

Guidelines

This checklist can be used to ensure that key steps and information in the Case Investigation process have been completed. It is not intended for use as a how to. Additional support and training resources are located in Knowledge.

Case Inform

- Inform Q&A completed
- Case advised of positive test result
- Case informed of isolation obligations
- Case's symptoms and underlying health checked
- Symptom onset date and infectious period identified
- Scoping note (template in Knowledge) added as a Note
- Place of employment identified (likely to be an Exposure Event)
- Support identified and manaaki referral (in Knowledge) completed
- Compliance, health or wellbeing, high risk work places discussed with clinician
- Fields to check:
 - Case Interview Date/Time
 - Person Has Been Informed
 - Symptom Onset Date and Symptoms identified OR Case Asymptomatic
 - Isolation Start Date
- Case Advanced to Follow up
- Case emailed a fact sheet/follow up advice (in Knowledge)

Case Investigation

- Household members identified and added through Manage Household
- Contact Locations imported and additional ones manually created
- Exposure Events identified from Contact Locations with clinician
- Exposure Events created and named according to naming conventions
 - Include description of event's environment and case's interactions
 - Add Files (emails, visitor registers, screenshots)
 - Add Notes (correspondence, decision making re: categorization and/or delegation, changes or updates to details)
- Businesses identified as Exposure Events contacted and . . .
 - Informed of cleaning protocols?
 - Requested QR code or name location's QR code is registered under
 - Requested staff list and/or visitor log
- Disease Contacts identified, linked to Person Profile (NHI), added to Exposure Events with correct Exposure Type (Rainbow chart in Knowledge) and Exposure Start/End Date / Time
- Exposure Events and Disease Contacts delegated by changing the Managed By (Responsible) field (as required)

- Disease Contacts delegated by changing the Managed

Need more support?

Please email NCTS@contacttracing.health.nz

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Section 1

Introduction

INTERVIEW DETAILS

(Complete as much as possible before beginning the call)

| | | |
|--|-------------|-------|
| Interviewer name: | Date: | Time: |
| Case Full Name: | | |
| NCTS Case No: | EpiSurv No: | |
| Date of Birth: | NHI: | |
| Name of person interviewed (if not the Case): | | |
| Relationship to Case: | Reason: | |

Kia ora/Hello, my name is *[first name only]* and I work for the Ministry of Health, National Investigation and Tracing Centre. May I please speak with _____ (full name).

It is important that I am speaking to the right person. May I please ask for your date of birth? _____

Thank you for confirming this information.

Can you please confirm that I have the correct spelling for your name? _____

⇒ *[NOTE TO CALLER: If the person is under 16 (born after today's date, 2005), ask to speak with a parent or legal guardian. If they are not with their guardian, get a parent/guardian's name and phone number.*

⇒ *Record in NCTS the name of person interviewed if not the Close Contact.]*

Is this a good time to talk? Where are you currently located?

⇒ *[NOTE TO CALLER: If they are in a public setting with lots people, politely and calmly ask them to return home. They may need to further advice, including to wear a mask or have someone pick them up. Find out how long it will take them to get home and advise you will call them back one they arrive.*

⇒ *Record in NCTS as logged call and write a note of your actions. Make a note to your work plan to call them back on your shift.]*

What language do you feel most comfortable speaking? _____.

[If not English] Would you prefer to have this call completed in _____ (use language just identified)

⇒ *[NOTE TO CALLER: If yes, an interpreter is needed. Follow SOP for linking in with Interpreter Services.]*

I will arrange to call you back with an interpreter.

| | |
|---------------------|--|
| Preferred Language: | Interpreter Required: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, arrange before proceeding)</i> |
|---------------------|--|

[NOTE TO CALLER: If Interpreter is needed but declined, continue the call but make a note and discuss with the Supervisor after completing the call.]

Do you have any hearing impairment or other communication requirements?

| | | |
|--|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Functional Impairment | <input type="checkbox"/> Psychological function | <input type="checkbox"/> Communication difficulties |
| <input type="checkbox"/> Other: | <i>If Yes: Do you use any equipment to support you with communication? Please Specify:</i> | |

⇒ *[NOTE TO CALLER: Ask if there is a Primary Caregiver that we can speak with to relay the conversation, this call may require a referral back to the PHU for localised and individualised plan, follow SOP.]*

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Section 2

Communicating Test Results, Confidentiality & Privacy Assurance, Explain Interview Process

- I understand you were recently tested for COVID-19?
- *If no, politely end the call and speak to your Supervisor.*
If yes, ask:
- Have you already been informed of the results of your test?

⇒ *[NOTE TO CALLER: If **already** informed]:* I understand that that receiving a positive COVID-19 test result might have come as a bit of a shock.

⇒ *[NOTE TO CALLER: If **not** informed]* I am calling to inform you that you have tested positive for COVID-19. This means that you are infected with COVID-19. I understand that this news might come as a bit of a shock. *Pause _____ to let diagnosis sink in. You may need to reiterate where you are calling from and your name. If upset, acknowledge this and offer to call them back in 10-15 minutes. Only once they are ready to move on]*

- My role today is to provide you with information and support you with the next steps. The Ministry of Health are working to prevent and reduce the spread of COVID-19. I will be talking to you about COVID-19, checking how you are feeling today, finding out who you may have been in contact with, providing self-isolation advice, and discussing ways of protecting both you and the people around you. I will also provide you with information on how to access support services.
- Before we continue, I am required to tell you that this call is being recorded for quality assurance purposes.
- I also want to reassure you that this call is confidential, and your information will be kept private. We may need to share some information with other health providers, including your doctor to ensure that you have access to necessary support.
- To prevent the spread of COVID-19, we will need to provide your contacts with self-isolation and testing advice. In rare situations, this information may include your name and the locations you visited while infectious. This information will only be shared if necessary, to prevent or lessen a serious threat to public health.

- ⇒ *[NOTE TO CALLER: If they ask what happens to the information:]* Your information will be entered into the National Contact Tracing Solution which is a secure database.
- ⇒ *If they have further concerns, you can say:* The Health Information Privacy Code protects your privacy. Health information can be shared, if necessary, under the Health Act 1956 (Subpart 5) and the Health Information Privacy Code 2020. You can read about the code at www.privacy.org.nz
- I will also be taking notes and filling in forms as we speak. You may notice me pause as I record your information. I will try to let you know when I am doing this. If I talk too fast, please tell me to slow down. *[NOTE TO CALLER: If you have an accent, ask them if they can understand your accent.]*
 - This call may take us around 60 minutes and I might need to ring you again to ask for more information.
 - Please feel free to ask questions as we go along. I will do my best to answer them. It is important that you understand that I cannot provide you with any medical or clinical advice; however, I can refer you to get the right people for further information and support if needed.
 - Is there someone else at home that you would like have sitting with you during this call? If so, you may like to put the call on speaker. If you do this, please be sure to maintain at least 2 metres distance.
 - Do you have any questions about what we have discussed so far? *[NOTE TO CALLER: Pause to allow for this].*

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Section 3

Personal Details

I would now like to take a moment to confirm some of your personal details.

⇒ [NOTE TO CALLER: Cross reference these details on NCTS or complete missing details.]

| | | | | |
|--|--|-----|--|--|
| Address: | | | | |
| Usual country of residence: | | | | |
| Nationality: | | | | |
| Phone: (m) | | (h) | | |
| Email: | | | | |
| Which gender do you most identify with? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other | | | | |

Which ethnicity do you most identify with? Please let me know if you identify with more than one ethnicity.

| | | | |
|--|---------------------------------|----------------------------------|--|
| <input type="checkbox"/> NZ European | <input type="checkbox"/> Māori | <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Island Māori |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Niuean | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Other (Please Specify): | | | |

⇒ [NOTE TO CALLER: This is an equity question. If the Case is from Māori or Pasifika communities and identifies that they would like to be supported for their health and welfare needs (e.g. food, transport or welfare) is needed, confirm that we can share their contact details so that an appropriate provider can be in touch. Complete call as per script and discuss referral process with Case Supervisor.]

| | | | |
|--|--|--|--|
| Do you have an Iwi Affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If Yes, please specify: _____ | | | |
| Would you like a referral to Māori or Pasifika health provider? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Can you please confirm the name of your usual GP or medical practice?

