

Health Report

Strengthening public health measures to prevent the spread of COVID-19 at different Alert Levels

Date due to MO:	22 August 2020	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	20201498
To:	Hon Chris Hipkins, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Dr Ashley Bloomfield	Director-General of Health	s 9(2)(a)
Maree Roberts	Deputy Director-General, System Strategy and Policy	s 9(2)(a)

Action for Private Secretaries

Return the signed report to the Ministry of Health.

Date dispatched to MO:

Strengthening public health measures to prevent the spread of COVID-19 at different Alert Levels

Purpose of report

This report provides advice on a range of measures to further curb the spread of COVID-19 at various alert levels including:

- Mandatory use of masks or face coverings on public transport

Out of scope



Key points

Mandatory use of masks or face coverings on public transport

- Physical distancing is the most effective measure for breaking chains of transmission of COVID-19. There is evidence that face masks can provide some supplementary benefit in reducing the risk of infection, but masks should not be considered an alternative to distancing.
- We do not believe the risks to be sufficient to compel the use of masks, however there is a good case for individuals to consider their use if the circumstances mean that physical distancing will be less effective.
- In public transport settings, it can be challenging or even not possible to adhere to physical distancing requirements. Recognising the particular risks associated with these settings, officials recommend the public be strongly encouraged to use masks or face coverings at Alert Levels 2 and 3 on public transport (eg, buses, trains, ferries) and airplanes.

Out of scope



Out of scope



Recommendations

The Ministry recommends that you:

- a) **Note** that officials recommend the public be strongly encouraged to use masks or face coverings at Alert Levels 2 and 3 on public transport and airplanes. **Yes/No**

Out of scope



Dr Ashley Bloomfield
Director-General of Health

Hon Chris Hipkins
Minister of Health
Date:

Mandatory use of masks or face coverings on public transport and airplanes

Background

1. The Ministry of Health has previously provided advice on the use of mandatory masks at Alert Level 3 [HR 20201414 refers]. This advice noted that wearing a mask in public places can reduce the risk of infected people spreading COVID-19.
2. Masks are particularly useful if there is known community transmission, and people are in close proximity to each other (eg, on public transport, in shops, or in other confined environments).
3. The advice also noted that the use of masks at Alert Levels 3 and 4 are an additional tool to help reinforce physical distancing behaviour, and may supplement it to some extent, but do not replace it. The best way to prevent the spread of COVID-19 is through physical distancing and other public health measures, such as good hand hygiene, and staying home when sick. Masks may have a complementary role, but should not be considered an alternative.
4. While mandatory mask wearing may increase compliance with physical distancing requirements, the risk remains that some members of the public will consider this an 'either / or' approach, wherein they must either observe physical distancing requirements, or wear a mask. International evidence is mixed, but suggests some reduction in compliance with other public health measures when masks are used.
5. Clear guidance on the proper use of masks (including settings where they are to be used) is essential for them to be effective. If people do not adhere to correct mask and face covering practices, then the risks posed by face masks and coverings may outweigh any benefits. These practices include:
 - a. having proper technique when putting on and taking off masks or face coverings
 - b. washing and drying (or sanitising) hands before and after touching masks or face coverings
 - c. not reusing single-use maskswashing reusable masks or face coverings after every use.

Settings for use of masks or face coverings at Alert Levels 2 and 3

6. Officials recommend the public be strongly encouraged to use masks or face coverings at Alert Levels 2 and 3 on public transport (eg, buses, trains, ferries) and airplanes.
7. Officials do not recommend the mandatory use of masks or face coverings at Alert Level 2 on public transport or airplanes. The compulsion is likely to be disproportionate to the risk, given the following reasons:
 - a. the low risk that COVID-19 is circulating undetected in the community
 - b. the risks associated with community mask wearing (adherence to correct technique) at Alert Level 2 outweigh any benefits

- c. equity issues for people that are unable to wear masks being denied access to public transport or being abused, potential to alienate those who are hard of hearing, and the added costs it would add to those who use public transport likely to discourage some people from using public transport which may have wider environmental, economic and societal implications.

- 8. In these settings, adhering to physical distancing requirements can pose challenges because of limited space, combined with the potential for prolonged proximity to others. There may be limited scope to mitigate these inherent challenges without further implications. For instance, limiting the number of people allowed on public transport at any given time would cause delays to travel, and necessitate increased transport options, which could increase the overall health risk.
- 9. Whilst we should not ignore or undermine messaging on physical distancing by indicating that these requirements do not apply on public transport, we should recognise the challenges to meeting the expectations. The use of masks or face coverings is not a replacement for physical distancing, and individuals should still be encouraged to distance themselves appropriately where possible (eg, sitting on alternate seats, if available). However, in recognition that this will not always be possible, face masks or coverings should be encouraged as an additional protection to reduce the risk of infection.

Out of scope



Out of scope



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Out of scope



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Appendix 1: Summary of additional measures at each Alert Level

Public Health measure	Alert Level 1	Alert Level 2	Alert Level 3
Masks	Encourage people to source masks and wear masks in public places.	Strongly encourage people to wear face coverings on public transport and airplanes. Encourage people to wear masks in other public settings where distancing may be difficult, or where they are close to other people for extended periods of time.	Strongly encourage people to wear face coverings on public transport and airplanes. Social distancing still required on public transport. Encourage people to wear masks in other public settings where distancing may be difficult, or where they are close to other people for extended periods of time.
Out of scope			
Out of scope			



Health Report

COVID-19 Public Health Response Act 2020 Orders

Date due to MO:	27/08/2020	Action required by:	28/08/2020
Security level:	IN CONFIDENCE	Health Report number:	20201509
To:	Hon Chris Hipkins, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
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Maree Roberts	Deputy Director-General, System Strategy and Policy	s 9(2)(a)

Action for Private Secretaries

Return the signed report to the Ministry of Health.

Date dispatched to MO:

COVID-19 Public Health Response Act

Orders

Purpose of report

This report covers two draft orders under the COVID-19 Public Health Response Act 2020. Both orders provide for face coverings to be compulsory on public transport, Out of scope

Out of scope The first order provides for Level 2 controls in Auckland from Monday 30 August, as agreed by Cabinet on Monday 24 August. The second provides only for face coverings and Out of scope and is a contingency in the event the situation changes and Auckland is kept in Level 3.

Key points

- Following the identification of four new community cases of COVID-19 without an established link to overseas travel, the government moved the Auckland region to Alert Level 3 and the rest of New Zealand to Alert Level 2. The order came into effect at midday on Wednesday 12 August 2020, for an initial period of three days, and was later extended to 11.59pm on Wednesday 26 August.
- On Monday 24 August, Cabinet decided to continue these alert levels up to 11.59pm on Sunday 30 August. This extension did not require a new order, since the existing order remains in force until revoked.
- Cabinet also agreed that after 11.59pm on Sunday 30 August, unless significant new cases or clusters are identified, the Auckland region will move to Alert Level 2. The rest of New Zealand will remain at Level 2, so all areas will align at this level. A new order is required to give effect to this change.

Out of scope

- Cabinet also agreed two further changes to public health measures:
 - First, that the use of masks or face coverings should be made compulsory at Alert Level 2 and above on public transport and airplanes. This is intended to come into effect from Sunday 30 August whether or not the planned move to Alert Level 2 in Auckland is enacted.

Out of scope

Out of scope

- The Covid-19 Public Health Response (Alert Level Requirements) Order 2020 gives effect to these decisions.
- The Covid-19 Public Health Response (Alert Levels 3 and 2) Amendment Order (No 2) 2020, if required, would give effect to the changes to public health measures, but would retain Alert Level 3 in Auckland. It has been prepared in the event that new COVID-19 cases suggest significant risks to relaxing controls at this time.
- Only one of these orders should come into effect from 11.59pm on Sunday 30 August, depending on whether the decision to move Auckland to Level 2 is confirmed. The order must be signed on Friday 28 August to give 48 hours' notice before it comes into force.
- We recommend that a final decision is taken to sign the relevant order on Friday 28 August, informed by advice from the Director-General on the latest COVID-19 case information. This advice will be provided on Friday to ensure it is based on the most recent data and evidence.

