04. COVID Welfare – Call 4

Our daily check in calls with Service Users who are in self-isolation due to being a confirmed close contact of a confirmed or probable case of COVID19.

Document 1

4.1 COVID Welfare - Call 4

Step 1 Welcome

Outbound	Inbound
Kia Ora, I am a health advisor calling from COVID Healthline. My name is ___________. Can I confirm that I am talking to *Service User Name.* Before we get started, can I confirm your full name and DOB? Repeat the details. Is this the best number to contact you on? Update the preferred contact number if it is different from what is recorded. If **unable** to get through to the Service User leave the following **voicemail** and Log a Call on Salesforce. Kia Ora, this is COVID Healthline. We are calling you today to complete our daily COVID 19 check in. We will call you back later today or alternatively, you can call us back on (09) 3068748 between 8am and 8pm.	Kia Ora, welcome to COVID Healthline. My name is *your name.* Thanks for calling us back. Can I please take your name and contact number? Repeat the details. We contacted you because we believe you are or should be in self-isolation. Could you tell me your full name and date of birth and I'll look up your record?

I'm calling you today to run through our Daily Check In, find out how you're doing and see if there's anything we can help with. Is that ok? Note: If the Service User is unavailable because they are in hospital or residential care, a managed isolation facility or has passed away, end the call appropriately, and follow the **post wrap up call steps.**

Step 2 Daily Check In Wizard

1. Last Date of Contact
Are you aware of any more recent exposures to a case? If they don't know. Our records show your exposure date is [date]. Is this correct? If the Service User insists that the dates should be different, please raise a Healthline Non-Clinical Escalation.

2. Day 4 and Day 11 Test Reminder
If prompted, remind the Service User to get a day 5 or 12 test. Do not disclose any information about test results to the Service User.

3. Symptom Check
Run through each symptom individually on the screen with the Service User and mark yes/no.
If YES to COVID consistent symptoms: Are they new or worsening? If yes, raise a Healthline Clinical Escalation. If NO, do not raise a Clinical Escalation for known symptoms.
If YES to non-COVID consistent symptoms, offer the SU a clinical callback. If YES, raise a Healthline Clinical Escalation.

Medical Emergency (e.g. requires CPR or is not breathing or is unconscious): Warm transfer to 111

4. Household Check
If any symptoms are ticked, follow advice either in the **Decision Pathway** or **Post call wrap up**

5. Self Isolation Rules
As a close contact you are required to be in Self-Isolation for 14 days from the date you last had contact with the confirmed or probable case. Please can you tell me the rules you are following as an identified contact?
Ensure the Service User tells you the requirements - don't just accept yes.
*If the answer is **YES – non-compliant** to either of these questions, ask for more details and record them.*

- *Determine if there was a reason why the Service User could not self isolate and talk to them to help resolve this issue. Raise a clinical call back.*

Remind the SU of the change in Close Contact management (factsheets linked here). You can go outside, but you need to stay on the property.

6. Additional support questions: Welfare and Referrals Pathways. Pathway to 1737 if anxious or stressed

7. Release Requirements
If the Service User is ready for release, follow guidance as set of out in **Release Requirements**.

4.2 COVID Welfare - Call 4

Step 3 — Daily Check in via email

We are now able to offer you the option of completing your daily check-in via an email survey rather than a phone call.
Would you prefer to receive an email survey to complete? If yes, continue with sections A, B and C below.
Don't offer daily check-in via email if the Service User has any notes indicating that they must do daily phone check-ins.

A — Daily Check in via email survey

Check that the Service User understands the email will be in English.
The survey will be in English. Are you ok with that? Do you have someone with you in your bubble that could help you complete the survey?

Check that the Service User has an email address.
Can you confirm that the email we have for you is the one where you would like to receive your email survey? / Can you provide an email address where you would like to receive your email survey?

B — Don't proceed with an email survey if the following criteria apply

- The Service User does not have a sufficient level of English to complete the survey accurately, nor somebody available to help them.
- The Service User does not have an email address.
- The Service User is symptomatic.
- The Service User has been identified as being of higher risk by a clinician.
- The Service User has welfare needs that are not yet resolved.
- The Service User has been linked to an EE that is considered high risk.
- The Service User has previously failed to complete an email survey.