[NOTE TO CALLER: If currently not enrolled in a GP practice, please provide them with contact details of a local provider in follow-up email.]

| | | | |
|---|--------------------------|-----|-----------------------------|
| Name of GP or Medical practice: | | | |
| Are you vaccinated against COVID-19? | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| If Yes: Have you received both doses? | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| If Yes: Which vaccine did you receive? _____ | | | |

Now I need to record some more information to help keep you, your household, and community safe.

Can I please ask what your **primary** occupation is?

[NOTE TO CALLER: If student, note details of school.]

| |
|-----------------------------|
| Primary Occupation Role: |
| Primary Employer Firm Name: |
| Employer Contact Name: |
| Phone: |
| Email: |
| Occupation Address: |

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Do you have a **secondary** occupation?

[NOTE TO CALLER: This can include volunteer work.]

| |
|-------------------------------|
| Secondary Occupation Role: |
| Secondary Employer Firm Name: |
| Employer Contact Name: |
| Phone: |
| Email: |
| Occupation Address: |

Are you considered to be an essential worker? *[NOTE TO CALLER: This can be confirmed at the end of the call using the Essential Worker List.]*

Essential Worker? Yes No Unknown

After this call, you will need to tell your employer that you are a confirmed COVID-19 Case. You may be entitled to a wage subsidy while in self-isolation and your employer will be able to provide support with this. They will also help with contacting any other staff members that are at risk of being infected.

Do you have any questions? *[NOTE TO CALLER: Pause and provide time to ask questions.]*

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Section 4

Underlying Conditions & Risk Assessment

COVID-19 may have an effect on people of all ages with underlying health conditions. We want to provide the best advice and support for you. Please answer yes if you have any of the following conditions: *[NOTE TO CALLER: Read out all the underlying conditions list. If yes, please specify. Discuss any underlying conditions with your Supervisor at the end of the call.]*

⇒ *[NOTE TO CALLER: If Case is female]* Are you currently pregnant? If so, how many weeks? It is best to inform your midwife or Lead Maternity Carer (LMC) that you have tested positive for COVID-19. _____

Underlying Conditions *(tick all that apply and specify the disease/condition)*

- Heart Disease (Cardiovascular Disease)
- Diabetes
- Cancer – Current or Historical (Malignancy)
- Chronic Neurological/Neuromuscular Disease (eg conditions affecting brain or nervous system)
- Immunodeficiency (eg HIV or conditions that affect immunity or immune system)
- Kidney Disease (eg renal failure, dialysis)
- Chronic Lung Condition (conditions that affect lungs or breathing, **including asthma**)
- Mental Health Conditions (If yes, please specify: _____)

| |
|--|
| <input type="checkbox"/> High Blood Pressure (Hypertension) <input type="checkbox"/> Liver disease <input type="checkbox"/> Smoker <input type="checkbox"/> Pregnancy: Trimester 1 2 3 <input type="checkbox"/> Post-partum (pregnant recently had a baby recent <6 weeks) <input type="checkbox"/> Other Underlying Condition or Illness (please specify _____) |
|--|

Do you take any medications? *[NOTE TO CALLER: If yes, ask them to read off the bottle or box label.]*

| |
|--------------|
| Medications: |
|--------------|

| | |
|-----------|---------------|
| Section 5 | Symptom Check |
|-----------|---------------|

Firstly, I would like to know how you are feeling today. I have a list of symptoms that I am going to read out and I need you to tell me if you have any of them now, or have had any in the last three days.

⇒ *[NOTE TO CALLER: Read out all the list of symptoms, ticking all that apply. If symptomatic ask the date of onset:].*

| | | | |
|---|--|---|---|
| <i>Read through symptoms and tick all that apply:</i> | | | |
| <input type="checkbox"/> Fever/chills | <input type="checkbox"/> Runny nose | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscular pain |
| <input type="checkbox"/> General weakness | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Irritability/confusion | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Loss of sense of smell | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Joint pain | |
| When did you start developing these symptoms? _____ (<i>Date of onset</i>) | | | |
| <i>[NOTE TO CALLER: Infectious period will start two days before this date]</i> | | | |
| Highest temperature (°C) if taken: | | | |
| Do you have any other symptoms that I haven't mentioned? Please Specify: | | | |
| Can you please confirm the date you had your test done? _____ | | | |

| |
|--|
| <i>[NOTE TO CALLER: If asymptomatic, infectious period will start two days before this date]</i> |
| Where did you have your test done? _____ |
| Is the Case asymptomatic? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes: What led you to get a test? _____ |
| Use this space to note the Infectious Period Start Date (two days before symptom onset OR if asymptomatic, two days before test taken): _____ |
| <i>[NOTE TO CALLER: You will need to record this date again below when you begin investigating the Exposure Events]</i> |

⇒ *[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 Case Supervisor and follow red flag steps below:]*

⚠ Red Flags- Clinical Risk- Acutely unwell

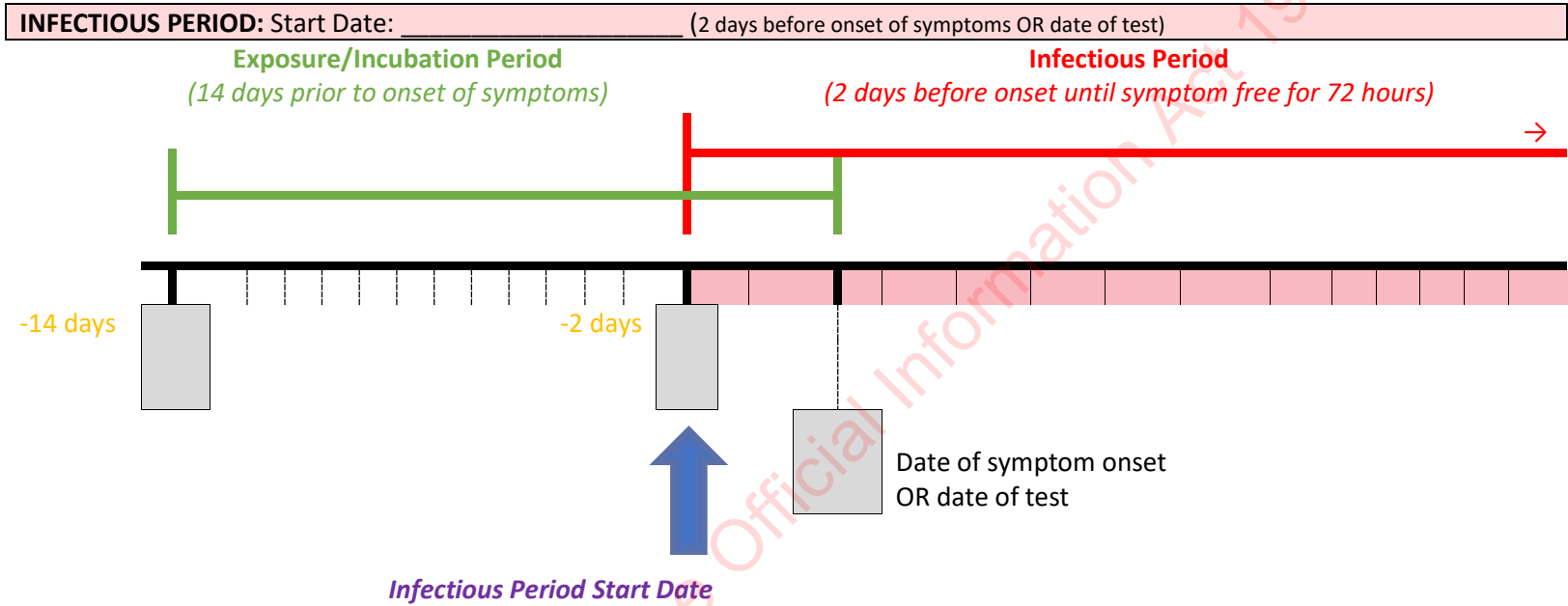
Listen for severe shortness of breath at rest, difficulty breathing, pain or pressure in chest, cold, clammy, new confusion, becoming difficult to rouse, blue lips or face, little or no urine output, coughing up blood, neck stiffness, non-blanching rash

⚠ 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 address in order to get the ambulance to them quickly. Document your actions and escalations in NCTS Case notes.]

