be given linen bags (Alginate bags to be provided if required by laundry operator)
- Linen bags for sheets/ towels etc. should be placed into a linen skip/cage and must not be left on the floor outside rooms
- Where a returnee moves from isolation to quarantine rooms, the room linen should be changed for any members of the returnee's bubble who remain in the isolation room (if applicable).

*Note: Shared linen (e.g. duvets, mattress protectors) may be laundered on-site where returnee has completed their isolation and remained symptom/ COVID-19 free. If linen is changed within the 14 days isolation period, follow laundering as for towels/sheets and send off site.*

### 6.3.2 Close contact room linen

- Returnees to be given linen bags
- Linen bags for sheets/ towels etc should be placed into a linen skip/cage and must not be left on the floor outside rooms
- Regular laundry collection should be undertaken by hotel staff
- Where a returnee moves from close contact/probable case room to confirmed case room, room linen should be changed for remaining returnee
- Shared linen (eg. duvets, throws mattress protectors must be sent off site to an accredited laundry service)

### 6.3.3 Confirmed or probable case room linen

- Linen skips to be placed by quarantine rooms (sheets/towels)
- Returnees to be given linen bags and alginate bag if required by the laundry operator to place their linen in before placing in linen skip
- Damp items should be enclosed in dry linen where possible before placing in the liner bags
- Nursing staff are responsible for placing quarantine linen directly into linen skips
- When laundry bags  $\frac{3}{4}$  full, to be taken to hotel laundry room by nursing staff
- Shared linen (eg. duvets, mattress protectors must be sent off site to an accredited laundry service)

## 7. Cleaning

Environmental cleaning is essential to reducing the risk of transmitting COVID-19. High touch areas and hard surfaces can be contaminated with infectious respiratory droplets. Hands can be contaminated after contact with these surfaces.

The COVID-19 virus is susceptible to standard cleaning and disinfection methods. Regular and thorough cleaning with a hospital-grade detergent/disinfectant will remove infectious matter and prevent transmission of infection to other surfaces, to returnees, hotel staff, and staff from other agencies.

### 7.1 Basic principles of cleaning and disinfection

- Cleaning is necessary to remove dirt and infectious matter before the use of disinfectants unless a combined detergent/disinfectant product is used. If dirt and infectious matter are not removed, they can reduce the ability of disinfectants to kill germs (bacteria and viruses).
- Cleaning physically removes germs, dirt and infectious matter from surfaces using a detergent and water solution; disinfectants use chemicals to kill germs on surfaces.
- Any surfaces that are frequently touched should be prioritised for cleaning, such as door handles, handrails, light switches, horizontal surfaces such as counter tops and tables, EFTPOS machines, touch screens, taps, sinks and toilets. However, all touchable surfaces should be cleaned. Any surfaces that are visibly dirty should also be cleaned as soon as they are identified, regardless of when they were last cleaned or next scheduled to be cleaned.
- Cleaning should start with the least soiled (cleanest) to most soiled (dirtiest) areas, and from higher to lower levels in a systematic manner to avoid missing any areas.
- Cleaning practices and cleanliness of the hotel environment should be routinely monitored, audited, and feedback given to cleaning staff as a means of maintaining and reinforcing good practice.

*NOTE: External cleaning contractors are not to enter a secure site – for any environmental decontamination queries contact the DHB's IPC service, (this includes check-out cleaning)*

### 7.2 Cleaning of returnees' rooms during their 14-day isolation or quarantine period

#### 7.2.1 IPC precautions

- Returnees to clean their own rooms/ change own linen (or as per facility protocol)
- Returnees must be provided with the materials they need to clean their room.
- Hospital grade disinfectant/cleaning materials as approved by IPC services to be used.
- Returnees must be given guidance on when and how to clean their rooms during their stay.
- Cleaners and housekeeping should not enter a returnee's room but if they are required to enter for cleaning or to change bedding, they must wear appropriate PPE and be competent in using it safely (see the **MIQF Operations Framework**). They should discuss with the healthcare staff at the facility who may accompany them.
- When cleaning tasks are completed, staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

#### 7.2.2 Cleaning protocol for returnee rooms during their 14-day stay

**7.2.2.1 PPE requirements**

If the need arises for housekeeping and cleaners to enter a returnee's room to conduct cleaning, they must wear long-sleeved fluid resistant gown and gloves and a mask regardless if the returnee is present or not and any other protective items recommended by the manufacturer of the cleaning products.

Order of PPE donning (putting on)	Order of PPE doffing (removal)
<ol style="list-style-type: none"> <li>1. Hand hygiene</li> <li>2. Long-sleeved gown</li> <li>3. Mask</li> <li>4. Protective eyewear (if required)<sup>1</sup></li> <li>5. Gloves (these can include heavy duty household gloves).</li> </ol> <p>(if required)<sup>1</sup> Is determined by the recommendation from the manufacture of the cleaning product(s).</p>	<ol style="list-style-type: none"> <li>1. Gloves</li> <li>2. Hand hygiene</li> <li>3. Gown</li> <li>4. Hand hygiene</li> <li>5. Protective eyewear (if separate from mask) and mask.</li> <li>6. Hand hygiene</li> </ol>

**7.2.2.2 Method:**

Manual room clean

**7.2.2.3 Cleaning Products:**

Hotel SOPs should include cleaning products that are approved or same as hospital grade products.

**7.2.2.4 Cleaning order for cleaning during a returnee stay: clean to dirty**

As per the Hotel SOPs when cleaning during a guest stay.

## 7.3 Cleaning of rooms in between returnees after their 14-day isolation period

### 7.3.1 IPC precautions

- For routine cleaning when the returnee room is vacated (when there has not been a known case of COVID-19), the cleaner should wear appropriate gloves and any other protective items recommended by the manufacturer of the products used.
- Hotel staff (other than cleaning staff) do not enter rooms before they have been cleaned.
- Rooms can be cleaned immediately after returnee has checked out
- The hotel standard operating procedures for cleaning should be followed. It should include clear instructions on cleaning responsibilities, products to be used, and systematic cleaning processes to ensure no areas are missed. Refer to **Section 7.3.2.4 'Cleaning order for cleaning a vacated room: clean to dirty'**
- Use hypochlorite disinfectants (bleach), products that contain  $\geq 70\%$  alcohol, or hospital grade detergent/ disinfectant products in accordance with manufacturer's instructions.<sup>3</sup>
- If using products that can be used for both cleaning and disinfecting, make sure that the instructions on the label are followed to ensure they work effectively.
- When cleaning tasks are completed, staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

### 7.3.2 Cleaning protocol for returnee rooms after their 14-day stay

#### 7.3.2.1 Personal protective equipment (PPE) for Hotel Cleaners

Wear gloves, and any additional appropriate PPE according to product manufacturer recommendations e.g. eye protection, protective gown

Order of PPE donning (putting on)	Order of PPE doffing (removal)
<ol style="list-style-type: none"> <li>Hand hygiene</li> <li>Gown (if required)<sup>1</sup></li> <li>Mask (if required)<sup>1</sup></li> <li>Protective eyewear (if required)<sup>1</sup></li> <li>Gloves (these can include heavy duty household gloves).</li> </ol> <p>(if required)<sup>1</sup> is determined by the recommendation from the manufacture of the cleaning product(s).</p>	<ol style="list-style-type: none"> <li>Gloves</li> <li>Hand hygiene</li> <li>Gown (if used)</li> <li>Hand hygiene</li> <li>Protective eyewear (if separate from mask) and mask (if used)</li> <li>Hand hygiene</li> </ol>

#### 7.3.2.2 Cleaning Method and Products:

Manual clean

#### 7.3.2.3 Cleaning Products:

Use standard hotel SOPs and cleaning products

<sup>3</sup> See [Cleaning following a confirmed or probable case of COVID-19](#) for more information on cleaning products.

#### **7.3.2.4 Cleaning order for cleaning a vacated room: clean to dirty**

1. Wearing the appropriate PPE, remove all linen (bedding, towels) for washing and place in routine hotel receptacle for transport to laundry room. Laundry to be put through a commercial hotel process.
2. Remove all crockery, glassware and cutlery and send to be cleaned via a commercially acceptable process i.e. a commercial dishwasher or kitchen process.
3. Clean all table-top appliances (e.g. kettle) according to instructions. Clean inside and outside of all built-in appliances (e.g., refrigerator, oven).
4. Clean all 'high-touch' surfaces such as desks, keyboards, counters, cupboards, table tops, doorknobs, light switches, TV remote and telephone.
5. Spot-clean any marks on soft furnishings.
6. Clean bathroom fixtures, showers and toilets with a separate set of cleaning equipment (disposable cleaning cloths, etc.). Clean from clean to dirty areas wherever possible i.e. toilets last.
7. Vacuum the carpet with a hepa-filtered vacuum cleaner. Steam cleaning of carpets and rugs is not required unless visibly soiled.
8. For hard floor surfaces, clean the floor starting from one end of the premises to another (from the far side of the room working your way to the exit/door).
9. At the end of cleaning, remove all PPE as per the doffing process above and place in a lined container before disposing of them with other household/general waste. Clean your hands immediately after handling these items.
10. Tie up rubbish bags and remove from the room and follow routine hotel SOP for disposal. Clean your hands immediately after handling these items.

## 7.4 Cleaning rooms following a confirmed or probable case of COVID-19

### 7.4.1 IPC precautions

- Hotel staff (other than cleaning staff) do not enter rooms before they have been cleaned.
- Do not use steam cleaning devices
- No stand down period is required before cleaning the room after a probable or confirmed COVID-19 case. Facilities may choose to have a stand down period, however this does not need to exceed 1 hour.
- The cleaner must wear adequate PPE and be trained to use it safely (see **section 3** and **section 7.4.2.2**)
- Thorough, systematic cleaning and surface disinfection practices rapidly inactivate the COVID-19 virus on environmental surfaces.
- The hotel standard operating procedures for cleaning should be followed and should include clear instructions on cleaning responsibilities, products to be used, and detailed cleaning processes.
- Use hypochlorite disinfectants (bleach), product
- s that contain  $\geq 70\%$  alcohol, or hospital grade detergent/disinfectant products in accordance with manufacturer's instructions.<sup>1</sup>
- If using products that can be used for both cleaning and disinfecting, make sure that the instructions on the label are followed to ensure they work effectively.
- Soft furnishings can be spot-cleaned if necessary, laundered at temperatures from 60°C-90°C.
- When removing linen also include covers and other fabrics for washing. Place in an impervious linen bag/alginate plastic bag (or non-porous container with lid) for transport to laundry room.
- The steps for putting on and removing PPE safely are outlined in: [Steps to put on and take off PPE safely](#).
- When cleaning tasks are completed, staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

### 7.4.2 Cleaning protocol following a confirmed or probable case

#### 7.4.2.1 Prior to cleaning

Room does not require stand down, however some facilities may choose to do so.



**7.4.2.2 Personal protective equipment (PPE)**

Wear a disposable face mask, fluid resistant gown and gloves when cleaning and add any additional PPE according to product manufacturer recommendations eg. if the cleaning product manufacturer recommends eye protection, wear a face shield or goggles.

Order of PPE donning (putting on)	Order of PPE doffing (removal)
<ol style="list-style-type: none"> <li>1. hand hygiene</li> <li>2. gown</li> <li>3. mask</li> <li>4. protective eyewear (if required)<sup>1</sup></li> <li>5. gloves (these can include heavy duty household gloves).</li> </ol> <p>(if required)<sup>1</sup> Is determined by the recommendation from the manufacture of the cleaning product(s).</p>	<ol style="list-style-type: none"> <li>1. gloves</li> <li>2. hand hygiene</li> <li>3. gown</li> <li>4. hand hygiene</li> <li>5. protective eyewear (if separate from mask) and mask</li> <li>6. hand hygiene</li> </ol>

**7.4.2.3 Cleaning Methods:**

1. Manual clean.
2. Non-touch technologies (ie vaporized 35% hydrogen peroxide) machines may be used to supplement environmental cleaning after a probable or confirmed COVID-19 case has vacated their room. However:
  - The use of non-touch cleaning technologies **does not replace the need for manual cleaning procedures**
  - Non touch cleaning chemicals is **not** necessary to achieve effective environmental disinfection in a non-healthcare setting
  - Operators of non-touch cleaning technologies should ensure that they are familiar with using these machines to mitigate incidents such smoke alarm activation. Knowledge of the facility airducts and ventilation systems should be fully understood before operating non-touch technologies.

**7.4.2.4 Cleaning Products:**

1. Manual Isolation clean: hypochlorite disinfectant minimum 0.5% solution (bleach), ≥70 alcohol or detergent/disinfectant products in accordance with the manufacturer's instructions for cleaning following a probable or confirmed case of COVID-19, or products approved by the IPC lead. Recommended cleaning product should be a 2-in-1 product (containing both cleaning and disinfectant properties) to increase efficiency.
2. Non touch technologies ie 35% hydrogen peroxide (if using).

**7.4.2.5 Cleaning order**

Refer to Section 7.3.2.4 'Cleaning order for cleaning a vacated room: clean to dirty' Cleaning order for cleaning a vacated room: clean to dirty

## 7.5 Further information on cleaning

- No-touch technologies for applying chemical disinfectants (e.g. vaporized hydrogen peroxide) after a probable or confirmed COVID-19 case has vacated their room may be used to supplement environmental cleaning, but they do not replace the need for manual cleaning procedures. If using a no-touch disinfection technology, environmental surfaces must be cleaned manually first to remove organic matter.<sup>4</sup>
- No-touch technologies are designed for use in settings where high levels of environmental contamination are present. While individual MIQFs may decide to utilise this option, it is not considered necessary to achieve effective environmental disinfection in the non-healthcare setting.
- For further information on cleaning follow the guidance in: [COVID-19: Cleaning FAQs](#)

## 7.6 General cleaning of medical equipment

- Shared medical multi-use equipment must be decontaminated with hospital grade cleaning/disinfection products between use on returnees and on return to the PPE trolley.

## 7.7 General Cleaning of facility/public areas

- Communal areas to be cleaned at least twice daily by hotel housekeeping
- Frequently touched or high touch points (eg. lift buttons, exit buttons, door handles, stair rails - in areas that stairs are used) are to be cleaned more frequently in proportion to their use (i.e. cleaned more frequently if used more often).
- Any surfaces that are frequently touched or high touch points should be prioritised for cleaning, such as lift buttons, door handles, handrails, light switches, horizontal surfaces such as counter tops and tables, EFTPOS machines, touch screens, taps, sinks and toilets. However, all touchable surfaces should be cleaned regularly.
- Any surfaces that are visibly dirty should also be cleaned as soon as they are identified, regardless of when they were last cleaned or next scheduled to be cleaned.

## 7.8 Safe handling of blood and body fluid spillage

Spillages of blood and other body fluids are considered hazardous and must be dealt with safely, swiftly and effectively by staff in a safe manner to minimise risk of exposure.

When cleaning and disinfecting blood and body fluid spills:

- Ensure the appropriate PPE is worn e.g. mask/ gloves/apron/ eye protection
- Large spills soak up with absorbent material and discarded into medical waste immediately
- Clean and disinfect area with hospital grade disinfectant

## 7.9 Kitchens / Tray Collection

Refer to the **MIQF Operations Framework** for principles for food handling.

- Hotel staff are not required to wear gloves for delivery of food trays. Medical masks must be worn.
- Hotel staff are responsible for tray collection in isolation areas
- Hotel staff to ensure the meal trolleys are cleaned and disinfected thoroughly after use

<sup>4</sup> World Health Organization (WHO) 16 May 2020. Cleaning and disinfection of environmental surfaces in the context of COVID-19. [Cleaning and disinfection of environmental surfaces in the context of COVID-19](#) accessed 16 July 2020.

**IN CONFIDENCE**

V1.1 – current as at 19 October 2020. Note: This document is updated regularly. Printed copies may be out of date.

- Disposable aprons/masks may be worn when returning directly to kitchen area
- If used, gloves **must** be changed when leaving isolation area and hand hygiene performed.

**7.9.1 Delivery of food and tray collection to returnees identified as a confirmed or probable case**

- Hotel staff are not required to enter quarantine area/room
- Nursing staff to assist with delivery of meals (noting that meals are delivered in disposable containers).
- Disposable crockery/ cutlery should be used in quarantine areas

## 8. IPC requirements during transport

### 8.1 Vehicle cleaning protocol

- Vehicle is to be empty of people before cleaning starts.
- Clean vehicle as soon as possible after use.
- Cleaners to wear face masks and gloves, referring to **Section 3.4 ‘How to use a face (medical) mask safely’**.
- Vehicle should be ventilated to the outside while cleaning if possible (open windows/door to create through draft).
- Wipe flat surfaces with hospital grade detergent/disinfectant product in accordance with manufacturer’s instructions.<sup>5</sup>
- Wipe all touched surfaces including (but not limited to):
  - Door handles (inside and outside), window handles, glove box and compartment handles (inside and outside) and any other item that is frequently touched
  - Driver controls
  - Seatbelts and seatbelt fasteners
  - Safety handles and bars (entry and exit handles, compartment bars)
  - Seats if practical (including back of seat)
- Dispose of cleaning wipes, face masks and gloves in appropriate manner. Perform hand hygiene after removing gloves and face mask.

### 8.2 Rest stop IPC requirements

- Passengers should be reminded to regularly perform hand hygiene, practice cough and sneeze etiquette, and maintain physical distancing of 2m at all times.
- Members of the public must not have access to the bathroom facilities before they are cleaned.
- Bathrooms should be cleaned with hospital grade cleaning and disinfectants products immediately after the bus/mini-van departs the rest stop.
- It is sufficient to clean and disinfect the bathrooms after each bus/mini-van load, unless there is a toileting accident in the bathroom, in which case it will need to be cleaned before the next occupant.
- Those cleaning the bathroom(s) should be present for the duration of the rest stop in the event the bathroom(s) need to be cleaned in between occupants (e.g. if there is an accident) and to ensure cleaning takes place promptly before bathrooms are re-opened for public use.

#### 8.2.1 Rest stop cleaning protocols

Cleaners must wear gloves and face mask and any other protective items recommended by the manufacturer of the cleaning products.

- Wipe with a hospital grade cleaning and disinfecting product in accordance with manufacturer’s instructions, all touched surfaces including (but not limited to):

<sup>5</sup> See [Cleaning following a confirmed or probable case of COVID-19](#) for more information on cleaning products.

- Door handles (inside and outside), taps, toilet seat lid and any other item that are frequently touched with hands
- Dispose of cleaning wipes and gloves in appropriate manner.
- Perform hand hygiene after removing gloves.

## 8.3 Cleaning measures for domestic flights

Cleaning of domestic planes must occur of recently arrived returnees, who have not completed time in a MIQF. The plane is to be empty of people before cleaning starts, and the plane should be cleaned as soon as possible after use.

Cleaners must wear gloves and face mask and any other protective items recommended by the manufacturer of the cleaning products.

### 8.3.1 Plane cleaning protocol:

- Wipe with hospital grade cleaning and disinfecting product:
  - All flat surfaces that the passengers were in contact with,
  - All touched surfaces including (but not limited to):
    - Handles, trays and any other item that is frequently touched
    - Seatbelts and seatbelt fasteners
    - Compartment bars
    - Seats (including back of seat)
- Dispose of cleaning wipes, face masks and gloves in appropriate manner. Perform hand hygiene after removing gloves and face mask.

### 8.3.2 Cleaning protocols for bathrooms on domestic planes:

- Bathrooms should be cleaned following each use by passengers and staff
- Flight attendants to wear gloves and wipe frequently touched surfaces in the bathroom
- Wipe with a hospital grade cleaning and disinfecting product in accordance with manufacturer's instructions, all touched surfaces including (but not limited to):
  - Door handles (inside and outside), taps, toilet seat lid and any other item that are frequently touched with hands
- Dispose of cleaning wipes and gloves in appropriate manner.
- Perform hand hygiene after removing gloves.

## 9. Waste

Safe and appropriate management of waste in MIQF is very important to prevent the spread of infection. Refer to the **MIQF Operations Framework** for principles for waste management.