You should check the Language field, Email field, Symptoms flag and Notes to determine if any of these criteria apply.

C — Check understanding

Advise the Service User to expect the following

- The survey will be sent to you daily by email at 5am
- The subject line will say "COVID-19 Daily Survey for Disease Contact". You may need to check your junk mail. Please click on the survey link.
- You are encouraged to complete this first thing every day, and at least by 2pm
- You will receive a reminder text message in the morning at 8am, and again around 2pm if you have not completed the survey yet
- If you do not complete the survey by 5pm, we will attempt to call you
- On Day 14, you will not receive an email survey - we will call you.

See Job Aid here to continue with changing to Email Surveys.

4.3 COVID Welfare - Call 4

Step 4 Close

A Closing statements

If the Service User is not being called back by a COVID Clinician OR is asymptomatic

If anything changes call us back on 09 306 8748 between 8am and 8pm. Outside of these hours please call the COVID Healthline and if it becomes a life threatening emergency, please call 111.

If the Service User is being referred to testing, or any other health services provider

If anything changes call us back on 09 306 8748 between 8am and 8pm. Outside of these hours please call the COVID Healthline and if it becomes a life threatening emergency, please call 111.

If the Service User will be waiting for a callback from a COVID Clinician

If anything changes call us back on 09 306 8748 between 8am and 8pm. Outside of these hours please call the COVID Healthline and if it becomes a life threatening emergency, please call 111.

B Check understanding

It is important to ask the Service User to repeat what they understand the advice to be. Check that they have understood the key elements of the advice we have provided, particularly when to call us back, and when to call 111 should the situation become a life-threatening emergency. If any elements are not clear, repeat and reinforce those elements. Below are some suggested questions, please modify these to fit your style – do what feels natural.

1. **If the Service User is being referred to testing, or any other health services provider**
   Can you repeat back to me the advice I have given you today?
2. **If the Service User does not repeat the worsening statement, please prompt them as follows:**
   What will you do if your symptoms become life threatening?
3. **If the Service User will be waiting for a callback from a COVID Clinician**
   Can you tell me what you would do if your situation gets worse?
4. **If the Service User is not being called back by a COVID Clinician OR is asymptomatic**
   What will you do if you develop symptoms? (There is no need for the SU to repeat the number)

Service User is feeling physically or mentally unwell

Imminent Danger (e.g. suicidal, possible stroke, chest pain, requires CPR or is not breathing): Escalate to your supervisor the clinician manning the queue
Mental Health Emergency: Warm transfer to1737

Is unconscious: Warm transfer to 111

Otherwise, refer to the **Decision pathway** to information around testing advice or clinical call backs.

National Investigation and Tracing Centre

Standard Operating Procedures

Contact Tracing Operations - Call 3 Process

Version 1.8

Version	1.8
Date	33/08/2021
Owner	National Investigation and Tracing Centre – planning and support
Status	Interim
Review date	September 2021

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Version control

Version	Date	Changes made
V1.8	August 2021	Streamlined and updated to include recent changes (Welfare referrals, Email surveys) and targeted to new stand-up teams (Datacom and AOG)
V1.7	May 2021	R6 amendments
V1.6	16 December 2020	Amendment to update all SOPs in line of NITC script changes and NCTS functionality
V1.5	6 August 2020	Amendments to update with set-up and authenticator, expanded SP04, SOP05 relating calls, SOP13 sending an SMS, and update on escalation pathway for Shift Leads/Operations Lead
V1.4	24 June 2020	Amendments to update in line of NITC script changes
V1.3	15 June 2020	Amendments to recording of Occupation details in SOP03 SOP07 revised to include advice for Close Contacts in managed quarantine facilities
V1.2	2 June 2020	Updated Appendix 1 and 2 included
V1.1	18 May 2020	Amendments based on NCTS 4b release – additions of SOP 10, 11, 12
V1.0	11 May 2020	NITC Managers sign-off
V0.2	7 May 2020	Updated with feedback from NITC Ops, Shift Lead, NCTS trainers, Planning & Support Manager NFP and external
V0.1	5 May2020	Compiling all NITC SOPs for feedback from Shift Leads and Ops Manager