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Section 6 Exposure Events



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Start Date of Infectious Period: _____

- Based on the information you have provided already, you were most likely infectious from _____ (*infectious period start date*). We will be focussing on the period starting from that date through to today.
- Before we begin, I'd like to confirm the details of anyone living in your household with you. This can include family, flatmates, or boarders.

| Household Contacts (including family, flatmates, 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 | |

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⇒ [NOTE TO CALLER: Does the Case have any household dependents? If yes, do the dependents have any of the following conditions?]

If yes:

I just need to go through the check list of underlying conditions for your dependent(s). If they have any of these conditions, please let me know.

Underlying Conditions (tick all that apply and specify the disease/condition)


- Heart Disease (Cardiovascular Disease)
- Diabetes
- Cancer – Current or Historical (Malignancy)
- Chronic Neurological/Neuromuscular Disease (eg conditions affecting brain or nervous system)
- Immunodeficiency (eg HIV or conditions that affect immunity or immune system)
- Kidney Disease (eg renal failure, dialysis)
- Chronic Lung Condition (conditions that affect lungs or breathing, **including asthma**)
- Mental Health Conditions (If yes, please specify: _____)
- High Blood Pressure (Hypertension)
- Liver disease
- Smoker
- Pregnancy: Trimester 1 2 3
- Post-partum (pregnant recently had a baby recent <6 weeks)
- Other Underlying Condition or Illness (please specify _____)

⇒ [NOTE TO CALLER: If yes to underlying conditions, follow red flag actions below:]

⚠ Red Flags- Clinical Risk: Underlying conditions

Be alert 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, non-blanching rash.

⇒ If the Case mentions that someone in the household is acutely unwell:

 I am concerned about the symptoms that you have mentioned about your householder, 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 until Emergency Services arrive.

[NOTE TO CALLER: Document your actions and escalations in NCTS Case notes.]

- I now need to go through your daily movements, starting from _____ (*infectious period start date*) to work out where you have been and who you have seen. This will ensure we are able to contact trace anybody at risk of infection.
- Have you been using the NZ COVID Tracer App?

⇒ *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.*

Infectious Period Timeline

⇒ *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:

| EXPOSURE EVENTS | | 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? |
|-----------------|--------------------------|-----------------------------|--|--------------------------------------|---------------------|
| | Day -2 | | | | |
| | <i>Infectious period</i> | | | | |
| | Date: | | | | |
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| Day -1 <i>Infectious period</i> Date: | | | | |
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| Day 0 <i>Symptom onset/swab date</i> Date: | | | | | | |
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| | 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? |
|-------|---------------|--|--------------------------------------|---------------------|
| Day 1 | | | | |
| Date: | | | | |
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| Day 3 Date: | | | | | | |
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| Day 4 Date: | | | | | | |
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| Day 5 Date: | | | | | | |
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| Day 6 Date: | | | | | | |
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| Day 7 | | | | | | |
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- *[NOTE TO CALLER: Once the exposure events and activity timeline is gathered, categorise and complete the contacts into the tables below.]*

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| Exposure Event (include time and date) | Full Name of Contact | Is this the last time the Case had contact with this person? | Contact Number <i>and/or</i> Email <i>and/or</i> Address? | Relationship to Case | Contact Category (TBD after interview) |
|--|----------------------|--|---|----------------------|--|
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- Thank you for assisting me to collect this information.

Section 7

Self Isolation Advice

Now I'd like to talk to you about what self-isolation means and the physical distancing you need to do.

⇒ *[NOTE TO CALLER: If already self-isolating to the necessary level, record the start date on NCTS Q&A - complete self-isolation requirements.]*

- **Self-isolation** is about physical distancing. This means staying 2-metres (body and two arms lengths is a guide) away from others in your household bubble and having no more than 15 minutes of face-to-face contact with them.
- 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.
- Even if you have no COVID-19 symptoms now you can still develop symptoms from the virus up to 14 days after exposure.
- If you need to go in a car/van for medical assessment, travel alone or with driver only, sitting at the greatest distance possible from the driver (back seat opposite side to driver). Clean your hands with hand sanitiser and put on a face mask before you leave home.
- It is okay to go into your backyard if you stay 2m away from those in your household bubble. Avoid others when using shared lifts or stairs in shared living spaces.
- You will need to arrange for shopping/medicine/food to be delivered and left at your door.
- **If you live with other people you need to:**
 - Wash your hands **often for 20 seconds** (guide - sing two cycles of happy birthday) before drying your hands thoroughly.
 - Always cough or sneeze into your elbow. If you use tissues throw them into your own lined bin or bag. Then wash and dry your hands well.
 - Sleep in a separate bed/or bedroom from others in your home.
 - Use your own dishes, eating utensils and glass/cups. Wash these items thoroughly using detergent and hot water or place them in a dishwasher.
 - Do not shake dirty laundry as this can disperse the virus through the air.
 - It's ok to wash your dirty laundry with the rest of your household if you do the washing yourself, but you should only fold and put away your own items. It is best for someone else to fold and put away clean shared laundry items (such as towels and tea towels) and provide a supply for you.
 - If you do not have a washing machine, wait until 72 hours after your isolation period has ended before taking your laundry to a laundrette.

- Always clean all surfaces you touch (phones, computers, tables, door handles) with cleaning product/ disinfectant.
- Use your own toothpaste, soap and toilet paper.
- If using a shared bathroom: Clean the flush button & toilet seat/shower/bath/sink after use.
- Everyone in your household will need to stay home. We will be contacting each member of your household to provide them with testing and isolation advice.
- If anyone in your household becomes unwell, they should arrange to be tested immediately. They should call their local GP, or call Healthline for advice on testing sites. If they have access to the internet, they can also look up Healthpoint for testing sites in your local area <https://www.healthpoint.co.nz/covid-19/>.

⇒ *[NOTE TO CALLER: Read this section to all Cases.]*

- You cannot leave your house without permission from a health professional.
- Healthline will do a daily phone call check-in with you on your wellbeing throughout your isolation until at least 10 days from when your symptoms started. You will need to be symptom-free for 72 hours before you are released from self-isolation. You will need to wait for release from self-isolation by a Health Professional.
- All self-isolation information can be found on the Ministry of Health website. Do you have access to the internet? If not, we can post this information out to you.

