

Triage: Review Case information in NCTS. Escalate to PHU or proceed.

Section 1

Inform Case Q&A

Greeting

Introduce yourself and your organisation

Confirm this is the correct person via:

- Name
- Date of Birth

If they are under 16, ask to speak to a guardian.

Do you have a legal guardian, or require a nominated spokesperson to speak on your behalf?

If yes, obtain details: Full Name, Phone Number, Email

Confirm preferred language:

- If not English, advise that you will call them back with Interpreter Services

Avoid using family members to translate

Privacy Statement: **Introducing yourself.**

Kia Ora, its XXX calling from the Gisborne Case Management Team. I am calling to let you know that your test has come back positive for COVID-19 **(or you have become a close contact of a COVID-19 Case).**

I have some questions to ask you about your current wellbeing and that of your whanau, this could take about 20 minutes to complete. Is this a good time for you to talk over the phone or we can FaceTime if your able or we can come to your home address to complete our wellbeing checks BUT we will be fully dressed in our PPE gear upon arrival.

Can I please start with reading through our privacy statement, at any time please stop me if you need clarity or if you have not heard me clearly.

Privacy Statement

Staff must provide the following information to all COVID 19 cases and close contacts. **The information should be communicated word for word verbally via telephone.**

1. As you may know you have been identified as a **COVID 19 Case** or **close contact of a COVID 19 case**

OR you were present at a location of interest where there has been an identified COVID 19 case

- 1 Our role is to help reduce the spread of COVID 19 by identifying close contacts to be tested and advising on requirements for self-isolation.
- 2 We are required to collect information about your health and your contacts , to stop the spread of COVID 19 within our community
- 3 The information collected will be held by your District Health Board and the Ministry of Health. We may need to share information with others for COVID 19 control.
- 4 Your information is protected under the Health Information Privacy Code. You have the right to view your information and correct any errors.
- 5 You can access your health information by contacting your GP
- 6 To protect your own privacy we advise against disclosing your COVID 19 situation on any social media
- 7 Do you understand your right and responsibilities?

Confirm personal details:

- Primary phone – is this the best number?
If no, request alternative contact number
- Email

What is your usual home address?

(i.e. their usual place of residence, including if they live overseas)

Do you have, or have you recently had, any of the following symptoms?

Primary/common COVID symptoms. Read each symptom and select all that apply:

- Fever (feeling hot and cold)
- A new or worsening cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of, or altered sense of smell or taste

Secondary/less common COVID symptoms: Read each symptom and select all that apply:

- Headache
- Muscular pain
- General weakness
- Irritability/confusion
- Chest pain
- Abdominal pain
- Joint pain
- Nausea/vomiting
- Diarrhoea
- Other – please specify

When did they start developing these symptoms?

- Symptom Onset Date
- Symptom End Date

If no symptoms, they are considered asymptomatic


If the Case has or had symptoms, their infectious period start date is 2 days before those symptoms started.

If the Case does not have symptoms (asymptomatic), their infectious period is 2 days before the date that they were tested.

⇒ *[NOTE TO CALLER: If your Case is acutely unwell or you notice any clinical safety risks, assess if it is appropriate to continue the call. If not, immediately refer to your Supervisor/Team Lead and follow red flag steps below:]*

 **Red Flags- Clinical Risk- Acutely unwell**

Listen for severe shortness of breath at rest, difficulty breathing, pain or pressure in chest, cold, clammy, new confusion, becoming difficult to rouse, blue lips or face, little or no urine output, coughing up blood, neck stiffness, and non-blanching rash

 I am concerned about your health and believe you need urgent medical attention. Can you please stay on the line while I call my Case Supervisor to DIAL 111 and get Emergency Services to you. I will stay on the line with you until Emergency Services arrive.

[NOTE TO CALLER: You will need to confirm the Case's current address in order to get the ambulance to them quickly. Document your actions and escalations in NCTS Case notes.]

