

Northern Region Health
Coordination Centre
Level 9
Bledisloe House
24 Wellesley Street West,
Auckland CBD, Auckland 1010

15 December 2021

[REDACTED]

[REDACTED]

[REDACTED]

Re: Official Information Act request – Self Isolation Performance During Delta

I refer to your official information request dated 09 November 2021 for the following information:

Under the Official Information Act, RNZ requests information relating to the support, assessment and management of people who tested positive for Covid-19 and were in their homes during the months of September and October 2021.

Specifically, RNZ seeks information on:

- 1. Guidelines for how long it should take on contacting people once they test positive for Covid-19.**
- 2. The minimum, maximum and average time taken to contact people who have tested positive for Covid-19 and inform them whether they will be isolating at home or in an MIQ facility (in hours please).**
- 3. Guidelines on the process for assessing Covid-19 people for clinical and public health needs.**
- 4. The DHB performance in assessing Covid-19 positive people for clinical and public health needs.**
- 5. Any performance evaluation of how the DHB coped with the increase in cases during the Delta outbreak.**
- 6. Any failures to meet performance expectations regarding people self-isolating at home.**
- 7. How many people who tested positive and initially isolated in their homes were subsequently moved to MIQ or hospital?**
- 8. Any people with Covid-19 who were not contacted at all by the DHB or public health?**
- 9. Any people with Covid-19 who were self-isolating and were not contacted in the 14 days after testing positive.**
- 10. The number of missed daily check-ins with active cases of Covid-19. (every day, a health professional is meant to check in with the person or whānau, making sure they are well enough to isolate, are at home and have the essentials they need)**

I am responding on behalf of the Northern Region Health Coordination Centre (NRHCC), the COVID-19 response and vaccination team set up by the Northland, Waitematā, Auckland, and Counties Manukau DHBs.

1. Guidelines for how long it should take on contacting people once they test positive for Covid-19.

As per ARPHS' Standard Operating Procedure *Case and contact management guidelines*, provided in Annexure A, the interview of a positive COVID-19 case should occur within 24 hours of case notification.

2. The minimum, maximum and average time taken to contact people who have tested positive for Covid-19 and inform them whether they will be isolating at home or in an MIQ facility (in hours please).

For cases notified to ARPHS between 1 September and 31 October 2021, the minimum time to interview was 26 minutes, the average was five hours, and the maximum was 290 hours. Time is calculated from the time the case was created in the National Contact Tracing Solution System (NCTS) and the date and time of case interview.

For some cases where there was a high level of suspicion of their status prior to their result being confirmed in NCTS (previously identified contact of a positive case or hospitalised with COVID-19 symptoms), the interview may occur before the case was created in NCTS. For those cases, the minimum time to interview was <29 hours.

3. Guidelines on the process for assessing Covid-19 people for clinical and public health needs.

For the assessment of a case's public health needs, ARPHS' Standard Operating Procedure *Case and contact management guidelines* is provided in Annexure A.

For the assessment of a person's clinical needs, there is a universal clinical template used which is provided in Annexure D. This template is used by all providers of the Whanau-HQ for both the initial clinical assessment and subsequent daily health checks.

4. The DHB performance in assessing Covid-19 positive people for clinical and public health needs.

The purpose of a case interview is to determine public health requirements for each case (Annexure A). 86.1% of Auckland cases between 1 September to 31 October 2021 were contacted within 24 hours (target ≥80%). Clinical health needs are also assessed during this case interview.

5. Any performance evaluation of how the DHB coped with the increase in cases during the Delta outbreak.

Throughout the outbreak, there is weekly monitoring of public health performance against national quality indicators.

6. Any failures to meet performance expectations regarding people self-isolating at home.

We are unable to accurately report the metric for the timeframe stipulated as during this period, while systems were rapidly being developed, the processes being used day-to-day were mostly manual. This means the collection of retrospective data would be too time consuming and costly to undertake. Accordingly, we are refusing this part of your request under s18(f) Official Information Act given it requires substantial collation and research.

NRHCC has since developed a localised set of indicators, which include:

- 95% of people are registered in BCMS within 4 hours of receipt of referral.
- All these people were contacted for an initial assessment within 24 hours of the receipt of a referral.
- Oximeter despatched the day following receipt of referral (maximum 24 hours).
- Three calls are made to 100% of these contacts daily to undertake health checks, however not all calls are answered.

All of the above mentioned KPI's are currently being met.

7. How many people who tested positive and initially isolated in their homes were subsequently moved to MIQ or hospital?

We are unable to accurately report the metric for the timeframe stipulated as during this period, while systems were rapidly being developed, the processes being used day-to-day were mostly manual. This means the collection of retrospective data would be too time consuming and costly to undertake. Accordingly, we are refusing this part of your request under s18(f) Official Information Act given it requires substantial collation and research.

We have however, had the opportunity to make changes to various IT systems, so in the future this information will be more readily available.

8. Any people with Covid-19 who were not contacted at all by the DHB or public health?

Between the period 1 September to 31 October 2021, 35 Auckland cases recorded multiple failed contact attempts. After following the process outlined in ARPHS's *Uncontactable cases and contacts within Auckland region*, included in Annexure B and C, these cases were considered uncontactable.

ARPHS community and contact teams make 3 attempts to contact any case before internal escalation to our operations team (for liaison with external community outreach teams or Police). For cases of Māori or Pacific ethnicity, culturally appropriate support is offered from the beginning of the process and prior internal escalation to our operations team. If a case remains uncontactable for 48-72 hours after initial contact attempts from ARPHS teams and involvement of the Police, the case remains uncontactable and is no longer actively followed up.

9. Any people with Covid-19 who were self-isolating and were not contacted in the 14 days after testing positive.

None who we are aware of.

10. The number of missed daily check-ins with active cases of Covid-19. (every day, a health professional is meant to check in with the person or whānau, making sure they are well enough to isolate, are at home and have the essentials they need).

We are unable to accurately report the metric for the timeframe stipulated as during this period, while systems were rapidly being developed, the processes being used day-to-day were mostly manual. This means the collection of retrospective data would be too time consuming and costly to undertake. Accordingly, we are refusing this part of your request under s18(f) Official Information Act given it requires substantial collation and research.

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 DHB website.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Margie Apa', written in a cursive style.

Margie Apa
Chief Executive - Counties Manukau District Health Board

COVID-19 Operations Standard Operating Procedure (SOP)

Case and contact management guidelines

ANNEXURE A

WORKING DRAFT 3.5

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Document History

Version	Author/ Reviewer	Notes
25 May 2021 (Working Draft 3.5)	Ella Worger	Updated NZDF emails to new MBIE emails. All changes highlighted.
5 May 2021 (Working Draft 3.5)	Ella Worger	Release from Jet Park table added and process for releasing community cases and contacts from Jet Park.
15 February 2021 (Working Draft 3.4)	Martin Dawe	Corrected document history and links to key other documents
15 January 2021 (Working Draft 3.3)	Hilary Baird	
18 December 2020 (Working Draft 3.2)	Hilary Baird	Updated to include NCTS advice about entering Second order contacts and new Ministry of Health guidance on contact categories
11 December 2020 (Working Draft 3.1)	Hilary Baird	Updated to include details about managing second order contacts
26 November 2020 (Working Draft 3.0)	Tayla-Rose Newlyn/ Angela Matson /Denise Barnfather/Annette Nesdale/Pae Ora/Hilary Baird	Updated to incorporate NCTS processes and Pae Ora feedback, clinically reviewed by Annette Nesdale and Angela Matson (7 October 2020) then subsequently again by Angela Matson and Denise Barnfather, final team review by Hilary Baird

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8 July 2020 (Working Draft 2.4)	Hilary Baird	Updated and incorporated separate symptom checking SOPs
May to June 2020 (various drafts not published)	Hilary Baird/Julia Peters	Development of general case and contact management SOP

Purpose

To outline the end to end process for case and contact management (CCM) teams and symptom checking teams (if stood up) to manage a case and their contacts.

Scope

This SOP details the assessment/interview/scope and symptom checking phases of COVID-19 case and contact management, including roles and responsibilities of team members, timeline and communication.

Related documents (available in the [SOP Library](#))

- *Quick Guide to case and contact management (under review)*
- [ARPHS Contact Management Pathways](#)
- [Informing GPs of confirmed or probable cases SOP](#)
- Ministry of Health, [Guidance on contact categories and their management](#)
- [Privacy of Health Information SOP](#)
- [Referrals for welfare and cultural support SOP \[Manaaki/support – name to be updated\]](#)
- [Encouraging people to isolate or quarantine at Jet Park SOP](#) including community exemptions
- *Cluster management SOP (under review)*
- *Pae Ora different Tasklists and Job Descriptions (in the [Pae Ora Workforce Planning folder](#))* □
[NCTS training material](#)

Performance indicators

- Interview/scoping of cases should occur within **24 hours** of notification. Scoping should be undertaken within business hours, unless required in exceptional circumstances as directed by operations team. Examples include first community case, an apparently new cluster, managed isolation facility staff, or a new case in a high risk setting such as ARC, healthcare, education etc.
- Cases identified as Māori should be interviewed/ scoped by a Māori nurse/HPO within the CCM team where possible. If this is not possible scoping should be supported by the Pae Ora team.