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Section 8

Health and Welfare Needs Assessment

- I am now going to work through your needs during your isolation period, to see if there are any areas where we can offer some support.
- Some of this may repeat some of the questions we have touched on previously, but it is important that I ask again to be sure.
- If we identify that you need any extra support, we will provide you with information at the end of this call and may need to refer you back to your local Public Health Unit.

| Te Whare Tapa Whā and Wellbeing: Case/Contact Isolation Needs Assessment | |
|--|--|
| Taha Tinana (Physical Wellbeing) | |
| We will start by reviewing any Self-Care Needs you might have. | |
| | Are you able to look after yourself independently? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If living with others | Can the other members of your household assist you if you require extra support? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If living with others | Can you be well separated from other household members in the house? If yes, confirm separate bedroom and/or bathroom. <input type="checkbox"/> Separate bedroom <input type="checkbox"/> Separate bathroom |
| | Do you (and your household) know what to do if your illness worsens? Confirm Answer: Contact GP or Healthline to discuss next steps. If very unwell, contact Emergency Services on 111. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Do you (and your household) have access to a face mask and know how to use it? <input type="checkbox"/> Yes <input type="checkbox"/> No If No: If you do not have access to masks and need to leave the house for an urgent medical appointment, face covering such as a bandana or scarf are suitable options. |
| If living with others | Do you understand what we have discussed about hand hygiene and covering coughs and sneezes? Confirm Answer: Wash your hands regularly for 20 seconds and ensure you sneeze into your elbow. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|------------------------------------|---|
| | Do you (and your household) have access to hygiene and cleaning materials? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If living with others | Do you understand what we have discussed about cleaning the surfaces around you, including kitchenware, bathroom surfaces, and laundry? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If living with others | Do you and your household know what to do if they develop symptoms? <i>Confirm Answer:</i> Contact GP or Healthline to organise a test immediately. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <ul style="list-style-type: none"> Are you currently taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes:</i> Do you have enough supplies enough supplies for your isolation/recovery period? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[NOTE TO CALLER: If not enough supplies]:</i> I advise that you contact your GP and ask them to send your prescription to your nearest pharmacy and request a non-contact home delivery |
| Medical Support/Emergency Services | <ul style="list-style-type: none"> If you become unwell, please don't wait - seek medical support or Emergency Services for help. Remember to call them ahead and explain that you are positive for COVID-19 and you are concerned about your condition. Do you require ongoing medical support for any other health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any upcoming urgent medical appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, specify:</i> <i>If Yes:</i> You will need to contact your health provider and to discuss your next steps. <i>[NOTE TO CALLER: Consider referral to local PHU, or remote support services]</i> |
| Safety | <ul style="list-style-type: none"> Do you have any mobility difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes:</i> Please Specify: _____ <i>If Yes:</i> Do you use any equipment to support with your mobility? Please Specify: _____ |
| Financial/Income Support | Do you see any concerns/challenges with income while in self-isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Food & Personal Care Supplies | Do you have enough food and personal care supplies available for the period of isolation/recovery? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Do you have access to online shopping? <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you have support from outside your home to leave food supplies at your door if needed? <input type="checkbox"/> Yes <input type="checkbox"/> No • Food or other supplies need to be delivered contactless; if you do not have internet or a credit card for online ordering, consider calling your local shops or food banks or rural delivery services. <i>[NOTE TO CALLER: Consider referral to local PHU, Meals on Wheels, hospital food services, Welfare Services]</i> |
| | <ul style="list-style-type: none"> • Do you need any support with meal preparation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>Accommodation and Living Arrangements</p> | |
| <p>I would now like to go over your accommodation. Some of this might touch on information we have discussed previously, but I do need to re-confirm, just to be sure.</p> | |
| <p>Address where isolating (if different to previous records)</p> | |
| | <p>Do you see any concerns/challenges to self-isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify: _____</p> <p>Do you live in any of the following settings? <i>Read out loud:</i></p> <p><input type="checkbox"/> Hostel/Institution <input type="checkbox"/> Motel/Hotel</p> <p>Can you please re-confirm how many people live in your home with you?</p> <p>How many bedrooms do you have in your home?</p> <p>How many bathrooms do you have in your home?</p> <p>Are there shared common areas (e.g. kitchen/dining room/living room/laundry/elevator)?</p> <p>Does anyone else stay there from time to time? When was the last time they were there? What are their names/ages?</p> |

| Taha Wairua (Cultural & Spiritual Wellbeing) | |
|--|---|
| I would now like to check on your Cultural or Spiritual well-being. Cultural and Spiritual needs differ for everyone and can range from religion through to your own personal self-care habits and routines. You may be able to fulfil these requirements individually, or you may need community support. | |
| Cultural & Spiritual Wellbeing | <ul style="list-style-type: none"> Do you need any support to fulfil your religious, cultural or spiritual needs while in isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Do you have remote access to religious, cultural or spiritual services? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require Iwi support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____ |
| Taha Whānau (Family Wellbeing) | |
| I am now going to check on how your isolation might impact your family and whānau well-being. | |
| Family Wellbeing | <ul style="list-style-type: none"> Do you provide care anyone, child or adult, either within or outside of your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ If yes: Is there someone else who can take on that role while you are in isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <ul style="list-style-type: none"> Are there any household members who may be at increased risk of complications from COVID-19 or have any underlying health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ |
| | <ul style="list-style-type: none"> Do you have any pets or animals in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Do you have enough supplies for them during isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Do you need support to care for your animals? <input type="checkbox"/> Yes <input type="checkbox"/> No Where there's COVID-19 in a household, we recommend animals remain on the property. |

| Taha Hinegaro (Mental Health & Emotional Wellbeing) | |
|---|---|
| I would just like to advise that the following questions are more sensitive in nature. Your answers will be treated confidentially. We ask these questions to ensure that you are safe and have the support you need. | |
| Mental Health & Emotional Wellbeing | <p>Do you have:</p> <ul style="list-style-type: none"> • Any mental health conditions that you feel might make it harder to isolate (e.g. anxiety, depression, bipolar disorder, schizophrenia or any other concerns)? <input type="checkbox"/> Yes <input type="checkbox"/> No • Any alcohol or drug dependencies? <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you have any concerns or issues that may affect you isolating safely? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ • Have you felt threatened or hurt by someone in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No • Do you have internet access to remain socially connected with friends and family while in isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No • It is important that you look after yourself. This can be a stressful time for you and your family/whanau. If you need to talk to someone, text or call 1737, this is a free 24hr Mental Health Support Line to talk with a trained counsellor. • Please remember that nobody except for Emergency Services or approved Health Professionals can come to the house while you are isolating. Friends, family, and tradespeople will need to wait until you have been cleared by a Health Professional before they resume visits. If people are bringing you food or supplies, they should leave it outside the door. Nobody, aside from those already living with you, should enter your home while you are isolating. • It's a really good idea to stay connected with friends and family. I recommend staying regularly connected via video chat and phone calls. |
| Do you have any other needs or concerns? | |

Notes

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Section 9

Summarise and Ending the Call

⇒ *[NOTE TO CALLER: Repeat key messages and check their understanding.]*

I think we are nearly finished. Do you have any questions about anything we have talked about today?

Just to go over what we have discussed in our phone call:

1. Regardless of whether you have any symptoms, please stay home and isolate yourself from others in your household;
2. Please inform your employer that you have tested positive for COVID-19;
3. Remember, Healthline will do a daily phone call check-in with you on your wellbeing throughout your isolation until at least 10 days from when your symptoms started. You will need to be symptom-free for 72 hours before you are released from self-isolation.
4. Please follow the advice of the person who will be calling you each day;
5. Monitor your symptoms and ensure you remain in isolation until you are released by a Health Professional;
6. If you become unwell, please don't wait - seek medical support, or contact Emergency Services on 111.
7. Remember to call ahead before visiting a healthcare provider and explain that you are positive for COVID-19 and you are concerned about your condition;
8. COVID-19 Healthline can be contacted on [0800 358 5453](tel:08003585453);
9. If you need any help with the cost of living, food, clothing, bedding or loss of livelihood, please call Ministry of Social Development on 0800 559 009. They will be able to offer you some more information about any financial support you may be entitled to;
10. Please remember that other people cannot come to the house unless it is an Emergency. If people are bringing you food or supplies, they should leave it outside the door. They should not enter the home;
11. I encourage you to stay connected with friends and family via video chat and phone calls;
12. It is really important that you look after yourself. This can be a stressful time for you and your family/whanau. If you feel overwhelmed or just need someone to talk to, please text or call 1737 the free 24hr **Mental Health Support Line** to chat with a trained counsellor;
13. I may need to ring you again for more information;

We have discussed a lot of information today. I will send you all this information by email after this phone call,

[NOTE TO CALLER: Or by post if they do not have internet access.]