### 9.1 All waste / General / Communal Areas

- Medical waste to go into yellow bags
- Mask/glove waste in MIFs may be collected by hotel housekeeping
- All waste in yellow bags must go into yellow contracted biohazard waste bins
- General waste from MIFs and close contacts rooms can go into black (general waste) bin liners and be placed in general waste stream, NOT yellow contracted biohazard waste bins
- Communal bins (i.e. in corridor spaces) **MUST** have hand sanitiser co-located next to the bin, to enable good hand hygiene practices for those disposing of rubbish. All bins in returnees' rooms must have a bin liner – when the bin is full, the bin liner must be tied off before being placed into the communal rubbish bin. There should be clear laminated signage reminding returnees to sanitise their hands after placing rubbish in the bins. Signage should be visible and appropriately placed near bin and hand sanitiser.
- All rubbish bags must be securely tied with cable tie
- Site-coordinators are to contact contracted biohazard waste disposal company for collection of hard-shell bins when they are  $\frac{3}{4}$  full.
- Disposable gloves must be changed after handling waste and hand hygiene performed

#### 9.1.1 Waste in MIFs

- Hotel staff to collect waste from isolation rooms and rubbish bins in shared areas – appropriate PPE should be worn
- Ensure waste bags are securely tied
- This also applies to the waste generated by close contacts.
- When Hotel staff have completed waste collections they should carefully remove PPE and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

#### 9.1.2 Quarantine Area Waste (waste generated by confirmed or probable\* cases)

- Nursing staff to collect waste from quarantine areas and tie securely
- Waste from quarantine area must go into yellow bags
- Waste to be placed in a hard -shell container and liner secured when  $\frac{3}{4}$  full or double bag and cable tie individual bags before placing in the 660L hard shell container
- Waste to be taken from quarantine areas to back of house by nursing staff
- When nursing staff have completed waste collections they should carefully remove PPE and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

\* Returnee may not have moved to quarantine area at this point, waste to be collected by nursing staff as above if in original room awaiting results.

# 10. Maintenance

## 10.1 Room Maintenance

Where maintenance staff are required to enter the rooms of returnees who are in MIFs or are considered close contacts for repairs or maintenance of some equipment (eg. air conditioning), the following is recommended:

- Rooms to be accessed when the returnee is out of the room (eg. for exercise)
- Maintenance staff to wear medical mask
- Maintenance staff performing maintenance and/or replacing filters on any ventilation system should wear a properly fitted N95/P2 respirator, gloves, and eye protection.
- Returnee must wear a medical mask if present
- Maintain >2m distance where possible
- If >2m cannot be maintained, full PPE including gown, medical mask, eye protection and disposable gloves is required by maintenance person
- When maintenance tasks are completed, maintenance staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer.
- PPE to be disposed of in medical waste (yellow bag)
- Maintenance equipment should be cleaned after use with an approved 2-in-1 cleaning product.
- This applies to rooms occupied by close contacts.

## 10.2 Confirmed or probable case room Maintenance

- Maintenance staff are **not** to enter quarantine rooms
- In the event of an emergency, maintenance staff must be accompanied by a nurse
- Full and appropriate PPE is required to be worn by maintenance staff if entering the room. In addition to other PPE maintenance staff performing maintenance and/or replacing filters on any ventilation system should wear a properly fitted N95/P2 respirator.
- For major equipment failure, moving the returnee to an alternate room is suggested in consultation with site lead
- When maintenance tasks are completed, maintenance staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer



## 11. Changes to hotel configurations

Any changes to hotel configuration need to be authorised by the RIQ-CC NZDF Sites Manager and RIQ-CC Health Lead, in conjunction with the Infection Prevention & Control Service, and notification of changes to be directed to MBIE, the Ministry of Health and relevant Public Health Unit.






RELEASED UNDER THE OFFICIAL INFORMATION ACT

## 12. Emergency evacuations

In the event of an emergency evacuation, staff should be familiar with the hotel's evacuation plans which includes processes on ensuring returnees and staff have been supplied with a medical mask, physical distancing, evacuation zones and appropriate follow up following an emergency evacuation.

Refer to the **MIQF Operations Framework** for further guidance regarding management of emergency evacuations, and the '**Stay SOP**' for further guidance regarding evacuation protocols.

# Appendix 1 PPE required when working in a MIQF

	MANAGED ISOLATION with no COVID-19 symptoms				QUARANTINE ISOLATION with probable or confirmed COVID-19 infection				
	NON-HEALTH WORKER <i>Eg. Hotel/Security/Defence Force/Police</i>	HOTEL CLEANING STAFF	HEALTH-CARE WORKER	GUESTS	NON-HEALTH WORKER <i>Eg. Hotel/Security/Defence Force/Police</i>	ALL STAFF <i>Hotel/Security/Defence Force/Police/Healthcare Worker</i>	HOTEL CLEANING STAFF	HEALTH-CARE WORKER	GUESTS
	Supervising / delivering meals or goods / providing hospitality	Cleaning guest room	Providing care, clinical assessment or a procedure within 2m	No COVID-19 symptoms	Supervising / delivering meals or goods / providing hospitality	Contact within 2m or entering a guest room	Cleaning guest room and on exit	Providing care, clinical assessment or a procedure within 2m	Probable or confirmed COVID-19 infection
 Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓
 Medical Masks	✓ <sup>1</sup> <i>when within 2m of guest<sup>2</sup></i>	✓ <i>when within 2m of guest<sup>2</sup></i>	✓	✓ <i>when outside their rooms or a staff member is in their room</i>	✓ <sup>1</sup> <i>when within 2m of guest<sup>2</sup></i>	✓	✓	✓	✓ <i>when outside their rooms or a staff member is in their room</i>
 Eye Protection	✗	✓	✓	-	✗	✓	✓	✓	-
 Apron or Gown	✗	✓	✓	-	✗	✓	✓	✓	-
 Disposable Gloves	✗	✓	✓	-	✗	✓	✓	✓	-
<p><b>MAINTAIN 2M PHYSICAL DISTANCING FROM GUESTS</b></p> <p><b>FOLLOW BASIC HYGIENE MEASURES</b></p> <p><b>KEEP INTERACTIONS WITH GUESTS TO A MINIMUM</b></p>									

1. A N95/P2 respirator is required for maintenance or service of air conditioning units and heat pumps
2. Refer to your individual facility guest area requirements

## Appendix 2 How to wear a face mask safely

MANAGED ISOLATION  
AND QUARANTINE

Unite  
against  
COVID-19

### How to wear a face mask safely

#### PUTTING ON A FACE MASK:



##### Clean your hands.

Before you put on your face mask, wash and dry your hands or use hand sanitiser.



##### Check your face mask.

Make sure it is clean, dry and not damaged.



##### Put on your face mask.

Place the face mask over your nose, mouth and chin, and place the loops over your ears to hold the mask in place.



Replace the face mask every four hours or earlier if it becomes damp, damaged or dirty.

Dispose of face masks in a rubbish bin.



##### Clean your hands.

Wash and dry your hands or use hand sanitiser.

#### WHEN WEARING A FACE MASK YOU SHOULD AVOID:



Touching the front of your mask.



Touching your face.



Moving your face mask.

This is specific guidance for face mask use in Managed Isolation and Quarantine Facilities (MIQF). You must only wear single-use face masks that are provided by the MIQF. You must only wear these face masks once – you need to wear a new face mask each time you leave your room. If you run out of single-use face masks, contact the MIQF staff and they will provide you with more.

## Appendix 3 How to remove a face mask

MANAGED ISOLATION  
AND QUARANTINE

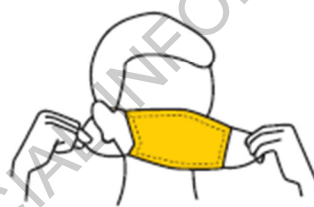
Unite  
against  
COVID-19

### How to remove a face mask



#### Clean your hands.

Before you put on your face mask, wash and dry your hands or use hand sanitiser.



#### Remove your face mask.

Take your face mask off by removing from the earloops.



#### Dispose of face masks in a rubbish bin.

Do not re-use or try to disinfect single-use face masks.



#### Clean your hands.

After you take off your face mask, wash and dry your hands or use hand sanitiser.

This is specific guidance for face mask use in Managed Isolation and Quarantine Facilities (MIQF). You must only wear single-use face masks that are provided by the MIQF. You must only wear these face masks once – you need to wear a new face mask each time you leave your room. If you run out of single-use face masks, contact the MIQF staff and they will provide you with more.



## Appendix 4 Sequence for putting on PPE

### MANAGED ISOLATION AND QUARANTINE

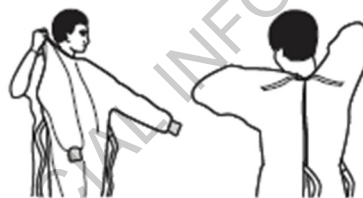
## Sequence for putting on Personal Protective Equipment (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

**Hand hygiene must be performed before putting on PPE**

### 1. GOWN (Long sleeve fluid resistant gown)

- › Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- › Fasten in back of neck and waist



### 2. MEDICAL MASK<sup>1</sup> OR N95/P2 RESPIRATOR<sup>2</sup>

- › Secure ties or elastic bands at middle of head and neck
- › Fit flexible band to nose bridge
- › Mould mask to fit snugly to nose, face and chin
- › Fit check respirator and ensure no air leaks around face felt



### 3. EYE PROTECTION

- › Place over face and eyes and adjust to fit
- › Straps for goggles or full face shield (if using) should go over head. Adjust to fit as necessary. If using approved safety glasses put on, and ensure they fit comfortably.



### 4. GLOVES

- › Extend to cover elasticated cuff of gown



**USE SAFEWORK PRACTICES, ENSURE YOU ARE FAMILIAR WITH PUTTING ON PPE CORRECTLY.**

- › Wash/sanitise your hands before putting PPE on, check items for any damage.
- › Change any items if they become damaged or soiled.

<sup>1</sup> A medical mask must be either a Type IIR, Level 2 or Level 3 mask.

<sup>2</sup> N95/P2 respirator. Only required for maintenance of air conditioning units; aerosol generating procedures or airborne isolation

## Appendix 5 How to safely remove PPE

### MANAGED ISOLATION AND QUARANTINE

## How to safely remove Personal Protective Equipment (PPE)

Safely remove PPE without contaminating your clothing, skin or mucous membranes with potentially infectious materials. **Remove PPE in the following sequence:**

### 1. GLOVES

- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves into a waste container
- Perform hand hygiene



### 2. GOWN

- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll carefully into a bundle and discard into a waste container
- Perform hand hygiene



### 3. EYE PROTECTION

- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing.
- Perform hand hygiene



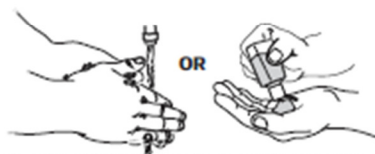
### 4. MASK

- Untie the bottom ties or elastics of mask and remove without touching the front
- Discard into a lined waste container
- Perform hand hygiene



### WASH HANDS

**REMEMBER TO WASH HAND OR USE AN ALCOHOL BASED HAND SANITISER EACH TIME YOU REMOVE AN ITEM OF USED PPE.**



# Infection Prevention and Control

Standard Operating Procedures

Version 1.2

Released 2 November 2020

*Next release due: 16 November 2020*



MINISTRY OF BUSINESS,  
INNOVATION & EMPLOYMENT  
HĪKINA WHAKATUTUKI

New Zealand Government



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# MIQ Standard Operating Procedure Cover Sheet

Managed Isolation and Quarantine Team (Ministry of Health) and Infection Prevention and Control Sub-group (Ministry of Health).

## Sign-Off Sheet

<b>Standard Operating Procedure</b>	Infection Prevention and Control
<b>Version number</b>	1.2
<b>Release Date</b>	2 November 2020

<b>GM COVID-19 Border and Managed Isolation</b>	Shona Meyrick
<b>Signature</b>	
<b>Date</b>	2 November 2020

<b>Chief Nursing Officer and MoH IPC-lead</b>	Margareth Broodkoon
<b>Signature</b>	
<b>Date</b>	2 November 2020

## Consultation

To inform the development of version 1.2 of the IPC SOP, the Ministry of Health (MoH) Infection Prevention and Control (IPC) sub-group received and considered feedback from:

- The MIQ IPC leads

Refer to the **Key changes tracker** on page 6 for a summary of the key changes made since Version 1.1, and refer to the **Upcoming changes** section on page 7 for an overview of updates to the IPC SOP due for inclusion in version 1.3 (due for release on 16 November 2020).

Feedback on version 1.2 of the IPC SOP can be directed to:

[COVID-19.mi.ops.framework@health.govt.nz](mailto:COVID-19.mi.ops.framework@health.govt.nz)

by **end of Thursday 5 November 2020**.

## Development process

The MoH IPC sub-group led the development of the IPC standard operating procedures (SOP) using:

- Existing IPC guidance from previous iterations of the MIQF Operations Framework;

- CDHB-developed IPC documentation that was endorsed by the DHB IPC-leads; and
- Additional guidance that was developed following the first round of IPC audits of MIQFs.

Further refinements to the IPC SOP have been made on the basis of feedback from a range of stakeholders, as above.

This IPC SOP will continue to be refined by the MoH IPC sub-group and MIQ team, in partnership with the MIQ DHB IPC-leads, to ensure it reflects best practice in IPC.

### **Peer Review/Quality Assurance Check**

Peer review provides a 'fresh pair of eyes' to ensure that the SOP meets MoH and MBIE's quality standards, ensuring that it is clear, concise and fit for use.

Quality assurance is proof reading, checking for spelling, grammar and formatting, and for accuracy and relevancy and lastly that the SOP follows the MBIE style guide.

# Document management and control

## Revision history

Version	Date	Author	Position	Description of changes
0.1	25 September 2020	Hannah King	Senior Advisor (MoH)	First draft created from content taken from MIQF Operations Framework.
0.2 – 0.6	28 September – 1 <sup>st</sup> October 2020	Jane Pryer	Clinical Principal Advisor, IPC (OCCO, MoH)	MoH IPC subgroup and MoH MIQ team reviewed and refined content until final version approved. Majority of content taken from CDHB IPC document.
		Tanya Jackways	IPC Advisor (MoH)	
		Alice Palmer	Senior Advisor (MoH)	
		Hannah King	Senior Advisor (MoH)	
1.0	02 October 2020	Alice Palmer	Senior Advisor (MoH)	Prepared for signoff
		Hannah King	Senior Advisor (MoH)	
1.1	12 – 18 <sup>th</sup> October	Tanya Jackways	IPC Advisor (MoH)	Considered feedback received from stakeholders, consulted with the MoH IPC subgroup, and updated and refined content.
		Jane Pryer	Clinical Principal Advisor, IPC (OCCO, MoH)	
	19 October	Hannah King	Senior Advisor (MoH)	Prepared for signoff
1.2	23 – 30 <sup>th</sup> October	Tanya Jackways	IPC Advisor (MoH)	Considered feedback received from stakeholders, consulted with the MoH IPC subgroup, and updated and refined content.
		Jane Pryer	Clinical Principal Advisor, IPC (OCCO, MoH)	
	2 <sup>nd</sup> November	Hannah King	Senior Advisor (MoH)	Prepared for signoff
		Alice Palmer	Senior Advisor (MoH)	

## Key changes tracker

Version	Date	Section/Appendix	Page	Summary of changes
1.2	2/11/2020	<b>7 Cleaning</b>	24	Clarified that MIQFs must have cleaning schedules for common areas that documents the date and time cleaning was undertaken
		<b>7.2 Cleaning of returnees' rooms during their 14-day isolation or quarantine period</b>	24	Clarified that returnees are not to use the general facility vacuum cleaner during their stay
		<b>7.3.3 Cleaning protocol for short stay in a MIQF</b>	27	Created new section to clarify room cleaning requirements for people who have been in a MIQF for a 'short stay' (such as certain air crew or maritime crew)
		<b>7.7 General cleaning of common areas</b>	30	General amendments made to clarify this section
		<b>7.8 Cleaning of items to be sent from a facility</b>	30	Created a new section to clarify cleaning requirements for sending items out from a MIQF

## Upcoming changes

The following are key upcoming changes that are a work in progress for a subsequent version of the IPC SOP:

- Guidance for managing IPC breaches
- Reviewing and clarifying current guidance following October IPC audit recommendations

*Note: Version 1.3 of the IPC SOP is due for release on 16 November 2020. For feedback to be considered for inclusion in Version 1.2, please submit it to [COVID-19.mi.ops.framework@health.govt.nz](mailto:COVID-19.mi.ops.framework@health.govt.nz) by end of day **Thursday 5 November**. All feedback received after this time will be logged for consideration at a later date.*

# 1. Purpose

This document provides the national-level SOP for all aspects of Infection Prevention and Control (IPC) in Managed Isolation and Quarantine Facilities (MIQFs). This SOP ensures that MIQFs meet the IPC requirements of the **MIQF Operations Framework**. This SOP should be viewed in conjunction with the **MIQF Operations Framework**.

In keeping with the guidance and requirements included throughout the **MIQF Operations Framework**, sections where guidance for dual-use facilities or quarantine facilities differs from managed isolation facilities will be indicated in a yellow box like this one.

**Note:** It is important that you are familiar with the facility 'zoning' protocols of how facilities identify returnees and their COVID-19 status as they move through the facility during their stay.

## 2. Hand Hygiene

Hand hygiene is the most essential hygiene measure that minimises transmission of infectious droplets from one person to another and to other surfaces. Hand hygiene by washing (with soap and water) and drying hands thoroughly and using alcohol-based hand rub containing a minimum of 60% alcohol must be performed frequently by returnees and staff.

Hand hygiene should be performed by all staff:

- Before taking breaks; and
- After leaving zones where returnees are; and
- Before entering a staff area or zone; and
- Before and after meals or breaks; and
- After using the toilet; and
- After providing any cares or having any physical contact with a returnee or their belongings; and
- Before and after donning and doffing PPE.

Hand hygiene should be performed by all returnees:

- Before putting on a mask; and
- After removing a mask and putting in waste bin; and
- Before leaving their room; and
- Before and after exercising; and
- After handling waste, i.e. putting items into any waste bin.



### 3. Personal Protective Equipment (PPE)

PPE is worn at the MIQF to protect staff and returnees from potential exposure to infections and is selected depending on the work undertaken. PPE includes a medical mask, long sleeved fluid resistant gown or plastic apron, gloves and eye protection and is worn dependent on the interaction and activity. Refer to the **MIQF Operations Framework** for further guidance regarding PPE requirements.

**Appendix 1** Provides a pictorial summary of PPE requirements in MIQFs.

#### 3.1 Summary of PPE requirements in MIQFs

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
Returnees	<ul style="list-style-type: none"> <li>During transport</li> <li>At the facility</li> </ul>	<ul style="list-style-type: none"> <li>Returnees must wear the provided medical mask at all times when outside their rooms. Exemptions may apply.<sup>7</sup></li> <li>If being transported to another facility or for exercise the returnee must wear a medical mask.</li> <li>Refer to section <b>10.8 in the MIQF Operations Framework</b> for guidance for face mask use when using the exercise area and section <b>10.10 in the MIQF Operations Framework</b> for guidance for face mask use when using the smoking area.</li> </ul>	<ul style="list-style-type: none"> <li>Returnees must wear a provided medical mask at all times when outside their rooms. Exemptions may apply.<sup>1</sup></li> <li>If being transported to another facility the returnee must wear a medical mask.</li> <li>Refer to section <b>10.8 in the MIQF Operations Framework</b> for guidance for face mask use when using the exercise area and section <b>10.10 in the MIQF Operations Framework</b> for guidance for face mask use when using the smoking area.</li> </ul>
Hotel staff: general	<ul style="list-style-type: none"> <li>Interactions between hotel staff and returnees</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> <li>If a staff member is required to enter a returnee's room the returnee should not be present.</li> <li>If they are present a medical mask must be</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> <li>If a staff member is required to enter a returnee's room the returnee should not be present. If the returnee is present a medical mask must be worn. The</li> </ul>

<sup>1</sup> Those who are exempt includes passengers with medical conditions that prevent them from wearing face masks, young children under 6 years of age or anyone who is unable to remove a face mask without assistance. Although children under 6 years of age are exempt from wearing a face mask, their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so, however these should be single use medical masks. Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents or care givers should be encouraged to assist children to perform hand hygiene.