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- Household close contacts/whānau unit) should also be contacted within **24 hours** of being identified by the case
- Non-household close contacts should be contacted within **48 hours** of being identified by the case
- All contacts (e.g. close, casual + and secondary) should be identified, contacted and quarantined within **48 hours**
- ARPHS will delegate identified close contacts to the NITC and other PHUs within **48 hours** after discussion with Team SMO.

Checklists for Case and Contact Management

Checklists are outlined for the following three tasks:

- Case investigation
- Contact tracing
- Daily case and contact follow up

Case investigation

- COVID-19 contact tracing case record assigned by team Lead SMO/Lead PHN to a team member to interview/scope by changing the 'owner' in NCTS to team member (name)
- Case ethnicity and preferred language confirmed first and interpreter/ cultural team involved as appropriate.
- Interview/scope to identify source and close contacts undertaken using the interview/scope form and timeline provided by the SSOs.
- Quarantine, cultural and Manaaki/support issues addressed, referrals made to appropriate team (i.e. Manaaki/support, Pacific, Pae Ora).
- Interview/scope discussed with Lead SMO and Lead PHN.
- Discuss any red flag symptoms and significant health conditions that may place the case at more risk of developing severe illness (>70yrs old with health condition, immune compromised, pregnancy in third trimester).
- Escalate to operations if following 'red flags' are present: travel outside of Auckland during infectious period, healthcare worker, ARC worker/ resident, MIQF worker, worker at a transitional facility for imported frozen foods, corrections staff, any other occupation with vulnerable/institutionalised contacts.
- Transfer to Jet Park arranged or exemption application initiated.
- Exclusion letter and COVID-19 factsheet emailed to case, email saved in NCTS file.

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- NCTS COVID contact tracing case documentation:
 - Use the Inform Q & A to enter information from the case interview form ○ Check that all fields in the COVID Case on the left have been correctly entered; review, edit as required
 - Notes written in NCTS (titled “interview/scope note”) using ‘[interview/scope note template](#)’
 - Advance to follow up
 - ‘Team Managed by’ field completed (e.g. Team 1) so that case appears on team NCTS dashboard.
- Exposure event/s created and if applicable, delegated to NITC after discussion with Lead SMO
- The Pae Ora/Pacific team lead clinical advisor is consulted with when clusters with Māori or Pacific communities are identified.
- Notify GP

Contact tracing

- CCM team and SMO Ops lead determine contact classification for each exposure event as per the [Contact Management pathways flowchart](#) and Contact Categories and the Ministry of Health, [Guidance on contact categories and their management](#) – this document is provisional guidance and pending final guidance from the Ministry of Health.

Close contacts

- Close contacts entered into exposure event in NCTS, SSOs are available to assist CCM team members.
- Lead PHN assigns close contacts to CCM team members to be interviewed/scoped using the ‘[Close Contact Q & A](#)’ in NCTS.
- Quarantine, cultural and Manaaki/support needs addressed.
- Exclusion letter and Information leaflet for contacts of COVID-19 emailed to close contact (or referred to ARPHS website). Email saved in NCTS file.
- Escalate to operations any close and casual plus contacts with red flags including: healthcare worker, ARC worker/ resident, MIQF worker, worker at a transitional facility for imported frozen foods, corrections staff, and any other occupation with vulnerable/ institutionalised contacts.
- Notify DHB Occupational health SPOC if close contact is DHB staff member (see DHB staff member as case SOP for SPOC details in [the SOP library](#)).
- SMO Team lead in conjunction with SMO Ops lead to decide if close contacts are higher risk and thus CLOSE CONTACTS PLUS

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- Household members of CLOSE CONTACTS PLUS are considered Second Order contacts and entered into NCTS and asked to isolate until released by ARPHS
- If the close contact is symptomatic, in discussion with the SMO lead, a short scope may be undertaken to identify any potential high risk exposure events, including travel outside the Auckland region in the potential infectious period.
- Discuss any red flag symptoms and significant health conditions that may put the contact at more risk of developing severe illness (>70yrs old with health condition, immune compromised, pregnancy in third trimester, obesity, smoking etc.).
- Second order contacts (household members of close plus contacts) are also quarantined (see Ministry of Health, [Guidance on contact categories and their management](#) for details). Their details including full name, date of birth, occupation and contact details are recorded in the second order contacts file the close contact follow up record. If the secondary contact is a HCW, they should inform their employer or occupational health provider of this. N.B. the DHB occupational health teams would like notified by ARPHS of second order contacts.

Casual + contacts

- Casual + contacts are entered into an exposure event in NCTS by SSOs or NCCS.
- Casual + contacts contacted, interviewed/scoped and emailed factsheet and exclusion letter.
- Quarantine, cultural and Manaaki/support issues addressed.
- Request day 5 from first exposure test.
- Casual + contacts' household members do not need to quarantine regardless of occupation (see Ministry of Health, [Guidance on contact categories and their management](#)).

Casual contacts (may self-identify through SHED)

- Provide with written information (or web link, see below) about the disease
- Ask to self-monitor for COVID-19 symptoms for 14 days
- Advise to get a COVID-19 PCR test if symptoms develop within 14 days, isolate until PCR test negative. Advised to wear a mask when seeking urgent care.
- Provide with a surveillance testing code for their exposure event, if available.

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Daily case and contact follow up:

- Daily check in completed for all casual plus, close contacts, and cases managed by ARPHS.
- Testing arranged if required
- Manaaki/support needs addressed
- Report any new or worsening symptoms to SMO lead
- Inform SSOs if symptomatic close contacts become cases or cases under investigation are classified not a case
- Close contacts and cases requiring review for clearance are identified by Lead PHN
- Team Lead SMO reviews cases prior to release in conjunction with symptom checker
- Lead PHN reviews close contacts prior to release in conjunction with symptom checker
- Symptom checker provides clearance letters to cases and close contacts
- ARPHS Jet Park Liaison is notified by Lead PHN or Lead SMO of any upcoming releases
- SMO completes release wizard and writes a review note for cases on release
- Lead PHN completes release wizard and writes a review note for close contacts on release
- Inform SSOs promptly when the case recovers so EpiSurv can be updated
- Inform SSOs promptly if a case is hospitalised or released from hospital so EpiSurv can be updated

CCM/Symptom Checking Team Roles and Responsibilities

Lead Senior Medical Officer (SMO)

- Oversees interview/scope of each new probable and confirmed case assigned to the team.
- Remains alert for cluster connections and high risk institutions/ red flags (and responsible for notifying ARPHS COVID-19 Ops team of same).
- Assists team lead/admin/intel to maintain up-to-date spread sheets and Visio diagram of case and contact links.
- Remains vigilant for contacts developing symptoms.
- Ensures referral of cases and contacts with worsening symptoms for clinical assessment as appropriate.
- Escalates questions and issues to ARPHS COVID-19 Ops team (clinical issues to SMO Operations Lead).
- Updates SSOs with case status of new cases, under investigation cases and hospitalised cases.
- Provides handover to incoming lead SMO.
- Maintains oversight and responsibility for liaising with places of interest/workplaces/healthcare facilities.

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- Maintains oversight and responsibility for source finding, the management of cases and contacts requiring review for release from isolation, on-going/ new symptoms, and noncompliance.

Team Lead PHN

- Assigns new probable and confirmed cases to the team members to interview/scope.
- Ensures Māori case management is guided by Pae Ora team member &/or using Pae Ora principles
- Assigns cases/ contacts to team members for symptom checking, ensuring continuity of care where possible.
- Ensures equitable workloads.
- Ensures accurate identification of infectious period onset, isolation and quarantine periods.
- Responds to questions and suggestions from team members.
- Troubleshoots emergent issues.
- Regularly audits files to ensure all fields are completed appropriately.
- Provides handover to incoming team lead PHN.
- Maintains oversight of symptom checking, Manaaki/support requests and completion of daily tasks. To liaise with Kaiāwhina responsible for maintaining oversight of Manaaki/support checks for Māori case/contacts.
- Maintains oversight of cases and close contacts requiring review for release from isolation, on-going/ new symptoms, and non-compliance. Ensure these are escalated to the lead SMO as required.
- Escalate uncontactable contacts/cases to ARPHS COVID-19 Ops team.