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Recommendations

The Ministry recommends that you:

- a) **Consult** with the Prime Minister and Minister of Justice on the attached draft orders to be made under section 11 of the COVID-19 Public Health Response Act 2020. **Yes/No**
- b) **EITHER:** **Yes/No**
 Sign the attached COVID-19 Public Health Response (Alert Level Requirements) Order 2020 (if the public health situation means it remains suitable for Auckland to move to Level 2)
OR
Sign the attached COVID-19 Public Health Act (Alert Levels 3 and 2) Amendment Order (No 2) 2020 (if the public health situation means Auckland should remain at Level 3)
- c) **Note** my advice as Director-General of Health that there remains a risk of undetected spread of COVID-19 and that the measures in the attached orders are appropriate and proportionate to address the risk.
- s 9(2)(h)
- d) **Note** that based on the public health risks of COVID-19 and the public health rationale that justifies the measures in the attached orders, I consider that the limitation of the rights engaged is justified.
- e) **Note** that I will provide updated advice on the public health factors to be considered in a change of Alert Level on Friday 28 August 2020

Dr Ashley Bloomfield
Director-General of Health

Hon Chris Hipkins
Minister of Health
 Date:

COVID-19 Public Health Response Act Orders

Background

1. After four new community cases of COVID-19 were identified without an established link to overseas travel, on Tuesday 11 August 2020 Cabinet decided to issue an order under Section 11 of the COVID-19 Public Health Response Act 2020 to increase the Alert Level to Level 3 in the Auckland region and Level 2 for the rest of New Zealand. This order came into effect at midday on Wednesday 12 August 2020, for an initial period of three days, and was later extended to 11.59pm on Wednesday 26 August.
2. On Monday 24 August, Cabinet made the decision to extend the current alert level settings to 11.59pm on Sunday 30 August. An order is not required to give effect to this extension, since the existing order remains in force until it is revoked.
3. Cabinet agreed that, from 11:59pm on Sunday 30 August, Auckland would move into level 2, with a temporary limit on gathering size, and the rest of the country would remain in level 2. These settings will be reviewed by Sunday 6 September. Cabinet noted that the situation would continue to be monitored closely and adjustments made quickly if necessary.
4. The COVID-19 Public Health Response Act 2020 allows the Minister of Health to make a range of orders to prevent the outbreak or spread of COVID-19.

Summary of Orders

5. The COVID-19 Public Health Response (Alert Level Requirements) Order 2020 applies Alert Level 2 requirements to all of New Zealand, with additional restrictions on gatherings in Auckland.

and for face coverings to be worn on public transport. The Order allows all provisions to be repealed by Gazette notice, except the requirement to


Out of scope

Out of scope

- c. Drivers and passengers of public transport services will be required to wear face coverings in Level 2. There are exemptions for when it would be unsafe or otherwise impractical, including when communicating with a Deaf person, or required to prove identity. This requirement will not apply to the passengers of small passenger service vehicles such as taxis and rideshare services.

Out of scope



7. The COVID-19 Public Health Act (Alert Levels 3 and 2) Amendment Order (no 2) 2020 is an alternative prepared for the event the public health situation changes, and it is agreed Auckland should not move to Level 2. It will retain the existing Alert Level 3 in Auckland (and Level 2 in other areas) and apply the new requirements for face coverings and .
8. Both orders are submitted for your review. A decision on which to sign and bring into force is required to Gazette the relevant order on Friday 28 August.

Out of scope



Out of scope



Out of scope

Amendment to public health measures at alert levels

Mandatory use of masks on public transport

19. The use of masks by the public cannot replace other public health interventions, but may reinforce them. There is some evidence that mask-wearing reduces the spread of infection, but it is not clear how much is attributable to the masks, and how much to the effect of reinforcing good practice in distancing and hygiene. The most effective practices are distancing, good hygiene, and staying home if sick.
20. Public transport, airplanes and taxis pose particular challenges for infection control. In these settings, adhering to physical distancing requirements can be problematic because of limited space, combined with the potential for prolonged proximity to others. There may also be limited scope to mitigate these inherent challenges, for instance because limiting the number of people allowed on public transport at any given time could cause delays to travel, and necessitate increased transport options to meet demand, which could increase the overall health risk.
21. We should continue to encourage physical distancing and good hygiene practices on public transport. However, we recognise that there will be practical limitations, and the use of masks is likely to be beneficial on public transport given these conditions as part of a complete response which reinforces good practice.
22. In Level 3, where there is a risk of undetected community transmission and existing cases or clusters may not be contained, there is a strong rationale for compelling the

use of masks as an addition to physical distancing on public transport. At Alert Level 2, in my view, though the wider public health risks will be lower, there remains a good case for requiring the use of masks or face coverings on public transport, given the particular challenges of this setting. Compelling their use at Level 2 should be expected to support wider socialisation of their use by the public, which could help to prevent and manage future outbreaks.

23. Cabinet agreed to require public transport passengers to use face coverings at all alert levels above Level 1.

Use of masks in other settings

24. In some other settings, such as movie theatres and churches, physical distancing requirements can be more easily adhered to, as there is more scope to implement crowd management interventions, such as ensuring seating is spaced out and flows through corridors and entrances are controlled. However, because people tend to spend a longer time in these places in proximity to others, there is greater risk of infection than in other public settings such as supermarkets.
25. Whilst the use of masks in these settings may be beneficial as an additional protection, it should remain voluntary. Mandating masks could risk individuals becoming more complacent with other measures, or event organisers and businesses believing that distancing is not a priority. Moreover, the risk of incorrect use of masks may be higher in a setting in which people spend longer.
26. Alongside the provisions in the order to mandate masks on public transport, I therefore recommend a strong communications approach and public messaging on their wider use as proportionate to the health risk. This should be regardless of alert level, but with further focus and encouragement at higher levels proportionate to the risk.

Out of scope



Out of scope



s 9(2)(h)



s 9(2)(h)



Out of scope



s 9(2)(h)



s 9(2)(h)



s 9(2)(h)



Regulatory impact

Out of scope



53. Public transport is a particular risk for transmission. This risk can be mitigated by the use of masks. The WHO has issued updated guidance on the use of non-medical masks

by the public, which is reflected in the attached Orders. The use of masks reduces the risk of transmission on public transport, and allows public transport services to operate with physical distancing.

Out of scope

55. Compliance will be promoted through messaging in public transport, and ongoing government advertising. While penalties are available, it is not anticipated they are used, with the focus to be on education, and support.

Next steps

56. For changes to come into effect on 11:59 on Sunday 30 August you will need to sign one of the attached orders by Friday 28 August.
57. I will provide further advice on the public health situation on Friday 28 August to support your decision on signing an order.
58. If the public health situation means it remains low risk for Auckland to move in to Level 2, you should sign the COVID-19 Public Health Response (Alert Level Requirements) Order 2020.
59. If the public health situation has changed to the point it is no longer appropriate for Auckland to move in to Level 2 at this time, you should sign the COVID-19 Public Health Response (Alert Levels 3 and 2) Amendment Order 2020.
60. If you agree to make the proposed order, your office will arrange its publication with the Parliamentary Counsel Office.
61. The signed order will come into force from 11:59pm on Sunday 30 August.

ENDS.

Appendix 1: Draft orders

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Health Report

Advice on the mandatory use of face coverings on public transport at Alert Level 2 and 3

Date due to MO:	25 August 2020	Action required by:	25 August 2020
Security level:	IN CONFIDENCE	Health Report number:	20201514
To:	Hon Chris Hipkins, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
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Maree Roberts	Deputy Director-General, System Strategy and Policy	s 9(2)(a)

Action for Private Secretaries

Return the signed report to the Ministry of Health.

Date dispatched to MO:

Advice on the mandatory use of face coverings on public transport at Alert Level 2 and 3

Purpose of report

This report provides further advice following Cabinet's decision to require the mandatory use of face coverings on public transport at Alert Level 2 and 3.

Key points

- There is emerging international evidence that the use of masks and face coverings in response to COVID-19 can reduce the risk of infected people spreading COVID-19. Masks and face coverings can be particularly useful if there is a risk of undetected community transmission, people are in close proximity to each other, and are unable to physically distance.
- The use of masks is an additional tool to help reinforce physical distancing behaviour, and may supplement it to some extent, but does not replace it. The best way to prevent the spread of COVID-19 is through physical distancing and other public health measures, such as good hand hygiene, and staying home when sick. Masks may have a complementary role, but should not be considered an alternative to sound public health behaviours.
- Public transport, airplanes and taxis pose particular challenges for infection control. In these settings, adhering to physical distancing requirements can be problematic because of limited space, combined with the potential for prolonged proximity to others.
- In recognition of the inherent risks of these settings, on Monday 24 August Cabinet agreed that the use of face coverings should be required on public transport at Alert Level 3 and 2. A new order is required to give effect to this decision, which it is anticipated will come into force from midnight on Monday 31 August.
- We seek your agreement to include provision in the forthcoming order to require face coverings on public transport. This should include suitable exceptions for particular services, such as inter-island ferries where distancing is feasible, and particular individual circumstances, such as people with respiratory diseases.
- We propose a graduated enforcement approach, focused on education and socialising the use of masks, rather than punitive enforcement. We do not recommend requiring transport operators to enforce the use of face coverings.