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
		<p>worn. The returnee must also wear a mask.</p> <ul style="list-style-type: none"> <li>Interactions with returnees should be kept to a minimum</li> <li>If staff may come into contact with the environment (e.g. assisting with cleaning a room <b>during</b> the returnee's stay) they should wear a long-sleeve gown</li> </ul>	<p>returnee must also wear a medical mask.</p> <ul style="list-style-type: none"> <li>For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> <li>Interactions with returnees should be kept to a minimum</li> <li>If staff may come into contact with the environment (e.g. assisting with cleaning a room <b>during</b> the returnee's stay) they should wear a long-sleeve gown</li> </ul>
Hotel staff: house keeping and cleaners	<ul style="list-style-type: none"> <li>Cleaning of returnees' rooms <b>during</b> 14-day isolation/quarantine</li> </ul>	<ul style="list-style-type: none"> <li>Returnees to clean their own rooms during their 14-day isolation period, however;</li> <li>If staff are required to clean a room, the returnee should not be present. Staff must wear gown and gloves and a medical mask regardless if the returnees is present or not and any other protective items recommended by the manufacturer of the cleaning products</li> <li>If the returnee is present, the returnee must also wear a medical mask</li> </ul>	<ul style="list-style-type: none"> <li>Returnees to clean their own rooms during their 14-day quarantine period, however;</li> <li>If staff are required to clean a room, the returnee should not be present. Staff must wear gown and gloves and a medical mask regardless if the returnee is present or not and any other protective items recommended by the manufacturer of the cleaning products</li> <li>If the returnee is present, the returnee must also wear a medical mask.</li> </ul>
Hotel staff: house keeping and cleaners	<ul style="list-style-type: none"> <li>Cleaning of returnees' rooms <b>in-between</b> returnees</li> </ul>	<ul style="list-style-type: none"> <li>For routine cleaning (when there has not been a probable or confirmed case of COVID-19), appropriate gloves and any other protective items recommended by the manufacturer of the cleaning products</li> </ul>	<ul style="list-style-type: none"> <li>For cleaning after a probable or confirmed case of COVID-19 has vacated the room, medical mask, gown and gloves to be worn and any other protective items (such as eye protection) recommended by the manufacturer of the cleaning products.</li> </ul>

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
Hotel staff main-tenance	<ul style="list-style-type: none"> <li>Undertaking specific on-site maintenance or repair of air conditioning units, plumbing repairs to toilets.</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> <li>If a staff member is required to enter a returnee's room, the returnee should not be present.</li> <li>If they are present a medical mask must be worn. The returnee must also wear a mask.</li> <li>Interactions with returnees should be kept to a minimum</li> <li>An N95/P2 respirator face mask should be worn by staff conducting specific on-site maintenance work of air-conditioning units.</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> <li>If a staff member is required to enter a returnee's room the returnee should not be present. If the returnee is present a medical mask must be worn. The returnee must also wear a medical mask.</li> <li>For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> <li>Interactions with returnees should be kept to a minimum</li> <li>An N95/P2 respirator face mask should be worn by staff conducting specific on-site maintenance work of air-conditioning units.</li> </ul>
Health care staff	<ul style="list-style-type: none"> <li>Providing care when 2m physical distancing cannot be maintained</li> </ul>	<ul style="list-style-type: none"> <li>A facemask must be worn if physical distancing of at least 2m cannot be maintained.</li> <li>Apply Standard Precautions depending on the care to be provided. For PPE when taking a nasopharyngeal swab refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a>;</li> </ul>	<ul style="list-style-type: none"> <li>Contact and Droplet Precautions must be followed (i.e. medical mask and eye protection, gown and gloves). For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a>;</li> </ul>
Health care staff	<ul style="list-style-type: none"> <li>Treating or transporting a returnee with any clinical symptoms of respiratory illness or they are a probable or confirmed COVID-19 case</li> </ul>	<ul style="list-style-type: none"> <li>Contact and Droplet Precautions must be followed (i.e. medical mask and eye protection, gown and gloves). For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a>;</li> </ul>	<ul style="list-style-type: none"> <li>Contact and Droplet Precautions must be followed (i.e. medical mask and eye protection, gown and gloves). For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> </ul>

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
Defence Force, Police, Security, other approved agency staff	<ul style="list-style-type: none"> <li>During any interaction with returnees when 2m physical distancing cannot be maintained or when assisting clinical staff</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> </ul>	<ul style="list-style-type: none"> <li>Staff should not enter the returnees' room.</li> <li>If a staff member is required to enter a returnee's room or interact within 2m of the returnee, Contact and Droplet Precautions must be followed (i.e. medical mask, eye protection, gown and gloves). A clinical staff member must be present. For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> </ul>
Driver or crew of bus or minivan	<ul style="list-style-type: none"> <li>When transporting returnees</li> <li>When handling returnees' luggage</li> </ul>	<ul style="list-style-type: none"> <li>Drivers should wear a medical mask when transporting returnees</li> <li>Drivers or crew who handle returnees' luggage are to wear a face mask. They are not required to wear gloves, however, they must perform hand hygiene immediately after handling luggage. Refer to <b>section 2</b> for further guidance regarding hand hygiene.</li> </ul>	<ul style="list-style-type: none"> <li>Drivers should wear a medical mask when transporting returnees</li> <li>Returnees should be seated at least 2m from driver where possible.</li> <li>Drivers or crew who handle returnees' luggage are to wear a face mask. They are not required to wear gloves, however, they must perform hand hygiene immediately after handling luggage. Refer to <b>section 2</b> for further guidance regarding hand hygiene</li> </ul>

## 3.2 IPC precautions for Clinical Staff

A **medical mask** should be worn as part of IPC practices, specifically Standard and Transmission-based precautions when the wearer needs protection from infectious respiratory droplets. A medical mask is part of necessary PPE.

Medical masks must be changed as soon as they become damp, damaged or soiled.

Eye protection refers to the use of safety glasses or full-face shields. Prescription glasses are not classed as eye protection.

### 3.2.1 Clinical staff PPE requirements when interacting with returnees

Nurses are to wear a medical mask when physical distancing of 2m or more cannot be maintained during health checks provided they DO NOT enter the returnee's rooms.

If nurses are required to enter the returnee's room, full PPE (mask, gloves, long-sleeved impermeable gown, eye protection) is required.

All clinical staff should refer to **section 3.5** for putting on and removing PPE.

### 3.2.2 Clinical staff PPE requirements when interacting with returnees identified as close contacts

Nurses to wear full PPE (long-sleeved gown, medical mask, gloves and eye protection) when in direct contact with returnees who are identified as CLOSE CONTACTS:

- When entering returnee room for any reason including
  - Symptom and temperature checks
  - Taking naso/oropharyngeal swabs
- Where returnees are asymptomatic, and staff are unable to maintain 2m physical distancing.
- All PPE must be changed between every room where returnees are symptomatic (whilst awaiting swab results).

### 3.2.3 PPE requirements for undertaking COVID-19 naso/oropharyngeal swabs

Taking a nasopharyngeal swab is NOT an aerosol generating procedure

- PPE required for undertaking a COVID-19 nasopharyngeal swab from returnees: medical mask, eye protection or full-face shield, long-sleeved fluid resistant gown and gloves
- PPE required for routine COVID-19 nasopharyngeal swabbing of staff: medical mask, eye protection or face shields, disposable apron/long sleeve fluid resistant gown and gloves
- Refer to the [Ministry of Health PPE guidance](#) for undertaking naso/oropharyngeal swabs for further guidance.

### 3.2.3.1 Sessional use of PPE

If collecting a series of swabs, change your gloves, perform hand hygiene and don new gloves between each screen/specimen collected. Gown/ mask/ eye protection can remain on until end of session as long as not visibly contaminated.

## 3.3 IPC precautions for Security and Hotel Staff

- Hand hygiene using alcohol-based hand rub or washing hands and drying hands must be performed frequently
- Hand hygiene is recommended before taking breaks
- Maintain 2m physical distancing
- Staff to wear medical masks in returnee isolation wings and during observed activities and security checks, when distancing of 2m cannot be observed
- PPE - Medical masks must be replaced when they become damp or contaminated.
- Medical masks may be worn in staff areas when transiting between zones and physical distancing cannot be observed
- Disposable gloves/aprons to be worn as indicated/recommended and **must not** be worn in staff areas (refer to **catering/cleaning**). Hand hygiene is required on removal.
- Also Refer to **cleaning, laundry, waste, transport and maintenance** sections

### 3.3.1 Note on Glove Use

- Regular hand hygiene is preferable to glove use
- Inappropriate or incorrect use of gloves increases virus transmission risk
- Remove gloves safely and perform hand hygiene immediately
- Gloves, if used, must be changed between tasks
- Alcohol hand rub is not to be used on gloves

### 3.3.2 Security and hotel staff PPE requirements when interacting with returnees

- Security staff may wear a medical mask when performing duties within the returnee corridors and whilst observing in exercise areas if unable to maintain 2 metre physical distancing.
- Hand hygiene must be performed after removal of PPE
- Security staff should not enter returnee's rooms

### 3.3.3 Security and hotel staff PPE requirements when interacting with returnees identified as confirmed or probable cases

- Security staff who are required to observe quarantine areas 24/7 must wear a medical mask and should always maintain >2m distance
- DO NOT ENTER THE RETURNEE ROOM – contact clinical nursing staff if you have any concerns
- Hotel staff to deliver food bags to security desk in this area
- Security to contact nursing staff re food delivery – or follow MIQF policy for this

### 3.3.4 Security / NZDF / hotel staff: IPC responsibilities

- Security/NZDF/Hotel staff to follow and be familiar with IPC precautions as in 3.3
- Remind returnees to maintain 2m physical distancing
- Returnees must not socialise in communal areas/ hallways (eg. consuming beverages)
- Ensure anyone leaving their room is wearing a medical mask and that it remains on at all times
- Where possible, staff to use separate access/lifts when moving around the facility
- Staff should not share lifts with returnees unless it is a nurse escorting returnee from room for medical reasons or escorting to exercise area.

## 3.4 How to use a face (medical) mask safely

It is important that facemasks are put on, worn, removed and disposed of correctly. Masks should fit snugly and fully cover the nose and mouth. The following information should be clearly communicated to returnees.

Refer to **Appendix 2** and **Appendix 3** for a pictorial representation of how to put on and remove face masks safely.

### 3.4.1 General principles for safe use of masks

- Always perform hand hygiene before putting on a mask, after removing a mask and disposing of it.
- Do not touch the front of your mask, your face, or rub your eyes while wearing a mask.
- Do not re-use single-use masks. Dispose of them immediately after removing.
- Replace the face mask every 4 hours or earlier if it becomes damp, damaged or soiled.
- Some people are exempt from wearing face masks, including people who have medical conditions that prevent them from doing so, young children under 6 years of age or anyone unable to remove them without assistance.<sup>2</sup>

<sup>2</sup> Although children under 6 years of age are exempt from wearing a face mask, their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so, ideally a medical mask that should be disposed of after use. Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents or care givers should be encouraged to assist children to perform hand hygiene.



- Practice other basic hygiene measures at all times and maintain physical distancing of 2 metres from others wherever possible.

### 3.4.2 How to put on a mask

- Clean your hands with soap and water or use hand sanitiser (containing at least 60 percent alcohol). Ensure your hands are dry before touching the mask.
- Check there are no obvious tears or holes in either side of the mask.
- Place the face mask over your nose and mouth and secure with ties or ear loops.
  - **For face mask with ties:** bring the mask to your nose level and place the top ties over the crown of your head and secure with a bow. Once you have made sure that the mask fits snugly, moulded to your face and around your nose, fully covering your nose mouth and chin then take the bottom ties, one in each hand, and secure with a bow at the nape of your neck.
- Make sure the mask fits snugly, moulded to your face and around your nose. Make sure the mask fully covers your nose, mouth and chin. Your mask should be comfortable, with no gaps around the mask and your face, and allow you to breathe easily.

### 3.4.3 While wearing a mask

- Do not touch the front of the face mask. If you do, clean your hands with soap and water or use hand sanitiser (containing at least 60 percent alcohol). Ensure your hands are dry.
- Avoid touching your face, as infection can still be introduced by touching your eyes, mouth or nose, or if you are not wearing your face mask correctly.
- Face masks should not be moved or adjusted during use. This includes being pulled up or pulled down below your chin. If you need to remove your mask - remove it safely (as below), dispose of it appropriately and clean your hands.
- Replace the face mask every 4 hours or earlier if it becomes damp, damaged or soiled.

### 3.4.4 How to remove a mask and dispose of it safely

1. Use hand sanitiser (containing at least 60 percent alcohol) Or clean your hands with soap and water. Ensure your hands are dry.
2. Remove the face mask from behind (do not touch the front of the mask) by untying ties or removing loops and pull it away from your face. Be careful not to touch your eyes, nose and mouth when removing your mask.
3. Dispose in a rubbish bin or place into a bag and seal before putting into a rubbish bin.
4. Clean your hands again after disposing of the mask (as above).

### 3.4.5 Mask Use

Note that the requirement to wear medical masks in staff areas may change depending on the COVID-19 alert level for the region and MoH recommendations. Staff are expected to be aware of the current guidance and wear masks appropriately.



## 3.5 Order for putting on and removing PPE

### 3.5.1 Order for putting on PPE

Perform hand hygiene then:

1. Put on gown or apron;
2. Put on mask;
3. Put on protective eyewear (if required);
4. Put on gloves.

### 3.5.2 Order for removing PPE

1. Remove gloves;
2. Perform hand hygiene;
3. Remove gown;
4. Perform hand hygiene;
5. Remove protective eyewear (if worn and separate from mask);
6. Perform hand hygiene;
7. Remove mask;
8. Perform hand hygiene.

Refer to **Appendix 4** and **Appendix 5** for pictorial representations of the sequence for putting on and removing PPE safely.

## 4. IPC requirements for returnees

All returnees to be supplied with medical masks as per facility protocol including advice on how to put on and take off, when to change a mask, how to request additional masks and how to dispose of safely and appropriately.

### 4.1 IPC requirements for returnees in MIFs

Returnees may leave their room but **MUST**:

- Perform hand hygiene (wash hands or use alcohol-based hand rub) on leaving room
- Wear a medical mask at all times when out of their room (this includes exercise area)
  - when opening door (ie. during daily health monitoring)
  - when collecting meals from outside of door
  - when receiving clean linen
  - when placing used items out in corridor areas
- Remain 2 metres from staff and other returnees that they are not sharing a room with (or those not in the returnee's approved bubble if located in more than one room).
- Perform hand hygiene (wash hands or use alcohol-based hand rub) on entry/exit to exercise or COVID-19 testing area
- If symptoms develop, returnees are to be managed as if they are a close contact/probable case in room until test results are known.
  - Only transfer to quarantine facility/wing if returnee tests positive (or if deemed to be "probable" case) after discussion with Medical Officer of Health.
  - May no longer be managed as close contact/probable case only as advised by medical Officer of Health/ Clinical Microbiologist/ID

### 4.2 IPC requirements for returnees identified as close contacts

In addition to above, returnees may **NOT** leave room **unless**:

- Approval has been given by nursing/NZDF staff and a designated time/place for exercise is identified.
- Wear a medical mask at all times when out of their room (this includes exercise area)
  - when opening door (ie. during daily health monitoring)
  - when collecting meals from outside of door
  - when receiving clean linen
  - when placing used items out in corridor areas
- Remain 2 metres from other returnees that they are not sharing a room with (or not in approved bubble with) and staff
- Perform hand hygiene (wash hands or use alcohol-based hand rub) on leaving room and on entry/exit to exercise area
- If the returnee is symptomatic, in addition to the above requirements, they must be escorted by a MIQF staff member when they leave their room. Refer to the **MIQF Operations Framework** for further guidance.

### **4.3 IPC requirements for returnees identified as confirmed or probable cases**

May **NOT** leave room unless has a nurse MIQF staff escort, and:

- Wear a medical mask at all times when out of their room (this includes exercise area)
  - when opening door (ie. during daily health monitoring)
  - when collecting meals from outside of door
  - when receiving clean linen
  - when placing used items out in corridor areas
- Remain 2 metres from other returnees that they are not sharing a room with (or in an approved bubble with) and staff
- Perform hand hygiene (wash hands or use alcohol-based hand rub) on leaving room and on entry/exit to exercise area.
- Dedicated equipment should be available for twice daily monitoring and disinfected between each returnee use.

### **4.4 Risks when Standards and advice are not adhered to**

- Anyone at the hotel is at increased risk of being exposed to COVID-19 if isolation/ quarantine advice is not followed or is breached.
- Staff may be required to self-isolate
- Returnees may be required to extend isolation requirements if the above advice is not followed (ie. start 14-day self-isolation period from the last contact). This will be determined by Clinical staff following assessment of risk or breach of isolation.

## 5. Blood and Body Fluid Exposure (BBFE)

See Blood and Body Fluid Exposure Policy of the DHB for further advice.

- Administer first aid - wash wounds/puncture wounds with soap and water or eyes/ mouth with saline or water
- Report exposure to nursing staff
- Report to ACNM and contact DHB Occupational Health Service or
- Refer to ED if further treatment is required

## 6. General Services

### 6.1 Laundry

Refer to the **MIQF Operations Framework** for principles for laundry.

Providers must comply with Laundry Standards AS/NZS 4146:2000 Laundry Practice and in accordance with the HDSS NZS8134:2008.

External Laundry/ Linen Providers Drop off and Collection of Hotel linen:

- Dirty linen to be segregated from clean linen
- Collection of dirty linen should occur at a designated point (dirty only area/ back of house). External laundry providers must not enter main facility.
- Clean linen must be delivered to clean collection point that is not used for dirty linen
- If Scrubs are provided to staff these remain the property of the distributing DHB and are not be removed from managed isolation premises unless for laundering
- Hotel communal laundry rooms must be closed and not used by returnees
- It is the hotels responsibility to source an appropriate laundry service & laundry bags for returnees to use (they must adhere to laundry standards AS/NZS 4146: 2000) and in adherence to HDSS NZS8134:2008

All full linen bags (including staff scrubs) to be immediately placed in dirty linen cages back of house and not stored in staff areas.

### 6.2 Personal laundry

#### 6.2.1 Personal Laundry of Returnees

- Personal laundry for MIF returnees may be performed in-house by hotel staff providing the hotel has sought advice and approval of their SOP from the IPC Service. Items must be placed in a folded/sealed laundry bag
- Where returnee personal laundry is not undertaken on-site (or by returnee in their room), send to an accredited laundry in designated bag (please ensure top of bag is folded/sealed).

#### 6.2.2 Personal laundry of Returnees identified as close contacts, or confirmed or probable cases

- Personal laundry must be placed in alginate liner bag if required by the laundry operator prior to placing in normal laundry bag (i.e. double bagged or use an impervious linen bag)
- Close contact and confirmed/probable case personal laundry must be sent off site to an accredited laundry in designated bag
- Nurses to collect/ return personal laundry to quarantine rooms

## 6.3 Room linen

### 6.3.1 MIF room linen

- Regular laundry collection should be undertaken by hotel staff
- Returnees to be given linen bags (Alginate bags to be provided if required by laundry operator)
- Linen bags for sheets/ towels etc. should be placed into a linen skip/cage and must not be left on the floor outside rooms
- Where a returnee moves from isolation to quarantine rooms, the room linen should be changed for any members of the returnee's bubble who remain in the isolation room (if applicable).

*Note: Shared linen (e.g. duvets, mattress protectors) may be laundered on-site where returnee has completed their isolation and remained symptom/ COVID-19 free. If linen is changed within the 14 days isolation period, follow laundering as for towels/sheets and send off site.*

### 6.3.2 Close contact room linen

- Returnees to be given linen bags
- Linen bags for sheets/ towels etc should be placed into a linen skip/cage and must not be left on the floor outside rooms
- Regular laundry collection should be undertaken by hotel staff
- Where a returnee moves from close contact/probable case room to confirmed case room, room linen should be changed for remaining returnee
- Shared linen (eg. duvets, throws mattress protectors must be sent off site to an accredited laundry service)

### 6.3.3 Confirmed or probable case room linen

- Linen skips to be placed by quarantine rooms (sheets/towels)
- Returnees to be given linen bags and alginate bag if required by the laundry operator to place their linen in before placing in linen skip
- Damp items should be enclosed in dry linen where possible before placing in the liner bags
- Nursing staff are responsible for placing quarantine linen directly into linen skips
- When laundry bags  $\frac{3}{4}$  full, to be taken to hotel laundry room by nursing staff
- Shared linen (eg. duvets, mattress protectors must be sent off site to an accredited laundry service)

## 7. Cleaning

Environmental cleaning is essential to reducing the risk of transmitting COVID-19. High touch areas and hard surfaces can be contaminated with infectious respiratory droplets. Hands can be contaminated after contact with these surfaces.

Facilities must have cleaning schedules for common areas that documents the date and time the cleaning was undertaken.

The COVID-19 virus is susceptible to standard cleaning and disinfection methods. Regular and thorough cleaning with a hospital-grade detergent/disinfectant will remove infectious matter and prevent transmission of infection to other surfaces, to returnees, hotel staff, and staff from other agencies.

### 7.1 Basic principles of cleaning and disinfection

- Cleaning is necessary to remove dirt and infectious matter before the use of disinfectants unless a combined detergent/disinfectant product is used. If dirt and infectious matter are not removed, they can reduce the ability of disinfectants to kill germs (bacteria and viruses).
- Cleaning physically removes germs, dirt and infectious matter from surfaces using a detergent and water solution; disinfectants use chemicals to kill germs on surfaces.
- Any surfaces that are frequently touched should be prioritised for cleaning, such as door handles, handrails, light switches, horizontal surfaces such as counter tops and tables, EFTPOS machines, touch screens, taps, sinks and toilets. However, all touchable surfaces should be cleaned. Any surfaces that are visibly dirty should also be cleaned as soon as they are identified, regardless of when they were last cleaned or next scheduled to be cleaned.
- Cleaning should start with the least soiled (cleanest) to most soiled (dirtiest) areas, and from higher to lower levels in a systematic manner to avoid missing any areas.
- Cleaning practices and cleanliness of the hotel environment should be routinely monitored, audited, and feedback given to cleaning staff as a means of maintaining and reinforcing good practice.