Case and Contact Management team members

- Undertake case interview/scope as requested by team lead PHN.
- Investigate to identify links between cases within a cluster and source of COVID-19 infection.
- Organise case/contact transfer to managed isolation facilities.
- Liaise with and provide appropriate advice to cases and contacts.
- Undertake contact tracing.
- Manage and update case and contact information appropriately into NCTS.
- Identify and escalate issues to the team lead / lead SMO.
- Identify and manage quarantine, cultural and Manaaki/support issues in cases and contacts as per *Referrals for Manaaki/support and Cultural support SOP* in [the SOP library](#).
- Liaise with the Pae Ora and/or Pacific teams for Manaaki/support specific to Māori and/or Pacific case & contacts

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- Completes assigned daily check ins for cases and contacts identifying any symptoms, Manaaki/ support needs and confirming that cases/contacts are remaining in isolation/quarantine.
- Reviews and manages assigned records on email survey follow up.
- Reports any new symptoms or Manaaki/support needs to the lead SMO and team lead PHN.
- Undertakes wellbeing checks as per *Referrals for Manaaki/support and Cultural Support SOP* in [the SOP library](#).
- Releases cases and contacts from isolation in discussion with lead SMO/team lead PHN.
- Escalates workload issues to team lead PHN.
- Always ensure adequate data entry into NCTS to a high standard so that new CCM team members could pick up a case/contact without a handover.

Surveillance Support Officers (SSOs)

- Receives and processes EpiSurv and NCTS notifications.
- Enters and updates case and contact information and classification (i.e. probable/confirmed/hospitalised/recovered) into EpiSurv and NCTS.
- Updates case status (i.e. Under Investigation/Not a Case/Recovered) in EpiSurv.
- Locates alternative contact details for cases/contacts that are un-contactable (see *Gathering Contact Details for Cases and Contacts SOP* in [the SOP library](#)) or sends record to the finder's service.
- Assists with entering Event exposures and close contacts into NCTS.
- Closes cases in EpiSurv and NCTS.
- Identifies data quality issues and follows up with CCM team as required.
- Ensures that ethnicity data is collected

In ARPHS Orange surge level or above

Symptom checking team members

- Completes assigned daily check in's for cases and contacts and identifies symptoms, Manaaki/ support needs and confirms that cases/contacts are remaining in isolation/quarantine.
- Reviews and manages assigned records on email survey follow up.
- Reports any new symptoms or Manaaki/support needs to the lead SMO and team lead PHN.
 - Records all information appropriately in NCTS.
- Undertakes wellbeing checks as per *Referrals for Manaaki/support and Cultural Support SOP* in [the SOP library](#).
- Releases cases and contacts from isolation in discussion with lead SMO/ team lead PHN. □ Escalates workload issues to team lead PHN.

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Case interview/scope process

1. Cases are assigned by ARPHS Ops Team to a Case and Contact Management (CCM) team for interview/scope.
2. A Medical Officer (MO) or Public Health Nurse (PHN) from the CCM team calls the case's GP and informs them of the positive result (see *Informing GPs of confirmed or probable cases* SOP in [the SOP library](#)). GP information is obtained within NCTS by using the 'get enrolment' button which updates the 'circle of care' with GP details.
3. Team Lead allocates a team member to undertake the interview/scope. See [Quick guide to case and contact management](#) in the [Training Library](#) for scripts. Team lead ensures Māori case scoping is guided by Pae Ora team member &/or Pae Ora principles and Pacific case scoping guided by Pacific team. The COVID contact tracing record is assigned to the allocated team member and the DHB/ PHU staff field is completed with the interviewer/scoper's name. Where an interpreter is required, the CCM team member can make a booking with the [ADHB interpreter services](#). If on-going interpreter services are required, CCM team member escalate to Operations who will organise via the rostered interpreter liaison.
4. The team member checks to confirm positive result within NCTS. If results cannot be identified then team member reviews éclair or regional clinical portal. The team member calls the case and completes the following:
 - Introduces themselves and assesses any immediate need for cultural and/or language support
 - Informs them of positive result
 - Explains public health role and reason for the call
 - Reads the privacy statement
 - Completes the [Case Interview/scope Form and Timeline](#)
 - Discusses quarantine plan using scripts from [Quick guide](#) □ Provides public health advice and information packs as required.
5. Three critical public health tasks are required:
 - a. **Identify potential source(s) of infection** in the 14 days prior to symptom onset or positive test date (if asymptomatic). If source is not obvious (e.g. overseas travel, MIF worker), use checklist to specifically ask about potential exposures.
 - b. **Identify contacts at risk of infection.** Cases are asked to identify locations they have visited and people they have been in contact with in the 2 days prior to symptom

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onset (or 2 days prior to date swabbed if asymptomatic) and throughout the time leading up to the interview/scope. Ask case to check their bank records for EFTPOS transactions, look at their diary/calendar/phone. Where the case has used the 'COVID tracer app' during their infectious period, they are asked to navigate to 'my profile' within their app and then select 'share my diary'. They should confirm their details and then the CCM team member should provide them with the 6 numbers from their EpiSurv number. Contact locations will then appear in their NCTS case record. The CCM team member should advise that ARPHS is likely to be in regular phone contact to confirm details of locations, and that these locations may be made public. In addition advise case to tell daily symptom checker if they remember additional events/contacts. Reassure case that it is common for people to think of additional events/people over next few days and the importance of letting ARPHS know.

- c. **Provide clear isolation advice and education, and offer wellbeing and cultural support if required.** For community cases, the team member in the first instance encourages voluntary compliance with entry into a quarantine facility for the period of their isolation (See [Encouraging cases and contacts to isolate/quarantine at Jet Park Quarantine Facility](#) in [the SOP library](#) for script – NOTE: currently under review).

The process is underpinned by informed consent. To support this voluntary approach, the Case and Contact Management team need to be mindful of the principles of health literacy^[1] and may need to seek appropriate advice and support from the outset:

For Māori, involve (provide a heads-up for all/anyone that may be Māori) the Pae Ora Lead or Pae Ora Clinical Advisor by email ARPHSPaeOra (ADHB)

ARPHSPaeOra@adhb.govt.nz, cell: 021 568 539, or face to face in the Pae Ora team room on Level 1

For Pacific, involve the Pasifika Team Lead ARPHS.PasifikaTeam@adhb.govt.nz and/or Pasifika CCM team members

The Case is emailed the factsheet for COVID-19 cases ([Factsheet for COVID-19 cases](#)) and a letter of exclusion for work (emailed as PDF).

- 6. The team member discusses the case interview/scope findings with the CCM team Lead SMO and/or Team Lead. The team member highlights any red flag symptoms that would

^[1] Refer to <https://www.healthnavigator.org.nz/clinicians/h/health-literacy/> for an overview of health literacy.

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potentially signify the need for hospital admission, i.e. shortness of breath, on-going fever, chest pain, and confusion.

7. The team member completes the NCTS 'inform case Q and A' and uses the *Case interview/scope note template* provided in the [case and contact management toolkit](#) to enter a note within the COVID contact tracing case record. The team member confirms that all details have been entered correctly into the fields and that the case has been linked to the correct person profile based on the confirmed details in the interview/scope form and selects 'advance to follow up'. The team member uses the '*Case advance to follow up note*' template found in the [case and contact management toolkit](#) to enter a note. The team member saves any Manaaki/support request forms in the 'files' section.
8. The team member agrees on who will manage the exposure events with team leads. The team member creates exposure events using the following naming convention:
 - <Exposure Event Number> <Exposure Event Name> <Close Contacts or Casual Contacts> <Date>
 - E.g. EE-1234 New World Shift Close Contacts 10/8/2020, or, EE-2345 Ministry Hotel Casual Contacts 8/8/2020

CCM Team member includes in a 'note' details of the known contacts and documents if any contacts are unknown. The note should be titled 'identifying contacts'. The team member documents who will manage the exposure event and ensures the event details are adequately filled in. In situations where the same location is required to be entered multiple times (e.g. for multiple shifts worked) SSOs will 'clone' the first exposure event.

9. The Lead SMO identifies any potential outbreak and/or high risk institutions involved and/or any border workers, and escalates to Ops SMO/Ops Team lead and/or Ops Manager immediately. If Māori and/or Pacific communities identified within the cluster, SMO to discuss with Pae Ora and/or Pacific team lead SMO.
10. Close contacts are entered by CCM team with guidance from SSOs. SSOs review the identified close contact information within the exposure events. If close contacts contact information cannot be identified, CCM team member should refer to SSO for assistance who can send the close contact record to the finder's service if necessary. Once close contact details are identified they are returned back to the SSOs who will then re-assign back to the appropriate teams. The SSO scans and attaches the *Case Interview/scope Form and Timeline* to the COVID contact tracing case 'file' section.

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Border workers who are cases

Refer to the NZDF as cases or contacts SOP and AIR NZ SOP for details for specific employers. Border workers who are cases are managed in the same way as per other community cases, with the exception of Border workers returning a positive swab who have had a previous laboratory confirmed diagnosis of COVID-19.

If the CT value is high, these will be managed as cases under investigation.

- They will be entered into Episurv and NCTS as cases under investigation by the SSOs
- A full case interview will be undertaken
- The household will be asked to isolate
- Repeat testing will be requested if no symptoms suggestive of COVID-19 present
- Whole genome sequencing and/or serology may be requested urgently by the SMO Ops lead
- The SMO Ops lead is responsible for deciding if the case is historical or a new case. This may be in conjunction with Infectious disease and Microbiology colleagues.

