

# Death of a person isolating due to COVID-19

## Waikato DHB notification form (updated 7 April 2022)

Date (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In order to minimise the chance of the whānau of a person who has died during their COVID isolation period being contacted for follow up, we have developed a process for notifying the relevant agencies as rapidly as possible, of the death. The Integrated Coordination Centre (ICC) will notify relevant providers including the GP, the Care in the Community hub and the DHB – who will inform the Ministry of Health.

**Please note:** the process of informing CSIQ is in addition to the usual legislative processes that are required when a person dies.

Please complete the following and email to **csiqservice@waikatodhb.health.nz**

Please use subject line **Notification of death-[date of death]**. Please do **NOT** include name of deceased in subject line.

### Details of deceased

**Name of person:** \_\_\_\_\_

**Date of birth** (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date of death** (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Usual address:** \_\_\_\_\_

**Where was the person when they died?** ☐ Hospital ☐ ARC ☐ Home ☐ Other

(If other please give details): \_\_\_\_\_

### For clinicians and/or health/aged care facilities (please complete if known)

**NHI:** \_\_\_\_\_

**Date of positive test** (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Type of positive test:** \_\_\_\_\_

**Reason for test:** ☐ Symptomatic ☐ Contact of a case ☐ Surveillance testing ☐ Post mortem test

☐ Other (please specify): \_\_\_\_\_

**Was case symptomatic?** ☐ Yes ☐ No If yes, date of symptom onset \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**List symptoms:** \_\_\_\_\_

**Was the person admitted to hospital during their COVID illness?** ☐ Yes ☐ No **If yes,**

a. Hospital name/ward: \_\_\_\_\_

b. Date of admission to hospital: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

c. If discharged before death, date of discharge? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Did the patient have co-morbidities that may have contributed to the death?** ☐ Yes ☐ No

If yes (please specify): \_\_\_\_\_

### Details of person informing ICC

**Name of person:** \_\_\_\_\_

**Agency/organisation/ward:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

