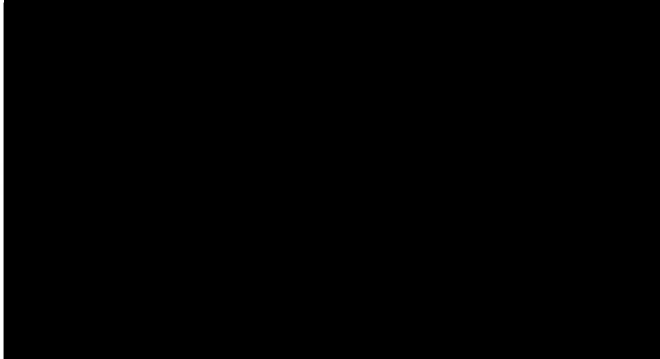


25 November 2020



Re: Official Information Request – LGOIMA Contact Tracing

I refer to your Official Information Request dated 30 October 2020 requesting the following information:

I'm writing to request the following under the Official Information Act / Local Government Official Information and Meeting Act:

- 1. The number of instances where ARPHS has identified a failure during Covid-19 contact tracing in Auckland from January 1, 2020 to November 1, 2020, broken down by date and an overview of the failure (i.e. 25/10/2020, two workplace contacts missed in X cluster).**
- 2. For each instance in 2), please advise how the failure was identified, what action was taken against the staff member involved and what changes were made to contact tracing procedures?**
- 3. All training and induction documents provided to new ARPHS / Northern DHBs contact tracing staff.**
- 4. An overview of the requirements for contact tracing staff, including prior work and educational experience.**
- 5. The number of alleged privacy breaches involving contact tracing staff investigated by ARPHS / Northern DHBs, details of the alleged privacy breach, whether each complaint was upheld and what action was taken against the staff member involved.**
- 6. The number of contact tracing staff subject to disciplinary action. For each of these staff members, please specify why they were subject to disciplinary action and what action was taken against them.**
- 7. The pay scales for contact tracing staff.**
- 8. The questionnaires used by contract tracing staff for their interviews with Covid-19 cases or close contacts.**

I am responding from Auckland District Health Board (ADHB) as the DHB responsible for Auckland Regional Public Health Service (ARPHS).

ARPHS provides public health services to all three metro Auckland District Health Boards – Waitemata District Health Board, Counties Manukau Health and Auckland District Health Board, and the populations they serve. ARPHS's core role is to protect and promote public health.

Please see responses below:

- 1. The number of instances where ARPHS has identified a failure during Covid-19 contact tracing in Auckland from January 1, 2020 to November 1, 2020, broken down by date and an overview of the failure (i.e. 25/10/2020, two workplace contacts missed in X cluster).**
None

- 2. For each instance in 2), please advise how the failure was identified, what action was taken against the staff member involved and what changes were made to contact tracing procedures?**
N/A

- 3. All training and induction documents provided to new ARPHS contact tracing staff.**
Please find attached the Quick Guide COVID-19 Case and Contact Management v2.2, 14 October 2020 (annexure 1) as well as an agenda for COVID-19 Case & Contact Management Training (annexure 2).

- 4. An overview of the requirements for contact tracing staff, including prior work and educational experience.**
We require contact tracing staff to be qualified as health professionals across a range of disciplines e.g. nursing, physiotherapy, occupational therapy, speech and language therapy, or paramedic.

- 5. The number of alleged privacy breaches involving contact tracing staff investigated by ARPHS / Northern DHBs, details of the alleged privacy breach, whether each complaint was upheld and what action was taken against the staff member involved.**
There has been one privacy breach involving contact tracing staff. An email was sent to a patient using an incorrect gmail address. The error occurred because the email address had been written in pen and the h was mistaken as n. The email included attachments containing confidential personal and clinical information.

Actions taken to address the error included recalling the email; sending a subsequent email identifying an email was sent to that address in error and that as they were not the intended recipient of the email, they were requested to delete it; phone call by senior staff to the patient informing them of the error; informing the Privacy Commissioner.

A process change has been introduced where contact tracing staff send a test email to a patient confirming that it is the correct email address before confidential information is sent.

- 6. The number of contact tracing staff subject to disciplinary action. For each of these staff members, please specify why they were subject to disciplinary action and what action was taken against them.**
None.

7. The pay scales for contact tracing staff.

These vary depending on whether the employee has a current annual practising certificate. If the employee has a current annual practising certificate they are placed on the applicable Multi Employer Collective Agreement, and paid according to these terms. The MECAs are published and available to the public. If the employee does not have a current annual practising certificate, they are appointed within the following salary range: \$58,370 - \$75,537.

8. The questionnaires used by contact tracing staff for their interviews with Covid-19 cases or close contacts.

Please find attached the COVID-19 Case Interview form (annexure 3) which is used by contact tracing staff.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland District Health Boards website.

Yours faithfully



Ailsa Claire, OBE

Chief Executive of Te Toka Tumai (Auckland District Health Board)

Auckland Regional Public Health Service
Rātonga Hauora ā Iwi o Tamaki Makaurau

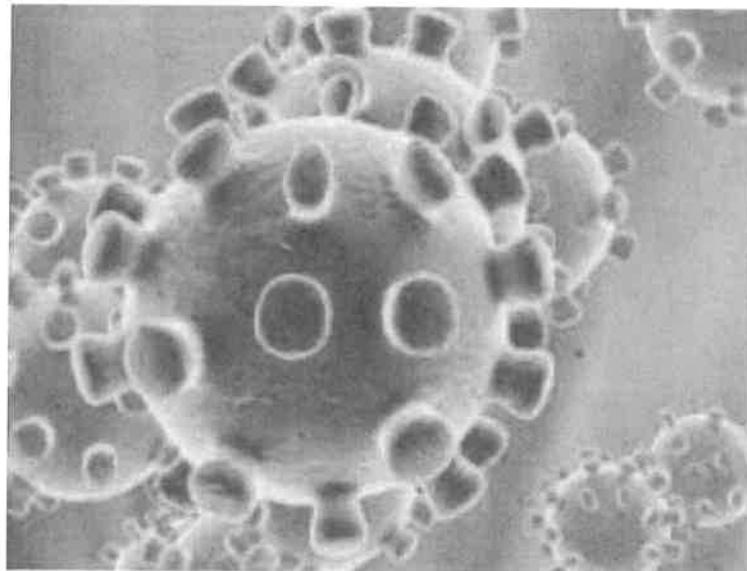


Quick Guide

COVID-19 Case and Contact Management

v2.2

14 October 2020



Welcome *Haere Mai* | Respect *Mānaki* | Together *Tiakiho* | Aim High *Angamua*



1. Welcome | Haere Mai

This Quick Guide is to provide an overview of the COVID-19 Case and Contact Management CCM response at Auckland Regional Public Health Service (ARPHS).