There is also a lot of advice about COVID-19 on the Ministry of Health website. This is updated frequently so I would encourage you to check the website regularly;

If you remember any further details that you think will help us with contact tracing, tell your daily Healthline Caller who will be checking in on your health and wellbeing throughout your isolation/recovery time, or reply to the email we send through to you.

Thank you for your time, I wish you all the best with your recovery.

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Section 10

Post Interview Actions

| Personal Details | |
|---|---------------------------------------|
| Age: | Gender: |
| Ethnicity: | Language: |
| Occupation: | |
| Communication Support: | |
| Disease Status | |
| <input type="checkbox"/> Symptomatic | <input type="checkbox"/> Asymptomatic |
| Symptoms: | |
| Symptom Onset Date: | Infectious Period Start Date: |
| Underlying Conditions: | |
| Exposure Events Checklist | |
| <input type="checkbox"/> Call Household Contacts (Call 3) | |
| <input type="checkbox"/> Review Exposure Events with Supervisor to identify Close and Casual Contacts | |
| <input type="checkbox"/> With Supervisor, determine which Exposure Events need to go back to the Public Health Unit (specify below) | |
| Exposure Events to go back to Public Health Unit: | |
| <input type="checkbox"/> With Supervisor, determine which Exposure Events require further investigation (specify below) | |
| Exposure Events requiring further investigation: | |

| Support and Manaaki Needs | |
|--|----------|
| <input type="checkbox"/> Support with Daily Activities | Specify: |
| <input type="checkbox"/> Comprehension and Compliance | Specify: |
| <input type="checkbox"/> Healthcare | Specify: |
| <input type="checkbox"/> Mobility | Specify: |
| <input type="checkbox"/> Income | Specify: |
| <input type="checkbox"/> Food/Groceries | Specify: |
| <input type="checkbox"/> Accommodation | Specify: |
| <input type="checkbox"/> Cultural/Spiritual | Specify: |
| <input type="checkbox"/> Family/Whānau/Animals | Specify: |
| <input type="checkbox"/> Mental Health/Safety | Specify: |
| <input type="checkbox"/> Other | Specify: |

| Other Information | |
|--|--|
| Does the Case need to be referred back to the Public Health Unit? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Case need to be provided with GP information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the Case need to be called back for any further information? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does additional information need to be included in the email to the Case? If yes, please specify: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Action Plan/Next Steps: | |
| <input type="checkbox"/> 1 | |
| <input type="checkbox"/> 2 | |
| <input type="checkbox"/> 3 | |

| | | |
|-----------------------------|---|-------------------------|
| <input type="checkbox"/> | 4 | |
| <input type="checkbox"/> | 5 | |
| <input type="checkbox"/> | 6 | |
| Case Interviewer signature: | | Name: _____ Date: _____ |
| Case Supervisor signature: | | Name: _____ Date: _____ |

 **Red Flags-** *[NOTE TO CALLER: Discuss any complex needs with Case Supervisor at the end of the Case Interview]*

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Section 11

Important Contact Numbers

| Who | How | For |
|--|--|--|
| COVID-19 Health Line | 0800 358 5453 OR +64 9 358 5453 (for international calls) | Health advice and information |
| Ministry of Social Development | 0800 559 009 www.workandincome.govt.nz/covid-19/index.html | Income, Food, Clothing, Living costs, Financial help, Wage subsidy while in self-isolation |
| Mental Health Support Line (Need to Talk) | Call or Text 1737 | Mental health, Wellbeing, Counselling |
| Youthline | 0800 376 633 www.youthline.co.nz | Mental health, Wellbeing, Counselling |
| Alcohol Drug Helpline | 0800 787 797 or text 8681, 24 hours a day, 7 days a week | Alcohol and Drug Counselling, Wellbeing |
| Rural Support Trust | 0800 RURAL HELP | Mental health, Wellbeing, Counselling |
| Consulates for overseas visitors | www.mfat.govt.nz/en/embassies/ | Consular advice |
| Information for all travellers, student visa holders, migrant workers. | www.immigration.govt.nz/about-us/covid-19 | Visa advice |
| <p>Official Government websites [if they have internet access] www.health.govt.nz – you can search for “Caring for yourself and others who have, or may have, COVID-19 at home” to find information about how you are to self-isolate.</p> | | |

National Investigation and Tracing Centre

Investigation of a COVID-19 case: Quality Framework

August 2020

Ministry of Health

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Terms and Abbreviations

The following terms and abbreviations are used in this document.

| Term | Meaning |
|--------|---|
| ARC | Aged Residential Care |
| DOB | Date of Birth |
| GP | General Practitioner |
| MOH | Medical Officer of Health |
| NCCS | National Close Contact Service |
| NCTS | National Contact Tracing Solution |
| NGO | Non-Government Organisation |
| NITC | National Investigation and Tracing Centre |
| PHMS | Public Health Medicine Specialist |
| PHU(s) | Public Health Unit(s) |

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Introduction

Background

The four key pillars of Aotearoa New Zealand's overall public health strategy for responding to COVID-19 are border control, robust case detection and surveillance, effective case investigation and contact tracing, and strong community health measures. Case investigation and contact tracing, along with other health measures including isolation and quarantine, are evidence-based measures shown to reduce morbidity and mortality associated with COVID-19.

It was recognised early during the COVID-19 pandemic that Public Health Units (PHUs) would need to increase capacity for case investigation and close contact tracing, often at very short notice. To provide contact tracing support for the PHUs, the National Close Contact Service (NCCS) was established by the Ministry of Health (the Ministry) in March 2020. To manage large numbers of case investigations, PHUs will need the ability to handover or delegate some case investigation work to either other PHUs or the Ministry if they become stretched beyond local capacity. The Ministry has since extended the scope of the support available to PHUs to include case investigation as well as centralised close contact communication and follow-up services as required through the National Investigation and Tracing Centre (NITC).

It is fundamental that all services involved in case investigation for COVID-19, complete the process to the same standard and in a consistent manner to allow for a seamless handover between the providers involved. To support the delivery of a high-quality process across all elements of case investigation, the need for a quality framework was identified. This framework and quality standards are designed to guide the development of regional policies and procedures which suit the different PHUs and their communities but still allow for work to be shared between different providers.

Quality is not a static concept. Rather, providers should continuously work to generate and maintain a high-quality service and the organisational culture should reflect this. This Quality Framework is intended to lead to a greater consistency of practice for the case investigation process. While the framework is focused on COVID-19, it is envisaged that in the future it may be widened to include other communicable diseases.

These quality standards should be adhered to at all times except if, during an COVID-19 outbreak, the Director of Public Health or the Director-General of Health issue a directive that overrides one or more of these standards. In such situations, specific directions by the Director-General of Health take precedence over these standards.

Case investigation and contact tracing

Case investigation and contact tracing are fundamental components in the response to eliminating COVID-19 within Aotearoa New Zealand. Case investigation, contact tracing and other public health measures (eg, quarantine, isolation, physical distancing and the wearing of face masks) are evidence-based strategies which are shown to reduce the morbidity and mortality associated with the virus.