Close contact scoping and follow up

1. SMO Ops lead and SMO Team lead to decide for exposure events if close contacts are to be considered Close contacts or Close Contacts Plus depending on risk of the exposure setting.
2. For exposure events managed by ARPHS, the team members utilise support from Pae Ora and/Pacific teams where appropriate to phone each close contact and complete the following:
 - Introduces themselves and assesses any immediate need for and assesses any immediate need for cultural and/or language support.
 - Explains public health role and purpose of call to advise that they have been in contact with someone who has COVID-19 (See [Quick guide to case and contact management](#) in [the training library](#) for scripts).
 - Confirms demographic details, occupation and underlying conditions.
 - Identifies whether they have any symptoms consistent with Covid-19 and if they have any health history of note.
 - Interviews/scopes to gather information on the degree of contact they have had with the case (only if the contact knows who they have been exposed to or the case has agreed for their name to be disclosed)

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- Identifies and addresses Manaaki/support needs.
- Advises on testing plan and anticipated swab due dates.
- Advises of daily check ins throughout their quarantine period.
- Provides quarantine advice and education. Household contacts are encouraged to quarantine at Jet Park (See [Encouraging cases and contacts to isolate/quarantine at Jet Park Quarantine Facility](#) in [the SOP library](#) for script).

Note: Confidentiality of the case is maintained unless consent to divulge case information is explicitly given by the case or guardian.

- Notes are entered into NCTS for each close contact, titled 'Contact tracing interview/scope' using the template note found in the [case and contact management toolkit](#).
- Provide an exclusion letter for work/school, downloaded from the hub [case and contact management toolkit](#) and populated. Save and email as a PDF. Factsheet for close contacts is emailed ([factsheet for close contacts of COVID](#)). Save emails in NCTS files.
- Contacts that have been interviewed/scoped and are considered casual contacts are provided with the [Factsheet for casual contacts](#) of COVID-19. A Note titled 'Casual contact: contact tracing interview/scope' is entered. The close contact record is closed due to 'casual contact contacted' and NOT advanced to follow up if deemed to be a casual contact.
 - Symptomatic casual contacts should be managed as per the [contact management pathways flowchart](#) and the Ministry of Health, [Guidance on contact categories and their management](#).
- Team member organises testing of close contacts, where possible, 5 days after initial exposure to a COVID-19 case, and 12 days after the last exposure to the case while infectious. Where there has been a significant lapse in time between the day 5 and day 12 swab (i.e. a month), or in the event of multiple exposures to COVID-19 cases in a household, the day 5 swab should be offered to contacts again, from date of last known contact with a COVID case.

Second order Contacts

- Second order contacts are household members of 'a Close contact Plus'.
- Second order contacts are asked to isolate until the close contact plus returns a negative day 5 test, or, if the close contact is moved out of the home, a negative test taken 48hrs after being separated from the household.

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- Second order contacts details are collected from the close contact plus and entered into NCTS in the close contact follow up record.
- An initial call to the second order contact is made by the CCM team to explain the quarantine process, check for symptoms and Manaaki/support needs.
- CCM team member to provide exclusion letter as required (template found in [Case and contact management toolkit](#))
- No daily check in is required for second order contacts.
- Second order contacts are called by CCM team on the day before release due to advise regarding release and provide clearance letter if required.

Symptom Checking Procedure (refer to Figures 1 and 2 below)

1. At the start of each day, the Team Lead /Lead SMO will run a team meeting to introduce any new staff, discuss process updates (logistical and/or clinical), provide teaching/coaching, discuss issues arising, and provide an overview of the work for the day.
2. The Team lead distributes the unassigned workload by assigning cases and contacts to be symptom checked from the 'follow up pending' or 'follow up assigned to me' lists under cases in NCTS. Where possible, household members should all be called by one team member. Households should stay with the team member until their last working day in the team. The team member should reassign all of their follow up records back to the Team Lead on their last working day in the team. The Team Lead can use the 'follow up pending' list and filter by team number to identify outstanding work if re-assignment is necessary.
3. Active close contacts and cases should have a 'daily check in' completed each day. CCM Team member to add a note with any pertinent information regarding symptoms or Manaaki/isolation concerns. Follow up can be completed by either phone or email. CCM team members should consider compliance and reliability of the case/contact prior to electing for email follow ups. The 'preferred contact method' must be populated with this decision.
 - **Those who are to be followed up via email** should receive a phone call, ideally, on day 4, day 8. Day 11 and day 14 of isolation. If new or worsening symptoms are identified, the preferred follow up method should be changed to 'phone'. Symptom checkers who are assigned email follow ups need to send a text reminder to outstanding follow up records by 12pm. All email follow ups that are outstanding by 2pm will require a phone call follow up to attempt same day contact. The assigned symptom checker must review email responses and escalate as necessary, including Manaaki/support referrals and ensure that they are aware of their swab schedule and confirm that swabs were taken

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on the required dates by checking Concerto or results in NCTS. Where swabs have not been taken, the symptom checker must contact them to inform.

- For daily phone check in, it is best practice to speak to all adults in a household individually. A parent can report on their child’s symptoms. Symptom checkers are to confirm that cases and contacts are remaining in isolation, are not having visitors to the home, and check for any Manaaki/support needs and make referrals as appropriate. See *Manaaki/ support referral SOP* in [the SOP library](#).
4. Unsuccessful contact attempts should be recorded in ‘activity history’ and ‘log a call’. Text messages should be sent via outlook and saved in the follow up record ‘files’ (To: [mobile number]@mtxt.co.nz Subject: [Hi there, this is XXXXXXXX calling from Auckland Regional Public Health Service. Could you please call or reply when you are available. Thanks] 100 characters: text entry.) A case or contact that has had at least three unsuccessful contact attempts within a 24 hour period is deemed ‘uncontactable’. Uncontactable cases and close contacts should have ‘uncontactable’ added into their ‘team managed by field’ (e.g. Uncontactable Team 2). Refer to figure 1 below.
 5. Symptomatic close contacts are managed as per the [‘Managing close contacts who develop symptoms’](#) section (below).

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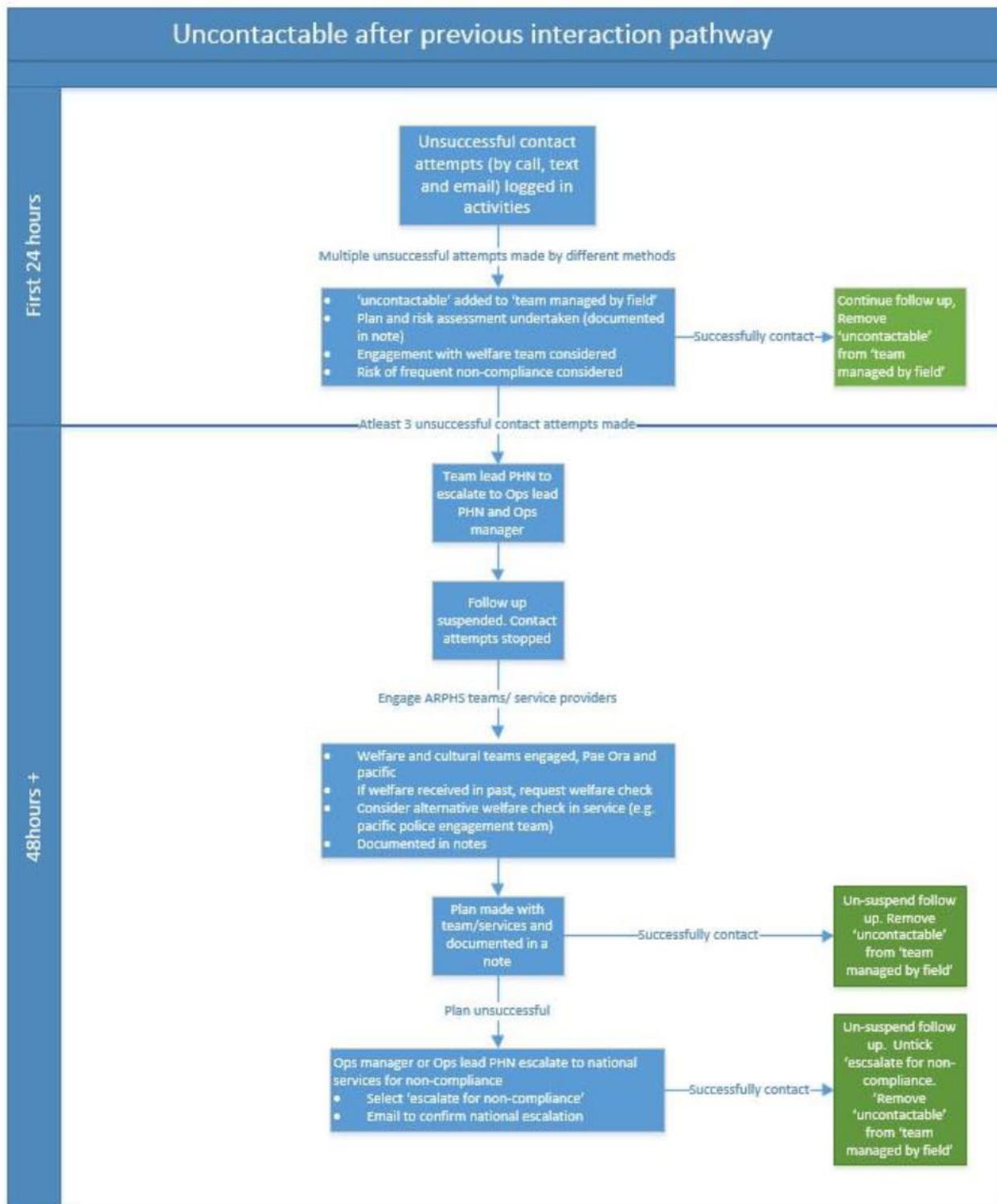