*NOTE: External cleaning contractors are not to enter a secure site – for any environmental decontamination queries contact the DHB's IPC service, (this includes check-out cleaning)*

### 7.2 Cleaning of returnees' rooms during their 14-day isolation or quarantine period

#### 7.2.1 IPC precautions

- Returnees to clean their own rooms/ change own linen (or as per facility protocol)
- Hospital grade disinfectant/cleaning materials as approved by IPC services to be used.
- Returnees must be provided with the materials (eg. cloths, wipes, dust pan and brush if required) and given guidance on when and how to clean their rooms during their stay.
- Returnees are not to use the general facility vacuum cleaner during their stay. If room needs urgent vacuuming the returnee should contact housekeeping.
- Cleaners and housekeeping should not enter a returnee's room but if they are required to enter for cleaning or to change bedding, they must wear appropriate PPE and be competent in using it safely

(see the **MIQF Operations Framework**). They should discuss with the healthcare staff at the facility who may accompany them.

- When cleaning tasks are completed, staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitiser.

## 7.2.2 Cleaning protocol for returnee rooms during their 14-day stay

### 7.2.2.1 PPE requirements

If the need arises for housekeeping and cleaners to enter a returnee's room to conduct cleaning, they must wear long-sleeved fluid resistant gown and gloves and a mask regardless if the returnee is present or not and any other protective items recommended by the manufacturer of the cleaning products.

Order of PPE donning (putting on)	Order of PPE doffing (removal)
<ol style="list-style-type: none"> <li>1. Hand hygiene</li> <li>2. Long-sleeved gown</li> <li>3. Mask</li> <li>4. Protective eyewear (if required)<sup>1</sup></li> <li>5. Gloves (these can include heavy duty household gloves).</li> </ol> <p>(if required)<sup>1</sup> Is determined by the recommendation from the manufacture of the cleaning product(s).</p>	<ol style="list-style-type: none"> <li>1. Gloves</li> <li>2. Hand hygiene</li> <li>3. Gown</li> <li>4. Hand hygiene</li> <li>5. Protective eyewear (if separate from mask) and mask.</li> <li>6. Hand hygiene</li> </ol>

### 7.2.2.2 Method:

Manual room clean

### 7.2.2.3 Cleaning Products:

Hotel SOPs should include cleaning products that are approved or same as hospital grade products.

### 7.2.2.4 Cleaning order for cleaning during a returnee stay: clean to dirty

As per the Hotel SOPs when cleaning during a guest stay.



## 7.3 Cleaning of rooms in between returnees

Room cleaning must occur as per the below standard following occupancy irrespective of the length of time the room was occupied (eg, after a 14-day isolation period, when returnees move from their room, or after a short stay in a MIQF).

### 7.3.1 IPC precautions

- For routine cleaning when the returnee room is vacated (when there has not been a known case of COVID-19), the cleaner should wear appropriate gloves and any other protective items recommended by the manufacturer of the products used.
- Hotel staff (other than cleaning staff) do not enter rooms before they have been cleaned.
- Rooms can be cleaned immediately after returnee has checked out
- The hotel standard operating procedures for cleaning should be followed. It should include clear instructions on cleaning responsibilities, products to be used, and systematic cleaning processes to ensure no areas are missed. Refer to **Section 7.3.2.4 'Cleaning order for cleaning a vacated room: clean to dirty'**
- Use hypochlorite disinfectants (bleach), products that contain  $\geq 70\%$  alcohol, or hospital grade detergent/ disinfectant products in accordance with manufacturer's instructions.<sup>3</sup>
- If using products that can be used for both cleaning and disinfecting, make sure that the instructions on the label are followed to ensure they work effectively.
- When cleaning tasks are completed, staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

### 7.3.2 Cleaning protocol for returnee rooms after their 14-day stay

#### 7.3.2.1 Personal protective equipment (PPE) for Hotel Cleaners

Wear gloves, and any additional appropriate PPE according to product manufacturer recommendations e.g. eye protection, protective gown

Order of PPE donning (putting on)	Order of PPE doffing (removal)
<ol style="list-style-type: none"> <li>1. Hand hygiene</li> <li>2. Gown (if required)<sup>1</sup></li> <li>3. Mask (if required)<sup>1</sup></li> <li>4. Protective eyewear (if required)<sup>1</sup></li> <li>5. Gloves (these can include heavy duty household gloves).</li> </ol> <p>(if required)<sup>1</sup> is determined by the recommendation from the manufacture of the cleaning product(s).</p>	<ol style="list-style-type: none"> <li>1. Gloves</li> <li>2. Hand hygiene</li> <li>3. Gown (if used)</li> <li>4. Hand hygiene</li> <li>5. Protective eyewear (if separate from mask) and mask (if used)</li> <li>6. Hand hygiene</li> </ol>

#### 7.3.2.2 Cleaning Method and Products:

Manual clean

#### 7.3.2.3 Cleaning Products:

<sup>3</sup> See [Cleaning following a confirmed or probable case of COVID-19](#) for more information on cleaning products.

Use standard hotel SOPs and cleaning products

#### **7.3.2.4 Cleaning order for cleaning a vacated room: clean to dirty**

1. Wearing the appropriate PPE, remove all linen (bedding, towels) for washing and place in routine hotel receptacle for transport to laundry room. Laundry to be put through a commercial hotel process.
2. Remove all crockery, glassware and cutlery and send to be cleaned via a commercially acceptable process i.e. a commercial dishwasher or kitchen process.
3. Clean all table-top appliances (e.g. kettle) according to instructions. Clean inside and outside of all built-in appliances (e.g., refrigerator, oven).
4. Clean all 'high-touch' surfaces such as desks, keyboards, counters, cupboards, table tops, doorknobs, light switches, TV remote and telephone.
5. Spot-clean any marks on soft furnishings.
6. Clean bathroom fixtures, showers and toilets with a separate set of cleaning equipment (disposable cleaning cloths, etc.). Clean from clean to dirty areas wherever possible i.e. toilets last.
7. Vacuum the carpet with a hepa-filtered vacuum cleaner. Steam cleaning of carpets and rugs is not required unless visibly soiled.
8. For hard floor surfaces, clean the floor starting from one end of the premises to another (from the far side of the room working your way to the exit/door).
9. At the end of cleaning, remove all PPE as per the doffing process above and place in a lined container before disposing of them with other household/general waste. Clean your hands immediately after handling these items.
10. Tie up rubbish bags and remove from the room and follow routine hotel SOP for disposal. Clean your hands immediately after handling these items.

### **7.3.3 Cleaning protocol for short stay in a MIQF**

This applies to air and maritime crew who have not completed 14 days of isolation.

#### **7.3.3.1 Personal protective equipment (PPE) for Hotel Cleaners**

Wear a disposable face mask, fluid resistant gown and gloves when cleaning and add any additional PPE according to product manufacturer recommendations eg. if the cleaning product manufacturer recommends eye protection, wear a face shield or goggles.

#### **7.3.3.2 Cleaning order**

Refer to section **7.3.2.4** above for the 'Cleaning order for cleaning a vacated room: clean to dirty'

## 7.4 Cleaning rooms following a confirmed or probable case of COVID-19

### 7.4.1 IPC precautions

- Hotel staff (other than cleaning staff) do not enter rooms before they have been cleaned.
- Do not use steam cleaning devices
- No stand down period is required before cleaning the room after a probable or confirmed COVID-19 case. Facilities may choose to have a stand down period, however this does not need to exceed 1 hour.
- The cleaner must wear adequate PPE and be trained to use it safely (see **section 3** and **section 7.4.2.2**)
- Thorough, systematic cleaning and surface disinfection practices rapidly inactivate the COVID-19 virus on environmental surfaces.
- The hotel standard operating procedures for cleaning should be followed and should include clear instructions on cleaning responsibilities, products to be used, and detailed cleaning processes.
- Use hypochlorite disinfectants (bleach), product
- s that contain  $\geq 70\%$  alcohol, or hospital grade detergent/disinfectant products in accordance with manufacturer's instructions.<sup>1</sup>
- If using products that can be used for both cleaning and disinfecting, make sure that the instructions on the label are followed to ensure they work effectively.
- Soft furnishings can be spot-cleaned if necessary, laundered at temperatures from 60°C-90°C.
- When removing linen also include covers and other fabrics for washing. Place in an impervious linen bag/alginate plastic bag (or non-porous container with lid) for transport to laundry room.
- The steps for putting on and removing PPE safely are outlined in: [Steps to put on and take off PPE safely](#).
- When cleaning tasks are completed, staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

### 7.4.2 Cleaning protocol following a confirmed or probable case

#### 7.4.2.1 Prior to cleaning

Room does not require stand down, however some facilities may choose to do so.

#### 7.4.2.2 Personal protective equipment (PPE)

Wear a disposable face mask, fluid resistant gown and gloves when cleaning and add any additional PPE according to product manufacturer recommendations eg. if the cleaning product manufacturer recommends eye protection, wear a face shield or goggles.

Order of PPE donning (putting on)	Order of PPE doffing (removal)
<ol style="list-style-type: none"> <li>1. hand hygiene</li> <li>2. gown</li> <li>3. mask</li> <li>4. protective eyewear (if required)<sup>1</sup></li> <li>5. gloves (these can include heavy duty household gloves).</li> </ol> <p>(if required)<sup>1</sup> Is determined by the recommendation from the manufacture of the cleaning product(s).</p>	<ol style="list-style-type: none"> <li>1. gloves</li> <li>2. hand hygiene</li> <li>3. gown</li> <li>4. hand hygiene</li> <li>5. protective eyewear (if separate from mask) and mask</li> <li>6. hand hygiene</li> </ol>

#### 7.4.2.3 Cleaning Methods:

1. Manual clean.
2. Non-touch technologies (ie vaporized 35% hydrogen peroxide) machines may be used to supplement environmental cleaning after a probable or confirmed COVID-19 case has vacated their room. However:
  - The use of non-touch cleaning technologies **does not replace the need for manual cleaning procedures**
  - Non touch cleaning chemicals is **not** necessary to achieve effective environmental disinfection in a non-healthcare setting
  - Operators of non-touch cleaning technologies should ensure that they are familiar with using these machines to mitigate incidents such smoke alarm activation. Knowledge of the facility airducts and ventilation systems should be fully understood before operating non-touch technologies.

#### 7.4.2.4 Cleaning Products:

1. Manual Isolation clean: hypochlorite disinfectant minimum 0.5% solution (bleach), ≥70 alcohol or detergent/disinfectant products in accordance with the manufacturer's instructions for cleaning following a probable or confirmed case of COVID-19, or products approved by the IPC lead. Recommended cleaning product should be a 2-in-1 product (containing both cleaning and disinfectant properties) to increase efficiency.
2. Non touch technologies ie 35% hydrogen peroxide (if using).

#### 7.4.2.5 Cleaning order

Refer to Section 7.3.2.4 'Cleaning order for cleaning a vacated room: clean to dirty' Cleaning order for cleaning a vacated room: clean to dirty

## 7.5 Further information on cleaning

- No-touch technologies for applying chemical disinfectants (e.g. vaporized hydrogen peroxide) after a probable or confirmed COVID-19 case has vacated their room may be used to supplement environmental cleaning, but they do not replace the need for manual cleaning procedures. If using a no-touch disinfection technology, environmental surfaces must be cleaned manually first to remove organic matter.<sup>4</sup>
- No-touch technologies are designed for use in settings where high levels of environmental contamination are present. While individual MIQFs may decide to utilise this option, it is not considered necessary to achieve effective environmental disinfection in the non-healthcare setting.
- For further information on cleaning follow the guidance in: [COVID-19: Cleaning FAQs](#)

## 7.6 General cleaning of medical equipment

- Shared medical multi-use equipment must be decontaminated with hospital grade cleaning/disinfection products between use on returnees and on return to the PPE trolley.

## 7.7 General cleaning of common areas

- Any surfaces that are frequently touched or high touch points should be prioritised for cleaning, such as lift buttons, door handles, handrails, light switches, horizontal surfaces such as counter tops and tables, EFTPOS machines, touch screens, taps, sinks and toilets. However, all touchable surfaces should be cleaned regularly.
- Frequently touched or high touch points (eg. lift buttons, exit buttons, door handles, stair rails - in areas that stairs are used) are to be cleaned more frequently in proportion to their use (i.e. cleaned more frequently if used more often).
- Returnee common areas to be cleaned include, hallways, stairwells, lifts, lobby, reception areas, exercise, smoking areas and testing or health assessment areas. Areas such as hallways may be cleaned once daily if they are not frequently used. All other high-touch common areas should be cleaned at least twice daily.
- Any surfaces that are visibly dirty should also be cleaned as soon as they are identified, regardless of when they were last cleaned or the next scheduled clean.
- Staff communal areas to be cleaned regularly by hotel housekeeping, and staff after use ie, surfaces that have been touched eg. tables or desks in staff meeting/hand over rooms

## 7.8 Cleaning of items to be sent from a facility

This section applies to the cleaning of returnee's personal belongings for the purpose of the item being sent out of the facility before the returnee's period of isolation or quarantine has been completed.

Items belonging to a returnee that urgently need to be collected by a family or nominated person must be able to be cleaned appropriately. Suitcases full of clothing etc and gifts are not considered essential. How cleaning is undertaken needs to be done on a case by case scenario in discussion with the IPC lead and must not become an additional burden or expectation to the MIFQ staff to organise or arrange.

<sup>4</sup> World Health Organization (WHO) 16 May 2020. Cleaning and disinfection of environmental surfaces in the context of COVID-19. [Cleaning and disinfection of environmental surfaces in the context of COVID-19](#) accessed 16 July 2020.

### Cleaning of items

- It must be established that items to be collected or posted can be cleaned. (ie, not of a fabric/material type items), and
- Items will not suffer any erosion or damage from cleaning and disinfecting products/procedures used, as to not place the facility under any liability for damage
- Items must be cleaned using the cleaning and disinfection products approved for use at the facility. PPE should be worn by the member of staff designated with this task aligned with PPE requirements in section 3.1 **Summary of PPE requirements in MIQFs.**

## 7.9 Safe handling of blood and body fluid spillage

Spillages of blood and other body fluids are considered hazardous and must be dealt with safely, swiftly and effectively by staff in a safe manner to minimise risk of exposure.

When cleaning and disinfecting blood and body fluid spills:

- Ensure the appropriate PPE is worn e.g. mask/ gloves/apron/ eye protection
- Large spills soak up with absorbent material and discarded into medical waste immediately
- Clean and disinfect area with hospital grade disinfectant

## 7.10 Kitchens / Tray collection

Refer to the **MIQF Operations Framework** for principles for food handling.

- Hotel staff are not required to wear gloves for delivery of food trays. Medical masks must be worn.
- Hotel staff are responsible for tray collection in isolation areas
- Hotel staff to ensure the meal trolleys are cleaned and disinfected thoroughly after use
- Disposable aprons/masks may be worn when returning directly to kitchen area
- If used, gloves **must** be changed when leaving isolation area and hand hygiene performed.

### 7.9.1 Delivery of food and tray collection to returnees identified as a confirmed or probable case

- Hotel staff are not required to enter quarantine area/room
- Nursing staff to assist with delivery of meals (noting that meals are delivered in disposable containers).
- Disposable crockery/ cutlery should be used in quarantine areas

## 8. IPC requirements during transport

### 8.1 Vehicle cleaning protocol

- Vehicle is to be empty of people before cleaning starts.
- Clean vehicle as soon as possible after use.
- Cleaners to wear face masks and gloves, referring to **Section 3.4 'How to use a face (medical) mask safely'**.
- Vehicle should be ventilated to the outside while cleaning if possible (open windows/door to create through draft).
- Wipe flat surfaces with hospital grade detergent/disinfectant product in accordance with manufacturer's instructions.<sup>5</sup>
- Wipe all touched surfaces including (but not limited to):
  - Door handles (inside and outside), window handles, glove box and compartment handles (inside and outside) and any other item that is frequently touched
  - Driver controls
  - Seatbelts and seatbelt fasteners
  - Safety handles and bars (entry and exit handles, compartment bars)
  - Seats if practical (including back of seat)
- Dispose of cleaning wipes, face masks and gloves in appropriate manner. Perform hand hygiene after removing gloves and face mask.

### 8.2 Rest stop IPC requirements

- Passengers should be reminded to regularly perform hand hygiene, practice cough and sneeze etiquette, and maintain physical distancing of 2m at all times.
- Members of the public must not have access to the bathroom facilities before they are cleaned.
- Bathrooms should be cleaned with hospital grade cleaning and disinfectants products immediately after the bus/mini-van departs the rest stop.
- It is sufficient to clean and disinfect the bathrooms after each bus/mini-van load, unless there is a toileting accident in the bathroom, in which case it will need to be cleaned before the next occupant.
- Those cleaning the bathroom(s) should be present for the duration of the rest stop in the event the bathroom(s) need to be cleaned in between occupants (e.g. if there is an accident) and to ensure cleaning takes place promptly before bathrooms are re-opened for public use.

#### 8.2.1 Rest stop cleaning protocols

Cleaners must wear gloves and face mask and any other protective items recommended by the manufacturer of the cleaning products.

- Wipe with a hospital grade cleaning and disinfecting product in accordance with manufacturer's instructions, all touched surfaces including (but not limited to):

<sup>5</sup> See [Cleaning following a confirmed or probable case of COVID-19](#) for more information on cleaning products.

- Door handles (inside and outside), taps, toilet seat lid and any other item that are frequently touched with hands
- Dispose of cleaning wipes and gloves in appropriate manner.
- Perform hand hygiene after removing gloves.

## 8.3 Cleaning measures for domestic flights

Cleaning of domestic planes must occur of recently arrived returnees, who have not completed time in a MIQF. The plane is to be empty of people before cleaning starts, and the plane should be cleaned as soon as possible after use.

Cleaners must wear gloves and face mask and any other protective items recommended by the manufacturer of the cleaning products.

### 8.3.1 Plane cleaning protocol:

- Wipe with hospital grade cleaning and disinfecting product:
  - All flat surfaces that the passengers were in contact with,
  - All touched surfaces including (but not limited to):
    - Handles, trays and any other item that is frequently touched
    - Seatbelts and seatbelt fasteners
    - Compartment bars
    - Seats (including back of seat)
- Dispose of cleaning wipes, face masks and gloves in appropriate manner. Perform hand hygiene after removing gloves and face mask.

### 8.3.2 Cleaning protocols for bathrooms on domestic planes:

- Bathrooms should be cleaned following each use by passengers and staff
- Flight attendants to wear gloves and wipe frequently touched surfaces in the bathroom
- Wipe with a hospital grade cleaning and disinfecting product in accordance with manufacturer's instructions, all touched surfaces including (but not limited to):
  - Door handles (inside and outside), taps, toilet seat lid and any other item that are frequently touched with hands
- Dispose of cleaning wipes and gloves in appropriate manner.
- Perform hand hygiene after removing gloves.



## 9. Waste

Safe and appropriate management of waste in MIQF is very important to prevent the spread of infection. Refer to the **MIQF Operations Framework** for principles for waste management.

### 9.1 All waste / General / Communal Areas

- Medical waste to go into yellow bags
- Mask/glove waste in MIFs may be collected by hotel housekeeping
- All waste in yellow bags must go into yellow contracted biohazard waste bins
- General waste from MIFs and close contacts rooms can go into black (general waste) bin liners and be placed in general waste stream, NOT yellow contracted biohazard waste bins
- Communal bins (i.e. in corridor spaces) MUST have hand sanitiser co-located next to the bin, to enable good hand hygiene practices for those disposing of rubbish. All bins in returnees' rooms must have a bin liner – when the bin is full, the bin liner must be tied off before being placed into the communal rubbish bin. There should be clear laminated signage reminding returnees to sanitise their hands after placing rubbish in the bins. Signage should be visible and appropriately placed near bin and hand sanitiser.
- All rubbish bags must be securely tied with cable tie
- Site-coordinators are to contact contracted biohazard waste disposal company for collection of hard-shell bins when they are  $\frac{3}{4}$  full.
- Disposable gloves must be changed after handling waste and hand hygiene performed

#### 9.1.1 Waste in MIFs

- Hotel staff to collect waste from isolation rooms and rubbish bins in shared areas – appropriate PPE should be worn
- Ensure waste bags are securely tied
- This also applies to the waste generated by close contacts.
- When Hotel staff have completed waste collections they should carefully remove PPE and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

#### 9.1.2 Quarantine Area Waste (waste generated by confirmed or probable\* cases)

- Nursing staff to collect waste from quarantine areas and tie securely
- Waste from quarantine area must go into yellow bags
- Waste to be placed in a hard-shell container and liner secured when  $\frac{3}{4}$  full or double bag and cable tie individual bags before placing in the 660L hard shell container
- Waste to be taken from quarantine areas to back of house by nursing staff
- When nursing staff have completed waste collections they should carefully remove PPE and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

\* Returnee may not have moved to quarantine area at this point, waste to be collected by nursing staff as above if in original room awaiting results.