The aim of case investigation and contact tracing is to prevent potential onward transmission, raise awareness about the disease and its symptoms, and support early detection of suspected cases. Case investigation contact tracing and ongoing management are existing practices traditionally performed by PHUs to manage infectious notifiable diseases.

The high-level steps in these processes are:

1. Case investigation and management
 - informing a case of their diagnosis, directing them to isolate/quarantine and providing them with health and welfare advice
 - determining where a case got their infection from (source)

- identifying who else a case could have potentially exposed (contacts)
- following up daily with a case until they are released from isolation/quarantine (management)

2. Contact tracing

- contacting potentially exposed individuals (close contacts), advising them to isolate/quarantine and providing them with health and welfare advice
- communicating daily with close contacts to check if they are developing symptoms. If close contacts become symptomatic with clinical signs consistent with COVID-19, they should have a clinical assessment/test to determine if they have become a case.

The identification of contacts is a component of the case investigation process and is therefore covered by these standards. However, it should be noted that processes that occur prior to case investigation, as well as the subsequent process of contact tracing and daily management, are currently outside the scope of these standards.

For a diagram of where case investigation fits in the disease pathway, refer to Appendix 1.

Provisional COVID-19 disease indicators

The Ministry has developed ‘Provisional Covid-19 contact tracing indicators’ which provide an end-to-end view of Aotearoa New Zealand’s public health response to COVID-19. These indicators are used for initial reporting and monitoring across the COVID-19 disease pathway, including case investigation. The expectation is that these indicators will evolve in the short to medium term as more is learnt about both the virus and the process of case investigation and contact tracing from a monitoring perspective.

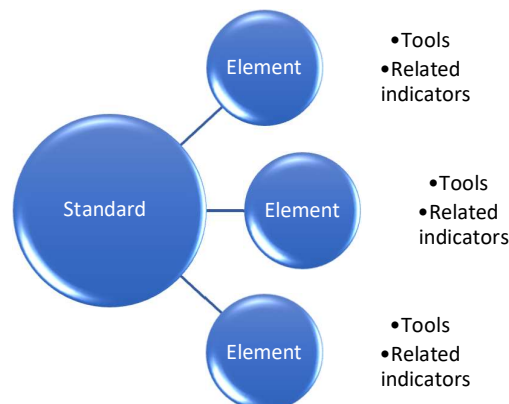
Throughout this document there are some references to timeliness (eg, prompt, timely) which do not have an associated national indicator that defines a specific timeframe for completion of the task. It is expected that providers will have a local understanding of what is considered an acceptable timeframe in these situations to ensure that both they and any downstream service(s) are able to meet any indicators with defined timeframes.

The quicker the response, the lower risk of onward transmission.

About this Quality Framework

This Quality Framework is the first step in supporting the delivery of a high-quality case investigation process to a national standard.

The Quality Framework is based around 11 agreed quality standards that capture the most important aspects of a high-quality COVID-19 case investigation. Each standard has several elements that provide more specificity around what is required to meet that standard. A list of supplementary support tools is also provided for each standard. The figure below illustrates this relationship.



Where PHUs are mentioned throughout this Quality Framework, it is acknowledged that the standard or element also applies to the Ministry, should they be needed to carry out case investigations if case numbers are such that the capacity of PHUs is exceeded.

In addition to the quality standards, PHUs and the Ministry have other obligations, including under Te Tiriti o Waitangi/Treaty of Waitangi, recognition of and adherence to health legislation, and any legislation related to the privacy of health information.

Tools

A range of tools have already been developed at different PHUs to assist with the case investigation process. While specific guidance, forms and documents are noted for each standard and included in Appendix Two, each PHU should consider their own circumstances to determine what they already have available, or what they may need to develop, to ensure case investigations are carried out to the required standard.

The Ministry is not mandating the use of any of these, they are suggestions only and aimed at streamlining processes wherever possible.

It was originally intended to include a national 'case investigation form' as part of this work. However, due to the need to frequently review and update the form to ensure it remains aligned with the process, it is not included in this document but will be released as a separate national tool.

The suggested tools listed have been identified as already existing in some or all PHUs around the country and are mentioned for information only. Except for the National Contact Tracing Solution (NCTS), additional tools are not being mandated by the Ministry for national use at this stage. Any existing national tools and/or processes related to the EpiSurv Case report form or database also remain unchanged by this Framework.

Quality Standards for Case Investigation of a COVID-19 Case

1. Planning and partnerships

- Standard 1.1 Partnership approaches with Māori and other communities must be established. It is essential that these relationships are in place prior to disease events occurring as speed of response is a critical aspect of investigations.
- Element 1.1.1:** Operational relationships with Māori/iwi and Pacific agencies are in place that can support rapid case investigation and contact tracing.
- Element 1.1.2:** Operational relationships are in place with a range of local agencies, NGOs, ARCs, schools, universities and other learning institutions to support rapid case investigation and contact tracing.
- Element 1.1.3:** Local DHBs must have agreements in place to ensure alternative facilities for isolation/quarantine are available to support those that cannot safely isolate/quarantine at home.
- Standard 1.2 Technology must be optimised to support interviews being conducted remotely (by phone, video or email) as appropriate. Clear communication must be a priority for all cases, including those with disabilities or when interpreters are required.
- Element 1.2.1:** Case interviews must be conducted by phone or video call or potentially via email (to be considered on a case by case basis).
- Standard 1.3 Internal processes and procedures must be established and documented for case investigations.
- Element 1.3.1:** Standard operating procedures must be readily available for all staff carrying out case investigations, including what to do if they are unable to contact a case.

Tools

- Operational policies
- Standard operating procedures

2. First contact

Standard 2.1 Trust and rapport must be established with the case, information should be provided around the role of the staff member and their organisation and the case's disease status established.

Element 2.1.1: Every case is contacted in a timely manner by an appropriately trained staff member who is authorised to perform this task under the Health Act.

Related indicator: Time from Notification to Case Interview within 24 hours (≥80%)

Element 2.1.2: Every case has their identification confirmed and accurate contact information recorded.

Element 2.1.3: Every case is given the opportunity to identify as non-English speaking or as having a disability to enable the most effective communication.

Element 2.1.4: Every case has the right to use an interpreter.

Element 2.1.5: Every case is given the opportunity to discuss their current diagnosis, health status and is encouraged to ask questions.

Element 2.1.6: Every case is given information on the disease and how it spreads.

Element 2.1.7: Every case is given the opportunity to identify as one or more ethnicity(ies).

Element 2.1.8: Every case must be informed of why their information is being collected, who has access to it and where it will be stored.

Tools

- Call scripts
- Test results
- Case investigation form
- EpiSurv form
- Case checklists
- Interpreter services

3. Case details/first assessment

Standard 3.1 Every case must have their symptoms, the date of symptom onset and any pre-existing co-morbidities accurately recorded.

Element 3.1.1: Relevant clinical information must be confirmed or obtained from the case.

Element 3.1.2: Every case who has, or is at high risk of developing, moderate or severe disease must be referred for further assessment (nurse, MOH and/or their GP), if required.

Element 3.1.3: Every case must have a health risk assessment undertaken.

(The Ministry considers this element to be important but, based on feedback received, acknowledges that it requires further consultation and discussion prior to publication and therefore will be managed outside of this version of the Quality Framework).

Tools

- Call scripts
- Comorbidities checklists
- EpiSurv form
- Escalation processes
- Referral forms for GPs

4. Identify source events

Standard 4.1 Details around a likely source of infection (person or possible premises/event) that may have led to the case contracting the disease should be established and recorded (source events).