Out of scope

s 9(2)(f)(iv)

Recommendations

We recommend you:

- a) **Note** on 24 August 2020 Cabinet agreed that the use of face coverings should be mandatory on public transport under Alert Levels 2 and higher
- b) **Agree** that face coverings should be required on public transport, and planes, but the requirement should not apply to school buses, charter or group tours, interisland ferries, private flights, or the passengers of small passenger vehicles (drivers would be required to wear masks) **Yes/No**
- c) **Agree** to define face covering as anything that covers a person's mouth and nose, matching the definition used in the UK **Yes/No**
- d) **Agree** that people under 12, and those with a disability or health condition that makes covering their face unsuitable to be exempt from the requirement to wear face coverings on public transport **Yes/No**
- e) **Agree** that people not be required to wear a face covering on public transport in an emergency, if unsafe, if they need to prove their identity, or if they need to communicate with someone who is deaf, or if required by law **Yes/No**
- f) **Agree** that transport operators will not be required to enforce the use of face coverings **Yes/No**

Out of scope

s 9(2)(f)(iv)

Dr Ashley Bloomfield
Director-General of Health
Ministry of Health

Hon Chris Hipkins
Minister of Health
Date:

Advice on the mandatory use of face coverings on public transport at Alert Level 2 and 3

Background

1. We recently provided you with updated advice on the use of masks and face coverings by the general public on public transport (HR 20201498 refers). There is emerging international evidence that the use of masks and face coverings in response to COVID-19 can reduce the risk of infected people spreading COVID-19. Masks and face coverings can be particularly useful if there is a risk of undetected community transmission, and people are in close proximity to each other.
2. On Monday 24 August, Cabinet agreed to:
 - a. extend Alert Level 3 for Auckland until 11.59 pm on Sunday 30 August 2020, with the region moving to Alert Level 2 on Monday 31 August unless new information suggests a significant public health risk;
 - b. The rest of the country remaining at Level 2 from 11.59 pm on Sunday 30 August 2020, along with the Auckland region;
 - c. mandatory use of face coverings on public transport at Alert Level 2 and 3 from 11.59 pm on Sunday 30 August. The current Order requires people to wear a face covering when travelling by air from Auckland to other parts of New Zealand.
3. This report provides further advice on the scope of what should be included in the next update of the Order, an update on mask supply, and seeks your agreement to lead a paper on the procurement of masks.
4. Subject to your agreement to the scope of the Order, we will provide you with the next update of the Order for your signature on 26 August 2020.

Proposed scope of the new requirements

5. To give effect to Cabinet's decision, the updated Order needs to clarify the definition of public transport, who should be required to wear face coverings, and any exemptions to this requirement.

Definition of "face covering"

6. For the purposes of making orders to give effect to the requirements outlined above, we recommend a broad definition of face covering that includes any type of covering that covers the nose and mouth of a person. This is the definition used in other jurisdictions, including the UK. It allows for a range of options to meet the requirements, not just through the use of a bespoke mask but also via other potential coverings such as a scarf.
7. This definition is intended to support implementation by the public whilst delivering a public health benefit that is proportionate to the risk. The use of face coverings should be additional to physical distancing and other hygiene measures which are the most effective means of reducing the risk of infection. Adopting a more restrictive definition of masks

would not be proportionate as an additional protection beyond these wider health measures. Moreover, a narrower definition would likely raise issues around access to suitable masks, with equity implications. Communications should support this wide interpretation to be clear that there is a range of options.

Definition of “public transport” in which requirements will apply

8. Public transport and airplanes pose particular challenges for infection control. In these settings, adhering to physical distancing requirements can be problematic because of limited space, combined with the potential for prolonged proximity to others. There may also be limited scope to mitigate these inherent challenges, for instance because limiting the number of people allowed on public transport at any given time could cause delays to travel, and necessitate increased transport options to meet demand, which could increase the overall health risk.
9. Physical distancing measures, as well as other good hygiene practices, should still apply on public transport wherever possible. These expectations should not be suspended or watered down. However, we should recognise that there will be practical limitations and this setting may therefore create additional public health risk.
10. The use of face coverings is likely to be beneficial on public transport given these conditions, in circumstances where there is a risk of undetected community transmission. However, it is not a replacement for distancing, and individuals should still be encouraged to distance themselves appropriately where possible (e.g., sitting on alternate seats, if available), as well as not taking public transport if unwell.
11. At Alert Level 2 and above, we expect that there will be a risk of undetected community transmission, albeit a low risk at Level 2. Adopting a precautionary approach to this risk, Cabinet has agreed to mandate the use of face coverings on public transport from Alert Level 2.
12. Part 5 of the Land Transport Management Act defines a “public transport service” as a “service for the carriage of passengers for hire or reward by means of” a large passenger service vehicle, a small passenger service vehicle, a ferry, hovercraft, rail vehicle or any other mode of transport (other than air transport) that is available to the public generally.
13. We recommend adopting this definition of public transport for the purposes of defining the requirements for face coverings. This would mean that they should be worn on trains, buses and ferries operated or contracted by councils or Auckland Transport; commercial public transport services (e.g. Fullers Ferries, Sky Bus, Airport Flyer), on-demand public transport (e.g. My Way in Timaru), inter-regional buses and trains, maritime tours or scenic services and domestic airlines.
14. We also recommend that drivers of small passenger vehicles (such as uber and taxis) be required to wear face coverings, however we do not recommend that passengers be required to do so. Since most of these vehicles will be sole traders or small businesses, there is likely to be the risk of significant business impact if drivers are compelled to refuse passengers without a face covering. This impact would be disproportionate to the public health risk, noting that drivers would of course retain the ability to choose to refuse passengers.
15. Notwithstanding the definition of public transport services as above, there are a range of services where face coverings should not be required because their use cannot be justified by the public health risk. These are:

- a. School transport, where the passengers are all effectively within the same bubble, as distancing is not required at schools.
 - b. Inter-island ferries, where the vessel is sufficiently large that physical distancing is feasible, except at the busiest times. The next busy time is likely to be the school holiday beginning on 25 September. The Order can be adjusted as necessary if still in place by then.
 - c. Charter bus services, and tourist or private flights, where passengers will be known to each other and likely to mingle in other environments.
16. Passengers on any of those services would be able to wear face coverings if they chose.
17. Further detail is provided in Appendix 1 on public transport services where face coverings should not be required. If necessary and subject to further discussion, it may be practical to establish an exemptions process for any types of transport not clearly caught within the definition above.

Circumstances in which the requirement to wear a face covering on public transport should not apply

18. In most circumstances, most people will be required to wear a face covering on public transport. However, there are some circumstances in which people might temporarily remove their face covering or not wear one at all. For example:
- a. In an emergency situation, for example if required to perform CPR.
 - b. If it is unsafe, for example if a person's only mask is wet.
 - c. Where visibility of the mouth is essential for communication (i.e. if the person is deaf or hard of hearing).
 - d. If asked to remove the face covering to ascertain identity.
 - e. If required by law to remove the mask for any other reason.

People who are exempt from the requirement to wear a face covering on public transport

19. Face coverings are not recommended for everyone and exemptions apply in some circumstances. We propose that people are exempt from the requirement if they are under the age of 12 or has a physical or mental health illness or condition or disability that makes wearing a face covering unsuitable.
20. We propose that people are exempt from the requirement if they are under the age of 12. The current advice from the World Health Organization is that children 11 years or younger should not necessarily wear masks. The WHO has set out criteria including the current risk of transmission, the child's home situation – in particular whether they live with elderly relatives, and possible impacts on learning. We therefore recommend that face coverings in this age group are not mandatory, but that comprehensive advice is available.
21. For people with health conditions or disabilities, there are a number of reasons why face coverings may not be suitable. The WHO's list of people who may have difficulty with face coverings includes people either certain disabilities or mental health conditions, who have recently had oral surgery, who have facial eczema, or chronic respiratory problems. We

recommend that the order contains a general exemption for people who have a physical or mental condition or disability that makes wearing a face covering unsuitable.

22. We do not recommend that people be called upon to prove they have such a condition or disability, since this is likely to require a process that may be disproportionate and potentially stigmatising. We would not seek to specify all the conditions that might make a face covering "unsuitable" but instead rely on a pragmatic approach to their use and enforcement.