# 10. Maintenance

## 10.1 Room Maintenance

Where maintenance staff are required to enter the rooms of returnees who are in MIFs or are considered close contacts for repairs or maintenance of some equipment (eg. air conditioning), the following is recommended:

- Rooms to be accessed when the returnee is out of the room (eg. for exercise)
- Maintenance staff to wear medical mask
- Maintenance staff performing maintenance and/or replacing filters on any ventilation system should wear a properly fitted N95/P2 respirator, gloves, and eye protection.
- Returnee must wear a medical mask if present
- Maintain >2m distance where possible
- If >2m cannot be maintained, full PPE including gown, medical mask, eye protection and disposable gloves is required by maintenance person
- When maintenance tasks are completed, maintenance staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer.
- PPE to be disposed of in medical waste (yellow bag)
- Maintenance equipment should be cleaned after use with an approved 2-in-1 cleaning product.
- This applies to rooms occupied by close contacts.

## 10.2 Confirmed or probable case room Maintenance

- Maintenance staff are **not** to enter quarantine rooms
- In the event of an emergency, maintenance staff must be accompanied by a nurse
- Full and appropriate PPE is required to be worn by maintenance staff if entering the room. In addition to other PPE maintenance staff performing maintenance and/or replacing filters on any ventilation system should wear a properly fitted N95/P2 respirator.
- For major equipment failure, moving the returnee to an alternate room is suggested in consultation with site lead
- When maintenance tasks are completed, maintenance staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

# 11. Changes to hotel configurations


Any changes to hotel configuration need to be authorised by the RIQ-CC NZDF Sites Manager and RIQ-CC Health Lead, in conjunction with the Infection Prevention & Control Service, and notification of changes to be directed to MBIE, the Ministry of Health and relevant Public Health Unit.

## 12. Emergency evacuations

In the event of an emergency evacuation, staff should be familiar with the hotel's evacuation plans which includes processes on ensuring returnees and staff have been supplied with a medical mask, physical distancing, evacuation zones and appropriate follow up following an emergency evacuation.

Refer to the **MIQF Operations Framework** for further guidance regarding management of emergency evacuations, and the '**Stay SOP**' for further guidance regarding evacuation protocols.

# Appendix 1 PPE required when working in a MIQF

	MANAGED ISOLATION with no COVID-19 symptoms				QUARANTINE ISOLATION with probable or confirmed COVID-19 infection				
	NON-HEALTH WORKER <i>Eg. Hotel/Security/Defence Force/Police</i>	HOTEL CLEANING STAFF	HEALTH-CARE WORKER	GUESTS	NON-HEALTH WORKER <i>Eg. Hotel/Security/Defence Force/Police</i>	ALL STAFF <i>Hotel/Security/Defence Force/Police/Healthcare Worker</i>	HOTEL CLEANING STAFF	HEALTH-CARE WORKER	GUESTS
	Supervising / delivering meals or goods / providing hospitality	Cleaning guest room	Providing care, clinical assessment or a procedure within 2m	No COVID-19 symptoms	Supervising / delivering meals or goods / providing hospitality	Contact within 2m or entering a guest room	Cleaning guest room and on exit	Providing care, clinical assessment or a procedure within 2m	Probable or confirmed COVID-19 infection
 Hand Hygiene	✓	✓	✓	✓	✓	✓	✓	✓	✓
 Medical Masks	✓ <sup>1</sup> <i>when within 2m of guest<sup>2</sup></i>	✓ <i>when within 2m of guest<sup>2</sup></i>	✓	✓ <i>when outside their rooms or a staff member is in their room</i>	✓ <sup>1</sup> <i>when within 2m of guest<sup>2</sup></i>	✓	✓	✓	✓ <i>when outside their rooms or a staff member is in their room</i>
 Eye Protection	✗	✓	✓	-	✗	✓	✓	✓	-
 Apron or Gown	✗	✓	✓	-	✗	✓	✓	✓	-
 Disposable Gloves	✗	✓	✓	-	✗	✓	✓	✓	-
<p><b>MAINTAIN 2M PHYSICAL DISTANCING FROM GUESTS</b></p> <p><b>FOLLOW BASIC HYGIENE MEASURES</b></p> <p><b>KEEP INTERACTIONS WITH GUESTS TO A MINIMUM</b></p>									

1. A N95/P2 respirator is required for maintenance or service of air conditioning units and heat pumps
2. Refer to your individual facility guest area requirements

## Appendix 2 How to wear a face mask safely

MANAGED ISOLATION  
AND QUARANTINE

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# How to wear a face mask safely

### PUTTING ON A FACE MASK:



#### Clean your hands.

Before you put on your face mask, wash and dry your hands or use hand sanitiser.



#### Check your face mask.

Make sure it is clean, dry and not damaged.



#### Put on your face mask.

Place the face mask over your nose, mouth and chin, and place the loops over your ears to hold the mask in place.



**Replace the face mask every four hours or earlier if it becomes damp, damaged or dirty.**

Dispose of face masks in a rubbish bin.



#### Clean your hands.

Wash and dry your hands or use hand sanitiser.

### WHEN WEARING A FACE MASK YOU SHOULD AVOID:



Touching the front of your mask.



Touching your face.



Moving your face mask.

This is specific guidance for face mask use in Managed Isolation and Quarantine Facilities (MIQF). You must only wear single-use face masks that are provided by the MIQF. You must only wear these face masks once – you need to wear a new face mask each time you leave your room. If you run out of single-use face masks, contact the MIQF staff and they will provide you with more.

## Appendix 3 How to remove a face mask

MANAGED ISOLATION  
AND QUARANTINE

Unite  
against  
COVID-19

# How to remove a face mask



### Clean your hands.

Before you put on your face mask, wash and dry your hands or use hand sanitiser.



### Remove your face mask.

Take your face mask off by removing from the earloops.



### Dispose of face masks in a rubbish bin.

Do not re-use or try to disinfect single-use face masks.



### Clean your hands.

After you take off your face mask, wash and dry your hands or use hand sanitiser.

This is specific guidance for face mask use in Managed Isolation and Quarantine Facilities (MIQF). You must only wear single-use face masks that are provided by the MIQF. You must only wear these face masks once – you need to wear a new face mask each time you leave your room. If you run out of single-use face masks, contact the MIQF staff and they will provide you with more.

## Appendix 4 Sequence for putting on PPE

### MANAGED ISOLATION AND QUARANTINE

## Sequence for putting on Personal Protective Equipment (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

**Hand hygiene must be performed before putting on PPE**

### 1. GOWN (Long sleeve fluid resistant gown)

- › Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- › Fasten in back of neck and waist



### 2. MEDICAL MASK<sup>1</sup> OR N95/P2 RESPIRATOR<sup>2</sup>

- › Secure ties or elastic bands at middle of head and neck
- › Fit flexible band to nose bridge
- › Mould mask to fit snugly to nose, face and chin
- › Fit check respirator and ensure no air leaks around face felt



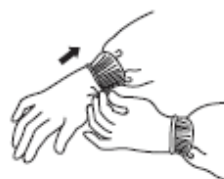
### 3. EYE PROTECTION

- › Place over face and eyes and adjust to fit
- › Straps for goggles or full face shield (if using) should go over head. Adjust to fit as necessary. If using approved safety glasses put on, and ensure they fit comfortably.



### 4. GLOVES

- › Extend to cover elasticated cuff of gown



**USE SAFEWORK PRACTICES, ENSURE YOU ARE FAMILIAR WITH PUTTING ON PPE CORRECTLY.**

- › Wash/sanitise your hands before putting PPE on, check items for any damage.
- › Change any items if they become damaged or soiled.

<sup>1</sup> A medical mask must be either a Type IIR, Level 2 or Level 3 mask.

<sup>2</sup> N95/P2 respirator. Only required for maintenance of air conditioning units; aerosol generating procedures or airborne isolation



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# Appendix 5 How to safely remove PPE

## MANAGED ISOLATION AND QUARANTINE

### How to safely remove Personal Protective Equipment (PPE)

Safely remove PPE without contaminating your clothing, skin or mucous membranes with potentially infectious materials. **Remove PPE in the following sequence:**

#### 1. GLOVES

- › Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- › Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- › Discard gloves into a waste container
- › **Perform hand hygiene**



#### 2. GOWN

- › Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- › Pull gown away from neck and shoulders, touching inside of gown only
- › Turn gown inside out
- › Fold or roll carefully into a bundle and discard into a waste container
- › **Perform hand hygiene**



#### 3. EYE PROTECTION

- › Remove goggles or face shield from the back by lifting head band or ear pieces
- › If the item is reusable, place in designated receptacle for reprocessing.
- › **Perform hand hygiene**



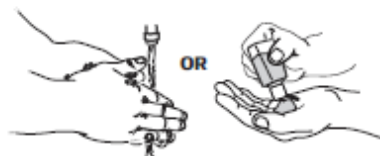
#### 4. MASK

- › Untie the bottom ties or elastics of mask and remove without touching the front
- › Discard into a lined waste container
- › **Perform hand hygiene**



#### WASH HANDS

**REMEMBER TO WASH HAND OR USE AN ALCOHOL BASED HAND SANITISER EACH TIME YOU REMOVE AN ITEM OF USED PPE.**



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# Infection Prevention and Control

Standard Operating Procedures

Version 1.3

Released 25 November 2020

*Next release due: 14 December 2020*



MINISTRY OF BUSINESS,  
INNOVATION & EMPLOYMENT  
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# MIQ Standard Operating Procedure Cover Sheet

Managed Isolation and Quarantine Team (Ministry of Health) and Infection Prevention and Control Sub-group (Ministry of Health).

## Sign-Off Sheet

<b>Standard Operating Procedure</b>	Infection Prevention and Control
<b>Version number</b>	1.3
<b>Release Date</b>	25 November 2020

<b>GM COVID-19 Border and Managed Isolation</b>	Shona Meyrick
<b>Signature</b>	
<b>Date</b>	25 November 2020

<b>Chief Nursing Officer and MoH IPC-lead</b>	Margareth Broodkoon
<b>Signature</b>	
<b>Date</b>	25 November 2020

## Consultation

To inform the development of version 1.3 of the IPC SOP, the Ministry of Health (MoH) Infection Prevention and Control (IPC) sub-group received and considered feedback from:

- The MIQ IPC leads;
- A-RIQ-CC.

Refer to the **Key changes tracker** on page 6 for a summary of the key changes made since Version 1.2, and refer to the **Upcoming changes** section on page 7 for an overview of updates to the IPC SOP due for inclusion in version 1.4 (due for release on 14 December 2020).

Feedback on version 1.3 of the IPC SOP can be directed to:

[COVID-19.mi.ops.framework@health.govt.nz](mailto:COVID-19.mi.ops.framework@health.govt.nz)

by **end of Wednesday 2 December 2020**.

## Development process

The MoH IPC sub-group led the development of the IPC standard operating procedures (SOP) using:

- Existing IPC guidance from previous iterations of the MIQF Operations Framework;
- CDHB-developed IPC documentation that was endorsed by the DHB IPC-leads; and
- Additional guidance that was developed following the first round of IPC audits of MIQFs.

Further refinements to the IPC SOP have been made on the basis of feedback from a range of stakeholders, as above.

This IPC SOP will continue to be refined by the MoH IPC sub-group and MIQ team, in partnership with the MIQ DHB IPC-leads, to ensure it reflects best practice in IPC.

## Peer Review/Quality Assurance Check

Peer review provides a 'fresh pair of eyes' to ensure that the SOP meets MoH and MBIE's quality standards, ensuring that it is clear, concise and fit for use.

Quality assurance is proof reading, checking for spelling, grammar and formatting, and for accuracy and relevancy and lastly that the SOP follows the MBIE style guide.

# Document management and control

## Revision history

Version	Date	Author	Position	Description of changes
0.1	25 September 2020	Hannah King	Senior Advisor (MoH)	First draft created from content taken from MIQF Operations Framework.
0.2 – 0.6	28 September – 1 October 2020	Jane Pryer	Clinical Principal Advisor, IPC (OCCO, MoH)	MoH IPC subgroup and MoH MIQ team reviewed and refined content until final version approved. Majority of content taken from CDHB IPC document.
		Tanya Jackways	IPC Advisor (MoH)	
		Alice Palmer	Senior Advisor (MoH)	
		Hannah King	Senior Advisor (MoH)	
1.0	02 October 2020	Alice Palmer	Senior Advisor (MoH)	Prepared for signoff
		Hannah King	Senior Advisor (MoH)	
1.1	12 – 18 October	Tanya Jackways	IPC Advisor (MoH)	Considered feedback received from stakeholders, consulted with the MoH IPC subgroup, and updated and refined content.
		Jane Pryer	Clinical Principal Advisor, IPC (OCCO, MoH)	
	19 October	Hannah King	Senior Advisor (MoH)	Prepared for signoff
1.2	23 – 30 October	Tanya Jackways	IPC Advisor (MoH)	Considered feedback received from stakeholders, consulted with the MoH IPC subgroup, and updated and refined content.
		Jane Pryer	Clinical Principal Advisor, IPC (OCCO, MoH)	
	2 November	Hannah King	Senior Advisor (MoH)	Prepared for signoff
		Alice Palmer	Senior Advisor (MoH)	
1.3	9 – 25 November	Tanya Jackways	IPC Advisor (MoH)	Considered feedback received from stakeholders, consulted with the MoH IPC subgroup, and updated and refined content.
		Jane Pryer	Clinical Principal Advisor, IPC (OCCO, MoH)	
	25 November	Hannah King	Senior Advisor (MoH)	Prepared for signoff
		Alice Palmer	Senior Advisor (MoH)	

## Key changes tracker

The below outlines key changes that have been made since the previous released version.

Version	Date	Section/Appendix	Page	Summary of changes
1.3	25/11/20	<b>Section 3.5 Use of N95/P2 particulate respirators</b> and throughout document where applicable (eg, <b>Section 3.1 Summary of PPE requirements in MIQFs</b> )	18	Provided guidance for the use of N95/P2 respirator masks by workers in MIQFs.
1.3	16/11/2020	<b>Section 7.7 General cleaning other non-medical equipment or items</b>	31	Provided guidance for cleaning non-medical equipment or items that are to be removed from returnees' rooms (e.g. exercise equipment).
		<b>Section 7.7.1 Cleaning when a shared phone is used for interpreters</b>	31	Provided guidance for the cleaning and use of shared phones for interpretation services.



## Upcoming changes

The following are key upcoming changes that are a work in progress for a subsequent version of the IPC SOP:

- Guidance for managing IPC breaches
- Reviewing and clarifying current guidance following October IPC audit recommendations

*Note: Version 1.4 of the IPC SOP is due for release on 14 December 2020. For feedback to be considered for inclusion in Version 1.4, please submit it to [COVID-19.mi.ops.framework@health.govt.nz](mailto:COVID-19.mi.ops.framework@health.govt.nz) by end of day **Wednesday 2 December**. All feedback received after this time will be logged for consideration at a later date.*



# 1. Purpose

This document provides the national-level SOP for all aspects of Infection Prevention and Control (IPC) in Managed Isolation and Quarantine Facilities (MIQFs). This SOP ensures that MIQFs meet the IPC requirements of the **MIQF Operations Framework**. This SOP should be viewed in conjunction with the **MIQF Operations Framework**.

In keeping with the guidance and requirements included throughout the **MIQF Operations Framework**, sections where guidance for dual-use facilities or QFs differs from MIFs will be indicated in a yellow box like this one.

**Note:** It is important that you are familiar with the facility 'zoning' protocols of how facilities identify returnees and their COVID-19 status as they move through the facility during their stay.

## 2. Hand Hygiene

Hand hygiene is the most essential hygiene measure that minimises transmission of infectious droplets from one person to another and to other surfaces. Hand hygiene by washing (with soap and water) and drying hands thoroughly and using alcohol-based hand rub containing a minimum of 60% alcohol must be performed frequently by returnees and staff.

Hand hygiene should be performed by all staff:

- Before taking breaks; and
- After leaving zones where returnees are; and
- Before entering a staff area or zone; and
- Before and after meals or breaks; and
- After using the toilet; and
- After providing any cares or having any physical contact with a returnee or their belongings; and
- Before and after donning and doffing PPE.

Hand hygiene should be performed by all returnees:

- Before putting on a mask; and
- After removing a mask and putting in waste bin; and
- Before leaving their room; and
- Before and after exercising; and
- After handling waste, i.e. putting items into any waste bin.

## 3. Personal Protective Equipment (PPE)

PPE is worn at the MIQF to protect staff and returnees from potential exposure to infections and is selected depending on the work undertaken. PPE includes a medical mask, long sleeved fluid resistant gown or plastic apron, gloves and eye protection and is worn dependent on the interaction and activity. Refer to the **MIQF Operations Framework** for further guidance regarding PPE requirements.

### 3.1 Summary of PPE requirements in MIQFs

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
Returnees	<ul style="list-style-type: none"> <li>During transport</li> <li>At the facility</li> </ul>	<ul style="list-style-type: none"> <li>Returnees must wear the provided medical mask at all times when outside their rooms. Exemptions may apply.<sup>7</sup></li> <li>If being transported to another facility or for exercise the returnee must wear a medical mask.</li> <li>Refer to <b>Section 10.10 in the MIQF Operations Framework</b> for guidance for face mask use when using the exercise area and <b>Section 10.11 in the MIQF Operations Framework</b> for guidance for face mask use when using the smoking area.</li> </ul>	<ul style="list-style-type: none"> <li>Returnees must wear a provided medical mask at all times when outside their rooms. Exemptions may apply.<sup>1</sup></li> <li>If being transported to another facility the returnee must wear a medical mask.</li> <li>Refer to <b>Section 10.10 in the MIQF Operations Framework</b> for guidance for face mask use when using the exercise area and <b>Section 10.11 in the MIQF Operations Framework</b> for guidance for face mask use when using the smoking area.</li> </ul>
Hotel staff: general	<ul style="list-style-type: none"> <li>Interactions between hotel staff and returnees</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> <li>If a staff member is required to enter a returnee's room the returnee should not be present.</li> <li>If they are present a medical mask must be worn. The returnee must also wear a mask.</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> <li>If a staff member is required to enter a returnee's room the returnee should not be present. If the returnee is present a medical mask must be worn. The returnee must also wear a medical mask.</li> </ul>

<sup>1</sup> Those who are exempt includes passengers with medical conditions that prevent them from wearing face masks, young children under 6 years of age or anyone who is unable to remove a face mask without assistance. Although children under 6 years of age are exempt from wearing a face mask, their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so, however these should be single use medical masks. Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents or care givers should be encouraged to assist children to perform hand hygiene.