Document 2

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Record	Meaning
Participant Profile	This record is created for any person whose details appear in the NCTS. It is useful as a 'home' for all contact tracing information associated with that person over time.
Person Profile	This record is created for people in New Zealand who are registered with an NHI number (i.e. residents and citizens of New Zealand). This is linked to an individual's Participant Profile and the related Case or a Disease Contact record.
Case	Refers to a person who has tested positive for COVID-19. This record is created from a Case Event which is automatically loaded into the NCTS from EpiSurv.
Case Event	When a COVID-19 Case is recorded in EpiSurv (an external record system), the NCTS will automatically receive these updates in the form of Case Events. This includes when Disease Contacts are advanced to Cases after testing positive for COVID-19. Once Cases appear in the NCTS, it is possible to begin the process of contact tracing.
Disease Contact	A Disease Contact is the record used for people who have been exposed to a Case but have not tested positive for COVID-19. Disease Contacts are classified into different types such as Close, Close Plus, Casual, Secondary etc. depending on the nature of their contact with the Case(s).
Secondary Contact	A Secondary Contact is a sub-type of Disease Contact. Secondary Contacts are people who have had contact with Disease Contacts but not with Cases directly.
Management Plan	A Management Plan determines all scheduled activities for the Case or Contact. This includes swabs, calls, and check-ins. These activities are automatically created by the system. The specific activities assigned depend on the individual's situation (i.e. type of Exposure e.g. Close, Casual, Secondary).
Test Result	Test Results can be retrieved for a Case or Disease Contact who taken a swab test to check whether they have contracted COVID-19. This information appears in the NCTS automatically, but you can also manually retrieve test results when needed.
Exposure	An Exposure represents a contact that has occurred between a Case and a Disease Contact, or between a Disease Contact and a Secondary Contact. In the NCTS, Exposures will have an origin (e.g. from the COVID tracer app, from a Household) and a type (Close Plus, Close, Casual etc).
Exposure Event	An Exposure Event refers to a location and time period where an exposure to COVID-19 in a physical setting has occurred. E.g. weddings, cafes, flights, etc. An Exposure Event may have multiple Cases, Disease Contacts, and/or Secondary Contacts associated with it.
Household Group	A Household group identifies and links individual Cases and Disease Contacts who live together. It allows us to see the Household's Exposure Events and Exposures for better investigation in the Contact Tracing process and allow for easier management and communication with that Household as a whole.
Clusters	This record is used to link Cases, Exposure Events and Disease Contacts to provide visibility of those who are connected to each other as a Cluster.
Contact Location	This is the representation of a digital diary entry submitted by an App user or manually created. This may be viewed by an authorised NCTS user as part of the investigation for a Disease Case. Contact Locations can be bulk uploaded and converted to Exposures in the NCTS.

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Changes to the National Investigation and Tracing Centre Standard Operating Procedures: Contact Tracing Operations - Call Processes Changes – updates 1.8 – released 23 August 2021

This document outlines procedures for safe and effective call undertaking for the National Investigation and Tracing Centre (NITC). This collection of Standard Operating Procedures (SOPs) is one of several SOPs that describes working practices in the NITC. This document will be updated quarterly or as required.

The Contact Tracing Operations – Call Processes SOPs are a living document, designed to reflect developing best practice and the on-going functionalities of the National Contact Tracing Solution (NCTS) system. Accordingly, it is regularly updated. All changes made in the SOPs have input and review from the Ministry of Health, NCTS superusers, educators and analysts, and clinicians, as required. The SOP is also refined from on-going external phone providers' feedback. Below is a summary of the key changes that you should familiarise yourself with.