This Quick Guide shows

- COVID-19 Operations Management
- Overview of the CCM End-to-End Process
- ARPHS procedural documents, Standard Operating Procedures (SOPs)
- Key national policies, guides and public health advisory/information (available on the ARPHS and MoH websites).

Note. This Quick Guide will be continuously updated with new information e.g. case definition and new processes (internal and national driven).

On your first day, you will be assigned to a buddy, who you will 'shadow' for 3-5 days to get an understanding of the case management & contact tracing process. During the 'shadow' process you can expect to:

- Observe a case and contact management assessment interview done by your buddy/other experienced Public Health Nurse (PHN)/ Health Protection Officer (HPO); and
- Under supervision of your buddy/ other experienced PHN/HPO, undertake contact management activities.

You can continue the shadowing process until you are comfortable to carry out the case and contact assessment and management activities independently.

2. COVID-19 Operations Management

2.1 CCM Operations Management Structure

The CCM Operations Management Team is part of the COVID-19 Response Unit and is responsible for overseeing the clinical and operational management of cases, close contacts and clusters/ outbreaks.

The CCM Operations Team comprises of CCM Operational Managers, Operations Lead SMO (Senior Medical Officer) and Operations Lead PHN. These roles are shared across a pool of ARPHS staff, as per the ARPHS COVID-19 rosters.

As required, the CCM Operations Management Team will seek advice from the Clinical Technical Advisory Group (C-TAG). The CCM Operations Manager reports to the COVID-19 Unit Response Manager, who in turn reports to the ARPHS Director (*see page 7*).

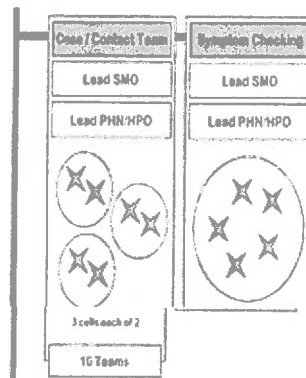
2.2 Case and Contact Management Teams

These are Multidisciplinary Teams responsible for scoping the case and identifying the contacts.

Each Team is led by a SMO, who is supported by a Lead PHN and/or a Lead HPO and up to six staff (allied health¹ staff and PHNs) who works under the direction of the CCM Team SMO and supervised by the lead PHN or lead HPO, as required. There will also be other support from intelligence team, surveillance support officers (SSOs) and administrative staff, as required (Figure 1).

For outbreaks, the Lead PHN will oversee the daily symptom checking progress for the cases and contacts and the Lead HPO will provide daily reports e.g. line listing of cases and contacts under active daily symptom checking. Also, as a point of contact for institutions where an outbreak has occurred.

Fig 1: Case and Contact Management Team Structure



2.3 Escalation of Issues

Currently, the Operations Lead SMO undertakes 'Daily Ward Rounds' with all CCM SMO Team Leads. This is a physical check-in to facilitate discussions on clinical complexities and issues that beyond scope of the SOPs and national policies, and to flag risks the Operations Lead SMO.

Clinical issues encountered during CCM that is beyond the existing SOPs and the national guidance documents should be escalated to the Operations Lead SMO. This is generally via the CCM Team Lead SMO, or the CCM Team Lead PHN/HPO.

Operational issues encountered during the CCM process should be escalated to the CCM Operations Manager.

Check Points

- Meet n' Greet the COVID-19 Response Unit Manager and CCM Operations Management Team
- Tour, COVID-19 CCM Operations Room (Level 1) and Symptom Check Team (Level 4)
- Have invites for the Daily 9.30am SMO Leads and 1.30pm Ops Zoom meetings
- CCM introduction module confirmed

¹ ARPHS Health Promoters, ARPHS Smoke Free and Alcohol Compliance Officers and Environmental Health Officers

3. Overview of the Case and Contact Management Process

3.1 Case Notification

The case definition is set by the MoH and is regularly updated on the website (updated 07 August 2020). ARPHS has also developed a process to help determine the case definition (see Appendix 2).

All COVID-19 case notifications are received by the SSOs as per business as usual (BAU) notification pathways as like other notifiable diseases. The case is then registered into EpiSurv² and NCTS (National Contact Tracing System). A case scoping and contact identification form (questionnaire) is then used for scoping of the case and identification of contacts.

Fig 2: High Level Process for Case and Contact Management



3.2 Case Allocation

The **CCM Operations Management Team** is responsible for allocating new cases to the CCM Teams, usually by the Public Health Nurse (PHN) Operations Lead, in consultation with the CCM Operations Manager and/or SMO Operations Lead. This may involve a preliminary assessment of the case notification details.

All workload issues should be raised with the CCM Operations Management Team, or via email arphsops@adhb.govt.nz.

3.3 Case Scoping and Contact Management

The purpose of the case scoping interview to **identify the potential infection source(s) and infection acquisition pathway(s), contact identification, and to plan the ongoing management** of the case and close contact(s); to prevent further disease spread.

You should refer to the following documents when contacting a case/contact.

- Script for Collecting Personal Health Information during COVID-19 (page 8)
- Script for a positive case (page 9)
- Script for a close contact of a positive case (page 10)
- Script for cases and contacts to isolate/quarantine at Jet Park (page 13)
- Case Scoping Questionnaire (page 14)
- ARPHS Fact Sheets for cases and contacts (see ARPHS website)

ARPHS is responsible for managing daily symptom checking of the case and their household contacts. With the exception of close contacts linked to an outbreak (e.g. school, rest home, hospital etc), other close contacts are referred to the National Hub for symptom checking by the Ministry of Health.