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
		<ul style="list-style-type: none"> <li>Interactions with returnees should be kept to a minimum</li> <li>If staff may come into contact with the environment (e.g. assisting with cleaning a room <b>during</b> the returnee's stay) they should wear a long-sleeve gown</li> </ul>	<ul style="list-style-type: none"> <li>For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> <li>Interactions with returnees should be kept to a minimum</li> <li>If staff may come into contact with the environment (e.g. assisting with cleaning a room <b>during</b> the returnee's stay) they should wear a long-sleeve gown</li> </ul>
Hotel staff: house keeping and cleaners	<ul style="list-style-type: none"> <li>Cleaning of returnees' rooms <b>during</b> 14-day isolation/quarantine</li> </ul>	<ul style="list-style-type: none"> <li>Returnees to clean their own rooms during their 14-day isolation period, however;</li> <li>If staff are required to clean a room, the returnee should not be present. Staff must wear gown and gloves and a medical mask regardless if the returnees is present or not and any other protective items recommended by the manufacturer of the cleaning products</li> <li>If the returnee is present, the returnee must also wear a medical mask</li> </ul>	<ul style="list-style-type: none"> <li>Returnees to clean their own rooms during their 14-day quarantine period, however;</li> <li>If staff are required to clean a room, the returnee should not be present. Staff must wear gown and gloves and a medical mask regardless if the returnee is present or not and any other protective items recommended by the manufacturer of the cleaning products</li> </ul>
Hotel staff: house keeping and cleaners	<ul style="list-style-type: none"> <li>Cleaning of returnees' rooms <b>in-between</b> returnees</li> </ul>	<ul style="list-style-type: none"> <li>For routine cleaning (when there has not been a probable or confirmed case of COVID-19), appropriate gloves and any other protective items recommended by the manufacturer of the cleaning products</li> </ul>	<ul style="list-style-type: none"> <li>For cleaning after a probable or confirmed case of COVID-19 has vacated the room, medical mask, gown and gloves to be worn and any other protective items (such as eye protection) recommended by the manufacturer of the cleaning products.</li> </ul>
Hotel staff maintenance	<ul style="list-style-type: none"> <li>Undertaking specific on-site maintenance</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> </ul>

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
	or repair of air conditioning units, plumbing repairs to toilets.	<ul style="list-style-type: none"> <li>If a staff member is required to enter a returnee's room, the returnee should not be present.</li> <li>If they are present a medical mask must be worn. The returnee must also wear a mask.</li> <li>Interactions with returnees should be kept to a minimum</li> <li>An N95/P2 particulate respirator should be worn by staff conducting specific on-site maintenance work of air-conditioning units.</li> </ul>	<ul style="list-style-type: none"> <li>If a staff member is required to enter a returnee's room the returnee should not be present. If the returnee is present a medical mask must be worn. The returnee must also wear a medical mask.</li> <li>For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> <li>Interactions with returnees should be kept to a minimum</li> <li>An N95/P2 particulate respirator should be worn by staff conducting specific on-site maintenance work of air-conditioning units.</li> </ul>
Health care staff	<ul style="list-style-type: none"> <li>Providing care when 2m physical distancing cannot be maintained</li> </ul>	<ul style="list-style-type: none"> <li>A facemask must be worn if physical distancing of at least 2m cannot be maintained.</li> <li>Apply Standard Precautions depending on the care to be provided. For PPE when taking a nasopharyngeal swab refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a>;</li> </ul>	<ul style="list-style-type: none"> <li>Contact and Airborne PPE must be worn (i.e. N95/P2 particulate respirator and eye protection, gown and gloves). For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a>;</li> </ul>
Health care staff and other MIQF staff involved in transfer of returnees	<ul style="list-style-type: none"> <li>Treating or transporting a returnee with any clinical symptoms of respiratory illness or they are a probable or confirmed COVID-19 case</li> </ul>	<ul style="list-style-type: none"> <li>Contact and Airborne PPE must be worn (i.e. N95/P2 particulate respirator and eye protection, gown and gloves). For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a>;</li> </ul>	<ul style="list-style-type: none"> <li>Contact and Airborne PPE must be worn (i.e. N95/P2 particulate respirator and eye protection, gown and gloves). For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> </ul>

Role	Setting	Use of PPE within MIFs	Use of PPE within QFs
Defence Force, Police, Security, other approved agency staff	<ul style="list-style-type: none"> <li>During interactions with returnees when 2m physical distancing cannot be maintained or when required to assist clinical staff</li> </ul>	<ul style="list-style-type: none"> <li>A medical mask must be worn if physical distancing of at least 2m cannot be maintained</li> </ul>	<ul style="list-style-type: none"> <li>Staff should not enter the returnees' room.</li> <li>If a staff member is required to enter a returnee's room Contact and Airborne PPE must be worn (i.e. N95/P2 particulate respirator and eye protection, gown and gloves). For further information refer to: <a href="http://www.health.govt.nz/ppe-health">www.health.govt.nz/ppe-health</a></li> </ul>
Driver or crew of bus or minivan	<ul style="list-style-type: none"> <li>When transporting returnees</li> <li>When handling returnees' luggage</li> </ul>	<ul style="list-style-type: none"> <li>Drivers should wear a medical mask when transporting returnees</li> <li>Drivers or crew who handle returnees' luggage are to wear a face mask. They are not required to wear gloves, however, they must perform hand hygiene immediately after handling luggage. Refer to <b>Section 2</b> for further guidance regarding hand hygiene.</li> </ul>	<ul style="list-style-type: none"> <li>Drivers should wear Airborne PPE (i.e. N95/P2 particulate respirator) when transporting returnees to MIQ facilities.</li> <li>Returnees should be seated at least 2m from driver where possible.</li> <li>Drivers or crew who handle returnees' luggage are to wear a face mask. They are not required to wear gloves, however, they must perform hand hygiene immediately after handling luggage. Refer to <b>Section 2</b> for further guidance regarding hand hygiene</li> </ul>

## 3.2 IPC precautions for Clinical Staff

A **medical mask** should be worn as part of IPC practices, specifically Standard and Transmission-based precautions when the wearer needs protection from infectious respiratory droplets. A medical mask is part of necessary PPE.

Medical masks must be changed as soon as they become damp, damaged or soiled.

Eye protection refers to the use of safety glasses or full- face shields. Prescription glasses are not classed as eye protection.

### 3.2.1 Clinical staff PPE requirements when interacting with returnees

Nurses are to wear a medical mask when physical distancing of 2m or more cannot be maintained during health checks provided they DO NOT enter the returnee's rooms.

If nurses are required to enter the returnee's room, full PPE (mask, gloves, long-sleeved impermeable gown, eye protection) is required.

All clinical staff should refer to **Section 3.5** for putting on and removing PPE.

### 3.2.2 Clinical staff PPE requirements when interacting with returnees identified as close contacts

Nurses to wear full PPE (long-sleeved gown, medical mask, gloves and eye protection) when in direct contact with returnees who are identified as CLOSE CONTACTS:

- When entering returnee room for any reason including
  - Symptom and temperature checks
  - Taking naso/oropharyngeal swabs
- Where returnees are asymptomatic, and staff are unable to maintain 2m physical distancing.
- All PPE must be changed between every room where returnees are symptomatic (whilst awaiting swab results).

### 3.2.3 Clinical staff PPE requirements when interacting with returnees identified as confirmed or \*probable cases

Nurses to wear full PPE (long-sleeved gown, N95/P2 particulate respirator, gloves and eye protection) when in direct contact with returnees:

- When entering returnee room for any reason including
  - Symptom and temperature checks
  - Taking naso/oropharyngeal swabs
- All PPE must be changed between positive patients
- Sessional use of some PPE items can be considered for probable cases based on task – ie masks and eye protection can be used till end of session.
- Nurses who are required to wear a N95/P2 particulate respirator must have undertaken the requisite fit tested and be trained in fit checking. Refer to **Section 3.5 Use of N95/P2 particulate respirators** for further guidance.
- PPE should be available and accessible for staff working in this zone and be at point of entry to the quarantine area.
- A dedicated medical waste (yellow) bin is required in the quarantine area and may be moved to outside the returnee room during health assessments

\* Returnee may not have moved to quarantine area at this point and be awaiting results. Nursing staff to follow PPE as above.

### 3.2.4 PPE requirements for undertaking COVID-19 naso/oropharyngeal swabs

Taking a nasopharyngeal swab is NOT an aerosol generating procedure

- PPE required for undertaking a COVID-19 nasopharyngeal swab from returnees who are not in a quarantine facility: medical mask, eye protection or full-face shield, long-sleeved fluid resistant gown and gloves.
- A N95/P2 particulate respirator should be used if swabbing a returnee in a QF/ quarantine zone of a dual-use facility.
- PPE required for routine COVID-19 nasopharyngeal swabbing of staff: medical mask, eye protection or face shields, disposable apron/long sleeve fluid resistant gown and gloves
- Refer to the [Ministry of Health PPE guidance](#) for undertaking naso/oropharyngeal swabs for further guidance.

#### 3.2.4.1 Sessional use of PPE

If collecting a series of swabs, change your gloves, perform hand hygiene and don new gloves between each screen/specimen collected. Gown/ mask/ eye protection can remain on until end of session as long as not visibly contaminated.

## 3.3 IPC precautions for Security and Hotel Staff

- Hand hygiene using alcohol-based hand rub or washing hands and drying hands must be performed frequently
- Hand hygiene is recommended before taking breaks



- Maintain 2m physical distancing
- Staff to wear medical masks in returnee isolation wings and during observed activities and security checks, when distancing of 2m cannot be observed
- PPE - Medical masks must be replaced when they become damp or contaminated.
- Medical masks may be worn in staff areas when transiting between zones and physical distancing cannot be observed
- Disposable gloves/aprons to be worn as indicated/recommended and **must not** be worn in staff areas (refer to **catering/cleaning**). Hand hygiene is required on removal.
- Also refer to **cleaning, laundry, waste, transport and maintenance** sections

### 3.3.1 Note on Glove Use

- Regular hand hygiene is preferable to glove use
- Inappropriate or incorrect use of gloves increases virus transmission risk
- Remove gloves safely and perform hand hygiene immediately
- Gloves, if used, must be changed between tasks
- Alcohol hand rub is not to be used on gloves

### 3.3.2 Security and hotel staff PPE requirements when interacting with returnees

- Security staff may wear a medical mask when performing duties within the returnee corridors and whilst observing in exercise areas if unable to maintain 2 metre physical distancing.
- Hand hygiene must be performed after removal of PPE
- Security staff should not enter returnee's rooms

### 3.3.3 Security and hotel staff PPE requirements when interacting with returnees identified as confirmed or probable cases

- Security staff who are required to observe quarantine areas 24/7 must wear a medical mask and should always maintain >2m physical distance
- DO NOT ENTER THE RETURNEE ROOM – contact clinical nursing staff if you have any concerns
- Hotel staff to deliver food bags to security desk in this area
- Security to contact nursing staff regarding food delivery – or follow MIQF policy for this
- Refer to **Section 3.5 Use of N95/P2 particulate respirators** for further guidance.

### 3.3.4 Security / NZDF / hotel staff: IPC responsibilities

- Security/NZDF/Hotel staff to follow and be familiar with IPC precautions as in **Section 3.3**
- Remind returnees to maintain 2m physical distancing
- Returnees must not socialise in communal areas/ hallways (eg, consuming beverages)
- Ensure anyone leaving their room is wearing a medical mask and that it remains on at all times
- Where possible, staff to use separate access/lifts when moving around the MIQF
- Staff should not share lifts with returnees unless it is a nurse escorting returnee from their room for medical reasons or escorting to exercise area.

## 3.4 How to use a face (medical) mask safely

It is important that facemasks are put on, worn, removed and disposed of correctly. Masks should fit snugly and fully cover the nose and mouth. The following information should be clearly communicated to returnees.

Refer to **Appendix 1** and **Appendix 2** for a pictorial representation of how to put on and remove face masks safely.

### 3.4.1 General principles for safe use of masks

- Always perform hand hygiene before putting on a mask, after removing a mask and disposing of it.
- Do not touch the front of your mask, your face, or rub your eyes while wearing a mask.
- Do not re-use single-use masks. Dispose of them immediately after removing.
- Replace the face mask every 4 hours or earlier if it becomes damp, damaged or soiled.
- Some people are exempt from wearing face masks, including people who have medical conditions that prevent them from doing so, young children under 6 years of age or anyone unable to remove them without assistance.<sup>2</sup>
- Practice other basic hygiene measures at all times and maintain physical distancing of 2 metres from others wherever possible.

### 3.4.2 How to put on a mask

- Clean your hands with soap and water or use hand sanitiser (containing at least 60 percent alcohol). Ensure your hands are dry before touching the mask.
- Check there are no obvious tears or holes in either side of the mask.
- Place the face mask over your nose and mouth and secure with ties or ear loops.
  - **For face mask with ties:** bring the mask to your nose level and place the top ties over the crown of your head and secure with a bow. Once you have made sure that the mask fits snugly, moulded to your face and around your nose, fully covering your nose mouth and chin then take the bottom ties, one in each hand, and secure with a bow at the nape of your neck.
- Make sure the mask fits snugly, moulded to your face and around your nose. Make sure the mask fully covers your nose, mouth and chin. Your mask should be comfortable, with no gaps around the mask and your face, and allow you to breathe easily.

### 3.4.3 While wearing a mask

- Do not touch the front of the face mask. If you do, clean your hands with soap and water or use hand sanitiser (containing at least 60 percent alcohol). Ensure your hands are dry.
- Avoid touching your face, as infection can still be introduced by touching your eyes, mouth or nose, or if you are not wearing your face mask correctly.

<sup>2</sup> Although children under 6 years of age are exempt from wearing a face mask, their parent or care giver may have provided them with a face mask to wear and they should be allowed to do so, ideally a medical mask that should be disposed of after use. Face masks should not be worn by children less than 2 years of age because of safety concerns. Parents or care givers should be encouraged to assist children to perform hand hygiene.

- Face masks should not be moved or adjusted during use. This includes being pulled up or pulled down below your chin. If you need to remove your mask - remove it safely (as below), dispose of it appropriately and clean your hands.
- Replace the face mask every 4 hours or earlier if it becomes damp, damaged or soiled.

#### 3.4.4 How to remove a mask and dispose of it safely

1. Use hand sanitiser (containing at least 60 percent alcohol) Or clean your hands with soap and water. Ensure your hands are dry.
2. Remove the face mask from behind (do not touch the front of the mask) by untying ties or removing loops and pull it away from your face. Be careful not to touch your eyes, nose and mouth when removing your mask.
3. Dispose in a rubbish bin or place into a bag and seal before putting into a rubbish bin.
4. Clean your hands again after disposing of the mask (as above).

#### 3.4.5 Mask Use

Note that the requirement to wear medical masks in staff areas may change depending on the COVID-19 alert level for the region and MoH recommendations. Staff are expected to be aware of the current guidance and wear masks appropriately.

### 3.5 Use of N95/P2 particulate respirators

N95/P2 particulate respirators are part of the PPE requirement when providing care to individuals with an infectious diseases transmitted by the airborne route and when undertaking an aerosol generating procedure (excluding nebulised medications) where droplet nuclei or aerosols may be generated.

In some situations, such as closed spaces with poor ventilation, crowded spaces and close contact/conversation, the risk of transmission via small respiratory particles may be increased, therefore, use of a N95/P2 particulate respirator may be indicated.

**Any worker who is required to wear an N95/P2 respirator must have undertaken the requisite fit testing and be trained in fit checking.**

#### 3.5.1 When to wear N95/P2 particulate respirators in a MIF

- When unable to maintain 2 metres physical distancing:
  - When assessing a confirmed or probable case of COVID-19 prior to transfer to a QF or quarantine zone of a dual-use facility, or to hospital;
  - During the transfer of a confirmed or probable case to a QF or quarantine zone of a dual-use facility, or to hospital;
- In the vehicle during transportation to a QF or quarantine zone of a dual-use facility, or to hospital.

### 3.5.2 When to wear N95/P2 particulate respirator in a QF or quarantine zone of a dual-use facility

- **Healthcare workers:**
  - When unable to maintain 2 metres physical distancing:
    - When assessing and providing direct 'hands on care' to confirmed or probable cases;
    - When undertaking or assisting with daily health checks, including temperature checks, of confirmed or probable cases;
    - When assessing a returnee who becomes unwell in the MIQF prior to transfer to hospital;
  - When in the vehicle during transportation to a health facility or to hospital.
- **Non-health staff:**
  - When unable to maintain 2 metres physical distancing:
    - When there is a requirement to enter a returnee's room (e.g. assisting a distressed returnee);
    - When required to escort a returnee for a non-medical reason;
  - When required to accompany the health care worker with the confirmed or probable case in a vehicle for transportation to a health care facility

## 3.6 Order for putting on and removing PPE

### 3.6.1 Order for putting on PPE

Perform hand hygiene then:

1. Put on gown or apron;
2. Put on mask;
3. Put on protective eyewear (if required);
4. Put on gloves.

### 3.6.2 Order for removing PPE

1. Remove gloves;
2. Perform hand hygiene;
3. Remove gown;
4. Perform hand hygiene;
5. Remove protective eyewear (if worn and separate from mask);
6. Perform hand hygiene;
7. Remove mask;
8. Perform hand hygiene.

Refer to **Appendix 3** and **Appendix 4** for pictorial representations of the sequence for putting on and removing PPE safely.

## 4. IPC requirements for returnees

All returnees to be supplied with medical masks as per facility protocol including advice on how to put on and take off, when to change a mask, how to request additional masks and how to dispose of safely and appropriately.

### 4.1 IPC requirements for returnees in MIFs

Returnees may leave their room but **MUST**:

- Perform hand hygiene (wash hands or use alcohol-based hand rub) on leaving room
- Wear a medical mask at all times when out of their room (this includes exercise area)
  - when opening door (ie. during daily health monitoring)
  - when collecting meals from outside of door
  - when receiving clean linen
  - when placing used items out in corridor areas
- Remain 2 metres from staff and other returnees that they are not sharing a room with (or those not in the returnee's approved bubble if located in more than one room).
- Perform hand hygiene (wash hands or use alcohol-based hand rub) on entry/exit to exercise or COVID-19 testing area
- If symptoms develop, returnees are to be managed as if they are a close contact/probable case in room until test results are known.
  - Only transfer to quarantine facility/wing if returnee tests positive (or if deemed to be "probable" case) after discussion with Medical Officer of Health.
  - May no longer be managed as close contact/probable case only as advised by medical Officer of Health/ Clinical Microbiologist/ID

### 4.2 IPC requirements for returnees identified as close contacts

In addition to the requirements in **Section 4.1**, returnees who are close contacts may **NOT** leave their room **unless**:

- If in a MIF or dual-use facility, approval has been given by a Medical Officer of Health or other suitably qualified health professional, and a designated time/place for exercise is identified.
- They are escorted by a MIQF staff member. Refer to the **MIQF Operations Framework** for further guidance.

### 4.3 IPC requirements for returnees identified as confirmed or probable cases

In addition to the requirements in **Section 4.1**, returnees identified as a confirmed or probable case of COVID-19 may **NOT** leave their room unless escorted by an MIQF staff member.

Dedicated equipment should be available for twice daily monitoring and disinfected between each returnee use.

## 4.4 Risks when Standards and advice are not adhered to

- Anyone at the hotel is at increased risk of being exposed to COVID-19 if isolation/ quarantine advice is not followed or is breached.
- Staff may be required to self-isolate
- Returnees may be required to extend isolation requirements if the above advice is not followed (ie. start 14-day self-isolation period from the last contact). This will be determined by Clinical staff following assessment of risk or breach of isolation.

## 5. Blood and Body Fluid Exposure (BBFE)

See Blood and Body Fluid Exposure Policy of the DHB for further advice.

- Administer first aid - wash wounds/puncture wounds with soap and water or eyes/ mouth with saline or water
- Report exposure to nursing staff
- Report to ACNM and contact DHB Occupational Health Service or
- Refer to ED if further treatment is required

## 6. General Services

### 6.1 Laundry

Refer to the **MIQF Operations Framework** for principles for laundry.

Providers must comply with Laundry Standards AS/NZS 4146:2000 Laundry Practice and in accordance with the HDSS NZS8134:2008.

External Laundry/ Linen Providers Drop off and Collection of Hotel linen:

- Dirty linen to be segregated from clean linen
- Collection of dirty linen should occur at a designated point (dirty only area/ back of house). External laundry providers must not enter main facility.
- Clean linen must be delivered to clean collection point that is not used for dirty linen
- If Scrubs are provided to staff these remain the property of the distributing DHB and are not be removed from managed isolation premises unless for laundering
- Hotel communal laundry rooms must be closed and not used by returnees
- It is the hotels responsibility to source an appropriate laundry service & laundry bags for returnees to use (they must adhere to laundry standards AS/NZS 4146: 2000) and in adherence to HDSS NZS8134:2008

All full linen bags (including staff scrubs) to be immediately placed in dirty linen cages back of house and not stored in staff areas.

### 6.2 Personal laundry

#### 6.2.1 Personal Laundry of Returnees

- Personal laundry for MIF returnees may be performed in-house by hotel staff providing the hotel has sought advice and approval of their SOP from the IPC Service. Items must be placed in a folded/sealed laundry bag
- Where returnee personal laundry is not undertaken on-site (or by returnee in their room), send to an accredited laundry in designated bag (please ensure top of bag is folded/sealed).

#### 6.2.2 Personal laundry of Returnees identified as close contacts, or confirmed or probable cases

- Personal laundry must be placed in alginate liner bag if required by the laundry operator prior to placing in normal laundry bag (i.e. double bagged or use an impervious linen bag)
- Close contact and confirmed/probable case personal laundry must be sent off site to an accredited laundry in designated bag
- Nurses to collect/ return personal laundry to quarantine rooms



## 6.3 Room linen

### 6.3.1 MIF room linen

- Regular laundry collection should be undertaken by hotel staff
- Returnees to be given linen bags (Alginate bags to be provided if required by laundry operator)
- Linen bags for sheets/ towels etc. should be placed into a linen skip/cage and must not be left on the floor outside rooms
- Where a returnee moves from isolation to quarantine rooms, the room linen should be changed for any members of the returnee's bubble who remain in the isolation room (if applicable).

*Note: Shared linen (e.g. duvets, mattress protectors) may be laundered on-site where returnee has completed their isolation and remained symptom/ COVID-19 free. If linen is changed within the 14 days isolation period, follow laundering as for towels/sheets and send off site.*

### 6.3.2 Close contact room linen

- Returnees to be given linen bags
- Linen bags for sheets/ towels etc should be placed into a linen skip/cage and must not be left on the floor outside rooms
- Regular laundry collection should be undertaken by hotel staff
- Where a returnee moves from close contact/probable case room to confirmed case room, room linen should be changed for remaining returnee
- Shared linen (eg. duvets, throws mattress protectors must be sent off site to an accredited laundry service)

### 6.3.3 Confirmed or probable case room linen

- Linen skips to be placed by quarantine rooms (sheets/towels)
- Returnees to be given linen bags and alginate bag if required by the laundry operator to place their linen in before placing in linen skip
- Damp items should be enclosed in dry linen where possible before placing in the liner bags
- Nursing staff are responsible for placing quarantine linen directly into linen skips
- When laundry bags  $\frac{3}{4}$  full, to be taken to hotel laundry room by nursing staff
- Shared linen (eg. duvets, mattress protectors must be sent off site to an accredited laundry service)

## 7. Cleaning

Environmental cleaning is essential to reducing the risk of transmitting COVID-19. High touch areas and hard surfaces can be contaminated with infectious respiratory droplets. Hands can be contaminated after contact with these surfaces.