Have you been hospitalised recently?

If yes:

- Supporting information
- Date hospitalised
- Date discharged if applicable

Do you have any of the following underlying conditions:

Read each condition and select all that apply:

- Heart Disease (cardiovascular disease)
- Diabetes
- Liver Disease
- Chronic Neurological/Neuromuscular Disease (any conditions affecting the brain or nervous system)
- Kidney Disease (e.g. renal failure, dialysis)
- Chronic Lung Condition (any condition affecting the lungs or breathing, including asthma)
- Cancer (malignancy)
- Post-partum (has given birth <6 weeks ago)
- Mental Health Condition
- High Blood Pressure (hypertension)
- Smoker
- Pregnancy
- Other – Please specify

Is there any additional information about their conditions?

E.g. If pregnant, specify trimester. If mental health, specify condition.

Are you on any medications? If yes, please specify.

If the Case has any underlying conditions:

Do you have any regular symptoms associated with your existing conditions?

What is your occupation? We can provide a letter to your Employer outlining that you are now isolating. Would anyone else in the house be needing a letter?

(This can mean their job role, unemployed, retired, aged care resident, other long-term care resident, student, child, stay-at-home parent)

What is the name of your Employer and their Business name?

E.g. Place of work, university, school

High Risk Settings to be aware of:

- Healthcare facility
- School (including Early Childhood Education, Primary/High School, or University)
- Aged Care or Residential Care Facility
- Mental Health/Disability
- Prison
- MIF/Border
- Other (if you are concerned about the setting, make a note here)

Who is the best point of contact for your primary occupation?

E.g. Manager, Principal

- Name
- Phone number
- Email

Address of place of work:

Have you travelled overseas in the last 14 days?

If yes:

- Date arrived in NZ
- Most recent country
- City/region

- Date entered
- Date departed
- Complete the above for all applicable countries

Have you been using a Contact Tracing App/QR Code Scanner?

If yes, support Case to share the app data.

On NCTS left hand side top options COVID TRACER DETAILS open this, it will generate a CODE share with code with the Case, they should then; on their APP go to: My data (Bottom Right), then share my Digital Diary, enter the code provided then SHARE. This will then provide all the places the Case has scanned in at.

Have you had contact with anyone who is confirmed (or probable) as having tested positive for COVID-19?

If yes:

- Full Name
- When did you have contact with them?
- Where did you have contact with them?
- How do we contact them? Phone and Email

Advice given to Case:

As much as possible, you should stay in a room by yourself. It should be well-ventilated (e.g., open windows), but you should keep the door closed. Keep your distance from other people in your home. This means eating meals in your room by yourself, limiting your movements in shared spaces and using a separate bathroom if possible. If you can, try to have one person who is in good health looking after you. You should not have any visitors.

You should only leave your home or accommodation to get urgent medical care. Do not go to work, school or public areas. Do not use public transportation, ride-sharing services or taxis. You will need to put off or cancel any non-urgent appointments (e.g., going to the dentist, hairdresser, eye appointments etc.) until you are advised that you no longer need to stay in isolation.

If you have an urgent medical appointment, call the health care provider and tell them that you have or may have COVID-19. This will help their office take steps to keep other people from getting infected or exposed.

Wash your hands often and thoroughly with soap and water for at least 20 seconds, making sure you dry them thoroughly. Do not share your towel with anyone else in the household. You can also use hand sanitiser (containing at least 60 percent alcohol) if soap and water are not available and if your hands are not visibly dirty. If using hand sanitiser, cover all surfaces of your hands and rub them together until they feel dry. Avoid touching your eyes, nose and mouth with unwashed hands. The same hand hygiene should apply to all household members.

Cover your mouth and nose with a tissue, your sleeve or elbow when you cough or sneeze. Throw used tissues in a rubbish bin and immediately wash your hands with soap and water for at least 20 seconds, making sure you dry them thoroughly, or use hand sanitiser.