² EpiSurv is an electronic national notifiable disease surveillance system operated by the Environment Science & Research (ESR). Login access required.

There is a dedicated **COVID-19 Symptom Check Team** to manage **symptom checks of cases and contacts** that are not complex or not part of an outbreak/cluster. The Symptom Check Team may not be activated when the case and contact numbers are manageable within the CCM Teams.

Currently, the scoping questionnaire can only be completed on a paper form. The CCM Teams then enters the information on the electronic system, NCTS (National Contact Tracing System). This is should be done as soon as possible.

4. Standard Operating Procedures

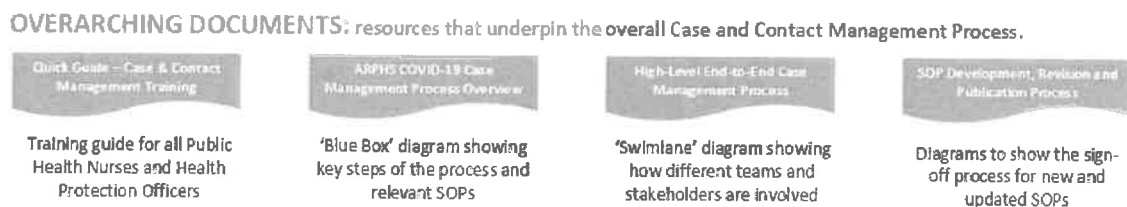
A suite of Standard Operating Procedures (SOPs) have been developed to guide specific steps of the CCM process that is outside of the BAU process for investigating and managing notifiable diseases. SOPs are located on the ARPHS HUB.

The SOPs are living documents as some are frequently updated due to the release of new information from the Ministry of Health, or from policy/advice from other governmental agencies.

The suite of SOPs is likely as new SOPs are developed based on organisational needs and the needs of the CCM Teams.

If you have any feedback or suggestions on existing SOPs or to develop new SOPs, please contact talk to the CCM Operations Manager.

Fig 3: Overarching documents available for case and contact management processes



Check Points

- Have access to the HUB and located the SOPs
- Received 'Task Sheet' for your CCM role
- Have NCTS login and user training (Email Laura Bocock, Intelligence Project Manager and Melanie Jeffery, Ops Technical Administrator. See ARPHS HUB for contact details or MS Outlook for emails).

5. Key Public Health Information Sources

Ministry of Health website

A range of information for health professionals is available including the case definitions and latest updates. Download the Āwhina app to stay up to date on the latest COVID-19 information and receive notifications when content is added or updated.

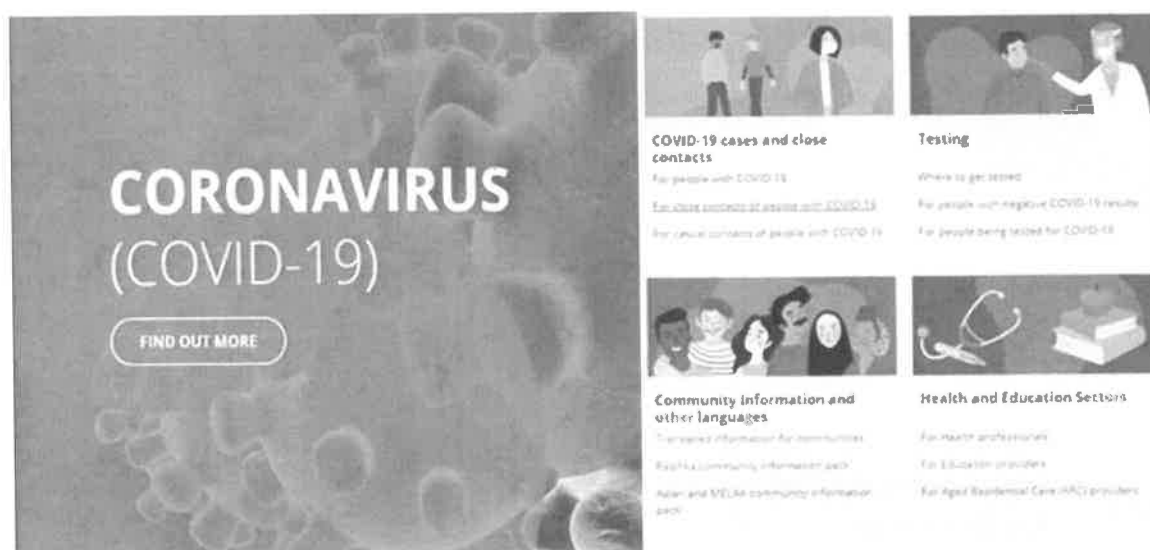
<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-health-professionals>



ARPHS website:

A range of information for health professionals and the community is available on the ARPHS website i.e. Factsheets, community packs, cases, close and casual contact information as well as testing information.

<https://www.arphs.health.nz/public-health-topics/covid-19/>

A screenshot of the ARPHS website's COVID-19 information page. The main heading is 'CORONAVIRUS (COVID-19)' in large white letters on a dark background. Below the heading is a white button that says 'FIND OUT MORE'. To the right of the main heading are four smaller sections, each with an icon and a title. The first section is 'COVID-19 cases and close contacts' with an icon of people. The second is 'Testing' with an icon of a person being tested. The third is 'Community information and other languages' with an icon of a diverse group of people. The fourth is 'Health and Education Sectors' with an icon of a stethoscope and books. Each section has a brief description of the resources available.

Translated information and resources are also available in a range of languages e.g. Arabic, Chinese, Korean, Niuean, Samoan, Tagalog and others.