Facilities must have cleaning schedules for common areas that documents the date and time the cleaning was undertaken.

The COVID-19 virus is susceptible to standard cleaning and disinfection methods. Regular and thorough cleaning with a hospital-grade detergent/disinfectant will remove infectious matter and prevent transmission of infection to other surfaces, to returnees, hotel staff, and staff from other agencies.

### 7.1 Basic principles of cleaning and disinfection

- Cleaning is necessary to remove dirt and infectious matter before the use of disinfectants unless a combined detergent/disinfectant product is used. If dirt and infectious matter are not removed, they can reduce the ability of disinfectants to kill germs (bacteria and viruses).
- Cleaning physically removes germs, dirt and infectious matter from surfaces using a detergent and water solution; disinfectants use chemicals to kill germs on surfaces.
- Any surfaces that are frequently touched should be prioritised for cleaning, such as door handles, handrails, light switches, horizontal surfaces such as counter tops and tables, EFTPOS machines, touch screens, taps, sinks and toilets. However, all touchable surfaces should be cleaned. Any surfaces that are visibly dirty should also be cleaned as soon as they are identified, regardless of when they were last cleaned or next scheduled to be cleaned.
- Cleaning should start with the least soiled (cleanest) to most soiled (dirtiest) areas, and from higher to lower levels in a systematic manner to avoid missing any areas.
- Cleaning practices and cleanliness of the hotel environment should be routinely monitored, audited, and feedback given to cleaning staff as a means of maintaining and reinforcing good practice.

**NOTE:** External cleaning contractors are not to enter a secure site – for any environmental decontamination queries contact the DHB's IPC service, (this includes check-out cleaning).

### 7.2 Cleaning of returnees' rooms during their 14-day isolation or quarantine period

#### 7.2.1 IPC precautions

- Returnees to clean their own rooms/ change own linen (or as per facility protocol)
- Hospital grade disinfectant/cleaning materials as approved by IPC services to be used.
- Returnees must be provided with the materials (eg. cloths, wipes, dust pan and brush if required) and given guidance on when and how to clean their rooms during their stay.
- Returnees are not to use the general facility vacuum cleaner during their stay. If room needs urgent vacuuming the returnee should contact housekeeping.

- Cleaners and housekeeping should not enter a returnee's room but if they are required to enter for cleaning or to change bedding, they must wear appropriate PPE and be competent in using it safely (see the **MIQF Operations Framework**). They should discuss with the healthcare staff at the facility who may accompany them.
- When cleaning tasks are completed, staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitiser.

## 7.2.2 Cleaning protocol for returnee rooms during their 14-day stay

### 7.2.2.1 PPE requirements

If the need arises for housekeeping and cleaners to enter a returnee's room to conduct cleaning, they must wear long-sleeved fluid resistant gown and gloves and a mask regardless if the returnee is present or not and any other protective items recommended by the manufacturer of the cleaning products.

Order of PPE donning (putting on)	Order of PPE doffing (removal)
<ol style="list-style-type: none"> <li>1. Hand hygiene</li> <li>2. Long-sleeved gown</li> <li>3. Mask</li> <li>4. Protective eyewear (if required)<sup>1</sup></li> <li>5. Gloves (these can include heavy duty household gloves).</li> </ol> <p>(if required)<sup>1</sup> Is determined by the recommendation from the manufacture of the cleaning product(s).</p>	<ol style="list-style-type: none"> <li>1. Gloves</li> <li>2. Hand hygiene</li> <li>3. Gown</li> <li>4. Hand hygiene</li> <li>5. Protective eyewear (if separate from mask) and mask.</li> <li>6. Hand hygiene</li> </ol>

### 7.2.2.2 Method:

Manual room clean

### 7.2.2.3 Cleaning Products:

Hotel SOPs should include cleaning products that are approved or same as hospital grade products.

### 7.2.2.4 Cleaning order for cleaning during a returnee stay: clean to dirty

As per the Hotel SOPs when cleaning during a guest stay.

## 7.3 Cleaning of rooms in between returnees

Room cleaning must occur as per the below standard following occupancy irrespective of the length of time the room was occupied (eg, after a 14-day isolation period, when returnees move from their room, or after a short stay in a MIQF).

### 7.3.1 IPC precautions

- For routine cleaning when the returnee room is vacated (when there has not been a known case of COVID-19), the cleaner should wear appropriate gloves and any other protective items recommended by the manufacturer of the products used.
- Hotel staff (other than cleaning staff) do not enter rooms before they have been cleaned.
- Rooms can be cleaned immediately after returnee has checked out
- The hotel standard operating procedures for cleaning should be followed. It should include clear instructions on cleaning responsibilities, products to be used, and systematic cleaning processes to ensure no areas are missed. Refer to **Section 7.3.2.4 'Cleaning order for cleaning a vacated room: clean to dirty'**
- Use hypochlorite disinfectants (bleach), products that contain  $\geq 70\%$  alcohol, or hospital grade detergent/ disinfectant products in accordance with manufacturer's instructions.<sup>3</sup>
- If using products that can be used for both cleaning and disinfecting, make sure that the instructions on the label are followed to ensure they work effectively.
- When cleaning tasks are completed, staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

### 7.3.2 Cleaning protocol for returnee rooms after their 14-day stay

#### 7.3.2.1 Personal protective equipment (PPE) for Hotel Cleaners

Wear gloves, and any additional appropriate PPE according to product manufacturer recommendations e.g. eye protection, protective gown

Order of PPE donning (putting on)	Order of PPE doffing (removal)
<ol style="list-style-type: none"> <li>1. Hand hygiene</li> <li>2. Gown (if required)<sup>1</sup></li> <li>3. Mask (if required)<sup>1</sup></li> <li>4. Protective eyewear (if required)<sup>1</sup></li> <li>5. Gloves (these can include heavy duty household gloves).</li> </ol> <p>(if required)<sup>1</sup> is determined by the recommendation from the manufacture of the cleaning product(s).</p>	<ol style="list-style-type: none"> <li>1. Gloves</li> <li>2. Hand hygiene</li> <li>3. Gown (if used)</li> <li>4. Hand hygiene</li> <li>5. Protective eyewear (if separate from mask) and mask (if used)</li> <li>6. Hand hygiene</li> </ol>

<sup>3</sup> See [Cleaning following a confirmed or probable case of COVID-19](#) for more information on cleaning products.

#### **7.3.2.2 Cleaning Method and Products:**

Manual clean

#### **7.3.2.3 Cleaning Products:**

Use standard hotel SOPs and cleaning products

#### **7.3.2.4 Cleaning order for cleaning a vacated room: clean to dirty**

1. Wearing the appropriate PPE, remove all linen (bedding, towels) for washing and place in routine hotel receptacle for transport to laundry room. Laundry to be put through a commercial hotel process.
2. Remove all crockery, glassware and cutlery and send to be cleaned via a commercially acceptable process i.e. a commercial dishwasher or kitchen process.
3. Clean all table-top appliances (e.g. kettle) according to instructions. Clean inside and outside of all built-in appliances (e.g., refrigerator, oven).
4. Clean all 'high-touch' surfaces such as desks, keyboards, counters, cupboards, table tops, doorknobs, light switches, TV remote and telephone.
5. Spot-clean any marks on soft furnishings.
6. Clean bathroom fixtures, showers and toilets with a separate set of cleaning equipment (disposable cleaning cloths, etc.). Clean from clean to dirty areas wherever possible i.e. toilets last.
7. Vacuum the carpet with a hepa-filtered vacuum cleaner. Steam cleaning of carpets and rugs is not required unless visibly soiled.
8. For hard floor surfaces, clean the floor starting from one end of the premises to another (from the far side of the room working your way to the exit/door).
9. At the end of cleaning, remove all PPE as per the doffing process above and place in a lined container before disposing of them with other household/general waste. Clean your hands immediately after handling these items.
10. Tie up rubbish bags and remove from the room and follow routine hotel SOP for disposal. Clean your hands immediately after handling these items.

### **7.3.3 Cleaning protocol for short stay in a MIQF**

This applies to air and maritime crew who have not completed 14 days of isolation.

#### **7.3.3.1 Personal protective equipment (PPE) for Hotel Cleaners**

Wear a disposable face mask, fluid resistant gown and gloves when cleaning and add any additional PPE according to product manufacturer recommendations eg. if the cleaning product manufacturer recommends eye protection, wear a face shield or goggles.

#### **7.3.3.2 Cleaning order**

Refer to **Section 7.3.2.4** above for the 'Cleaning order for cleaning a vacated room: clean to dirty'

## 7.4 Cleaning rooms following a confirmed or probable case of COVID-19

### 7.4.1 IPC precautions

- Hotel staff (other than cleaning staff) do not enter rooms before they have been cleaned.
- Do not use steam cleaning devices
- No stand down period is required before cleaning the room after a probable or confirmed COVID-19 case. MIQFs may choose to have a stand down period, however this does not need to exceed 1 hour.
- The cleaner must wear adequate PPE and be trained to use it safely (see **Section 3** and **Section 7.4.2.2**)
- Thorough, systematic cleaning and surface disinfection practices rapidly inactivate the COVID-19 virus on environmental surfaces.
- The hotel standard operating procedures for cleaning should be followed and should include clear instructions on cleaning responsibilities, products to be used, and detailed cleaning processes.
- Use hypochlorite disinfectants (bleach), products that contain  $\geq 70\%$  alcohol, or hospital grade detergent/disinfectant products in accordance with manufacturer's instructions.
- If using products that can be used for both cleaning and disinfecting, make sure that the instructions on the label are followed to ensure they work effectively.
- Soft furnishings can be spot-cleaned if necessary, laundered at temperatures from 60°C-90°C.
- When removing linen also include covers and other fabrics for washing. Place in an impervious linen bag/alginate plastic bag (or non-porous container with lid) for transport to laundry room.
- The steps for putting on and removing PPE safely are outlined in: [Steps to put on and take off PPE safely](#).
- When cleaning tasks are completed, staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

### 7.4.2 Cleaning protocol following a confirmed or probable case

#### 7.4.2.1 Prior to cleaning

As above, the room does not require stand down. Some MIQFs (namely, the MIF manager in consultation with the site IPC lead) may choose to have a stand down period, but this does not need to exceed one hour.

#### 7.4.2.2 Personal protective equipment (PPE)

Wear a disposable face mask, fluid resistant gown and gloves when cleaning and add any additional PPE according to product manufacturer recommendations eg. if the cleaning product manufacturer recommends eye protection, wear a face shield or goggles.

Order of PPE donning (putting on)	Order of PPE doffing (removal)
<ol style="list-style-type: none"> <li>1. hand hygiene</li> <li>2. gown</li> <li>3. mask</li> <li>4. protective eyewear (if required)<sup>1</sup></li> <li>5. gloves (these can include heavy duty household gloves).</li> </ol> <p>(if required)<sup>1</sup> Is determined by the recommendation from the manufacture of the cleaning product(s).</p>	<ol style="list-style-type: none"> <li>1. gloves</li> <li>2. hand hygiene</li> <li>3. gown</li> <li>4. hand hygiene</li> <li>5. protective eyewear (if separate from mask) and mask</li> <li>6. hand hygiene</li> </ol>

#### 7.4.2.3 Cleaning Methods:

1. Manual clean.
2. No-touch technologies (ie, vaporized 35% hydrogen peroxide) machines may be used to supplement environmental cleaning after a probable or confirmed COVID-19 case has vacated their room. However:
  - The use of no-touch cleaning technologies **does not replace the need for manual cleaning procedures**
  - No-touch cleaning chemicals are **not** necessary to achieve effective environmental disinfection in a non-healthcare setting
  - Operators of no-touch cleaning technologies should ensure that they are familiar with using these machines to mitigate incidents such smoke alarm activation. Knowledge of the MIQF airducts and ventilation systems should be fully understood before operating no-touch technologies.

#### 7.4.2.4 Cleaning Products:

1. Manual Isolation clean: hypochlorite disinfectant minimum 0.5% solution (bleach), ≥70 alcohol or detergent/disinfectant products in accordance with the manufacturer's instructions for cleaning following a probable or confirmed case of COVID-19, or products approved by the IPC lead. Recommended cleaning product should be a 2-in-1 product (containing both cleaning and disinfectant properties) to increase efficiency.
2. No-touch technologies ie, 35% hydrogen peroxide (if using).

#### 7.4.2.5 Cleaning order

Refer to **Section 7.3.2.4** 'Cleaning order for cleaning a vacated room: clean to dirty' above

## 7.5 Further information on cleaning

- No-touch technologies for applying chemical disinfectants (e.g. vaporized hydrogen peroxide) after a probable or confirmed COVID-19 case has vacated their room may be used to supplement environmental cleaning, but they do not replace the need for manual cleaning procedures. If using a no-touch disinfection technology, environmental surfaces must be cleaned manually first to remove organic matter.<sup>4</sup>
- No-touch technologies are designed for use in settings where high levels of environmental contamination are present. While individual MIQFs may decide to utilise this option, it is not considered necessary to achieve effective environmental disinfection in the non-healthcare setting.
- For further information on cleaning follow the guidance in: [COVID-19: Cleaning FAQs](#)

## 7.6 General cleaning of medical equipment

- Shared medical multi-use equipment must be decontaminated with hospital grade cleaning/disinfection products between use on returnees and on return to the PPE trolley.

## 7.7 General cleaning other non-medical equipment or items

- All equipment or items that are to be removed from the room and used by others (either returnees or other people outside of the MIQF) – for example, exercise bikes – must be decontaminated with hospital grade cleaning/disinfection products following the end of the returnees stay and before use by others.
- All surfaces of the equipment or items must be cleaned and disinfected.
- The person cleaning the equipment must be wearing PPE as per the requirements for cleaning returnees' room at the end of their stay. Refer to **Section 7.3.2** or **Section 7.4**.
- For further guidance on the use of exercise equipment in returnees' rooms, refer to the **MIQF Operations Framework**.

### 7.7.1 Cleaning when a shared phone is used for interpreters

Preferably, a dedicated phone with speaker phone capability should be used. If the cell-phone does not belong to the returnee, it should be placed in a plastic zip-lock bag to provide a protective barrier.

The following IPC measures are to be followed:

- The returnee and staff member must;
  - Wear appropriate PPE; and
  - Maintain 2m physical distancing; and
  - Perform hand hygiene before handling the phone and after handling the phone.
- The phone should be placed on speaker mode to prevent passing of phone between returnee and staff member;
- Ideally only one person will handle the phone (either the returnee or staff member);

<sup>4</sup> World Health Organization (WHO) 16 May 2020. Cleaning and disinfection of environmental surfaces in the context of COVID-19. [Cleaning and disinfection of environmental surfaces in the context of COVID-19](#) accessed 16 July 2020.



- The phone should not be held to ear or mouth;
- If the phone is not the returnee's own cell phone, the phone must be cleaned and disinfected using the appropriate cleaning materials following use (remove plastic zip lock bag carefully prior to cleaning and disinfection, if applicable);
- Perform hand hygiene after cleaning and disinfecting the phone.

## 7.8 General cleaning of common areas

- Any surfaces that are frequently touched or high touch points should be prioritised for cleaning, such as lift buttons, door handles, handrails, light switches, horizontal surfaces such as counter tops and tables, EFTPOS machines, touch screens, taps, sinks and toilets. However, all touchable surfaces should be cleaned regularly.
- Frequently touched or high touch points (e.g. lift buttons, exit buttons, door handles, stair rails - in areas that stairs are used) are to be cleaned more frequently in proportion to their use (i.e. cleaned more frequently if used more often).
- Returnee common areas to be cleaned include, hallways, stairwells, lifts, lobby, reception areas, exercise, smoking areas and testing or health assessment areas. Areas such as hallways may be cleaned once daily if they are not frequently used. All other high-touch common areas should be cleaned at least twice daily.
- Any surfaces that are visibly dirty should also be cleaned as soon as they are identified, regardless of when they were last cleaned or the next scheduled clean.
- Staff communal areas to be cleaned regularly by hotel housekeeping, and staff after use ie, surfaces that have been touched eg. tables or desks in staff meeting/hand over rooms

## 7.9 Cleaning of items to be sent from a facility

This section applies to the cleaning of returnee's personal belongings for the purpose of the item being sent out of the facility before the returnee's period of isolation or quarantine has been completed.

Items belonging to a returnee that urgently need to be collected by a family or nominated person must be able to be cleaned appropriately. Suitcases full of clothing etc and gifts are not considered essential. How cleaning is undertaken needs to be done on a case by case scenario in discussion with the IPC lead and must not become an additional burden or expectation to the MIFQ staff to organise or arrange.

### Cleaning of items

- It must be established that items to be collected or posted can be cleaned. (ie, not of a fabric/material type items), and
- Items will not suffer any erosion or damage from cleaning and disinfecting products/procedures used, as to not place the facility under any liability for damage
- Items must be cleaned using the cleaning and disinfection products approved for use at the facility. PPE should be worn by the member of staff designated with this task aligned with PPE requirements in **Section 3.1 Summary of PPE requirements in MIQFs.**

## 7.10 Safe handling of blood and body fluid spillage

Spillages of blood and other body fluids are considered hazardous and must be dealt with safely, swiftly and effectively by staff in a safe manner to minimise risk of exposure.

When cleaning and disinfecting blood and body fluid spills:

- Ensure the appropriate PPE is worn e.g. mask/ gloves/apron/ eye protection
- Large spills soak up with absorbent material and discarded into medical waste immediately
- Clean and disinfect area with hospital grade disinfectant

## 7.11 Kitchens / Tray collection

Refer to the **MIQF Operations Framework** for principles for food handling.

- Hotel staff are not required to wear gloves for delivery of food trays. Medical masks must be worn.
- Hotel staff are responsible for tray collection in isolation areas
- Hotel staff to ensure the meal trolleys are cleaned and disinfected thoroughly after use
- Disposable aprons/masks may be worn when returning directly to kitchen area
- If used, gloves **must** be changed when leaving isolation area and hand hygiene performed.

### **7.11.1 Delivery of food and tray collection to returnees identified as a confirmed or probable case**

- Hotel staff are not required to enter quarantine area/room
- Nursing staff to assist with delivery of meals (noting that meals are delivered in disposable containers).
- Disposable crockery/ cutlery should be used in quarantine areas

## 8. IPC requirements during transport

### 8.1 Vehicle cleaning protocol

- Vehicle is to be empty of people before cleaning starts.
- Clean vehicle as soon as possible after use.
- Cleaners to wear face masks and gloves, referring to **Section 3.4 ‘How to use a face (medical) mask safely’**.
- Vehicle should be ventilated to the outside while cleaning if possible (open windows/door to create through draft).
- Wipe flat surfaces with hospital grade detergent/disinfectant product in accordance with manufacturer’s instructions.<sup>5</sup>
- Wipe all touched surfaces including (but not limited to):
  - Door handles (inside and outside), window handles, glove box and compartment handles (inside and outside) and any other item that is frequently touched
  - Driver controls
  - Seatbelts and seatbelt fasteners
  - Safety handles and bars (entry and exit handles, compartment bars)
  - Seats if practical (including back of seat)
- Dispose of cleaning wipes, face masks and gloves in appropriate manner. Perform hand hygiene after removing gloves and face mask.

### 8.2 Rest stop IPC requirements

- Passengers should be reminded to regularly perform hand hygiene, practice cough and sneeze etiquette, and maintain physical distancing of 2m at all times.
- Members of the public must not have access to the bathroom facilities before they are cleaned.
- Bathrooms should be cleaned with hospital grade cleaning and disinfectants products immediately after the bus/mini-van departs the rest stop.
- It is sufficient to clean and disinfect the bathrooms after each bus/mini-van load, unless there is a toileting accident in the bathroom, in which case it will need to be cleaned before the next occupant.
- Those cleaning the bathroom(s) should be present for the duration of the rest stop in the event the bathroom(s) need to be cleaned in between occupants (e.g. if there is an accident) and to ensure cleaning takes place promptly before bathrooms are re-opened for public use.

#### 8.2.1 Rest stop cleaning protocols

Cleaners must wear gloves and face mask and any other protective items recommended by the manufacturer of the cleaning products.

- Wipe with a hospital grade cleaning and disinfecting product in accordance with manufacturer’s instructions, all touched surfaces including (but not limited to):

<sup>5</sup> See [Cleaning following a confirmed or probable case of COVID-19](#) for more information on cleaning products.

- Door handles (inside and outside), taps, toilet seat lid and any other item that are frequently touched with hands
- Dispose of cleaning wipes and gloves in appropriate manner.
- Perform hand hygiene after removing gloves.

