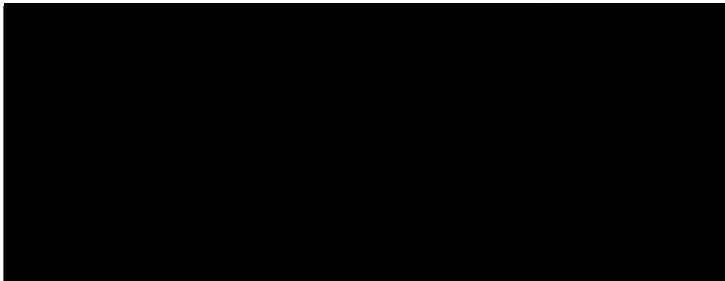


1 December 2020



I refer to your Official Information Request dated 2 November 2020 to the MoH and transferred from the MoH to Auckland DHB on 16 November 2020 requesting the following information:

I request all original communications including briefings, reports, memos, aides memoirs, cabinet papers and texts regarding the following information:

Around conversations for moving into quarantine the coronavirus positive maritime worker reported on October 18 2020 and what date and time he was moved into JetPark Auckland.

I am responding from Auckland District Health Board (Auckland DHB) 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.

On 17 October 2020, a new positive case was notified to ARPHS at approx. 1515hrs. The case was scoped as per protocol and, as part of scoping interview, transfer to JetPark facility was discussed. The referral and handover to JetPark was completed at approx. 1820hrs. The case arrived at JetPark at approx. 1930hrs.

Please find attached the following:

- a) Clinical Handover Form for JetPark created on 17/10/2020 at 5.00PM (annexure 1);
- b) The Welfare Referral created on 17 October 2020 (annexure 2).

All the personal details of individuals have been redacted (under section 9 (2) (a) of the Official Information Act 1982) in order to protect the privacy of natural persons.

A decision has been made not to include interview notes to protect the privacy of natural persons. It is acknowledged whilst there may be a public interest in being able to understand certain aspects

of the response to the pandemic, there is an even greater interest to ensure public health actions are not undermined by ensuring people feel comfortable with their personal information being shared with public health units for the purposes of contact tracing. The release of this information may have the serious consequence of people not being open and honest about their movements.

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)

Clinical Handover Form for JetPark

Completed form to be emailed to [REDACTED] followed by a courtesy text to [REDACTED] to advise referral has been sent and any alert of any acute issues

Patient Demographics	
Patient	[REDACTED]
Gender	M
Date of Birth	[REDACTED]
Age	26
NHI	[REDACTED]
Phone Number	[REDACTED]
Ethnicity	European

Medical Details	
COVID swab – date and result	PCR +ve 16/10/20
Current symptoms	Fever, cough, SOB, muscle aches, headache, reduced appetite
Past medical history	Nil of note
Current medications	Nil regular
Allergies	Nil known
Other relevant details	

- Does this person require acute medical review on arrival at JetPark? No
- Next COVID swab due: N/A

Annexure 2
ARPHS COVID-19 Referral to NRHCC

COVID-19 Welfare & Cultural Support Referral Form

Send completed form to ARPHSCulturalWelfare email ARPHSCulturalWelfare@adhb.govt.nz

Case and Contact Management (CCM) Team Details

Name (referrer)	[REDACTED]	CCM Team	Team 3
Phone	[REDACTED]		

Applicant/s Details

Case # (Episurv)	[REDACTED]	Date referred	17/10/20
COVID Positive	PCR +ve 16/10/20	Outbreak #	
Exposed contact key or Index case	Index Case	Institution: (Church, Schools, workplace etc.)	Specify i.e. church name: Port of Auckland
Isolation end date		Cluster	
Interpreter required	Specify preferred language: No		
Surname	[REDACTED]	First Name	[REDACTED]
Preferred name		Gender	Male
Date of Birth	[REDACTED]	NHI	[REDACTED]
Ethnicity	European	GP/Medical Centre	
Contact Number	[REDACTED]		
Address	[REDACTED]	Post code	
Email address	[REDACTED]		
Person knows ARPHS will call back	<input type="checkbox"/> Yes	Informed Consent - Person agrees to referral	<input type="checkbox"/> Yes

Condition

Main reason for Referral:
(Welfare, Cultural Support, or transfer to MIF/Jet Park)

NEW COVID 19 CASE needs to go to JET PARK

Priority level High [Immediate]

ARPHS COVID-19 Referral to NRHCC

Managed Isolation Facility (MIF/Jet Park)		
Yes	No	
YES		Referral to JET PARK
YES		Can they drive self or family to MIF? (If yes, their car registration # to gain access into Jet Park) Car Registration # : ██████████
	NO	Do they require transport to MIF? (please let them know this can be organized)
		Will family members remain at home to isolate? (If yes, fill below) Contact Person: N/A Contact Number: N/A

Welfare		
Yes	No	
YES		Crowded housing, unable to isolate positive people – Is accommodation required?
	NO	Special needs for food or baby formula? (If yes, fill below) Food Allergies _____ Dietary Requirements _____
	NO	Toiletries or baby nappies? (If yes, fill below) Nappy Size, Allergies _____
	NO	Is the family currently enrolled in Whanau Ora? (If yes, fill below) Whanau Ora Provider _____
	NO	Does anyone in the household have a disability or long-term condition? (If yes, fill below) Disability or long-term conditions _____ Do they have support/caregivers _____
	NO	Any regular medication prescription required for household to support isolation period?
	NO	Is the family experiencing loss of income – Is financial support required?
	NA	Is the family able to meet education needs for their children- Is education support required? (Equipment to work from home/MIF etc.)
		Is the family able to meet their basic needs?

Addition notes (if not identified above)