Figure 1. Uncontactable after previous successful contact attempts process

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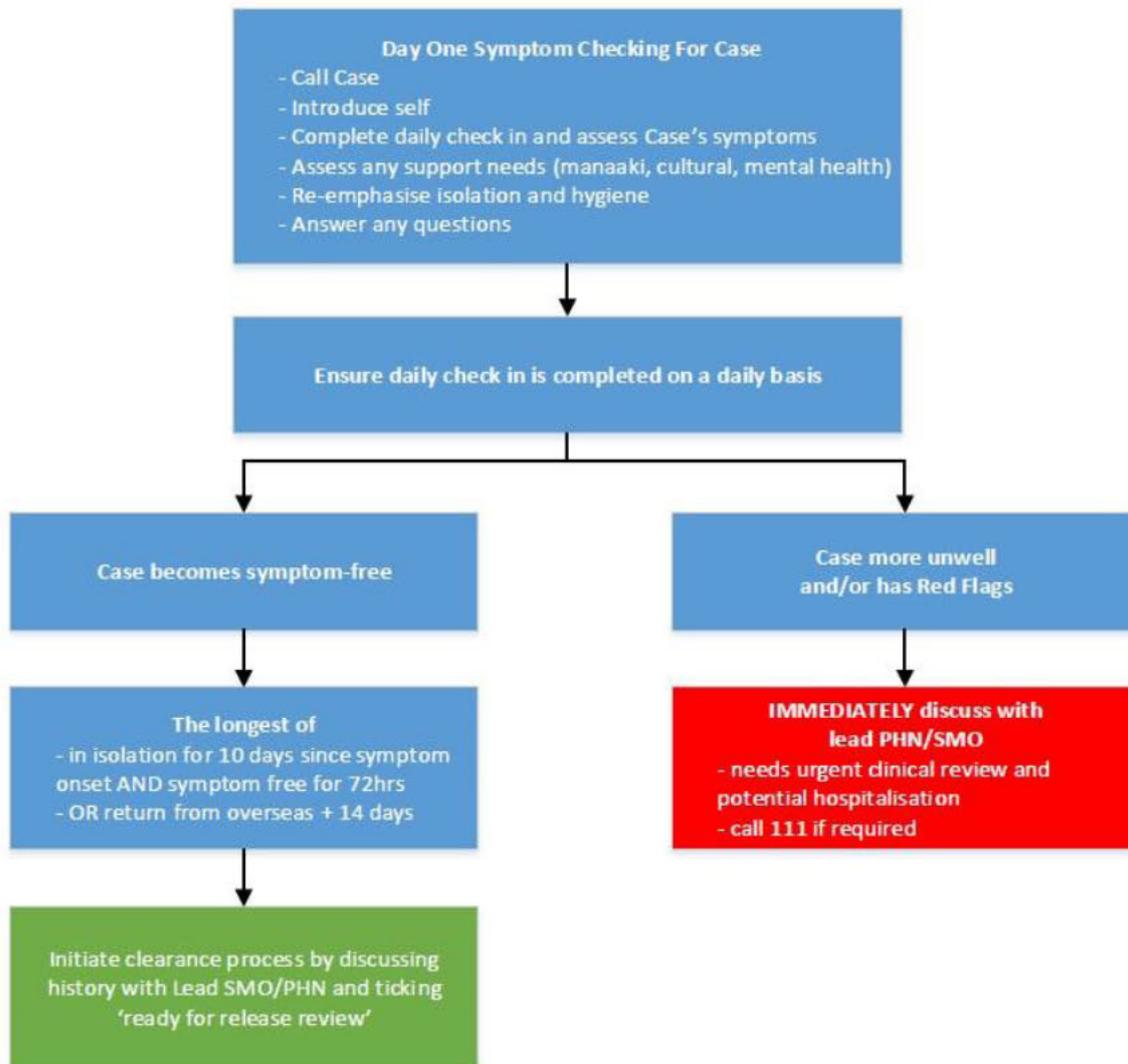


Figure 2 Case Symptom checking process

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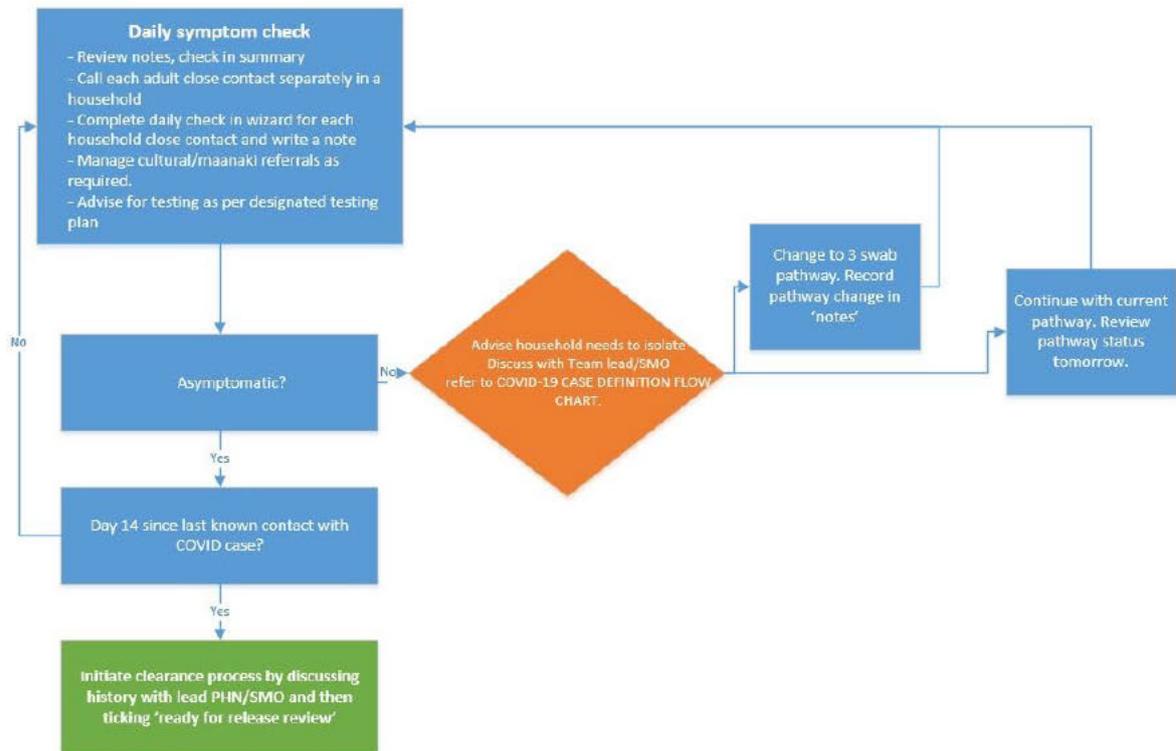


Figure 3 Close contact symptom checking process

Managing close contacts who develop symptoms (refer figure 3 and figure 4)

1. When symptoms are identified in a close contact during a daily check in, these should be documented within the 'daily check in' wizard. Anyone who requires review by a medical officer must have the 'review required' box ticked within the 'current symptoms' section checked. This will trigger the 'symptomatic close contact Q and A', within which the Team Lead SMO can record their decision to advance the contact to case under investigation (if this is required). Symptomatic close contacts require assessment by an SMO to determine whether additional testing is required to confirm their status. N.B. In most cases, where there is *no* need to consider early follow up of exposure events or contacts, the symptomatic contact should remain in follow up within the close contact follow up record.
2. While a test result is being processed the symptomatic close contacts are asked to isolate themselves at home, away from other household members. Household members are required to quarantine until the close contact returns 1 negative test.
3. If the test result is positive, the close contact is deemed a CONFIRMED case and the case needs to be interviewed/scoped as per ARPHS usual process.
4. If the test result is negative the contact enters the 3 swab pathway, consisting of 2 further swabs 48 hours apart.