Monitoring and enforcement of face covering requirement on public transport

23. Under Section 11 of the COVID-19 Public Health Response Act 2020 (the Act), orders can be made requiring all persons to wear a face covering in specific circumstances, including on public transport.
24. The Act also has enforcement provisions which make it an offence to not comply with a Section 11 order. Penalties include imprisonment for a term up to 6 months and a fine not exceeding \$4,000.
25. New Zealand does not have a mask-wearing culture and officials will need to do further work to promote and socialise the use of face coverings and masks among the general public. As such, there is likely to be some opposition by members of the public to wearing face coverings on public transport and there may be instances of public disorder.
26. We recommend taking a graduated response to enforcement as we have with other requirements under the Alert Level system, and to take a strong public education approach to support compliance.
27. In practice, it will be difficult to confirm who meets any exemptions from face coverings, so in most cases, claims of qualifying for an exemption will need to be accepted without confirmation and taken on trust. This carries a risk of undermining compliance – whether intentionally or not – however is a more proportionate and sustainable approach that should encourage these behaviours to embed over time.

Guidance on use of face coverings

28. Clear public messaging about what constitutes a face covering will increase the likelihood of compliance, particularly if people are aware that they can use a face covering, such as a scarf in lieu of a disposable or renewable mask. Clear public messaging should be the central element of our approach to encouraging compliance with the requirements. Guidance about what constitutes a face covering will increase the likelihood of compliance, particularly if people are aware that they can use a range of face coverings, such as a scarf in lieu of a disposable or renewable mask.
29. The Ministry's recommended approach to face covering in the community is set out below.
 - a. Ideally, a reusable, washable non-medical mask (or disposable if reusable ones are not available).
 - b. If this is not available, a home-made washable, reusable mask. There is WHO guidance on how to make your own mask on the Ministry's website.

- c. Lastly, if neither of the above options are available, we recommend using some form of face covering over the mouth and nose (e.g. scarves or bandanas). This type of covering is not as effective as non-medical grade masks at preventing the spread of infection but provides some protection for the wearer and are better than no mask at all.
30. It is important to provide public messaging in a variety of formats and languages that lets the public know that if they do not have access to a non-medical mask:
 - a. they can make their own face covering (using cloth or other materials) and should follow best practice as established by WHO guidance
 - b. a face covering worn over the nose and mouth is sufficient if a person does not have access to a medical grade mask (e.g. a scarf or bandana).
 31. We will ensure our public messaging and communications are clear and people are given the information they need to make their own masks, and that we make clear face coverings may be worn in lieu of masks as a last resort (e.g. scarves).
 32. Clear guidance on the proper use of non-medical grade masks is needed for them to be effective. The Ministry has advice available and can adapt further guidance for the public on how to wear and handle masks appropriately. For example, we need to promote public awareness of:
 - a. good hygiene when handling masks (e.g. washing or sanitising hands before and after handling),
 - b. how to properly fit masks,
 - c. appropriate disposal without causing further contamination, and
 - d. mask/face covering care (e.g. washing, reusing, storing, sharing).

Approach to enforcement

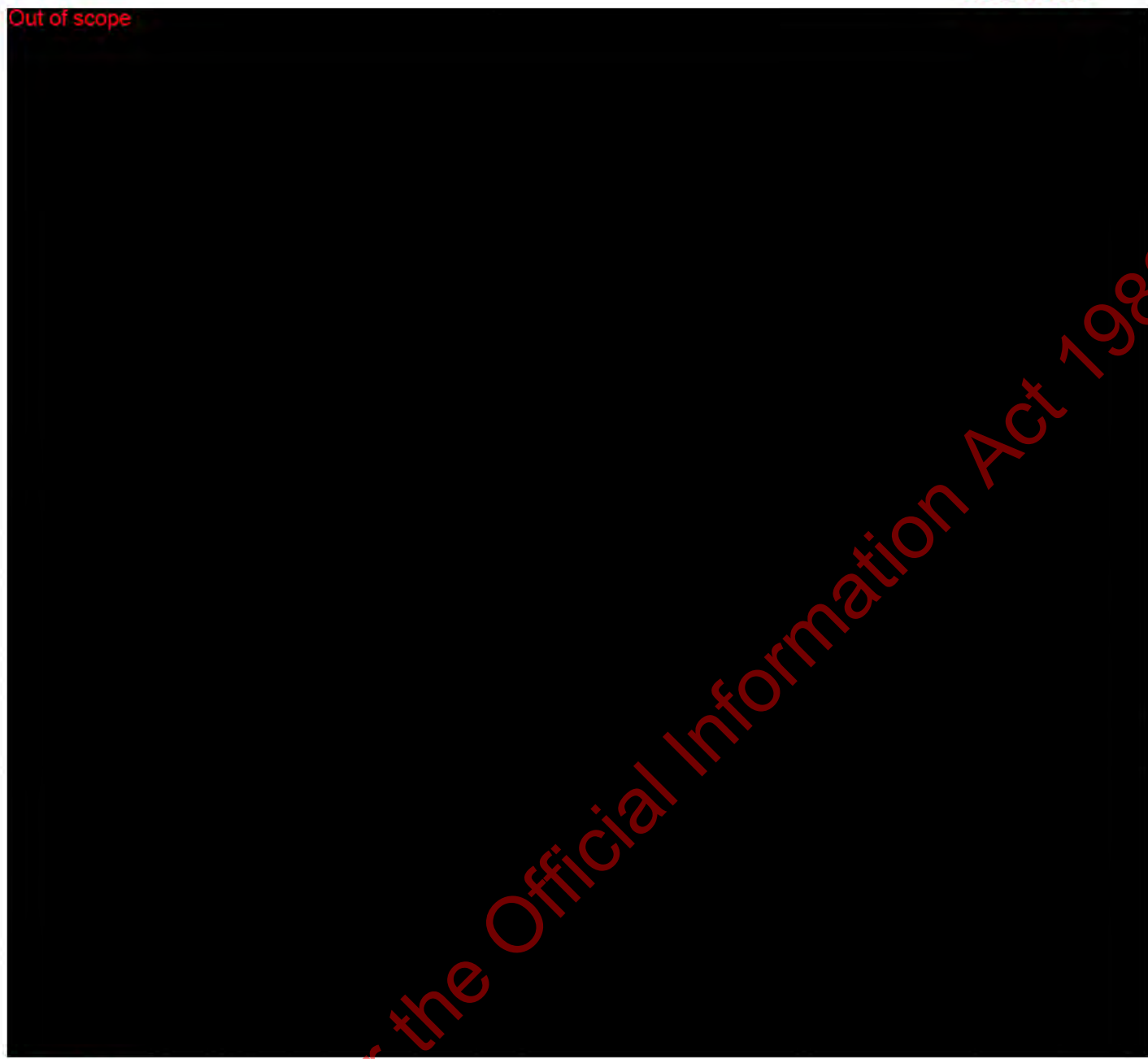
33. Following discussions with Ministry of Transport, New Zealand Police and other agencies, we do not recommend requiring public transport operators, such as bus drivers, to enforce the new requirements and/or refuse entry to passengers without a face covering.
34. Relying on drivers to enforce the requirement poses a significant health and safety risk in the event of non-compliance. Additionally, the Act does not give public transport operators the power to enforce requirements arising from Orders.
35. There are a number of reasons why a person may be exempt from wearing a face covering, for example due to a disability or mental health issues. Public transport operators are not well-placed to ascertain whether the person has a valid reason for an exemption. In these circumstances, we recommend that drivers and other public transport operators take people at their word, and guidance be developed to support operators.
36. Public communications and messaging on the use of face coverings is likely to be more effective than fines and other more punitive forms of enforcement. There is evidence that socialising the use of face coverings and face coverings through creating new behaviours will be more sustainable, and better accepted by the public, than compulsion. In our view, this is the more appropriate approach.
37. Public transport operators can encourage people to wear face coverings, alongside other efforts to raise public awareness of the requirement and how people can comply (i.e. wearing a scarf or other face covering if people do not have access to a mask).

38. There are likely to be people who refuse to comply with the requirement to wear face coverings, and this may lead to instances of public disorder. The New Zealand Police will continue to respond to any such incidents as they arise.
39. Mandatory face coverings implications for the New Zealand Bill of Rights Act 1990. This means decision-makers need to have regard to the proportionality of such a requirement and determine that the limitation of rights relating to wearing a face covering is justified. Given the decreased public health risk under Alert Level 2, enforcement and monitoring of the requirement to wear masks on public transport needs to be proportionate to the decreased public health risk associated with moving down levels.