Element 4.1.1: Every case must have a history of activity and contacts recorded for the 14 days prior to becoming ill (the incubation period) to aid identification of the likely source of their infection (source events).

Tools

- Call scripts
- Data records from apps
- Activity History forms

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5. Identify spread

Standard 5.1 Exposure event(s) where the case may potentially have infected other people will be promptly identified and recorded.

Element 5.1.1: Every exposure event in the 2 days prior to developing symptoms and whilst still infectious must be identified.

Refer to the Ministry's guidance for the onset date of asymptomatic cases.

Element 5.1.2: Every exposure event is recorded including venue, time, date and for travel related event the relevant travel information.

Element 5.1.3: Exposure events that have contacts which are unknown to the case will be further investigated by the investigating agency, except for flights or intercity buses that have allocated seat numbers who will be referred to the NITC for identification and follow up.

Tools

- Call scripts
- Data records from apps
- Activity History forms

6. Contact identification

Standard 6.1 People who have been exposed, or potentially exposed, to the case will be identified and appropriately evaluated in a timely manner.

Element 6.1.1: Every exposure event must be discussed with a case to identify potentially exposed people (contacts).

Element 6.1.2: Every known contact must be evaluated and classified by the case investigator as either close or casual contacts, according to exposure risk.

Element 6.1.3: Names, DOB or estimated age, occupation and contact details of known close contacts must be accurately recorded in the NCTS.

Element 6.1.4: 80% of close contacts must be entered into NCTS within 2 hours of the identification of the close contact and either advanced to follow up or forwarded to NITC for action.

Tools

- Call scripts
- Close contact record forms
- Definitions of contacts
- Decision tools close vs. casual contacts
- Fact sheets
- Email template regarding contacts for cases to complete

7. Isolation/quarantine requirements

Standard 7.1 Cases will receive clear communication on direction to isolate/quarantine.

Element 7.1.1: Every case is clear about the expectation to isolate/quarantine and is given instructions and resources on how to do so.

Element 7.1.2: Consideration must be given to every case regarding the safety of their intended isolation/quarantine location. Safety may refer to either their own personal/physical safety, the safety or health of others around them or both.

Element 7.1.3: Every case must have an assessment of adequate space for isolation/quarantine based on the number of people and bedrooms in their household.

Element 7.1.4: A case who cannot safely isolate/quarantine at home must be offered an alternative facility by the investigating agency in accordance with local DHB arrangements (the person may be required to isolate/quarantine in a facility some situations).

Element 7.1.5: Every case is provided with clear advice about caring for self and protecting others.

Element 7.1.6: Every case must have the criteria for release from isolation/quarantine explained.

Element 7.1.7: Every case is provided with written advice following the interview on isolation/quarantine requirements, caring for self and protecting others and guidance regarding release from isolation/quarantine.

Tools

- Fact sheets
- Date calculators
- Follow up emails
- Release criteria

8. Health and welfare advice

Standard 8.1 Additional support requirements must be identified and provided for all cases who need it while in isolation/quarantine.

Element 8.1.1: Every case will be assessed for any additional health and welfare support required.

Element 8.1.2: Every case must be given advice about who/how they share their diagnosis with to mitigate adverse reactions/comments.

Element 8.1.3: Referrals to appropriate services must be made, including Māori and Pacific providers for relevant populations, if additional needs cannot be supported by a Case Manager.

Element 8.1.4: Every case is provided with support and culturally appropriate information in a language of their choice, where possible.

Tools

- Welfare forms
- Information for employers
- Escalation/red flag symptoms
- Referral forms for Maori, Pacific or other providers
- Interpreter services

9. Close out interview and explain next steps

Standard 9.1 Cases must have all their questions answered, understand what they need to do and be clear about the next steps before conclusion of the interview.

Element 9.1.1: Every case must be informed they will receive a daily check and that these may be either physical (visits) or remote (phone, email, app etc).

Element 9.1.2: Every case must be provided with appropriate numbers to call if they need help or have questions.

Element 9.1.3: Every case must have their understanding checked and confirmation of their intention to isolate/quarantine should be obtained.

Tools

- Release criteria
- Phone numbers for support services or questions
- Fact sheets

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10. Actions following interview

Standard 10.1 Additional post-interview work must be completed thoroughly, in a timely manner and to a high standard.

Element 10.1.1: Every exposure event(s) must be investigated, and an assessment made of contacts to establish if they are casual or close.

Element 10.1.2: Every case should be discussed with a supervisor (if deemed necessary in accordance with local procedures) and/or team to aid identification of high-risk cases or clusters.

Element 10.1.3: All required notifications and/or referrals to other agencies (PHUs, Police, the Ministry, GPs) must be made in a timely manner according to local protocols

Element 10.1.4: Case documentation must be accurate and fully completed including signatures, dates and times.

Element 10.1.5: Case details must be entered into electronic system(s) in a timely manner.

Tools

- Exposure event records
- Decision tools close vs. casual contacts
- Definitions of contacts
- Follow-up emails/letters/fact sheets
- Referral/notification forms for external organisations

11. Quality assurance and audit

Standard 11.1 Documentation requirements must be clear.

Element 11.1.1: Clear guidance around documentation must be established within organisations: what is needed, what is to be retained and for how long.

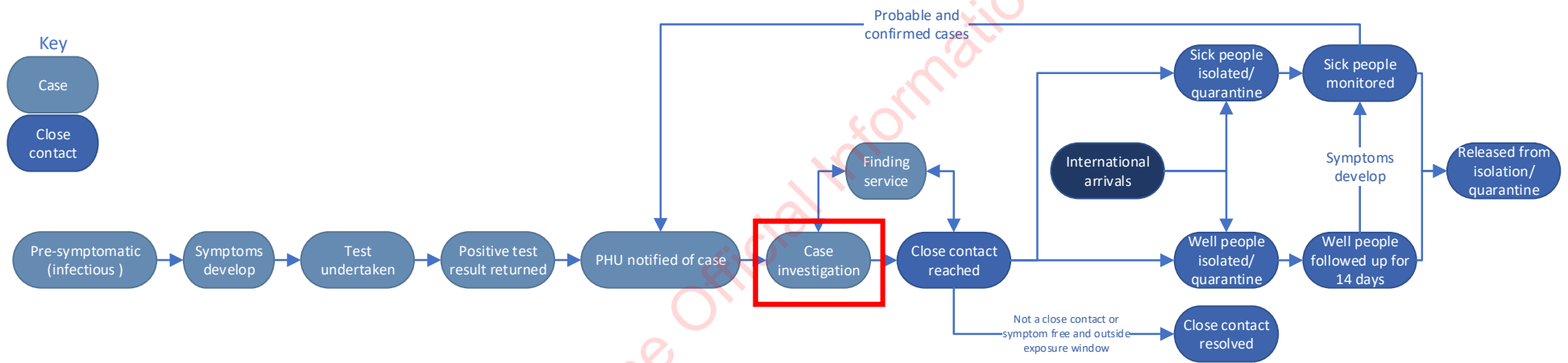
Standard 11.2 Processes for regular internal audits of case investigations must be established.

Element 11.2.1: An internal audit programme must be established locally to regularly assess the investigating agency's compliance to these standards and to enable prompt identification of quality improvements.

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Appendix 1: Case investigation in the disease pathway

The diagram below highlights the scope of this document in the disease pathway.



