

Death of a person in relation to COVID-19 infection

Te Whatu Ora Waikato notification form (updated 18 August 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 Te Whatu Ora Waikato – 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. The completion of this form is required when:

1. A person who has died within 28 days of being a Covid-19 case: independent of cause of death
2. A person for whom Covid-19 was the underlying cause of death (irrespective of when the death occurred)
3. A person for whom Covid-19 contributed to their death (irrespective of when the death occurred)

Please complete the following and email to csiqservice@waikatodhb.health.nz. Please use subject line **Notification of death-[NHI]**. 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: _____