Out of scope

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Out of scope



s 9(2)(f)(iv)




s 9(2)(f)(iv)

Released under the Official Information Act 1982

Next steps

60. Subject to your agreement to the scope of the Order for mandatory face coverings on public transport at Alert Level 2 and above, the Ministry will provide you an updated Order for signing on 27 August 2020.
61. The Ministry will need to carefully communicate how to meet the requirement to wear face coverings on public transport, including providing guidance on:
 - a. what is considered an acceptable face covering (e.g. non-medical grade masks, face coverings such as scarves)
 - b. how to make and source your own masks (including instructional material on the Ministry's website)
 - c. how to properly handle, and fit reusable masks to ensure good hygiene and disposal.

Out of scope, s 9(2)(f)(iv)



Appendix 1: Public transport services where masks are not recommended

Public transport service	Rationale
School transport (including contracted by the Ministry of Education)	Students know each other, they can be easily contact traced and are part of the same bubble.
Passengers of taxis/Ubers	Passengers can be easily contact traced.
Interisland ferries	Physical distancing is achievable on these services.
Bus tours	They will be close contacts of each other, as likely have been together in other settings outside of the time spent on the bus.
Charter bus services	The group on the bus will likely know each other
Tourism flights	The people on these flights are usually small numbers, and can be easily contact traced.
Private contractors of air services (e.g. aerial top-dressers and flight instructors)	There are usually small numbers of passengers, and they can be easily contact traced.

Health Report

Further advice on the use of face coverings in public settings by Alert Level

Date due to MO:	10 September 2020	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	20201558
To:	Hon Chris Hipkins, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Dr Ashley Bloomfield	Director-General of Health	s 9(2)(a)
Maree Roberts	Deputy Director-General	s 9(2)(a)
Cheryl Barnes	Head of Strategy and Policy, COVID-19 All-of-Government Response Group	s 9(2)(a)

Action for Private Secretaries

Return the signed report to the Ministry of Health.

Date dispatched to MO:

Further advice on the use of face coverings in public settings by Alert Level

Purpose of report

This is a joint report by the Ministry of Health and the All-of-Government Group (AOG) that provides further advice on the use of face coverings in other public settings and at different alert levels,

s 9(2)(f)(iv)

Key points

- On Monday 24 August 2020, Cabinet agreed to mandate the use of face coverings on public transport at Alert Level 2 and 3 from 11.59 pm on Sunday 30 August 2020. Cabinet is to review alert level settings again on Monday 14 September and you will shortly receive our interim advice relating to this.
- There are broadly two public health objectives of wearing masks and face coverings: for source control (i.e. reducing the spread of the disease by infected people) and for protection (i.e. reducing the risk of people becoming infected). Which of these objectives is paramount depends on the nature of the public health risk of community transmission. Where this is low, and there is less risk of people becoming infected, the primary public health benefit of mask wearing is source control. If the risk of community transmission is higher, the optimal approach may be to balance both source control and protection for vulnerable groups.
- The use of a masks alone is insufficient to adequately mitigate the risk of infection, and other personal and community-level measures such as physical distancing, good hygiene and restricting social gatherings have a much stronger evidence base for limiting COVID-19 transmission.
- The international evidence on the use of masks in response to COVID-19 continues to emerge. The current advice from the World Health Organisation (WHO) suggests that where there is known or suspected widespread community transmission (this is the equivalent to Alert Level 3 and above), wearing masks or face coverings can reduce the risk of infected people spreading COVID-19, when combined with other public health measures. This is particularly the case in situations where people are in close proximity to each other, and especially when are unable to physically distance (such as on public transport).
- When considering whether the use of face coverings or masks should be encouraged and/or made mandatory the WHO advice is clear that:
 - The use of face coverings and masks should be proportionate to the public health risk.
 - Face coverings are not recommended for everyone and exemptions should apply in some circumstances (e.g. for children aged under 12 or those with a physical or mental health illness, condition, or disability that makes wearing a face covering unsuitable).
 - Clear guidance on the proper use and mask hygiene (including settings where they are to be used) is essential for them to be effective. Incorrect use may undermine the public health benefits of face coverings and exacerbate health risk (e.g. due to risk of contamination).

Status quo and public health rationale

- Under current settings, the only mandatory requirement to wear masks is on public transport at Alert Level 2. Our current approach to face covering at different alert levels is outlined below:
 - At Alert Level 1 people are encouraged to prepare their pandemic kits by obtaining a set of four reusable face coverings or masks
 - At Alert Level 2 face coverings are mandatory on public transport. This is the only mandatory mask wearing requirement we have under current settings. As with Level 1, people are encouraged to prepare their pandemic kits by sourcing masks, and are also encouraged to wear masks in enclosed spaces or where it is not possible to physical distance.
 - At Alert Level 3 and 4 masks are strongly recommended in enclosed spaces where physical distancing is not always possible and contact with other people outside your bubble may occur.
- Some other public settings also pose risks for implementing physical distancing and good infection control measures. These include indoor settings where distancing may be difficult (e.g. shops) or where a prolonged proximity to others may create additional risk even when distancing is more easily applied (e.g. cinemas, theatres). In these public settings, the use of face coverings may provide an additional level of protection for the public and workers
- At Alert Level 1 or 2, there is not a strong public health case to compel the use of face coverings in additional public settings, since the risk of undetected community transmission of COVID-19 is considered low. The emphasis should be on the standard public health messages (stay home if sick, cough and sneeze etiquette, hand hygiene, and physical distancing).
- At Alert Level 3, there is a risk of COVID-19 transmission, however most businesses and services will not be interacting with customers at a physical premise (other than supermarkets and other core services). Officials recommend strongly encouraging face coverings/masks when in any enclosed public space when not in a work, school or home bubble.

Proposed changes to our approach to face coverings or masks

- At Alert Level 4, the risk of community transmission is greatest and due to lockdown requirements, most people will be at home, the vast majority of businesses and services will not be interacting face-to-face with customers, and all travel will be essential. Officials recommend the level of public health risk posed at Alert Level 4 is high enough to justify a mandatory requirement for the general public to wear face coverings or face masks when in public enclosed spaces, alongside other public health measures, such as physical distancing requirements.
- Officials do not recommend mask wearing in public settings at any Alert Levels where people are eating or drinking (e.g. bars and restaurants) due to the risk of contamination as people remove and put on masks frequently.

Out of scope



s 9(2)(f)(iv)



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Recommendations

We recommend you:

- | | |
|---|---------------|
| a) note the international evidence on the use of masks in reducing COVID-19 transmission continues to emerge and there is some evidence that mask wearing can limit the spread of COVID-19 where there is widespread community transmission. | Yes/No |
| b) note the main public health objectives of mask wearing are source control (preventing the spread from infected individuals) and protection (preventing the infection of the wearer). | Yes/No |
| c) note that clear guidance on the proper use of masks (including settings where they are to be used) is essential for them to be effective and improper use can mean the risk to health outweigh the public health benefits. | Yes/No |
| d) note there is not a strong public health case to compel the use of face coverings in public settings at Alert Level 2 or 1, where the risk of undetected community transmission of COVID-19 is judged to be low, with the exception of public transport at Alert Level 2. | Yes/No |
| e) note that there is not a strong public health case to compel the use of face coverings in public settings at Alert Level 3, as many settings will be closed to the public and wider public health controls should be sufficient manage the risk, but that their use should be encouraged. | Yes/No |
| f) agree to the mandatory use of face coverings of masks in enclosed public spaces at Alert Level 4 given that the risk of community transmission is greatest. | Yes/No |
| g) note if you agree, we will update the Alert Level tables and communications. | Yes/No |

s 9(2)(f)(iv), Out of scope

Out of scope

Out of scope

s 9(2)(f)(iv), Out of scope



Dr Ashley Bloomfield
Director-General of Health
Ministry of Health

Hon Chris Hipkins
Minister of Health
Date:

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Further advice on the use of face coverings in public settings by Alert Level

Context

1. The international evidence on the use of masks in reducing COVID-19 transmission continues to emerge. There is not yet a firm consensus on the practice of mask wearing and different countries have adopted a range of approaches, from encouraging mask use to mandatory use in some instances.
2. On Monday 24 August 2020, Cabinet agreed to mandate the use of face coverings on public transport at Alert Level 2 and 3 from 11.59 pm on Sunday 30 August. These new requirements are now in force through the COVID-19 Public Health (Alert Level Requirements) Order 2020 (the Order).
3. We recently provided you with updated advice on the use of masks and face coverings by the general public on public transport (HR20201498 and HR20201514 refers).

s 9(2)(f)(iv)

Public health and wider social objectives of wearing masks and face coverings

5. The public health objectives we aim to achieve by encouraging or mandating the use of masks and face covering are outlined below¹:
 - a. **Source control.** There is evidence that wearing a mask can reduce the risk of infected people spreading COVID-19 in situations where there is widespread community transmission (equivalent of Alert Level 3 and above) and people are in enclosed public spaces. Face coverings also reduce potential exposure risk from infected people before they develop symptoms.
 - b. **Protection.** Mask wearing affords some protection against the risk of infection to wearers, in particular the clinically vulnerable have the most to gain using Personal Protective Equipment (PPE) where there is a greater risk of community transmission (i.e. at the higher alert levels).
6. There are also wider societal benefits associated with mask wearing that could help our broader COVID-19 response. These include:
 - a. Making people feel they have a role to play in contributing to stopping the spread of the virus.