<https://www.arphs.health.nz/public-health-topics/covid-19/covid-19-information-for-our-communities/>

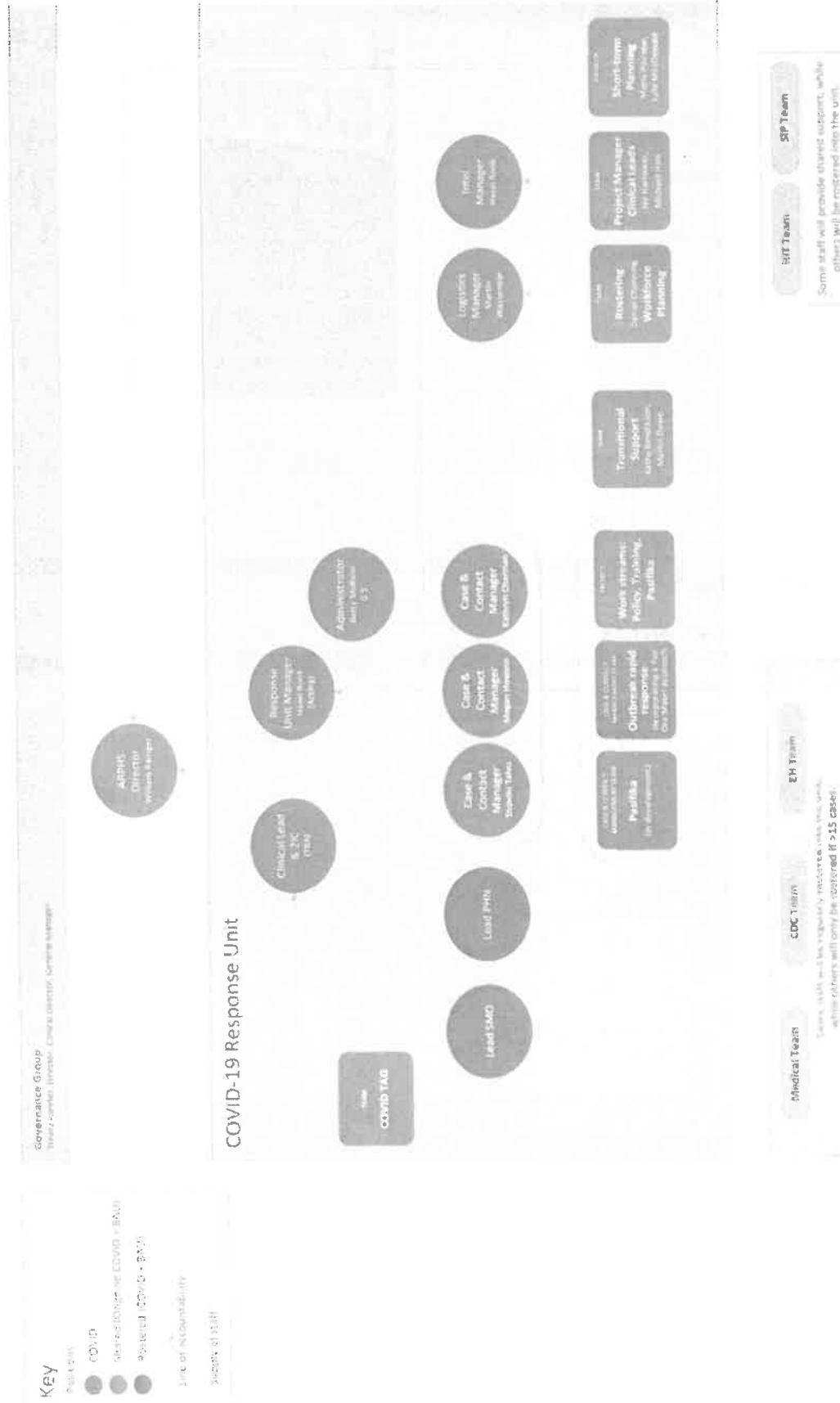


NCTS (National Contact Tracing Solution) Training Materials

This is the key

- Training Aides
<https://ncts.my.salesforce.com/sfc/p/#4a0000008aXT/a/4a0000000D7F/nq.KTOme7ovsuMhA04tzmTnCzVOWpqHDxLvrcKIRxV4>
- Detailed Training Materials
https://ncts.my.salesforce.com/sfc/p/4a0000008aXT/a/4a0000000Bxk/moXYRfJ_ClpeDw6gq2HFq0K4PDv4oIWxshlBtYBF4BY

6. COVID-19 Response Unit Governance Structure



Script for Collecting Personal Health Information during COVID-19

Staff must provide the following information to all COVID-19 cases and contacts. The information should be communicated verbally via telephone. This information can be emailed to the client by scanning and emailing the next page headed 'COLLECTING PERSONAL HEALTH INFORMATION FOR COVID-19 Client Information Sheet'.

1. *I am a staff member of the Auckland Regional Public Health Service.*
2. *Our service is based at Building 15, Greenlane Clinical Centre, Auckland.*
3. *Our role is to investigate and manage notifiable diseases, outbreaks and epidemics in order to protect public health. Our aim is to determine the source of the disease, prevent the disease spreading to other people, and advise people with the disease and their contacts what they should do.*
4. *I need to collect some health information from you in connection with a COVID-19 investigation. The information you give will only be used to help control COVID-19. We will only use and disclose your personal information if that is permitted by the Health Information Privacy Code and other law. In some situations you may be legally required to provide us with information under the Health Act 1956.*
5. *We will need to share your information with others involved with controlling COVID-19, such as:*
 - *Your GP, health care organisations such as hospitals, and Public Health services,*
 - *The Ministry of Health and other organisations involved in controlling COVID-19,*
 - *Your family/whanau and other contacts, for example to enable contact tracing, and*
 - *In some situations we may need to contact your employer.*
6. *The information I collect is stored securely on the National Contact Tracing Solution data base administered by the Ministry of Health. If you wish, you can access any health information we hold about you. You can request correction of this information if you believe the information is inaccurate or misleading.*
7. *We suggest you are careful about posting your COVID-19 status on any social media platform as some people have had negative responses to these postings.*

Please let me know if you have any concerns about the collection of your health information.

You must document in the clinical record: '*Standard COVID-19 privacy information has been given*'. Note in the file if it has not been possible to provide this information, and why.