You should not share dishes, drinking glasses, cups, eating utensils, towels, pillows or other items with other people in your home. After using these items, you should wash them in the dishwasher or washing machine or use soap/detergent and water to wash them thoroughly.

Overall, the home or accommodation you're staying in should be clean and well-ventilated, especially the areas shared with other people. Use household gloves when cleaning.

You or your carers should:

- clean and disinfect frequently touched surfaces, such as bedside tables, bedframes, door handles and other bedroom furniture daily with an antiseptic wipe or regular household disinfectant, including bleach solutions
- clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant
- clean the patient's clothes, bedclothes, bath and hand towels etc. separately from other household items:
 - use regular laundry soap and water or a washing machine with common household detergent (laundry powder or liquid) and dry thoroughly outside or in a dryer
 - do not shake soiled laundry to avoid direct contact of the skin and clothes with the dirty items
 - wear gloves when handling dirty linen
 - always clean your hands after handling dirty linen, whether gloves were worn or not.

Seek prompt medical attention if you are feeling worse (e.g., shortness of breath or difficulty breathing). Follow the instruction you have received from your public health unit, health care provider or hospital. Before seeking care, always call your health care provider or ambulance service and tell them that you have or are being investigated for COVID-19. Clean your hands with hand sanitiser and put on a face mask before you enter the facility. These steps will help the health care provider or ambulance service keep other people from getting infected or exposed.

Is the home address you provided me the same address that you will be isolating?

If no, request isolation address

What date did you begin self-isolating?

Note – there is a difference between self-isolating and staying home. Self-isolating means no contact with Household.

Do you need any urgent support to ensure you are able to self-isolate safely? Please consider the following:

Read each point and select all that apply:

- Obtaining food and groceries
- Obtaining prescription medication
- Management of health conditions
- Accommodation/living situation
- Providing care to people within or outside of the household
- Self-care/Activities of daily living (ADLs)
- Immediate financial needs
- Pet/animal care
- Safety
- Mental health
- Other – Please specify

Do you have any accessibility requirements?

- Visual Impairment

- Hearing Impairment
- Aphasia (a language disorder that affects their ability to communicate)
- Speech impairment
- Intellectual/learning disability
- Autism
- Other – Please specify

Do you use any assistive devices?

- Wheelchair
- Walking aids
- Support person
- Sign language interpreter
- Relay service
- Support animal
- Hearing aids
- Other – Please specify

If welfare/manaaki support is required, please provide details.

Where support is needed, you may be able to offer the Case resources to resolve the issue themselves in the first instance. An extensive list of support resources can be found on the Unite Against COVID website:

<https://covid19.govt.nz/about-this-site/contact-and-support/>

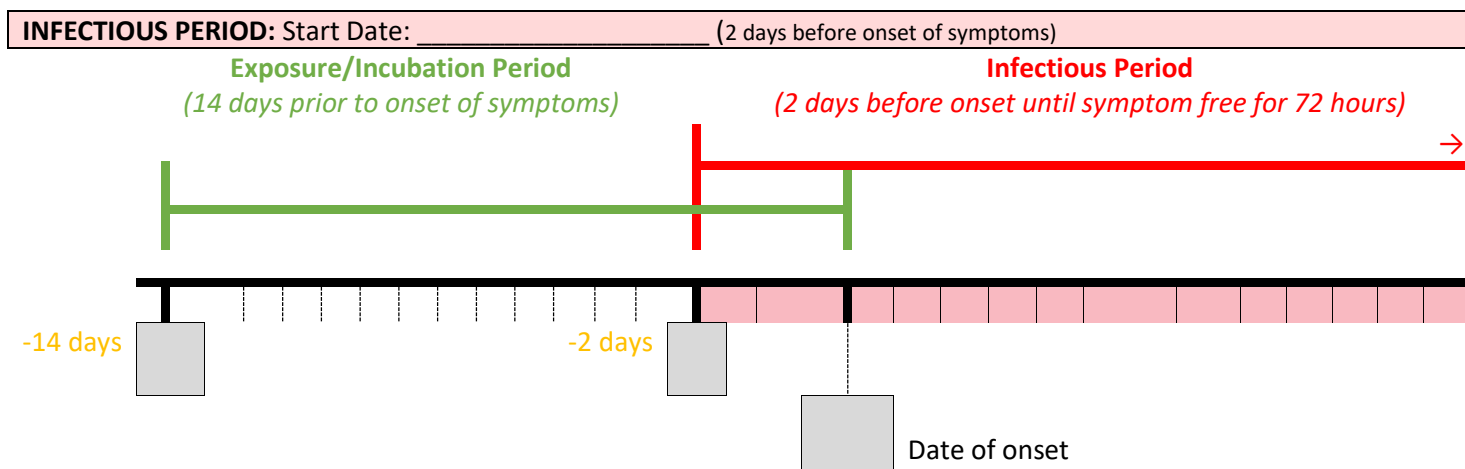
Useful information that is not included in the Q&A