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Figure 4 Management of people with a COVID-like illness

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Contacts advanced to Confirmed/ Probable cases

1. Due to the increased testing of symptomatic close contacts, 'probable' cases should be rare and only designated as such in discussion with the operations SMO.
2. 'Probable' cases should have the symptomatic close contact Q and A completed with this decision. Close contact records should be closed due to being advanced to case.
3. The new confirmed or probable case is linked in EpiSurv as having an epi-link to the Index confirmed case.
4. If the contact is being symptom checked by the symptom checking team, the confirmed or probable case is handed to the ops team to be allocated to a CCM team for interview/scope.
5. Any other household close contacts will need to be informed that their 14 day self-isolation (quarantine) period is subject to change and public health will keep them informed. Daily symptom checking continues for the remaining household close contacts.
6. Information about the new confirmed or probable case, interview/scope, discussion with GP, and further contacts (if any) is documented in the new confirmed or probable COVID contact tracing case record and the close contact follow up record is closed due to being advanced to case.

Clearing Cases (see figure 5)

The CCM team member identifies a case as being ready for a release decision, by meeting the Ministry of [Health guideline criteria](#). Currently, cases can be released from isolation when the following criteria are met:

- There has been resolution of all symptoms of the acute illness for the previous 72 hours. AND
- (non-hospitalised) 10 days have passed since symptom onset.

OR

- (hospitalised) 10 days have passed since hospital discharge AND they do NOT have major immunosuppression (e.g. bone marrow transplant within 12/12 or receiving chemotherapy)

OR

- (asymptomatic for the whole period) 10 days have passed since positive test result.

1. **Calculating release date.** The day that the case's symptoms develop is considered Day 0 (as is the day of the positive swab if remains asymptomatic) and they can be released from isolation on the morning of Day 11 if they have been symptom-free for at least 72 hours. It

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should be discussed with the Lead SMO before cases are informed that they are released from isolation.

2. **Release from Jet Park process.** In order to release the case from Jet Park quarantine facility, the CCM team should notify the ARPHS Jet Park liaison by populating the 'release from Jet Park' table found in [the case and contact management toolkit](#) and emailing to the ARPHS Jet Park liaison email address. This should be completed on the day *before* the pending release is anticipated. Cases will require one further symptom check on the day of release to confirm. The Jet Park medical liaison must be informed of the outcome of this symptom check and the clearance letter attached. Refer to the [Encouraging people to isolate or quarantine at Jet Park SOP](#) for more information.
3. **Supplying clearance letters.** Clearance letters found in the [case and contact management toolkit](#) are populated with correct details and provided by email (in PDF form) to the case and clearly documented with the date recovered. The email should be saved in the follow up record 'file' section. Symptom checker ticks the 'ready for release review' box.
4. **SMO Lead review.** The Lead SMO identifies those ready to be released by reviewing those managed by their team in the 'ready for release review' list. SMO Lead completes the Release Decision Q&A wizard on the date recovered, writes an MO note assigns to and notifies SSOs.

Notes

1. Probable cases need to be advised to be alert for symptoms until 14 days from their last exposure to a known case have passed. Although it is very likely they have had COVID-19, it isn't guaranteed. If symptoms develop within the 14 days they will need to be retested for COVID-19 and go into isolation while awaiting results.
2. For some high-risk groups an email to the case's workplace is required upon release from isolation. See below SOPs in [the SOP library](#)
 - a. [Process for managing cases identified on Air NZ flights SOP](#)
 - b. [DHB staff or patient as a case SOP](#).

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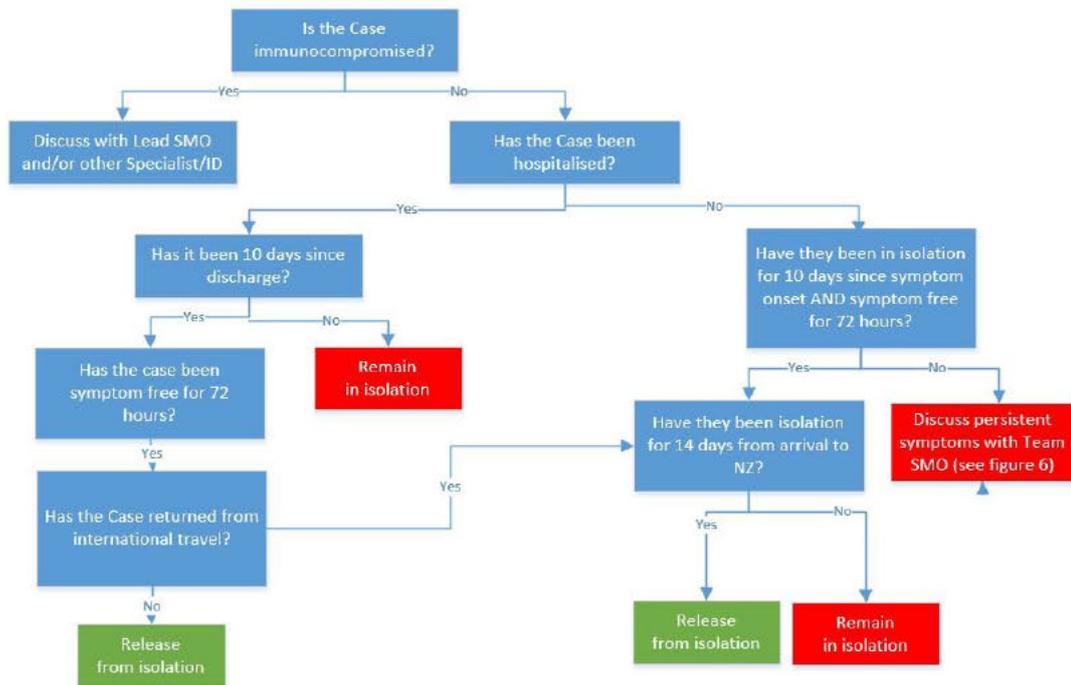


Figure 5 Releasing Cases from isolation

Releasing cases with persistent symptoms

Use the following decision tree for cases with persistent symptoms at Day 13. This approach attempts to marry up Ministry of Health guidance on clearance with ARPHS experience and evidence. Rationale for starting assessment on Day 13 is to give some time for symptoms to resolve after Day 10 (otherwise the “AND symptom-free for 72 hours” guideline would be made redundant).

Advice for border workers who are cases

On releasing border workers who are cases from isolation, they should be advised that they are not exempt from surveillance swabbing at their workplace. They can be advised that

- This is because previous infection does not prevent the risk of reinfection with some new strains of COVID-19.
- In some circumstances surveillance swabbing may identify old viral material from their initial infection and they would have a positive result
- This would require investigation with repeat swabs and possibly blood tests.
- Whilst the investigation is underway the case and their household would be required to isolate

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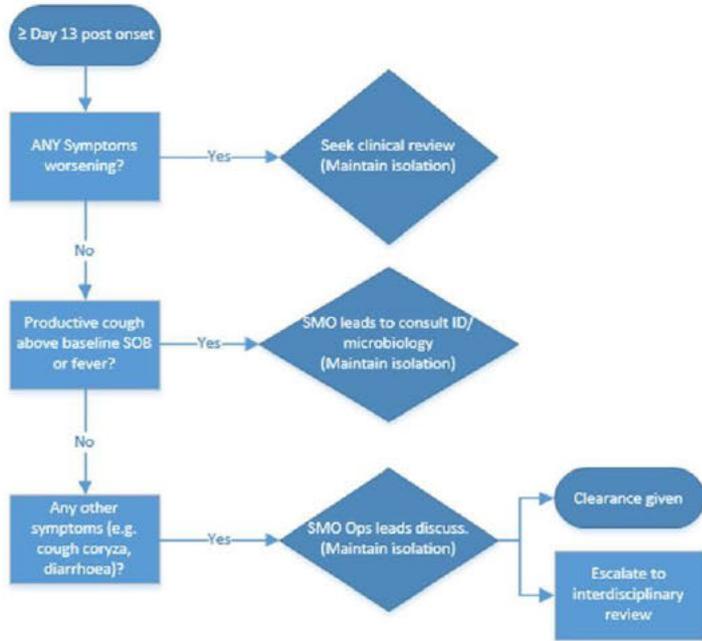


Figure 6 Releasing cases from isolation with persistent symptoms

Clearing Close Contact process

Symptom checking team member identifies close contact as being ready for release decision as meeting the following criteria (See documents in [case and contact management toolkit](#) to help identify key factors for clearance):

- 13 days have passed since last known contact with COVID case (i.e. today is day 14).
- They are symptom free.
- They have had their day 12 swab taken (discuss with team lead SMO if not done).

There are no other household close contacts with symptoms of COVID-19.

Note: Day 0 is the date of last known contact with COVID case and close contacts can be released from quarantine on the morning of Day 15 if they remain symptom-free. See Figure 6 below.