## 8.3 Cleaning measures for domestic flights

Cleaning of domestic planes must occur of recently arrived returnees, who have not completed time in a MIQF. The plane is to be empty of people before cleaning starts, and the plane should be cleaned as soon as possible after use.

Cleaners must wear gloves and face mask and any other protective items recommended by the manufacturer of the cleaning products.

### 8.3.1 Plane cleaning protocol:

- Wipe with hospital grade cleaning and disinfecting product:
  - All flat surfaces that the passengers were in contact with,
  - All touched surfaces including (but not limited to):
    - Handles, trays and any other item that is frequently touched
    - Seatbelts and seatbelt fasteners
    - Compartment bars
    - Seats (including back of seat)
- Dispose of cleaning wipes, face masks and gloves in appropriate manner. Perform hand hygiene after removing gloves and face mask.

### 8.3.2 Cleaning protocols for bathrooms on domestic planes:

- Bathrooms should be cleaned following each use by passengers and staff
- Flight attendants to wear gloves and wipe frequently touched surfaces in the bathroom
- Wipe with a hospital grade cleaning and disinfecting product in accordance with manufacturer's instructions, all touched surfaces including (but not limited to):
  - Door handles (inside and outside), taps, toilet seat lid and any other item that are frequently touched with hands
- Dispose of cleaning wipes and gloves in appropriate manner.
- Perform hand hygiene after removing gloves.

## 9. Waste

Safe and appropriate management of waste in MIQF is very important to prevent the spread of infection. Refer to the **MIQF Operations Framework** for principles for waste management.

### 9.1 All waste / General / Communal Areas

- Medical waste to go into yellow bags
- Mask/glove waste in MIFs may be collected by hotel housekeeping
- All waste in yellow bags must go into yellow contracted biohazard waste bins
- General waste from MIFs and close contacts rooms can go into black (general waste) bin liners and be placed in general waste stream, NOT yellow contracted biohazard waste bins
- Communal bins (i.e. in corridor spaces) MUST have hand sanitiser co-located next to the bin, to enable good hand hygiene practices for those disposing of rubbish. All bins in returnees' rooms must have a bin liner – when the bin is full, the bin liner must be tied off before being placed into the communal rubbish bin. There should be clear laminated signage reminding returnees to sanitise their hands after placing rubbish in the bins. Signage should be visible and appropriately placed near bin and hand sanitiser.
- All rubbish bags must be securely tied with cable tie
- Site-coordinators are to contact contracted biohazard waste disposal company for collection of hard-shell bins when they are  $\frac{3}{4}$  full.
- Disposable gloves must be changed after handling waste and hand hygiene performed

#### 9.1.1 Waste in MIFs

- Hotel staff to collect waste from isolation rooms and rubbish bins in shared areas – appropriate PPE should be worn
- Ensure waste bags are securely tied
- This also applies to the waste generated by close contacts.
- When Hotel staff have completed waste collections they should carefully remove PPE and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

#### 9.1.2 Quarantine Area Waste (waste generated by confirmed or probable\* cases)

- Nursing staff to collect waste from quarantine areas and tie securely
- Waste from quarantine area must go into yellow bags
- Waste to be placed in a hard-shell container and liner secured when  $\frac{3}{4}$  full or cable tie individual bags before placing in the 660L hard shell container
- Waste to be taken from quarantine areas to back of house by nursing staff
- When nursing staff have completed waste collections they should carefully remove PPE and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

\* Returnee may not have moved to quarantine area at this point, waste to be collected by nursing staff as above if in original room awaiting results

# 10. Maintenance

## 10.1 Room Maintenance

Where maintenance staff are required to enter the rooms of returnees who are in MIFs or are considered close contacts for repairs or maintenance of some equipment (eg. air conditioning), the following is recommended:

- Rooms to be accessed when the returnee is out of the room (eg. for exercise)
- Maintenance staff to wear medical mask
- Maintenance staff performing maintenance and/or replacing filters on any ventilation system should wear a properly fitted N95/P2 respirator, gloves, and eye protection.
- Returnee must wear a medical mask if present
- Maintain >2m distance where possible
- If >2m cannot be maintained, full PPE including gown, medical mask, eye protection and disposable gloves is required by maintenance person
- When maintenance tasks are completed, maintenance staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer.
- PPE to be disposed of in medical waste (yellow bag)
- Maintenance equipment should be cleaned after use with an approved 2-in-1 cleaning product.
- This applies to rooms occupied by close contacts.

## 10.2 Confirmed or probable case room maintenance

- Maintenance staff are **not** to enter quarantine rooms
- In the event of an emergency, maintenance staff must be accompanied by a nurse
- Full and appropriate PPE is required to be worn by maintenance staff if entering the room. In addition to other PPE maintenance staff performing maintenance and/or replacing filters on any ventilation system should wear a properly fitted N95/P2 respirator.
- For major equipment failure, moving the returnee to an alternate room is suggested in consultation with site lead
- When maintenance tasks are completed, maintenance staff should carefully remove PPE on exiting the room and immediately wash their hands with soap and water or use an alcohol-based hand sanitizer

## 11. Changes to hotel configurations

Any changes to hotel configuration need to be authorised by the RIQ-CC NZDF Sites Manager and RIQ-CC Health Lead, in conjunction with the Infection Prevention & Control Service, and notification of changes to be directed to MBIE, the Ministry of Health and relevant Public Health Unit.

## 12. Emergency evacuations

In the event of an emergency evacuation, staff should be familiar with the hotel's evacuation plans which includes processes on ensuring returnees and staff have been supplied with a medical mask, physical distancing, evacuation zones and appropriate follow up following an emergency evacuation.

Refer to the **MIQF Operations Framework** for further guidance regarding management of emergency evacuations, and the **Stay in Managed Isolation SOP** for further guidance regarding evacuation protocols.



# Appendix 1 How to wear a face mask safely

MANAGED ISOLATION  
AND QUARANTINE

Unite  
against  
COVID-19

## How to wear a face mask safely

### PUTTING ON A FACE MASK:



#### Clean your hands.

Before you put on your face mask, wash and dry your hands or use hand sanitiser.



#### Check your face mask.

Make sure it is clean, dry and not damaged.



#### Put on your face mask.

Place the face mask over your nose, mouth and chin, and place the loops over your ears to hold the mask in place.



**Replace the face mask every four hours or earlier if it becomes damp, damaged or dirty.**

Dispose of face masks in a rubbish bin.



#### Clean your hands.

Wash and dry your hands or use hand sanitiser.

### WHEN WEARING A FACE MASK YOU SHOULD AVOID:



Touching the front of your mask.



Touching your face.



Moving your face mask.

This is specific guidance for face mask use in Managed Isolation and Quarantine Facilities (MIQF). You must only wear single-use face masks that are provided by the MIQF. You must only wear these face masks once – you need to wear a new face mask each time you leave your room. If you run out of single-use face masks, contact the MIQF staff and they will provide you with more.

## Appendix 2 How to remove a face mask

MANAGED ISOLATION  
AND QUARANTINE

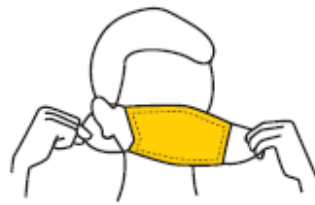
Unite  
against  
COVID-19

# How to remove a face mask



### Clean your hands.

Before you put on your face mask, wash and dry your hands or use hand sanitiser.



### Remove your face mask.

Take your face mask off by removing from the earloops.



### Dispose of face masks in a rubbish bin.

Do not re-use or try to disinfect single-use face masks.



### Clean your hands.

After you take off your face mask, wash and dry your hands or use hand sanitiser.

This is specific guidance for face mask use in Managed Isolation and Quarantine Facilities (MIQF). You must only wear single-use face masks that are provided by the MIQF. You must only wear these face masks once – you need to wear a new face mask each time you leave your room. If you run out of single-use face masks, contact the MIQF staff and they will provide you with more.

## Appendix 3 Sequence for putting on PPE

### MANAGED ISOLATION AND QUARANTINE

## Sequence for putting on Personal Protective Equipment (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

**Hand hygiene must be performed before putting on PPE**

### 1. GOWN (Long sleeve fluid resistant gown)

- › Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- › Fasten in back of neck and waist



### 2. MEDICAL MASK<sup>1</sup> OR N95/P2 RESPIRATOR<sup>2</sup>

- › Secure ties or elastic bands at middle of head and neck
- › Fit flexible band to nose bridge
- › Mould mask to fit snugly to nose, face and chin
- › Fit check respirator and ensure no air leaks around face felt



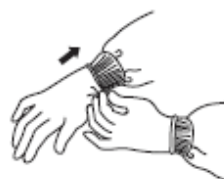
### 3. EYE PROTECTION

- › Place over face and eyes and adjust to fit
- › Straps for goggles or full face shield (if using) should go over head. Adjust to fit as necessary. If using approved safety glasses put on, and ensure they fit comfortably.



### 4. GLOVES

- › Extend to cover elasticated cuff of gown



**USE SAFEWORK PRACTICES, ENSURE YOU ARE FAMILIAR WITH PUTTING ON PPE CORRECTLY.**

- › Wash/sanitise your hands before putting PPE on, check items for any damage.
- › Change any items if they become damaged or soiled.

<sup>1</sup> A medical mask must be either a Type IIR, Level 2 or Level 3 mask.

<sup>2</sup> N95/P2 respirator. Only required for maintenance of air conditioning units; aerosol generating procedures or airborne isolation



## Appendix 4 How to safely remove PPE

### MANAGED ISOLATION AND QUARANTINE

## How to safely remove Personal Protective Equipment (PPE)

Safely remove PPE without contaminating your clothing, skin or mucous membranes with potentially infectious materials. **Remove PPE in the following sequence:**

### 1. GLOVES

- › Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- › Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- › Discard gloves into a waste container
- › **Perform hand hygiene**



### 2. GOWN

- › Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- › Pull gown away from neck and shoulders, touching inside of gown only
- › Turn gown inside out
- › Fold or roll carefully into a bundle and discard into a waste container
- › **Perform hand hygiene**



### 3. EYE PROTECTION

- › Remove goggles or face shield from the back by lifting head band or ear pieces
- › If the item is reusable, place in designated receptacle for reprocessing.
- › **Perform hand hygiene**



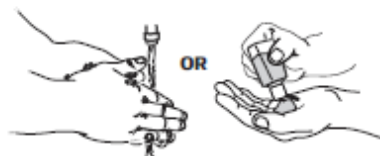
### 4. MASK

- › Untie the bottom ties or elastics of mask and remove without touching the front
- › Discard into a lined waste container
- › **Perform hand hygiene**



### WASH HANDS

**REMEMBER TO WASH HAND OR USE AN ALCOHOL BASED HAND SANITISER EACH TIME YOU REMOVE AN ITEM OF USED PPE.**



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INNOVATION & EMPLOYMENT  
HĪKINA WHAKATUTUKI

## Managed Isolation Facility – Guest swabbing procedure

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### Purpose

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All individuals entering managed isolation are asked to consent to be swabbed for COVID-19 under the following conditions:

**Asymptomatic:** Guests who are asymptomatic will be swabbed on day 3 and day 12. Under the current requirements set out by the Ministry of Health this applies to all guests including children except those who are under 6 months.

**Symptomatic:** Guests who become symptomatic are to be swabbed by the onsite nursing staff as required by the Medical Officer of Health.

### Applicability

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This procedure is to be followed by all staff who undertake swabbing in CDHB Managed Isolation Facilities

This applies to all guests in Managed isolation facilities, with exception of children under 6 months.

The following requirements apply for the following groups:

- **New Zealand citizens and residents:** cannot be compelled or coerced into being tested. Refusal to be tested must be recorded, but it must not affect guests' access to other health or welfare services during their stay in a managed isolation facility.
- Adults who choose not to have a day 12 swab may be required to stay an additional ten days in a managed isolation.
- **Foreign Nationals:** The Director General of Health (acting as a Medical Officer of Health) is requiring all foreign nationals on temporary visas entering New Zealand to undergo COVID-19 testing.
- Foreign Nationals that refuse testing may be deported.

### Except

- Diplomatic staff arriving at the border are exempt from testing, managed self-isolation, and quarantine. They can voluntarily (and/or with the agreement of their Government) submit to testing, managed self-isolation, and/or quarantine.

### Definitions

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**MIF:** Managed Isolation Facility

**IP & C:** Infection Prevention and Control

**ACNM:** Associate Charge Nurse Manager

**CNM:** Charge Nurse Manager

**CHL:** Canterbury Health Laboratories



## Swabbing Technique Nasopharyngeal and Oropharyngeal Swabbing



### COVID-19

#### INSTRUCTIONS ON SPECIMEN COLLECTION


Updated 10 August 2020

As global supply chains remain fragile, multiple swab options may be in circulation for COVID-19 testing.

**A NASOPHARYNGEAL SWAB PLACED INTO A VIRAL TRANSPORT MEDIA (VTM) REMAINS THE OPTIMAL SPECIMEN OF CHOICE.**


**OPTION 1. INSTRUCTIONS ON NASOPHARYNGEAL SPECIMEN COLLECTION (PREFERRED)**

**Nasopharyngeal swab in Viral Transport Media**




Adult: orange top swab / Paediatric: white top swab – alternate individually packed swabs may also be in use

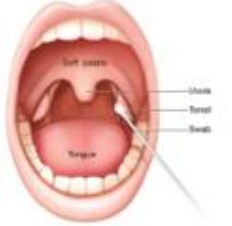
1. Wear appropriate PPE  
*This includes disposable, fluid resistant long-sleeved gown, gloves, surgical mask, and eye protection.*
2. **ENSURE PATIENT BLOWS NOSE PRIOR TO COLLECTION.**
3. Using a synthetic fibre-tipped nasopharyngeal swab, insert swab into **one** nostril. For adequate collection the swab tip must extend well beyond the anterior nares until some resistance is met (see diagram).
4. Press on swab tip and rotate the swab tip several times across the mucosal surface to collect cellular material.
5. Break swab into VTM provided. **Ensure there is no leakage.**  
Follow steps 6 & 7 below to complete.



**OPTION 2. INSTRUCTIONS OF OROPHARYNGEAL + DEEP NASAL SPECIMEN COLLECTION**



1. Wear appropriate PPE.  
*This includes disposable, fluid resistant long-sleeved gown, gloves, surgical mask, and eye protection.*
2. Use a tongue depressor to hold the tongue out of the way.
3. Using a **viral oropharyngeal swab** (DO NOT use standard bacterial swabs), **swab BOTH tonsillar beds**. Ensure the swab does not touch the tongue.
4. **Using the SAME SWAB**, insert into one nostril until resistance is met (this swab is too large to reach the nasopharynx) and rotate a few times. **Repeat** for the other nostril.
5. Break swab into VTM provided. **Ensure there is no leakage.**
6. Label specimen with patient's name, date of birth AND/OR NHI number, and collection time and date.
7. **Enclose the request form** (fully completed) **with your specimen and send via your usual collection service.**



524 Hagley Avenue, Christchurch 8011, NZ  
PO Box 151, Christchurch 8140, NZ



**Canterbury**  
District Health Board  
Te Poari Hauora o Waitaha

## Education and training

All staff undertaking swabbing activity at Managed Isolation facilities will complete swabbing training (which includes the required PPE training) with the CDHB Infection, Prevention and Control Service.

## Consent

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### Informed Consent

- **ALL** guests have the right to make an informed choice regarding COVID testing within the MIF and must give permission for clinical staff to proceed with the swab being taken.
- The process of informed choice and permission will be an interactive process between the clinicians and the guest and sometime those close to the guest such as family or whānau.
- Informed consent will be recorded on the guests COVID-19 Testing Consent Form (see appendix A) and will be valid for all swab testing during the duration of the guest's isolation period.
- Children under the age of 16 must have signed consent from a parent/caregiver authorised to make an informed choice for the child.
- Consent forms will be collated with the guest's clinical record and kept in accordance with the Public Records Act 2005.

### Withholding Consent

- Consent to testing can be withheld at any point during the guests stay in MIF. Informed refusal is as much a right of the person as informed consent.
- If an individual refuse's swabbing or a parent does not consent for a child to be, the reasons must be explored by the Clinician and documented in the guest's clinical record.
- The guest should be reassured and given the opportunity to discuss this further with clinical staff if required.
- The guest will also be informed that this will be discussed at the "Virtual Ward Round" and that they will be informed of the outcome and made aware of any changes to their Isolation status, e.g. increased length of stay. The final decision relating to this outcome is the local Medical Officer of Health.

The following information must be recorded in MedTech, on the shift report and emailed to the ACNM/CNM for discussion at the 'Virtual Ward Round'.

- Full Name
- DOB
- NHI
- Day swab refused i.e. day 3 or day 12
- Reason for refusal
- Number of people in their family group
- Number of people in their family group who have been swabbed
- Country of origin

### Children and swabbing

Swabbing children can be distressing for both the parent and child.

#### **Children under 2 years are to be swabbed using paediatric swabs.**

If a child is distressed when swabbing begins, the clinician may consider the following:

- An oropharyngeal swab
- Whether it is appropriate to forgo the day 3 and complete the day 12 swab.

If swabbing of the child is unsuccessful then this needs to be recorded in MedTech, documented on the shift report and emailed to the ACNM/CNM. This will then be discussed with the Medical Officer of Health and they will advise how to proceed.

The following information needs to be provided at the end of a swabbing day:

- Full Name
- DOB
- NHI
- Day swab refused i.e. day 3 or day 12
- Reason for refusal
- Number of people in their family group
- Number of people in their family group who have been swabbed and swab results
- Country of origin

### **Notifying clinical administration of swab refusals**

The Managed Isolation clinical admin team must be notified of any swab refusals, so this can be documented on the Border Registry system.

This needs to be completed at the end of a swabbing day.

### **Undertaking Swabbing**

---

Swabbing will be undertaken using the process and PPE recommended by the current Infection Prevention and Control guidance document.

### **Undertaking “Bulk” Swabbing**

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Large swabbing days (day 3 and 12) will be planned and led by the ACNM and Site Health Shift Lead in conjunction with the Isolation Nursing Coordinator team to ensure appropriate resourcing and that swabbing is completed in a timely fashion to meet Laboratory processing requirements.

A clinical administrator will print all labels for those being tested which will be delivered to the Hotel on the afternoon prior. Night staff will label the lab forms and swabs in preparation.

Extra staff will be onsite on testing days.

Teams of 2 registered nurses will work together to support maintenance of required IP & C standards.

Trolleys will be used to carry appropriate supplies and completed swabs for the testing team.

### **Labelling and transporting Swabs**

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All swabs will be clearly labelled using provided labels wherever possible.

When taking the guests swab, the guest's information must be checked to ensure that the information is correct.

**Swabs will be sent to CHL in batches of approximately 50 swabs at a time.**



**During business hours Monday to Friday 0900 - 1700**

Please contact [Richard.Latham@cdhb.health.nz](mailto:Richard.Latham@cdhb.health.nz),

On 0226274006 or 03 364 0300 ext. 80484 to arrange pick up as part of the existing courier run.

**Outside business hours**

Swabbing activity outside of business hours is to be sent via Gold Band Taxi's 03 379 5795 to CHL using a CDHB taxi chit. cost code 854.

**Supporting Document****Appendix. A****COVID-19 Day 3 and Day 12 Swabbing****Consent Form**

Full Name			
Date of Birth (dd/mm/yyyy)			
NHI			
Hotel		Room number	

I, \_\_\_\_\_, acknowledge that I have been informed that the Ministry of Health has asked me to provide a COVID-19 test sample as part of the COVID-19 response under the Health Act 1956.

- I have been informed that as a condition of entry to New Zealand I am required by the Medical Officer of Health to undertake swabbing on day 3 and 12 of managed isolation.
- I understand:
  - The process of taking the sample is uncomfortable but is not known to be harmful to my health
  - The test results will be used by the Ministry of Health and Canterbury District Health Board to manage my health while I am in managed isolation. The test results may be reported to the Ministry of Health and anonymous statistical data may be published
  - A negative test result does not mean that I do not have COVID-19
  - If I have a positive test result I will be transferred to the quarantine wing within this facility until I have recovered and been cleared by the Medical Officer of Health.
  - The Ministry of Health will keep a record of my results in the National Contact Tracing System (NCTS) for the duration of the COVID-19 response
  - I have the right to access information stored in the NCTS about me
- I acknowledge that I have been given the opportunity to ask questions about the testing and they have been answered to my satisfaction
- I have provided all the information about my health that is relevant to the testing
- I confirm that to the best of my knowledge the information above and any other information provided as part of this application is true and correct.
- I consent to having a Day 3 and Day 12 COVID-19 swab.

Signature (Parent or Caregiver if under 16 years): \_\_\_\_\_

Name (First and Last Name): \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Version 1.0

July 2020

**Supporting material**

- ‘Guidance for Isolation and Quarantine Hotels’ *CDHB Infection Prevention and Control team*