¹ World Health Organisation, 2020. *Advice On The Use Of Masks In The Context Of COVID-19*. [online] Geneva: World Health Organisation. Available at: <[https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)> [Accessed 4 August 2020].

- b. Reminding people to be compliant with other public health measures. For example, one recent Italian study found that the use of masks increased the likelihood of physical distancing in public as people were more likely to actively avoid those wearing masks which serve as a reminder to those wearing them of the need to physically distancing. However, there is also evidence to suggest this could have the reverse effect.
- c. Reducing the spread and incidence of other respiratory illnesses (such as respiratory influenza).
- d. Normalising the use of mask wearing by the general public and reduced stigmatisation making it easier to implement any further mask wearing policy as evidence continues to evolve.
- e. Potential social and economic benefits. Mask wearing may contribute to improved consumer confidence with a positive impact on retail. Encouraging the public to create their own fabric masks may promote individual enterprise and community integration.

Latest evidence on the use of masks and face coverings

- 7. The international evidence on the use of masks in response to COVID-19 continues to emerge. There is some evidence that use of masks as part of a comprehensive package of the prevention and control measures that can limit the spread of COVID-19. However, the use of masks alone is insufficient to provide an adequate level of protection, and other personal and community level measures such as physical distancing and contact tracing have a much stronger evidence base for limiting COVID-19 transmission.
- 8. While some evidence suggests that mandatory mask wearing may increase compliance with physical distancing requirements (by making individuals more aware of and responsive to wider health risks), there remains the possibility that some members of the public will consider this an 'either / or' approach, wherein wearing a face covering leads to complacency about other physical distancing requirements. Additionally, proper use and good mask hygiene is essential to gain the most benefit from mask wearing.

In what public settings should the general public wear masks?

- 9. The current advice from the World Health Organisation (WHO) suggests that where there is known or suspected widespread community transmission, wearing masks or face coverings in public places can reduce the risk of infected people spreading COVID-19. This description is equivalent to Alert Level 3 and above. Face coverings may be particularly useful if people are in close proximity to each other (e.g. on public transport, in shops, or in other confined environments).

Who should wear a mask?

- 10. Population groups that are at high risk of severe illness from COVID-19 are advised to wear masks when in contact with the public at raised alert levels. We recommend these higher-risk groups use medical grade masks as PPE, they include:
 - a. People aged 70 years and above;
 - b. People with underlying comorbidities including, cardiovascular disease, diabetes mellitus, chronic lung disease, cancer, cerebrovascular disease and immunosuppression.
- 11. Mask wearing is not recommend for everyone. Exemptions should apply in some circumstances, for example young children under the age of six or people affected by a

relevant medical condition, including problems with their breathing, a serious condition of the face, or a mental health condition.

What type of masks should be worn by the general public?

12. The Ministry's recommended approach to mask wearing in the community is set out below.
 - a. Ideally, a reusable, washable non-medical mask (or disposable if reusable ones are not available). Three-layer fabric masks are best. Most reusable masks are recommended to be replaced after 40-100 washes.
 - b. If this is not available, a home-made washable, reusable mask. There is WHO guidance on how to make your own mask on the Ministry's website.
 - c. Lastly, if neither of the above options are available, we recommend using some form of face covering over the mouth and nose (e.g. scarves or bandanas). This type of covering is not as effective as non-medical grade masks at preventing the spread of infection but provides some protection for the wearer and are better than no mask at all.
13. For clinically vulnerable people at higher alert levels we recommend the use of medical grade masks as PPE for protection rather than non-medical grade reusable.

What are the potential harms of mass mask use by the general public?

14. Mask use by the general public has the potential to cause harm if not done correctly. For example, there is potential for an increased risk of:
 - a. self-contamination due to the manipulation of a face mask and subsequently touching eyes with contaminated hands or if masks are not cleaned or maintained correctly;
 - b. increased incidence of headache and/or breathing difficulties, depending on type of mask used;
 - c. a false sense of security, leading to potentially lower adherence to other critical preventive measures such as physical distancing and hand hygiene (the evidence is mixed on this point);
 - d. poor compliance with mask wearing, in particular by young children;
 - e. waste management issues; improper mask disposal leading to increased litter in public places, risk of contamination to street cleaners and environment hazard;
 - f. disadvantages for or difficulty wearing them, especially for children, developmentally challenged persons, those with mental illness, elderly persons with cognitive impairment, those with asthma or chronic respiratory or breathing problems, those who have had facial trauma, and those living in hot and humid environments.

Ongoing maintenance and good mask hygiene is required; if not used correctly the harm of mask use can outweigh the benefits

15. Ongoing maintenance of masks is required to prevent the potential harmful side effects of mask use. Best practice for maintenance of masks includes the following general principles:
 - a. masks should only be used by one person and not be shared;
 - b. masks should be changed if wet or visibly soiled, a wet mask should not be worn for an extended period of time;

- c. a mask that has been removed should be disposed of or kept in a sealed bag until it can be washed;
- d. if the layers of fabrics look noticeably worn out, the mask should be discarded;
- e. clothing fabrics used to make masks should be checked for the highest permitted washing temperature;
- f. reusable masks should be washed frequently in warm water with soap or laundry detergent and handled carefully, so as not to contaminate other items.

Extending the use of masks and face coverings to other public settings at different alert levels

- 16. Policy decisions that require or encourage people to wear face coverings should be linked to the alert level system. This will help to maintain public engagement and ensure the public understand what is expected of them at different alert levels. It will also help to ensure advice on face covering use is linked to the risk of COVID-19 transmission in the community.
- 17. As we move up alert levels, the risk of COVID-19 transmission rises and the public health rationale for requiring or encouraging people to wear masks becomes stronger. However, wider control measures also become more restrictive, meaning that the instances in which mask-wearing may be necessary are also likely to reduce, since fewer people will be moving outside their homes. Our approach to requirements should be proportionate to the public health risk and focused on where it can be most effective.
- 18. **Appendix 1** sets out the recommended approach to mask wearing for the general public at different alert levels, which is described further below.

Our current approach to face covering at different alert levels

- 19. Under current settings, the only mandatory requirement to wear face coverings is on public transport at Alert Level 2. Our current approach to face covering at different alert levels is outlined below:
 - a. At Alert Level 1 people are encouraged to prepare their pandemic kits by obtaining a set of four reusable face coverings or masks
 - b. At Alert Level 2 face coverings are mandatory on public transport. This is the only mandatory face covering requirement we have under current settings. As with Level 1, people are encouraged to prepare their pandemic kits by sourcing masks, and are also encouraged to wear masks in enclosed spaces or where it is not possible to physical distance.
 - c. At Alert Level 3 and 4 face coverings or masks are highly recommended in enclosed spaces where physical distancing is not always possible and contact with other people outside your bubble may occur.
- 20. Officials consider that the the level of public health risk posed at Alert Level 4 is high enough to justify mandatory use of face coverings or face masks when in public enclosed spaces, alongside other public health measures, such as physical distancing requirements.