If the client is concerned about the collection, use of, or disclosure of information, and/or refuses to provide the information, note this in the file and discuss promptly with the lead SMO and the Operations Manager.

If the client is confused about the distinction between public health and the treating clinical service/primary care/GP you should say: '*We offer a wide range of services aimed at improving and protecting the health and wellbeing of the population of the Auckland region. Our role is to prevent COVID-19 from spreading to others in the community. We are not primarily involved in providing individual clinical*

care. Our staff are public health nurses, health protection officers and doctors who are trained in public health.'

Script for a positive COVID-19 case

How to tell a positive case

- Introduce yourself and confirm that you're speaking with the positive case before proceeding
- Confirm they are in isolation, indoors, comfortable
- "I understand you recently had a COVID test, can you please advise why you had the test done?"
- "we have your test results and they have come back positive"
- **Pause** (sometimes people get upset/anxious/burst into tears)
- Re-assure them "we understand that this may be scary but we are going to walk alongside you and come up with a plan together"
- We advise you not to tell everyone about it to protect your privacy etc and you can have time to think about who you want to tell and how. Please be assured the information you share with us will be kept confidential. Refer to the '**Script for Collecting Personal Health Information during COVID-19**'
- Our most important priority is that you and those in the house remain as well as possible
- **Ask** if they would like to involve a whanau/ family member support during the call.
- **Advise** them to think carefully before posting anything related to your COVID diagnosis online (social media) as you may receive unwanted responses.

If scoping that day

- Your household needs to remain in isolation
- I'll go through some questions with you now about who you may have come into contact with.
- If anyone becomes significantly unwell, like normal you can call an ambulance and just tell them you are a positive case and they will make the arrangements and get you the care you need.
- It would be helpful if you could think about, by date where you went, any travel with details such as company and seat, any people you would have had close contact with (within 2m for 15min or more) and write these down
Suggest to case: refer to the tracing app, phone, calendar, diary, email and bank statements to help job their memory on exposures and contacts

Interviewer: Need to identify the likely source(s) of infection 14-days prior to symptom onset date.

If scoping the next day

- Not a lot is going to change tonight
- We want your household to remain in isolation tonight
- If anyone becomes significantly unwell, like normal you can call an ambulance and just tell them you are a positive case and they will make the arrangements and get you the care you need.
- Tomorrow we will call to go through all of your contacts and the places you have been
- It would be helpful if you could think about, by date where you went, any travel with details such as company and seat, any people you would have had close contact with (within 2m for 15min or more) and write these down
- Don't spend all night doing this, maybe half an hour or so and try and do some of the activities you would normally do tonight.

Script for close contacts of a confirmed COVID-19 case

Notes to the interviewer

This script has been designed to help guide telephone conversations with close contacts through key sections and frequently asked questions. This script should be used alongside:

- *Case scoping form – complete the contact tables*
- *Fact sheet – information for close contacts of novel coronavirus (COVID-19)*
- *Script for Collecting Personal Health Information during COVID-19*

If the case is not at home when you first call e.g. they are out work or out, ask them to return your call when they are home with all their household contacts present.

Introduction

"Hello, my name is _____, I am a [Public Health Nurse] and I work for the Auckland Regional Public Health Service."

"Can I please confirm who I am speaking with?" / or "May I please speak with _____?"

"I am phoning you because you have been identified as having had close contact with someone who has been diagnosed with novel coronavirus (COVID-19) (**state where and when – as per contact group – see top of contact tracing form**). As you have been near a person who has the virus, there is a possibility you may become unwell. There is a lot of information I am going to discuss with you and some questions I need to ask. This will take about 30-60 minutes of your time"

Refer to the '**Script for Collecting Personal Health Information during COVID-19**'.

IF THE PERSON WAS ON A FLIGHT

Can you please confirm you were on this flight _____ (flight number/setting/location) on _____ (date)."

"Can you please confirm where you were sitting on the plane and if you moved at all?"

"Were you flying alone? If not, who did you fly with?"

Complete relevant fields of the COVID-19 Contact Tracing Form.

Do you know much about coronavirus?

Let the person tell you what they know.

What is coronavirus?

"Coronavirus can cause respiratory illness, but in most cases it causes mild to moderate symptoms. However, some people do develop pneumonia and severe respiratory illness. It can start or present as a

- **fever- feeling hot and cold,**
- **cough**
- **shortness of breath**
- **sore throat."**

"Symptoms may occur within 4 to 14 days of exposure. Are you currently well?"

The contact may inform you that they have symptoms – document as per contact tracing form (include onset dates), and advise the contact that you need to discuss with the Medical Officer (public health doctor).

Finding out more about the close contact

"I am now going to ask you some questions to find out more about your exposure to coronavirus (COVID-19)"

Underlying medical conditions

“Do you have any pre-existing medical conditions, health issues or are pregnant or immunocompromised?”

Symptom checking

“We **will be** in contact with you daily to do a symptom check. This may be via an email questionnaire called a *REDCap, or by a daily phone call. This is a set of questions used to monitor your health and so that you can seek medical attention as soon as possible if required.”

*(*offer REDCap to all contacts except large family groups / parent and child groups as it will be easier to phone – as each person or dependent child will require a unique email address).*

Further information to provide contacts who agree to using online questionnaire for symptom checks when having the initial discussion:

“Regarding the online tool to check in with you each day to make sure you are healthy and remain in self-isolation, an email with a link for you to follow will be sent to you for the period of your isolation.

Today you will be sent a link to our ‘initial COVID-19 symptom check survey’. After this is completed you will get your first daily symptom check survey. You will be sent these each morning at 8 o’clock and must be completed by 11am.

To complete the survey simply click on the blue link and check the boxes.

if you do develop symptoms and you are concerned, please do not wait for the text to come each morning. You can contact Healthline or ARPHS. Contact numbers will be provided in the survey.

If you forget to complete the symptom check you will be prompted by a reminder. We will contact you directly if we do not hear from you to check that you are okay”.

Update phone number / email address on COVID-19 Contact Tracing Form and NCTS as required.