Ethnicity:

Name of GP or Medical practice:

Section 2

Timeline



Note: It is suggested that, when numbers get too large, the Exposure/Incubation Period will be dropped and the focus will be solely on the Infectious Period.

Use this section to identify all household members

Household Contacts (including family, flat mates, boarders, etc.)						
Full Name	Contact Number	Date of Birth	Relationship to Case	Last Date of Contact	Current Health Status (to the best of the Case's knowledge)	Test Date?
					well/unwell	
					well/unwell	
					well/unwell	
					well/unwell	
					well/unwell	
					well/unwell	
					well/unwell	
					well/unwell	

⇒ *If using the COVID-19 Tracer app: Follow the SOP to upload digital diary to NCTS and use the Bluetooth function. Remember, app information is only a guide. You will still need to systematically work through each day of the Case's infectious period.*

Use this section to identify where the Case has been (Exposure Events) by building a timeline of their movements during their infectious period.

Infectious Period Timeline prompts

- ⇒ *Systematically work through the infectious period and record details against each event. Do not assume that all activities are recorded in the app – you will still need ask who they were with, what activity were they doing, when were they there, where did they go, how long were they there, and did they do anything else that day that was not recorded.*
- ⇒ *Prompts:*
- *Was PPE used by Case or Contacts?*
 - *How much time was spent at location or with contacts?*
 - *Was there physical contact with anyone?*
 - *Was there any physical distancing?*
 - *What kind of payment method was used?*
 - *Did they touch any surfaces?*
 - *Did they use shared facilities?*
 - *Did they remain in one spot vs moving around?*
 - *How did they get there?*
- ⇒ *Use physical prompts to improve recall: doctors' appointments, dentists' appointments, schools, places of worship, shopping, eating out, banks, malls, gyms, cinemas, markets, stayed at another household. Use bank statements, receipts, and calendars to jog memory, these can help with dates and times if they paid by card. Encourage them to access data from any app such as from mapping apps (Google or Apple Maps).*

Exposure Events & Activity Timeline:

		Start and End Time of Event	What Was the Event? (Include any key details including address, how busy it was, what the Case did while there, etc.)	Any Additional Relevant Information?	Who Else Was There? (Name and Contact Information).
EXPOSURE EVENTS	Day -2				
	<i>Infectious period</i>				
	Date:				

<p>Day -1</p> <p><i>Infectious period</i></p> <p>Date:</p>					

<div>Day 0</div> <div>Symptom onset/swab date</div> <div>Date:</div>				

	Time of Event	What Was the Event? (Include any key details including address, how busy it was, what the Case did while there, etc)	Any Additional Relevant Information?	Who Else Was There? (Name and Contact Information).
Day 1				
Date:				

Day 2 Date:				

	Day 3 Date:					
	Day 4 Date:					
	Day 5 Date:					
	Day 6 Date:					

	Day 7					
	Date:					