Use of masks or face coverings in public settings at Alert Level 3 and 4

21. At Alert Level 4, the risk of community transmission is greatest and due to lockdown requirements, most people will be at home, the vast majority of businesses and services will not be interacting face-to-face with customers and all travel will be essential. This means that most of the circumstances in which the public might be expected to wear masks should already have been restricted.
22. However, given the particularly high risk of transmission at Level 4, it is prudent to take all necessary measures to limit the spread of infection. **Officials therefore recommend that the level of public health risk posed at Alert Level 4 is high enough to justify mandatory use of face coverings or face masks when in public enclosed spaces**, alongside other public health measures, such as physical distancing requirements. This should apply to any indoor, enclosed public space, including public transport, in which people may be in proximity with others outside of their immediate family bubble.
23. For any mandatory requirement, we would propose a graduated enforcement approach, focused on education and socialising the use of masks, rather than punitive enforcement. This is similar to the approach taken to the requirement to wear face coverings on public transport, with which there has been a very high level of public compliance.
24. At Alert Level 3, these risks are relatively lower, but there remains a risk of undetected community transmission and some of the restrictive elements of Level 4 are maintained with the aim of reducing personal movement and gatherings. We have already provided for the mandatory use of face coverings on public transport at Alert Level 3, recognising the additional risks in this setting given the inherent challenges in applying physical distancing guidelines.
25. Most businesses and services will not be interacting with customers at a physical premise at Alert Level 3, other than supermarkets and other core services. This removes the risk associated with many enclosed public settings, including retail, leisure, hospitality and schools. For those settings which remain open to the public, including workplaces, our view is that the established distancing requirements and wider practice on hygiene and infection control measures would be sufficient to mitigate the risk of transmission, if adhered to correctly, and it is unlikely that the mandation of masks would make a material additional benefit. This could also risk individuals and businesses becoming complacent with other measures.
26. We are also conscious that the open public settings at Alert Level 3 will necessarily be limited to more critical services, including supermarkets. It is therefore the case that any potential disincentive to access such services as a result of a requirement to wear a mask could have a much greater impact on equity than at lower alert levels.
27. **We would therefore recommend that the use of masks be strongly encouraged as a supplementary measure in wider public settings at Alert Level 3, but not mandated.** In our view, a strong communications approach and public messaging which relies on a common-sense approach would be more appropriate in these circumstances.

Use of masks or face coverings in public settings at Alert Level 2 and 1

28. At Alert Level 2, where the risk of community transmission is low, the primary public health benefit of providing masks is for source control (i.e. reducing the likelihood of transmission). Any requirement to wear a mask is likely to be disproportionate to the risk posed to public health, as outlined below:

- a. There is a low risk that COVID-19 is circulating undetected in the community;
- b. The risks associated with community mask wearing (adherence to correct technique) at Alert Level 2 may outweigh any benefits;

Out of scope

29. Notwithstanding the general position above, there is a particular case for mandating masks and face coverings on public transport, given the likelihood that distancing guidelines will be challenging to adhere to in this setting. For this reason, we have already given effect to Cabinet's decision to require face coverings on public transport at Alert Level 2.
30. Some wider public settings may also pose risks for implementing physical distancing and good infection control measures. These include indoor settings where distancing may be difficult (e.g. smaller shops) or where a prolonged proximity to others may create additional risk even when distancing is more easily applied (e.g. cinemas).
31. However, even though there may be challenges to adopting other public health measures, these do not meet the same scale of risk as in public transport and should have additional mitigations available that public transport cannot apply as easily (e.g. limiting entry, reconfiguring the space, ease of contact tracing). Moreover, **given the low risk of community transmission at Alert Level 2, in our view it would not be proportionate to require the use of masks in these settings.** Instead, the emphasis in these settings should be on the standard public health messages (stay home if sick, cough and sneeze etiquette, hand hygiene, and physical distancing).
32. Officials **do not recommend mask wearing in public settings where people are eating or drinking (e.g. bars and restaurants) at Alert Level 2.** This recommendation arises for practical reasons as people are required to frequently remove and put on face masks to eat or drink. The risk of contamination in this situation is sufficiently high to outweigh any public health benefits. Studies show that incorrect mask wearing, and contamination can increase the risk of disease and poor health outcomes.
33. At Alert Level 1, there should be no very little risk of community transmission and the purpose of maintaining public health controls of any type would primarily be to reinforce good behaviours and build resilience. **There would not be a public health rationale for requiring the use of face coverings in any setting at Level 1,** whether as a means of source control or protection from infection.
34. However, as noted above, evidence suggests that building a stronger mask-wearing culture could be a helpful step in preparing for, and mitigating the impact of, future outbreaks. It could also have wider impacts for non-COVID infections such as seasonal 'flu. There is therefore likely to be ongoing benefit from continuing to encourage and embed the wearing of face coverings in higher-risk public settings, to foster social norms and practices over time. We therefore recommend that **at Alert Level 1 we should maintain public communications that encourage people to wear face coverings on public transport and in any other settings where they feel unable to distance sufficiently from others.**

Out of scope



Challenges associated with building a mask wearing culture needed to strengthen future resilience in the event of a further outbreak

40. New Zealand does not have a mask wearing culture. In order, for mask wearing to have a material impact on limiting the spread of COVID-19 in the event of a widespread community outbreak we need to ensure there is sufficient uptake. This is a challenge in a country without an established mask wearing culture, and where many non-public transport users will still not own any masks.
41. A greater number of New Zealanders having supplies of masks (particularly reusable masks) in their homes, including as part of emergency supplies, will make it easier to comply with existing requirements and potential changes to mask wearing policy in the event of a future outbreak. It will reduce immediate pressure on retail supplies, reduce additional shopping trips to acquire masks and help more people be ready to comply with requirements such as use on public transport.
42. Additionally, as evidence and circumstances continue to evolve, more New Zealanders having masks will make it easier to implement any further mask wearing policy, should the Government wish to update its policy.

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Next steps

63. There is not a strong public health case, at this time, to compel the use of face coverings in additional public settings at Alert Level 1 or 2, where the risk of undetected community transmission of COVID-19 is considered low.

Out of scope



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Appendix 1: Recommended approach to face coverings/mask wearing by Alert Level

Setting	Alert Level 1	Alert Level 2	Alert Level 3	Alert Level 4
	Status quo: People encouraged to source masks to prepare	Status quo: Mandatory requirement to wear masks on public transport Mask wearing encouraged in enclosed public settings where physical distancing is difficult		
Public transport	Encourage people to source masks and wear masks.	Face coverings required on public transport in addition to physical distancing and other public health guidelines.	Face coverings required on public transport in addition to physical distancing and other public health guidelines.	
Higher-risk public settings where people may have prolonged contact with others	Encourage people to source masks and wear masks.	Encourage people to wear face coverings in other public settings where distancing may be difficult, or where they are close to other people for extended periods of time.		Face coverings required when in enclosed public settings at AL4 (new requirement)
Public settings where people are drinking or eating	Do not recommend mask wearing due to heightened risk of contamination.		N/A – hospitality, restaurants etc. should be closed to the public.	

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Curtis Hammond

From: Juliet Rumball-Smith
Sent: Thursday, 22 October 2020 3:17 pm
To: Curtis Hammond
Subject: FW: medical exemptions for mask wearing

Dr. Juliet Rumball-Smith, Clinical Chief Advisor
 Office of the Chief Clinical Officers, Ministry of Health
 EA Katrina McLaren 04 496 2402, katrina.mclaren@health.govt.nz
 T: s 9(2)(a) | E: juliet.rumball-smith@health.govt.nz

From: Dr Bryan Betty <Bryan.Betty@rnzcgp.org.nz>
Sent: Friday, 28 August 2020 9:36 am
To: Naomi Gough <Naomi.Gough@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>
Cc: Peter Moodie <peter.moodie@rnzcgp.org.nz>
Subject: RE: medical exemptions for mask wearing

Thanks Naomi.

Nāku noa, nā

Dr Bryan Betty
 MBChB, FRNZCGP, FACRRM
 Medical Director | Mātanga Hauora



The Royal New Zealand
 College of General Practitioners
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From: Naomi Gough <Naomi.Gough@health.govt.nz>

Sent: Friday, 28 August 2020 9:34 am

To: Dr Bryan Betty <Bryan.Betty@rnzcgp.org.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>

Cc: Peter Moodie <peter.moodie@rnzcgp.org.nz>

Subject: RE: medical exemptions for mask wearing

27. In practice, it will be difficult to confirm who meets any exemptions from face coverings, so in most cases, claims of qualifying for an exemption will need to be accepted without confirmation and taken on trust. This carries a risk of undermining compliance – whether intentionally or not – however is a more proportionate and sustainable approach that should encourage these behaviours to embed over time.

Copying in the relevant part of the health report above

No one is required to show evidence that they are exempt. If someone believes they are exempt for any of the following reasons, they can just advise that they are exempt. People who will have trouble wearing a mask due to health conditions are exempt. These include certain disabilities or mental health conditions, like chronic respiratory problems, facial eczema, history of oral surgery. They do not need to confirm with their health provider, however, some may choose to discuss with their health provider whether the exemption would apply to them.