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Purpose of the NITC Standard Operating Procedures

The purpose of this document is to provide a step-by-step guide to assist National Investigation and Tracing Centre (NITC) staff to perform the following:

Close contact calls (Call 3)

Background

Case investigation and contact tracing, along with other health measures including isolation, quarantine, and vaccination, are evidence-based measures shown to reduce morbidity and mortality associated with COVID-19. Contact tracing is a vital part of responding to COVID-19. It helps to stop the spread of the virus and supports those who become unwell. A comprehensive contact tracing system provides the opportunity for the Ministry of Health's NITC to prevent potential onward transmission, raise awareness about the disease and its symptoms and support early detection of suspected cases.

The National Investigation and Tracing Centre

The National Investigation and Tracing Centre (NITC), formerly the National Close Contact Service, was established on 24 March 2020 and provides the contact tracing service for all close contacts delegated by the Public Health Units (PHUs).

The NITC key deliverables are to:

1. prevent potential onward transmission of COVID-19;
2. raise awareness about COVID-19 and its symptoms;
3. support early detection of suspected cases by ensuring the safe, effective and timely quarantining of close contacts within 48 hours of notification by PHUs.

NITC Contact Tracing Operations Core Functions for Contact Tracing

The core functions of the NITC Contact Tracing Operations are to support contact tracing through provision of:

1. clear and effective communication to individuals identified as contacts of a COVID-19 Case, and to confirm their understanding of self-quarantine requirements and agreement to self-quarantine;
2. referral to the NITC Triage team within specified timeframes to obtain alternate viable contact details, when a Disease Contact cannot be reached;
3. referral for testing and clinical follow up of Disease Contacts who are identified as symptomatic with clinical signs consistent with COVID-19;
4. referral for clinical review and follow up of Disease Contacts that are unable to self-quarantine in line with policy requirements;
5. referral to external call provider for ongoing follow-up phone calls (either daily calls, or as appropriate, according to the relevant management plan) of all Disease Contacts that are asymptomatic;
6. undertake Outreach activities and any on-going referrals for any Disease Contacts that do not agree to self-quarantine in line with policy requirements;
7. provision of additional information and connection to other agencies for additional support if requested (eg., vulnerable populations, Need to Talk 1737 or financial support).

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SOP01 - LOGGING IN TO NCTS AND STARTING YOUR SHIFT

1.1 INTRODUCTION

The National Contact Tracing Solution (NCTS) is the IT system, also known as Salesforce, where contact information is captured. You will use the NCTS for your workflow, to document calls and call outcomes, etc.

1.2 BUSINESS RULES

You are required to login to NCTS and AWS Connect Softphone at the start of your shift and log off at the end of your shift.

1.3 STEPS

Follow these steps if logging in for the first time:

Salesforce is a secure system that uses two-factor authentication, this is the level of security that is used for online banking. This is to confirm that a valid login is being made.

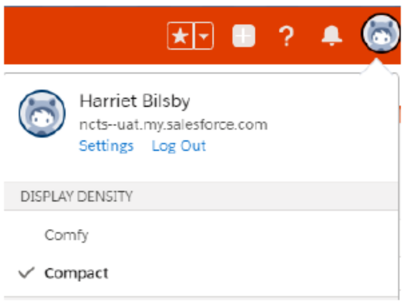
1. Download the Salesforce Authenticator App from Google Play or Apple App store. This is free and available for most models of phone.

2. You will receive an email from support@emea.salesforce.com titled "Finish resetting your Salesforce Password". Note: Your username is this email.

3. Open the email and copy the long link. Paste this link into Google Chrome. Once you have done this, you will receive a verification email with a 5-digit code in it. Put this number into the box on the computer screen. This sometimes takes up to 15 minutes to be sent through.

4. Create a unique password and answer the security question. Your password needs to fulfil the following criteria:

- ;
- 10 characters
- 1 uppercase letter;
- 1 lowercase letter;
- 1 number;
- 1 special character.