Self-isolation Advice

“To keep yourself and others safe, you need to isolate yourself from other people. Self-isolation starts from now and ends 14 days after the last day you had contact with the infected person.

This means you need to stay at home from now until _____ (last day of self-isolation period).

Self-isolation means staying at home to prevent spread of the virus to other people.

- **we want you to limit the amount of time you spend with other people - this is less than 15 minutes of face to face contact with people.**
 - **do not go to work, school, preschool, group or social activities, sports, or public places like movie theatres, shopping malls and cafes. We can provide letters for your employer.**
 - **do not visit others, and do not use public transport, taxis or ride sharing services like Uber.**
 - **you should also avoid having visitors to your home, but it is okay for friends, family or delivery drivers to drop off food.**
 - **do not go to hospital to visit people, for outpatient appointments, or for surgery unless you need urgent hospital care. Please call the hospital if you need to reschedule any appointments.”**
- *Generate exclusion/return to letter work on NDCMS through DCP if required.*

What if the close contact lives with other people?

“As you live with others, you will need to minimise close contact with other household /complex / accommodation members. This means

- **avoiding sharing dishes, drinking glasses, cups, eating utensils, towels, pillows, or other items with people in your home or accommodation.**
- **washing items thoroughly after use with detergent and water, placing them in the dishwasher for cleaning, or washing them in your washing machine.**
- **cleaning computer keyboards, desks and other surfaces regularly, especially before others use them.”**

What can the close contact do to minimise risk of infection to others?

"It's always important to practise good hygiene to protect others. Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues into a lined rubbish bin, and immediately wash your hands with soap and water for at least 20 seconds, making sure you dry them thoroughly. You can also use a hand sanitiser.

Throughout the day, wash your hands often and thoroughly with soap and water for at least 20 seconds, or use a hand sanitiser. Avoid touching your eyes, nose, and mouth with unwashed hands."

Your Health

"If you have any concerns about your health we would like to please call your GP/family doctor and let them know you have been identified as a close contact of someone with novel coronavirus (COVID-19). Do not just visit your GP/family doctor or a hospital as you may expose other people in the clinic to Coronavirus (COVID-19).

You can also phone Healthline 0800 358 5453 if you need health advice at any time – this is a free service, 24 hours a day, 7 days a week.

If you become more unwell or have difficulty breathing, please call an ambulance on 111 and tell them you're under investigation for COVID-19. They will most likely attend you with full protective equipment on. Don't be alarmed as this is a precautionary measure.

What if the close contact needs food and medicine during the self-isolation period?

"Where possible, ask a friend, family member or use supermarket or other delivery services to drop off shopping."

Why am I not being tested for the virus?

"The testing will not show you do not have the virus. You need to have symptoms in order for our testing to detect the virus. We will be daily symptom checking you and if testing needed we will do so."

Do you have any immediate welfare needs?

"We can refer you to our Welfare Team. You can also contact Ministry of Social Development (MSD) on 0800 559 009 for help with the cost of living, food, clothing, bedding or loss of livelihood.

There is also a free text or call number, 1737 that you can call 24 hours a day to talk with a trained counsellor for support with grief, anxiety, distress or mental wellbeing"

Ask if they need support for:

- Cultural support
- Welfare or,
- Have concerns about safety at home or overcrowding issues

What happens next for the close contact?

If the close contact resides in the Auckland region:

"If you would like further information, visit the COVID-19 page on the Ministry of Health website, or the dedicated 24 hour coronavirus phone line on 0800 358 5453.

If the close contact resides outside of the Auckland region, advise them that their local PHU will be in contact for follow-up:

"As you live in _____, I'm going to refer your case to your local Public Health Unit _____ . They will be in contact with you daily to see how you are.

If you would like further information, visit the COVID-19 page on the Ministry of Health website, or the dedicated 24 hour coronavirus phone line on 0800 358 5453."

Thank you for your time, we'll be in touch tomorrow to check in on how you're going".

Script COVID-19 cases and contacts to isolate/quarantine at Jet Park

Note. Below scripted is extracted from the 'Requiring cases and contacts to isolate/quarantine at Jet Park Quarantine Facility' SOP, working draft v 0.3, dated 17 August 2020.

The script should be used in conjunction with SOP to ensure the appropriate processes are followed.

"To manage the current outbreak we have been directed to request all confirmed (or probable) cases and any household close contacts are transferred to the Jet Park Quarantine Facility. This will be for the duration of your isolation period, which is usually around two weeks. This depends on when you become symptom free (if symptomatic). At this stage for you (and your family/household) it is likely to be [x date]. You will be informed of any change in dates when you are at Jet Park.

I can provide you with information on the services at Jet Park and will email this you. (Use this handout). Meals will be provided free of charge, including breakfast, morning tea, lunch, afternoon tea and dinner, and some dietary options are available. No visitors or alcohol are allowed and your isolation will be managed according to Ministry of Health guidelines. The accommodation is free, and we will arrange transport to Jet Park for you.

You have around six hours [depends on time of day as there are no after-hours transfers] to arrange anything that is required, but we would like to arrange transport by 4pm. We can assist arranging any support you need to enable this.

This is a directive from the Director General of Health, Dr Ashley Bloomfield.

Do you agree to completing your self-isolation at Jet Park Quarantine Facility?