I hope that helps

Kind regards

Naomi

From: Dr Bryan Betty <Bryan.Betty@rnzcgp.org.nz>

Sent: Friday, 28 August 2020 8:33 am

To: Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>

Cc: Naomi Gough <Naomi.Gough@health.govt.nz>; Peter Moodie <peter.moodie@rnzcgp.org.nz>

Subject: RE: medical exemptions for mask wearing

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Bryan

Nāku noa, nā

Dr Bryan Betty

MBChB, FRNZCGP, FACRRM

Medical Director | Mātanga Hauora



The Royal New Zealand
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Medical Director | Mātanga Hauora

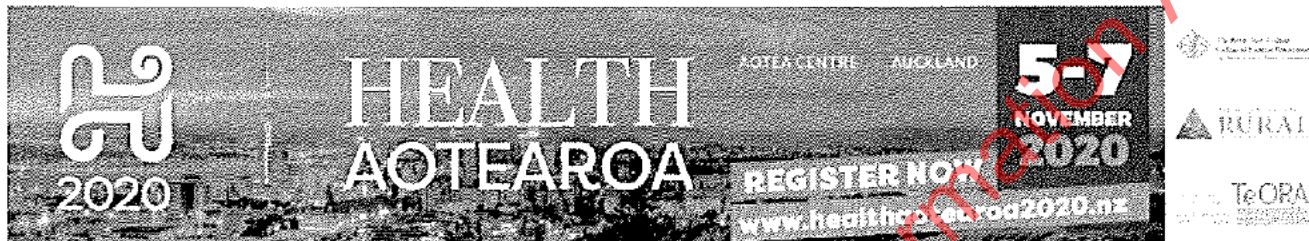


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From: Peter Moodie <peter.moodie@rnzcgp.org.nz>
Sent: Thursday, 27 August 2020 4:52 PM
To: Covid-19 Response Team <covid19@rnzcgp.org.nz>
Cc: Angelique Collins <Angelique.Collins@rnzcgp.org.nz>; Dr Bryan Betty <Bryan.Betty@rnzcgp.org.nz>
Subject: RE: medical exemptions for mask wearing

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I can see people with certain skin infections and allergic conditions who will object; also those who feel claustrophobic in a mask. It is also interesting that people who wear hearing aids and/or glasses find the elastic difficult to handle. Having said all that people can wear a simple bandana.

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I think that Bryan should alert the MOH to this issue so that there is a consistent response.

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Sent: Thursday, 27 August 2020 4:19 PM
To: Peter Moodie <peter.moodie@rnzcgp.org.nz>
Cc: Angelique Collins <Angelique.Collins@rnzcgp.org.nz>
Subject: FW: medical exemptions for mask wearing

Kia ora Peter,

Saw this query to the COVID mailbox.

Can't find much official information on exemptions:

See this link re exemptions from mask wearing. <https://www.newsroom.co.nz/details-revealed-on-public-transport-mask-mandate>.

And this <https://covid19.govt.nz/health-and-wellbeing/protect-yourself-and-others/wear-a-face-covering/>

What do you think?

COVID-19 Response Team

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From: Louise Poynton <Louise.Poynton@nuhs.org.nz>
Sent: Thursday, 27 August 2020 11:59 AM
To: Covid-19 Response Team <covid19@rnzcgp.org.nz>
Subject: medical exemptions for mask wearing

I have a patient asking about medical exemption for wearing a mask on the bus – is there college advice around this?

Regards,
Louise

Dr Louise Poynton | Newtown Union Health Service
14 Hall Avenue | Newtown | PO Box 7267 | Wellington 6021
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Email: louise.poynton@nuhs.org.nz



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Curtis Hammond

From: Juliet Rumball-Smith
Sent: Thursday, 22 October 2020 3:17 pm
To: Curtis Hammond
Subject: FW: medical exemptions for mask wearing

Dr. Juliet Rumball-Smith, Clinical Chief Advisor
 Office of the Chief Clinical Officers, Ministry of Health
 EA Katrina McLaren 04 496 2402, katrina.mclaren@health.govt.nz
 T: 021 572 402 | E: juliet.rumball-smith@health.govt.nz

From: Dr Bryan Betty <Bryan.Betty@rnzcgp.org.nz>
Sent: Friday, 28 August 2020 9:36 am
To: Naomi Gough <Naomi.Gough@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>
Cc: Peter Moodie <peter.moodie@rnzcgp.org.nz>
Subject: RE: medical exemptions for mask wearing

Thanks Naomi.

Nāku noa, nā

Dr Bryan Betty
 MBChB, FRNZCGP, FACRRM
 Medical Director | Mātanga Hauora



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From: Naomi Gough <Naomi.Gough@health.govt.nz>

Sent: Friday, 28 August 2020 9:34 am

To: Dr Bryan Betty <Bryan.Betty@rnzcgp.org.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>

Cc: Peter Moodie <peter.moodie@rnzcgp.org.nz>

Subject: RE: medical exemptions for mask wearing

27. In practice, it will be difficult to confirm who meets any exemptions from face coverings, so in most cases, claims of qualifying for an exemption will need to be accepted without confirmation and taken on trust. This carries a risk of undermining compliance – whether intentionally or not – however is a more proportionate and sustainable approach that should encourage these behaviours to embed over time.

Copying in the relevant part of the health report above

No one is required to show evidence that they are exempt. If someone believes they are exempt for any of the following reasons, they can just advise that they are exempt. People who will have trouble wearing a mask due to health conditions are exempt. These include certain disabilities or mental health conditions, like chronic respiratory problems, facial eczema, history of oral surgery. They do not need to confirm with their health provider, however, some may choose to discuss with their health provider whether the exemption would apply to them.

I hope that helps

Kind regards

Naomi

From: Dr Bryan Betty <Bryan.Betty@rnzcgp.org.nz>

Sent: Friday, 28 August 2020 8:33 am

To: Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>

Cc: Naomi Gough <Naomi.Gough@health.govt.nz>; Peter Moodie <peter.moodie@rnzcgp.org.nz>

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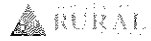
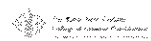


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From: Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>

Sent: Friday, 28 August 2020 8:31 am

To: Dr Bryan Betty <Bryan.Betty@rnzcgcp.org.nz>

Cc: Naomi Gough <Naomi.Gough@health.govt.nz>

Subject: Re: medical exemptions for mask wearing

Hi Bryan, yes we have been working through this potential issue. My understanding is that where it currently stands is that the need for a medical exemption for mask wearing is a personal judgment of the individual concerned and no paperwork is required. It is entirely likely that patients may want to talk this through with their GP, but there is no requirement for eg. a medical cert. Obviously this may be subject to change in the future according to regional/national events.

I am copying in Naomi in case this has moved on since our Tuesday meeting.

Cheers,
Juliet

Get Outlook for iOS

From: Dr Bryan Betty <Bryan.Betty@rnzcgcp.org.nz>

Sent: Thursday, August 27, 2020 6:20:12 PM

To: Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>

Subject: FW: medical exemptions for mask wearing

Hi Juliet,

The issue of mask exemption has come up. Not sure if there are plans for any guidance – we can see this potentially starting to be an issue and wanted to flag it.

Let me know if you have any thoughts.

Bryan

Nāku noa, nā

Dr Bryan Betty
MBChB, FRNZCGP, FACRRM

Medical Director | Mātanga Hauora

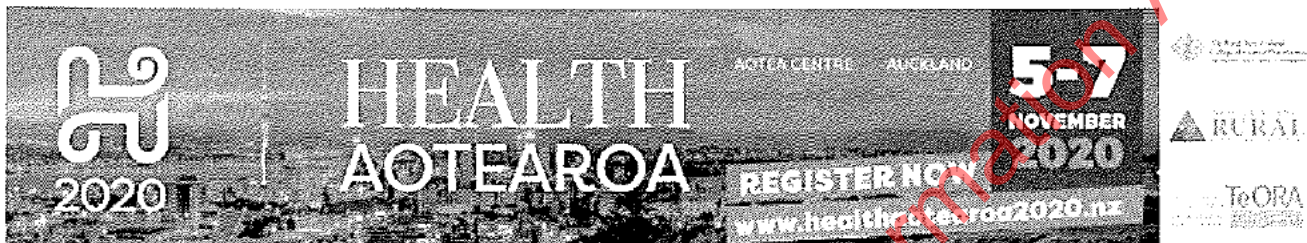


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Email: louise.poynton@nuhs.org.nz



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