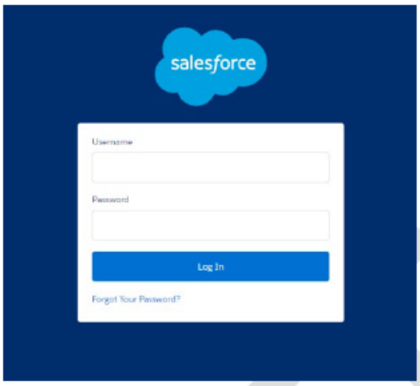
5. Link the Salesforce Authenticator App to your NCTS account. Log out of NCTS by clicking on the personal profile icon in the top right-hand corner and clicking log out.

6. Log in by entering your username and password. A screen will appear that says, "Connect Salesforce Authenticator", follow the onscreen instructions.

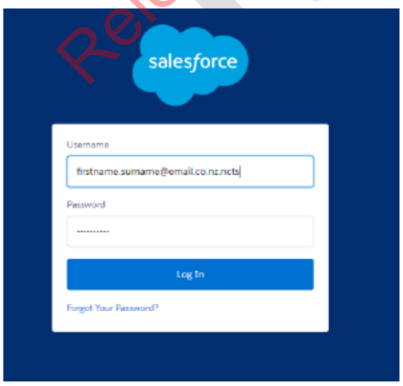
7. Once you have put in the two-word phrase, click connect. A notification will pop-up in the Authenticator app, click “Connect”. A green tick will appear on your computer screen. You have successfully added the Authenticator app to your NCTS account.

Follow these steps to log in everyday:

1. Log in to your desktop.
2. Open a web browser, the recommended browser is Google Chrome. A full list of supported browsers can be found on the Salesforce website: https://help.salesforce.com/articleView?id=getstart_browser_overview
3. Copy and paste the URL for the NCTS: ncts.my.salesforce.com.
4. The Salesforce log in screen will launch:

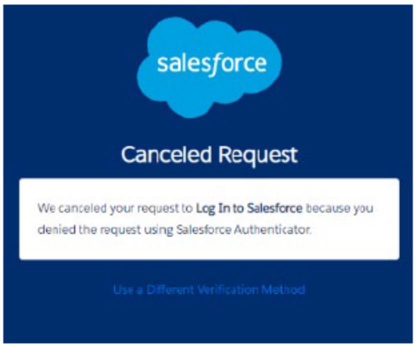


5. Each time you log in, you will need to enter your username and password. If you are inactive for 30 minutes, you will be automatically logged out.



6. Click "Log in". You will be prompted to open the Salesforce Authenticator app on your phone and click "Approve" on the app.

Note: If you have a time out issue on your computer, open the app first and refresh the app and then the web page.



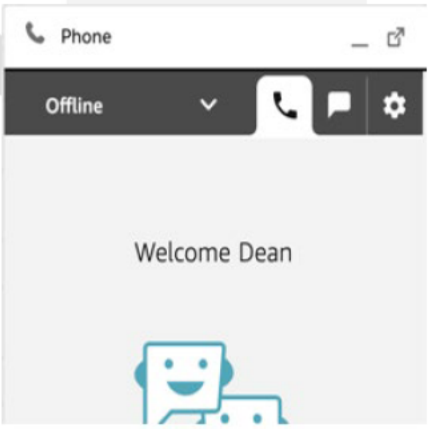
Logging in to AWS Connect Softphone:

1. Once you have logged into NCTS, you will see a tool bar at the bottom of the screen with a phone icon. Click on the phone icon.

2. A screen will open in the left-hand corner. Click on the "Sign in to CCP" button. If any pop-ups appear, click allow. This will enable you to use your microphone.

3. A welcome screen will appear, to start using the Softphone, set yourself to "Available", by clicking on the down arrow.

4. To make a call, you:



- use the keypad to type in the number – remember to choose the right country code by scrolling through the flags;
- click on any phone numbers which are highlighted in blue in the primary phone number and Contact Details object.

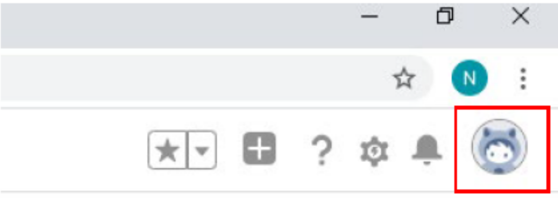
Note: If the blue phone is grey and has line through it, you need to sign-in to the AWS Connect Softphone or you do not have access to the softphone.