1. **Calculating release date.** Symptom checker discusses close contact’s history with Team Lead SMO prior to completing the day 14 check-in and ascertains whether the contact could be cleared if symptom-free today. Symptom checker undertakes the day 14 daily check in and if

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- asymptomatic advises that they can be released from quarantine/isolation *if* the close contact remains symptom free until the next day.
- Release from Jet Park process.** For close contacts isolating at Jet Park the team should notify the ARPHS Jet Park liaison by populating the 'release from Jet Park' table found in [the case and contact management toolkit](#) and emailing to the ARPHS Jet Park liaison email address by 2pm on day 14. Close contacts should be advised that their discharge time cannot be guaranteed as it relies on Jet Park transport. Please see (See [Encouraging cases and contacts to isolate/quarantine at Jet Park Quarantine Facility](#) in [the SOP library](#) for more information)
 - Supplying clearance letters.** Clearance letters found in the [case and contact management toolkit](#) are populated with correct details and provided by email (in PDF form) to the close contact and clearly documented with tomorrow's date as the clearance date. The email is saved in the follow up record 'file' section. Close contacts are informed to call HealthLine or their GP for advice if they develop any new symptoms. Symptom checker ticks the 'ready for release review' box.
 - Team Lead review** The Team Lead/Lead SMO identifies those ready to be released by reviewing those managed by their team in the 'ready for release review' list. Lead PHN completes the Release Decision Q&A Wizard on day 15.

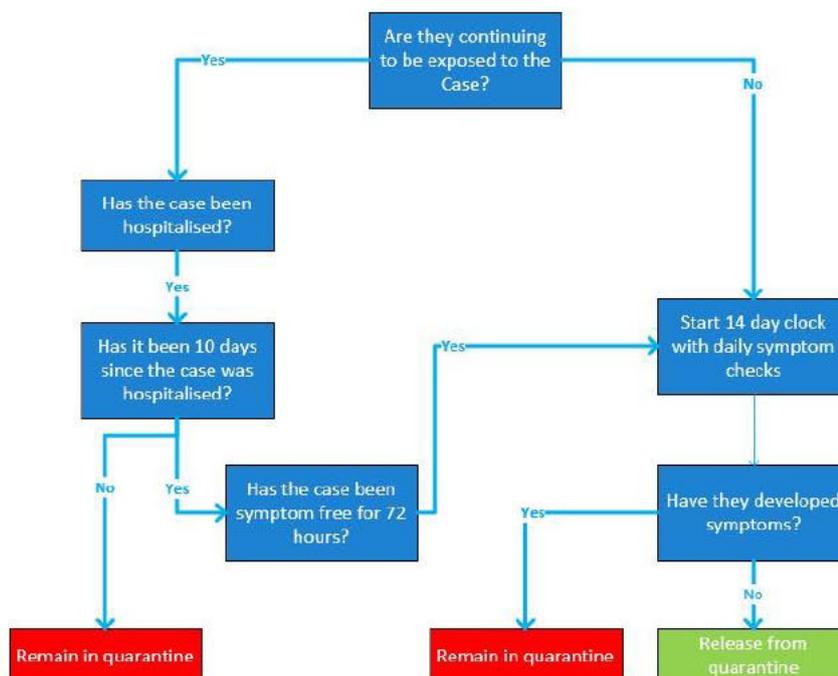


Figure 7 Releasing close contacts from quarantine

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Release from Jet Park for cases and close contacts

	Overseas returnees (border cases/contacts)	Community cases and contacts
Responsibility for Jet Park release from quarantine/isolation	Jet Park	On receipt of release table from ARPHS CCM Jet Park: Community case/contacts are free to depart at some point during the next 24 hour/next day period (0700-2359) at the guests' convenience, and when Jet Park can facilitate, unless an earlier time is negotiated and agreed by ARPHS.
Release letter	Jet Park provides recovered border cases with a release letter .	ARPHS CCM provides a release letter once final symptom check completed, day prior to release.

Process for Community Cases and Contacts as follows:

1. ARPHS CCM Team/s compiles table of cases and contacts due for release the next day and emails this table to Jet Park **preferably no later than 1500*** (see email list below). Depending on number of teams this could be multiple tables. Receipt of the table by Jet Park is confirmation that the person has completed quarantine/isolation requirements, including a last symptom check from ARPHS and is free to leave the next day.

The table is emailed to:

- 9(2)(a) [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

2. ARPHS CCM Team provides a release letter to the community case or contact at Jet Park once the daily table has been provided to Jet Park and file the letter on NCTS. There is no requirement to provide a copy of the letter to Jet Park as it can be viewed on NCTS.
3. Jet Park arranges a suitable time for release the next day.

*Releases can be facilitated if the table is received after this, however if a community close contact or community case needs to be dropped off this will need to be fitted in with other arrivals and departures for the following day.

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When and how to escalate an issue

Any issues are escalated to the Operations Manager and/or SMO Operations Lead (via request to ARPHS Emergency Operations **9(2)(a)**).

Glossary of terms

ARPHS	Auckland Regional Public Health Service
CCM	Case and Contact Management
DHB	District Health Board
HIS	High index of suspicion
MIQF/MIF	Managed isolation and quarantine facility/Managed isolation facility
NCTS	National Contact Tracing Solution
NITC	National Investigation and Tracing Centre
SMO	Senior Medical Officer
SOP	Standard Operating Procedures
SPOC	Single Point of Contact

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TO ARPHS CCM Teams, Other PHUs

FROM Operations IMT

DATE 13 October 2021

SUBJECT **REVISED** Important Process change: uncontactable cases and contacts within Auckland region

ANNEXURE B

Summary

Making initial contact with cases and contacts is important and the following process has been updated to manage public health risk and CCM team workload:

- For Māori, Pae Ora team (email: [REDACTED]) is engaged from the outset, and prior to any Police engagement. Pae Ora team to coordinate any Community Outreach/Pae Ora Mobile Team referrals and cc ARPHS Ops.
- For Pasifika, consider early engagement of Pasifika team (email: [REDACTED]), and prior to any Police engagement. Pasifika team to coordinate any Community Outreach referrals and cc ARPHS Ops.
- CCM teams make 3 attempts to contact any case or contact before escalating to ARPHS Ops, but only after engagement with and/or follow-up by Pae Ora or Pasifika teams as appropriate.
- If a case remains uncontactable 48-72 hours after engagement of Pae Ora or Pasifika teams and involvement of the Police then those cases who remain uncontactable will no longer be actively followed up by the CCM team/ARPHS.
- If a disease contact (DC) remains uncontactable 72 hours after engagement of Pae Ora or Pasifika teams and involvement of the Police then those contacts who remain uncontactable will no longer be actively followed up by the CCM team/ARPHS.
- A case is asked a maximum of 3 times to obtain the names/DOBs of their close contacts (CCs). After this they are given the option to self-notify their CCs (CCM Team can provide information that the case can use).
- If Police locate a case after the case has been deemed uncontactable and this is within **21** days of the test date then the CCM Team attempts to re-engage with the case.

- If Police locate the DC after the DC has been deemed uncontactable and this is within **14** days of last known exposure/notification and the DC is asymptomatic then the CCM Team attempts to re-engage with the DC.

Auckland Regional Public Health Service

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Streamlined timeline/checklist:

- Case notified.
- Within 1-4 working hours – CCM team makes 3 attempts at contact.
- If no contact – CCM team refers to Pae Ora Kaimanaaki and Pasifika team.
- If no contact within 24 hours post case notification – CCM team completes Community Outreach and Police Follow-up Form.
- Following receipt of Police report – ARPHS Ops liaises with Pae Ora leadership and CCM team or Pasifika team to decide on whether a mobile outreach required.
- If mobile/outreach required – Pae Ora Mobile Team and Pasifika Team outreach given 72 hours to make contact.
- If still no contact – no further action is taken (unless significant public health risk identified).

Please note, that if this process identifies significant issues of public health risk (beyond being a noncontactable case), Pae Ora Mobile Team and Pasifika Team to discuss with ARPHS Ops regarding potential Police involvement and a joint decision is made alongside the Medical Office of Health.

Process: Case is unable to be contacted around time of notification

1. CCM team makes **3 attempts only**, including varying time of call/text, exhausting alternative contact details (ask the SSOs for help), and email **within 4 working hours of initial notification**, e.g. phone contact, then text, then email
 - Check RCP to confirm individual isn't hospitalised or in ED
 - Using NCTS to find GP contact details (to source alternative family phone numbers): Case details: Use the "get enrolment" icon: this pulls the GP into the circle of care
2. If no contact after **4 working hours for cases (depends on time of day notification received)**, CCM team ensures Pae Ora Kaimanaaki or Pasifika teams have had a sufficient opportunity to engage, including recommending/coordinating referral to Pae Ora Mobile Team/Community Outreach.
3. If still no engagement after 24 hours, CCM Team fills in the [Community Outreach and Police Follow-up form](#) and sends to ARPHS Ops for immediate action to communicate with Police to provide intel on other means to contact. This process requires ARPHS Ops to forward the completed Police intel involvement request ([Community Outreach and Police Follow-up form](#)) to Police SPOC 8am (0800) to 8pm (2000) 7 days on-site at ARPHS via email [REDACTED] and office cell: 022 680 1441 (if urgent). ARPHS Ops should engage with Police SPOC as early as possible and preferably within business hours so that any requests can be responded to quickly. CCM team to save the email request and form in Case file.
4. ARPHS Ops liaises with Pae Ora leadership and CCM team or Pasifika team to decide on whether a mobile outreach required.
5. Pae Ora Mobile Team/Community Outreach is provided within 72 hours.