COVID-19 Case & Contact Management Training

Greenlane Clinical Centre

XX, XXXX 2020

Time	Item	Presenter
0830	Registration	
0845	Welcome, Karakia and House Keeping	Diana Raj, Service Education Coordinator
0850	ARPHS Overview	Hayley Pritchard, Programme Supervisor-Health Improvement
0900	101 for Public Health and COVID-19	Dr Bryn Thompson, General Practitioner
0930	Case Investigation & Management	Dr Bryn Thompson, General Practitioner
1015 Morning Tea		
1030	Contact Tracing and Symptom Checking	Justine Paterson, Public Health Nurse
1130	Scenarios	Dr Bryn Thompson + Justine Paterson
1230 Lunch		
1300	ID cards processing	Tash Sumner, Workforce Development Administrator
1330	Culture and Wellbeing Module	Jill Moffat, Health Promotion Officer
1400	Pae Ora Model	Jackie Rapana/ Tamara Taka-Brown Health Protection Officer
1415	ARPHS Hub Overview/ Document Control	Tash Sumner, Workforce Development Administrator
NCTS Training		
1435	Getting started <ul style="list-style-type: none"> Overview of NCTS 	NCTS Aide
1445	Case scoping (Part 1) <ul style="list-style-type: none"> Finding the case Informing case Q&A and Advance F/up 	Tamara Taka-Brown/ Tayla-Rose/ Kendra Bernard NCTS Aide 15-16 Scoping Questionnaires
1530 Afternoon Tea		
1545	Case scoping (Part 2) <ul style="list-style-type: none"> Create exposure event Create exposed contacts Complete close contact Q&A> Advance F/up Get NES and Finders 	Tamara Taka-Brown/ Tayla-Rose/ Kendra Bernard NCTS Aide, p17-21 Scoping Questionnaires
1615	Symptom Check (Part 3) <ul style="list-style-type: none"> Queues and Assignment Review previous clinical notes Daily Check Q&A Escalation/suspend Attaching documents e.g. test results, letters 	Tamara Taka-Brown/ Tayla-Rose/ Kendra Bernard NCTS Aide, p23-25 Scoping Questionnaires
1645 Close		

Agenda

COVID-19 Case Interview form			
Case classification:		Date reported:	
Hospitalised? If yes, check concerto for details		Lab Test result and date:	
Died or in ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, discuss with SMO / identify next of kin:	
SMO name:		Next of Kin	
Introduce yourself and ask to speak to the case identified below: <input type="checkbox"/> Yes			
Confirm that the person that you have contacted has the same identification details below before you inform of laboratory results:			<input type="checkbox"/> Yes
Standard Privacy information given: <input type="checkbox"/> Yes		Client willing to have their information divulged: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If client not willing, specify details:			
What is preferred language?		Interpreter required: <input type="checkbox"/> Yes (arrange before proceeding) <input type="checkbox"/> No	
Case Identification Details			
Surname:		Given name(s):	
NHI:		Sex:	
Date of Birth: Age:			
Current Address:			
Phone: (Home):		(Work):	(Mobile):
Email:			
Occupation:			
<u>Name and Address of workplace, school, preschool, aged residential or healthcare facility:</u>			
Is the case's occupation considered high risk? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Occupation/Secondary workplace:			
Address:			
Ethnicity (tick all that apply)	<input type="checkbox"/> NZ European	<input type="checkbox"/> Māori	<input type="checkbox"/> Samoan
	<input type="checkbox"/> Niuean	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian
	<input type="checkbox"/> Fijian	<input type="checkbox"/> Fijian Indian	<input type="checkbox"/> Other (Specify)
Name of Usual GP and Practice:			
GP Phone:			
GP informed of COVID-19 result: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to contact			
Interview Details			
Date and time of first contact (to arrange an interview) with case		Date:	Time:
Initial interview date and time		Date:	Time:
Interviewer name			
Name of person interviewed (if not the case) and relationship to the case			

Additional Case information:	
Usual country of residence if not New Zealand:	
Tick one of the following to indicate how was the case/infection discovered?	
<input type="checkbox"/> Contact of a case	<input type="checkbox"/> Ill seeking healthcare
<input type="checkbox"/> Repatriation	<input type="checkbox"/> Routine respiratory disease surveillance
<input type="checkbox"/> Routine testing of border staff	<input type="checkbox"/> Routine testing of managed isolation/quarantine facility staff
<input type="checkbox"/> Detected at point of entry	
<input type="checkbox"/> Intermittent survey (e.g. supermarket-based sampling)	
<input type="checkbox"/> Other If other specify:	
If case was in managed isolation/quarantine, what day of quarantine was the positive sample collected? (e.g. day 3, day 12)	
Was the case tested at a CBAC/COVID-19 testing centre? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what was the source of referral? <input type="checkbox"/> Self <input type="checkbox"/> GP <input type="checkbox"/> HealthLine <input type="checkbox"/> Other	
Basis of Diagnosis	
Fits Clinical Description <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the case asymptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No
If symptomatic, tick all symptoms that apply	
<input type="checkbox"/> History of fever/chills	<input type="checkbox"/> Runny nose
<input type="checkbox"/> General weakness	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhoea
<input type="checkbox"/> Sore throat	<input type="checkbox"/> Nausea/Vomiting
<input type="checkbox"/> Headache	<input type="checkbox"/> Muscular pain
<input type="checkbox"/> Irritability/confusion	<input type="checkbox"/> Chest pain
<input type="checkbox"/> Loss of sense of smell	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Joint pain	
If other symptoms, specify:	
Comment on severity/duration of current symptoms:	
Highest temperature (°C) if taken:	
Date of symptom onset?	Time of symptom onset?
If yes to any of the below underlying conditions, tick all that apply	
<input type="checkbox"/> Pregnancy If yes, trimester:	<input type="checkbox"/> Post-partum (<6 weeks)
<input type="checkbox"/> Cardiovascular disease	<input type="checkbox"/> Immunodeficiency including HIV
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Renal failure
<input type="checkbox"/> Liver disease	<input type="checkbox"/> Chronic Lung disease
<input type="checkbox"/> Chronic neurological or neuromuscular disease	<input type="checkbox"/> Malignancy
<input type="checkbox"/> Other underlying condition, specify	
<input type="checkbox"/> Do you have any baseline symptoms associated with your underlying condition(s)?	
If yes, specify:	
State other risk factors for disease:	

Source (14 days prior to onset date of symptoms)

In the 14 days prior to onset (or prior to reporting if asymptomatic) did the case have close contact with a case/s?

 Yes No

Name	Date of Birth	First date of contact	Last date of contact	Contact on going

If yes, check NDCMS for an EpiSurv No, case classification and record here:

Name (as above)	EpiSurv number	Case Classification: Confirmed/Probable/Under Investigation

Is the case part of an outbreak? Yes No

If yes, Outbreak No:

In the 14 days prior to onset did the case visit any health care facilities?