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Appendix 2: Detailed components of a case investigation

| | Component | Tools available |
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| Preparation | <p>1) Preparation and planning</p> <p>Goal: to ensure that partnerships are in place and workable solutions available with a wide range of community and NGO groups to support the rapid case investigation and contact tracing functions detailed below. It is essential that these relationships and solutions are established prior to disease events occurring as speed of response is frequently a critical aspect of investigations. This may include but is not limited to:</p> <ul style="list-style-type: none"> • Māori, Pacific and other ethnic communities • Aged Residential Care facilities • Local DHBs: particularly Infection Prevention and Control (IPC) and Occupational Health, Māori and Pacific health managers • Local Ministry of Education contacts, Early Childhood Council, schools, early childhood facilities, universities and other learning institutions • Primary Healthcare Organisations • Welfare support agencies • Interpreting services • Isolation/quarantine facilities • Correction facilities | <ul style="list-style-type: none"> • Operational policies • Standard operating procedures |

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| Case interview | <p>2) First contact</p> <p>Goal: to develop trust and rapport with case, clarify role of the PHU and confirm they are aware of their disease status (positive, probable, under investigation).</p> <ul style="list-style-type: none"> • Always talk directly to case and not to family members, unless the case is under 16, or is unable to provide the information (e.g. too unwell, cognitive impairment) in which case a family member or health facility staff may be appropriate • Ascertain if an interpreter is required • Introduce the PHU employee • Confirm that you are talking to the correct person • Inform the case of the reason for the call including what will be discussed and the role of the PHU • Check whether the case is aware that they have tested positive for COVID-19 and if not inform them of their results and what this means • Ask after their health (may be asymptomatic) • Provide an opportunity for the case to ask questions • Give brief overview of what will be discussed in the call: <ul style="list-style-type: none"> ○ contact and health record details ○ basic information about the disease ○ how they may have gotten sick/infected ○ why it is important to trace contacts ○ who else may have been exposed ○ isolation advice and protective measures ○ access to welfare support | <ul style="list-style-type: none"> • Call scripts • Case investigation form • Symptom checklists |
| Case interview | <p>3) Case details/first assessment</p> <p>Goal: to obtain details of current illness/symptoms including onset, past medical history, demographic and contact information, and undertake a health risk assessment.</p> <ul style="list-style-type: none"> • Establish date/time of onset of first COVID-19 related symptoms. Document all symptoms and any change in symptoms or severity over course of illness • Confirm name, address, contact information, ethnicity, occupation (identify if high risk occupation) and GP name and contact details • Identify any chronic symptoms, comorbidities, medication, smoking, alcohol and drug use. Highlight conditions that impact risk assessment (e.g. immunosuppression, cardiac disease) and decision-making regarding release from isolation (history of smoking, asthma, hayfever, chronic cough) • Perform risk assessment (consider referral of people at high risk of moderate to severe disease to primary care). • Identify red flag symptoms that indicate an urgent clinical review is required. | <ul style="list-style-type: none"> • Call scripts • Co-morbidities checklists • Symptom checklists • EpiSurv forms • Criteria for escalation to MOH or GP |

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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Case interview</p> | <p>4) Source identification</p> <p>Goal: to identify case’s potential source of infection with COVID-19 in the 14 days prior to onset of symptoms.</p> <ul style="list-style-type: none"> • Determine whether case has had contact with anyone with COVID-19 (either close or casual contact) • Obtain details of places visited, events attended, and people interacted with on each of the 14 days prior to symptom onset • Obtain details of any travel (e.g. planes, trains, taxis buses, ferries) | <ul style="list-style-type: none"> • Use data from apps • History forms 14/7 prior • Contact definitions close vs. casual • NCTS: create exposure event |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Case interview</p> | <p>5) Exposure events and contact identification</p> <p>Goal: to identify all close contacts, who may need to need to be isolated or quarantined. This includes recording details of all venues or situations where other people could have been infected (exposure events).</p> <ul style="list-style-type: none"> • Identify venues, premises and travel e.g. flight undertaken by case during their infectious period <ul style="list-style-type: none"> ○ International flights: be clear about dates (departure vs. arrival) • Systematically work through each of the exposure events to identify individual contacts at each event or location; transport where close contacts had allocated seating such as aeroplanes and intercity buses should be forwarded to NITC for identification • Gather enough information to determine the risk to those contacts (close contact or casual contact) • Collect names, DOB (or an estimate of age) and contact details, for all close contacts exposed to case during their infectious period (i.e. 48 hours prior to symptom onset up until the case was isolated) | <ul style="list-style-type: none"> • Call scripts • Close contact record sheets • Activity History forms • Fact sheets • Contact definitions close vs. casual • NCTS: create exposure event • NCTS: create close contact • NCTS: Finders Service |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Case interview</p> | <p>6) Isolation/quarantine requirements</p> <p>Goal: to ensure that the case understands the requirements for isolation/quarantine.</p> <ul style="list-style-type: none"> • Provide details of isolation/quarantine requirements and how decision will be made about when to release them • Check number of people in household and number of bedrooms (as a signal of overcrowding and ability to isolate/quarantine at home) • Ascertain whether the case is able to isolate/quarantine safely in their current location • Confirmation of intention to isolate/quarantine | <ul style="list-style-type: none"> • Call scripts • Fact sheets • Date calculators • Criteria for release |

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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Case interview</p> | <p>7) Health and welfare needs</p> <p>Goal: to determine if any additional health or welfare supports are required while in isolation/quarantine.</p> <ul style="list-style-type: none"> • Ascertain whether case has any welfare needs whilst in isolation/quarantine (e.g. food, income, social support, sick leave) • Confirm that their welfare needs are able to be addressed and if not reassure that referrals will be made to the appropriate services • Provide health advice – caring for self, protecting others <ul style="list-style-type: none"> ○ how to access support for physical and mental health ○ call GP or Healthline for any health needs ○ number to call for mental health support ○ information about COVID-19 and red flag symptoms that require urgent clinical review and advise case to call ambulance if these occur. | <ul style="list-style-type: none"> • Call scripts • Fact sheets • Welfare forms |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Case interview</p> | <p>8) Close out interview and explain next steps</p> <p>Goal: to wrap up interview and ensure that the case has all questions answered and to advise on the next steps.</p> <ul style="list-style-type: none"> • Opportunity for questions • Inform case of daily check-ins • Who and when to call for help • Check understanding regarding isolation/quarantine and when it ends • Outline the next steps in follow up – our contact tracing, including efforts to maintain privacy whenever able, the potential need to recontact case etc. | <ul style="list-style-type: none"> • Call script • Call checklist • Fact sheets • Daily check-in emails/call scripts |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Actions following interview</p> | <p>9) Actions following initial interview</p> <ul style="list-style-type: none"> • Discuss case with team leader or supervisor, if required dependent on staff member carrying out interview • Facilitate urgent clinical review by GP if required based on identification of current red flag symptoms or underlying conditions • Send a follow up email to patient summarising information covered in interview with links to information sources • Complete any referrals needed to address additional health and welfare needs • Complete, sign and date all hard copy documentation • Enter information into IT system(s) in a timely manner, including EpiSurv. | <ul style="list-style-type: none"> • Call checklist • Referral forms • GP letter template • Follow-up email template • NCTS/EpiSurv access |

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| Further investigation | <p>10) Additional investigations following call</p> <p>Goal: to undertake additional investigations to identify close contacts that the case could not personally identify.</p> <ul style="list-style-type: none">• Obtain any additional information that is required to detail exposure events and or close contacts• Contact premises and venues to obtain lists of potential close contacts• Obtaining lists of potential close contacts, including details of flights to forward to NITC for further investigation; transport where close contacts had allocated seating such as aeroplanes and intercity buses should be forwarded to NITC for identification• Evaluate exposure events and identify any close contacts vs. casual contacts• Refer in a timely manner as necessary to other investigators and or agencies if assistance is required with these investigations. | <ul style="list-style-type: none">• Clinical Definitions of Close and Casual Contacts• Decision tools around escalation and which patients to trace• Referral forms for external agencies |
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