6. CCM Team makes a further attempt to contact the case based on Pae Ora/Pasifika/Community Outreach and/or Police intel if available; or if 72 hours after engagement of Pae Ora or Pasifika teams deems case as uncontactable and no further action is taken (if not significant public health risk has been identified beyond being a non-contactable case). A note in NCTS summarises attempts to contact the case and notes that “Case is uncontactable and not actively being followed up by ARPHS”.

Process: Disease contact (DC) is unable to be contacted around time of notification

1. CCM team makes **3 attempts only**, including varying time of call/text, exhausting alternative contact details (ask the SSOs for help), and email **within 24 hours of initial identification**, e.g. phone contact, then text, then email
 - Check RCP to confirm individual isn’t hospitalised or in ED
 - Using NCTS to find GP contact details (to source alternative family phone numbers): click the “Get NES” (National Enrolment System) icon on NCTS, which will provide GP contact details 2.

If no contact after **24 hours for DC**, CCM Team:

- i. Escalate to finders service
- ii. Ensures Pae Ora or Pasifika teams have had a sufficient opportunity (a further 24 hours) to engage including recommending/coordinating referral to Pae Ora Mobile Team/Community Outreach
3. If no contact after **48 hours for DC and above completed**, CCM Team fills in the [Community Outreach and Police Follow-up form](#) [link to draft](below) and sends to ARPHS Ops for immediate action including further engagement with Pae Ora and Pasifika teams (if not already involved) to coordinate outreach and Police to locate/provide more intel on how to contact. CCM team to save the email request in DC file.
4. ARPHS Ops considers using Community Outreach and liaises with Pae Ora or Pasifika teams to coordinate as appropriate and/or direct to Police to locate if advised by Pae Ora or Pasifika teams as appropriate.
5. Pae Ora Mobile Team/Community Outreach initiated and/or ARPHS Ops forwards the completed Police involvement request ([Community Outreach and Police Follow-up form](#) [link to draft]) to Police SPOC 8am (0800) to 8pm (2000) 7 days on-site at ARPHS via email [redacted] and office cell: 022 680 1441 (if urgent). ARPHS Ops engages with Police SPOC as early as possible and preferably within business hours so that any requests can be clarified.
6. When ARPHS Ops receives reply from the Police/Pae Ora/Pasifika/Community Outreach, ARPHS Ops will feedback to CCM PHN leads.
7. CCM Team makes a further attempt to contact the DC based on Pae Ora/Community Outreach/Police information if available; or disease contact (DC) remains uncontactable 72 hours after engagement of Pae Ora or Pasifika teams and involvement of the Police then those contacts who remain uncontactable will no longer be actively followed up by the CCM team/ARPHS. A note in NCTS summarises attempts to contact the DC and notes that “DC is uncontactable and not actively being followed up by ARPHS”.
8. If Police locate the DC after the DC has been deemed uncontactable and this is within **14** days of last known exposure/notification and the DC is asymptomatic then the CCM Team attempts to re-engage with the DC.

Community Outreach / Police request form – uncontactable case/contact (saved [here](#) – to be added to CCM toolkit)

Name of the person to locate	
Category	<input type="checkbox"/> Case <input type="checkbox"/> Close contact
DOB	
NHI	
Case/Contact phone details	
Known street address	
Exposure event location	Location if known for contacts
Other information might be useful to locate the individual (what has been done so far)	E.g. Case/contact uncontactable after 3 attempts and using all known contact details
Pae Ora/Pasifika involvement	Brief summary of any involvement of Pae Ora or Pasifika teams
Action for Community Outreach / Police	<input type="checkbox"/> Identify alternative contact details and provide back to ARPHS operations for follow up. OR <input type="checkbox"/> Locate and contain case/contact and transport to MIQF. OR <input type="checkbox"/> Locate individual and provide the following information (face to face): <input type="checkbox"/> Ask the person to safely isolate immediately <input type="checkbox"/> Ask to get a swab immediately (testing centre location attached) <input type="checkbox"/> Ask if they have any COVID-19 symptoms <input type="checkbox"/> Identify any Manaaki need for isolation (food, accommodation, testing difficulty etc), please specify: <input type="checkbox"/> If the person has any questions, they contact ARPHS on 09 623 4600
ARPHS contact	<Name, email and phone of ARPHS contact/s for next 2-3 days> Cc: [REDACTED]
Community Outreach or Police feedback	

Please advise ARPHS Ops of the visit outcome as soon as possible, via

ARPHS Emergency Operations (ADHB) [REDACTED] or 021 199 6775

ANNEXURE C

Community Outreach / Police request form – uncontactable case/contact

Name of the person to locate	
Category	<input type="checkbox"/> Case <input type="checkbox"/> Close contact
DOB	
NHI	
Case/Contact phone details	
Known street address	
Exposure event location	Location if known for contacts
Other information might be useful to locate the individual (what has been done so far)	E.g. Case/contact uncontactable after 3 attempts and using all known contact details
Pae Ora/Pasifika involvement	Brief summary of any involvement of Pae Ora or Pasifika teams
Action for Community Outreach / Police	<input type="checkbox"/> Identify alternative contact details and provide back to ARPMS operations for follow up. OR <input type="checkbox"/> Locate and contain case/contact and transport to MIQF. OR <input type="checkbox"/> Locate individual and provide the following information (face to face): <input type="checkbox"/> Ask the person to safely isolate immediately <input type="checkbox"/> Ask to get a swab immediately (testing centre location attached) <input type="checkbox"/> Ask if they have any COVID-19 symptoms <input type="checkbox"/> Identify any Manaaki need for isolation (food, accommodation, testing difficulty etc), please specify: <input type="checkbox"/> If the person has any questions, they contact ARPMS on 09 623 4600
ARPMS contact	<Name, email and phone of ARPMS contact/s for next 2-3 days> Cc: [REDACTED]
Community Outreach or Police feedback	

Please advise ARPMS Ops of the visit outcome as soon as possible, via

ARPHS Emergency Operations (ADHB) [REDACTED] or 021 199 6775

Border Clinical Management System

The following are images of the Border Clinical Management System (BCMS) in use by all providers of Whānau-HQ community isolation and quarantine.

The first three images show the clinical components of the standard initial health assessment. The fourth image is the routine daily check template.

Summary	Past Health and Wellbeing History - ask questions to find out about:					
Guest Information	Hypertension?	Yes	No	Previous heart attack or heart failure?	Yes	No
Initial Assessment	Diabetes?	Yes	No	Epilepsy?	Yes	No
Reg. Health Check	Asthma?	Yes	No	Other respiratory disease?	Yes	No
Clinical Encounter	Previous stroke?	Yes	No	Mental health and/or addiction?	Yes	No
Tasks	Cancer?	Yes	No	Kidney disease?	Yes	No
Inbox (Labs+)	Current pregnancy?	Yes	No	CPAP device used?	Yes	No
COVID Test Order						
Border Record	Other	Other				

Medication and Allergies						
Smoking?	Yes	No	Would you like NRT?	Yes	No	
Alcohol?	Yes	No	Drinks per week?	<10	10-16 >16	
Allergies?	Yes	No	Recreational drugs?	Yes	No	
Prescription medication or medical devices? ⓘ					Yes	No
Details ⓘ	List any medications, medical devices, recreational drugs here					
Able to manage meds independently?					Yes	No
Sufficient supply for 14 days?	Yes	No	Taking immunosuppressant?	Yes	No	

Public health history

Places visited in last 14 days **New Zealand**

Prev. positive COVID-19 test? **Yes** **No** High suspicion of prev. COVID-19? **Yes** **No**

Potential close contact with a COVID-19 positive person in the last 14 days? **Yes** **No**

COVID-19 vaccine? **Full** **Partial** **Nil**

Date	Vaccine Name	Country
[Redacted]	Pfizer/BioNtech	New Zealand
[Redacted]	Pfizer/BioNtech	New Zealand

Regular Health Check 1 (Do you have any of the following symptoms?)

Face to Face **Telephone**

Fever/ Chills (feeling hot and cold)	Yes No	Shortness of breath	Yes No
Cough	Yes No	Sore throat	Yes No
Runny nose (Coryza)	Yes No	Loss of sense of smell / taste	Yes No
Headache	Yes No	Muscular Pain (Myalgia)	Yes No
Joint Pain	Yes No	Nausea/ Vomiting	Yes No
Diarrhoea			Yes No
Other	Other COVID related symptoms		

Note Timeline 	D0
Temperature	
Cough	
Runny nose	
Sore throat	
Shortness of breath	
Loss of smell / taste	
Headache	
Muscle / Joint Pain	
Nausea/Vomitting / Diarrhoea	
Other	
Acuity	
Mood	
Test	
SpO2	
Heart rate	
Respiration	
BP Systolic/Diastolic	

Plan/Guideline