 Yes No

If yes, name of facility (ies)?

Note: Includes visiting a CBAC, including a mobile CBAC. Check concerto for GP visits, Hospital visits.

In the 14 days prior to onset did the case have contact with a person with a respiratory infection?

 Yes No

If yes to contact with person with respiratory symptom/s, state full name and date of birth (or age) of person/s:

If yes to contact with person with respiratory symptom/s, what symptoms did the person have?

If yes to contact with person with a respiratory symptom/s, where did that contact occur? (tick all that apply)

 Health care setting Family setting Workplace Unknown Other, specify _____**Was the case overseas in the 14 days prior to onset of symptoms?** Yes No

If yes, date arrived in New Zealand:

If yes, specify countries visited (from most recent to least recent)

Sequence	Country	City/Region	Date Entered	Date Departed
Last				
Second Last				
Third Last				

What nationality is written on your Passport/s?

Is the case here on a visa? Yes No If yes, what type of visa?**Provide details of all flights taken overseas or in NZ in the 14 days prior to onset of symptoms (or prior to reporting if asymptomatic)**

	Last Flight	2 nd to Last Flight	3 rd to Last Flight	4 th to Last Flight
Flight number(s)				

Date of departure				
Seat number				
What country did the first flight originate from:				
Animal Markets				
Did the case visit any live animal markets in the 14 days prior to onset?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to animal markets, where/city of exposure?				
Welfare and Cultural Requirements				
Does the case or household have any welfare concerns, e.g. about safety, accommodation for good isolation/quarantine, food, money, medicines etc.?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the case identifies as Maori or Pacific ethnicity, please offer referral to link the family in with Maori and Pacific support services.			<input type="checkbox"/> Offered and accepted <input type="checkbox"/> Offered and declined <input type="checkbox"/> N/A	
If the household is overcrowded, i.e. the case is not able to have their own room and bathroom for isolation, please offer welfare support?			<input type="checkbox"/> Offered and accepted <input type="checkbox"/> Offered and declined <input type="checkbox"/> N/A	
Consent obtained to give case details to ARPHS Welfare & Cultural Liaison ?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If yes, please fill out the COVID-19 Welfare & Cultural Support Referral form a hard copy of this form is located in the Operations Room or via DCP Print in Word. Once the form has been filled, please email - ARPHSCulturalWelfare (ADHB) ARPHSCulturalWelfare@adhb.govt.nz</p> <p>Ensure 'Priority level' is in the subject line and please provide your phone contact number so that the Welfare & Cultural Liaison team can contact you to clarify details if needed.</p>				
Isolation				
Where isolated (as a case)?	<input type="checkbox"/> Home <input type="checkbox"/> Facility Name of facility: <input type="checkbox"/> Other, specify			
If isolated at a facility, reason for isolation	<input type="checkbox"/> Travel-related case		<input type="checkbox"/> Community-transmission case	
If not isolated at home or a facility, specify where and address:				
Date isolated (as a case) from:				
Has the case left the property / or isolation facility grounds, or had any visitors/ mixed with other people since isolation?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to left property or mixed with other people, specify:				
Was the case already in isolation / quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to already in isolation / quarantine at the time of onset (or diagnosis if asymptomatic) tick reason:				
<input type="checkbox"/> Close contact of a case <input type="checkbox"/> Travel related <input type="checkbox"/> Alert level criteria <input type="checkbox"/> Other, specify				
If already in isolation, date started self-isolation/quarantine:				
If in self-isolation/quarantine in a managed facility, name and location of the facility:				
How many people was the case in self isolation/quarantine with, i.e. in the same "bubble"?:				
Have any other "bubble" members been diagnosed as cases?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list the EpiSurv numbers of the other cases in the "bubble"				
Case 1:	Case 2:	Case 3:	Case 4:	

Contact tracing app

Has the case downloaded the NZ COVID Tracer app (or a similar app)? Yes No

After confirming the individual uses the app, provide them with the data request code – this is the six numbers from the case Episurv number: ## The app user navigates to their profile and clicks “Share my diary”. The user will need to confirm their details to continue. The user then enters the code in the “data request code” field and presses “Share”. This will generate the contact locations, and exposure events can be created from these.

I N F E C T I O U S P E R I O D

Date	Considered Infectious 2 days before onset of Symptoms Consider what type of exposure, where, who with (enter in contact details) and main contact with telephone number - Use this information to create contact groups (list individual contacts on contact page/s next page- which the SSO's enter as exposed contacts)	Start and end time?	<p>Consider the following during interview to record where, who with and how long to identify contact groups and contacts during the infectious period.</p> <p><input type="checkbox"/> Where does the case normally live?</p> <p><input type="checkbox"/> Has the case visited other households?</p> <p><input type="checkbox"/> Has the case stayed in another house?</p> <p><input type="checkbox"/> Has the case had any visitors?</p> <p><input type="checkbox"/> Where does the case work? More than 1 job? Where? Close work colleagues?</p> <p><input type="checkbox"/> Visited any GP's? List all visits?</p> <p><input type="checkbox"/> Gone to any hospitals?</p> <p><input type="checkbox"/> Visited any pharmacies?</p> <p><input type="checkbox"/> Attended any institutions:</p> <ul style="list-style-type: none"> • Early Learning Centres • School/s • Residential Care <p><input type="checkbox"/> Attended place of worship (church)?</p> <p><input type="checkbox"/> Has the case done any shopping?</p> <p><input type="checkbox"/> Flights or visited airport</p> <p><input type="checkbox"/> Travel: where to, mode of travel (taxi, rail, bus, car).</p> <p><input type="checkbox"/> If yes to travel, who with?</p> <p><input type="checkbox"/> Visited cafes, restaurants, and other food retail?</p> <p><input type="checkbox"/> Attended any events?</p> <p><input type="checkbox"/> Visited Banks, Income Support, Malls</p> <p><input type="checkbox"/> Leisure activities: gym, clubs, cinema</p>
Date of Onset:			
Time of onset:			