Follow these steps when working on NCTS at the start of your day:

1. Log in to NCTS.
2. Check the Knowledge Base and/or relevant Teams channel for any updated scripts, FAQs, policies, etc.

Follow this step to log out:

1. To log out of the NCTS, click the account icon in the top right corner of the screen and select 'Log Out'.



Follow these steps if you have forgotten your password:

1. If you have forgotten your password, you will need a 'Reset Your Password' email sent to you. To get this, contact NCTS.Servicedesk@health.govt.nz or call on 0800 223 987 and include the following:

   1. Detailed description of the issues;
   2. The environment you are experiencing this issue in (ie, training or production);
   3. Your phone number.

   Note: You will be locked out of the system after three failed login attempts. If you lock yourself out of the system or if the reset password link doesn't work, please follow the step above.

Follow these steps if you are unable to access the Authenticator app for your shift:

1. If you have forgotten your phone and are unable to access the Authenticator app, please contact the support mailbox NCTS.Servicedesk@health.govt.nz or call 0800 223 987 and ask for a one-time password to be generated. The support mailbox is manned between the hours of 9am and 5pm, seven days a week.
2. You will be given a temporary verification code for you to use for the day.

Additional information:

For quicker access to the NCTS, use one of the following methods:

- **Bookmark the link:** At the top of your browser, use the star icon to 'favourite' the NCTS and add to your bookmarks.
- **Automatically launch the NCTS:** Set the NCTS as your homepage so the log-in page comes up every time you launch your browser (Chrome). This is often done under 'Settings' within your browser.

- **Add the NCTS to your desktop homepage:** Many browsers allow you to add an icon to your desktop linking directly to the NCTS. In Chrome you drag and drop the URL when it is open onto your desktop to create an icon.

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SOP02 - Finding your 'All Disease Contacts - Assigned To Me' Disease Contacts

2.1 Introduction

In order to make calls to close and casual contacts, you need to be able to identify contacts that have been assigned to you in the National Contact Tracing Solution (NCTS).

2.2 Business rules

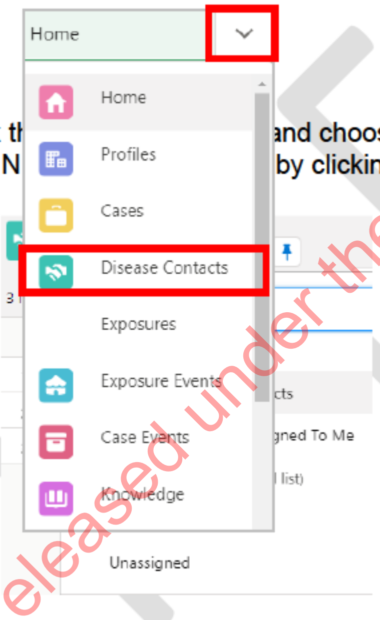
- During your shift you must work through your Assigned Disease Contact list.
- To make contact with as many Disease Contacts as possible in a timely manner, you must request more Disease Contacts to be assigned to you when you have worked through your assigned calls.

2.3 Steps

Follow these steps to find the disease contacts that are assigned to you:

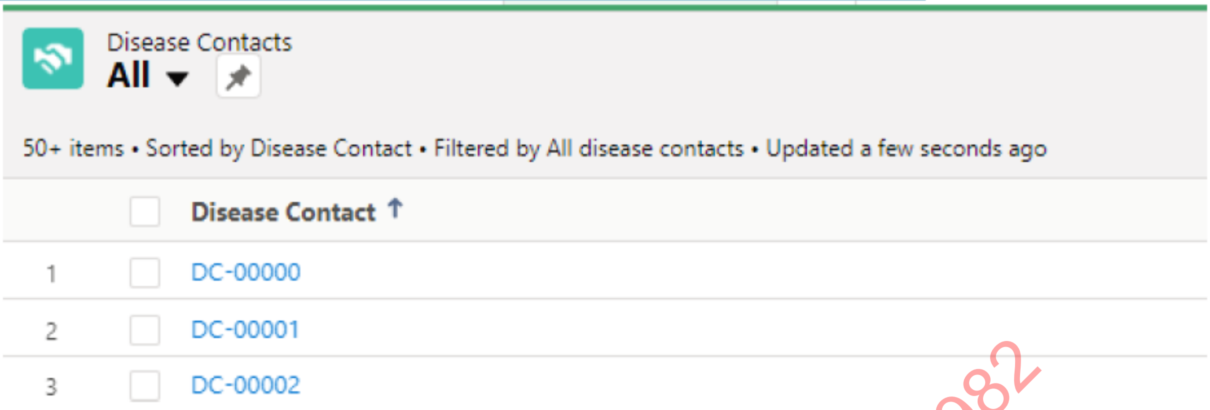
1 Find your assigned list of disease contacts.

.1. Click on the arrow next to 'Home' at the top of the screen and select 'Disease Contacts'.



- Click th and choose 'Disease Contacts - Assigned To Me'.
  N by clicking on the pin.

- Click on the column header 'Disease Contact' to sort the list into numerical order. Open the Close Contact record by clicking on the Close Contact Identifier (DC-XXXX).



Note: If you have completed all your assigned Disease Contacts, contact your Shift Lead.

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SOP03 - Making a Disease Contact phone call

3.1 Introduction

Contact is made with close contacts to minimise the risk of the spread of COVID-19. Checks are made on the presence of any symptoms, and information given about self-isolation and testing, informed by the particulars of the Exposure Event and/or individual 'Exposure'. Information about available cultural support/Manaaki support services is also provided.

The NITC is only one part of the overall contact tracing process. Public Health Units are also involved in contact tracing, as are external call providers contracted by the Ministry of Health. Several types of calls may be made in contact tracing, but this SOP focuses on the Disease Contact – Close Contact call to close contacts in the community.

1.

The majority of this contact requires that close contacts have a mobile phone and/or landline; however, email is now being utilised as well.

All close contact calls made via the NCTS system are recorded for quality assurance purposes.

3.2 Business rules

1. All Disease Contacts with a phone number should be called where possible, even if this is an international phone number.
2. Call scripts will guide the phone conversations.
3. All Disease Contact phone calls using AWS Connect Softphone are recorded.
4. An interpreter must be arranged, if required (see SOP11).
5. Two call attempts are made to mobile numbers and two call attempts to landline including at least one call out of hours over a 24-hour period.
6. If there are multiple numbers for a Disease Contact, calls will be attempted to these numbers in parallel.
7. An after-hours call attempt may provide greater opportunity to reach Disease Contacts, particularly for landline numbers.
8. If call attempts are commenced outside of regular business hours (after 6pm), then it is important that remaining call attempts are made at the beginning of the next shift, as a matter of priority.
9. If above call regime is exhausted, the Disease Contact will be sent to the Finders Service.
10. If a number is invalid (ie, no ring tone, or recorded message stating that the number is not valid), try alternative numbers prior to sending to the Finders Service.
11. If a number does not appear valid (eg, begins with 026), then it is possible that this was a data entry error. Mark number as 'invalid' and write a note documenting why the number was invalid. If no other phone numbers are available, then send Disease Contact to the Finders Service immediately.
12. Ensure all call attempts against each available number is recorded in the Disease Contact Notes section.
13. Any other important details about the Disease Contact must be logged in the 'Disease Contact Notes section'. Refer to SOP4 – Logging calls and making Notes.

3.3 Steps

Follow these steps to make a Call to a Disease Contact (Call 3):

1. Find your 'Disease Contacts - Assigned to Me' list - Refer to SOP02.

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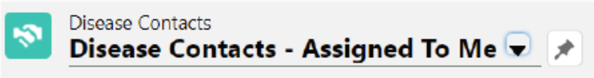
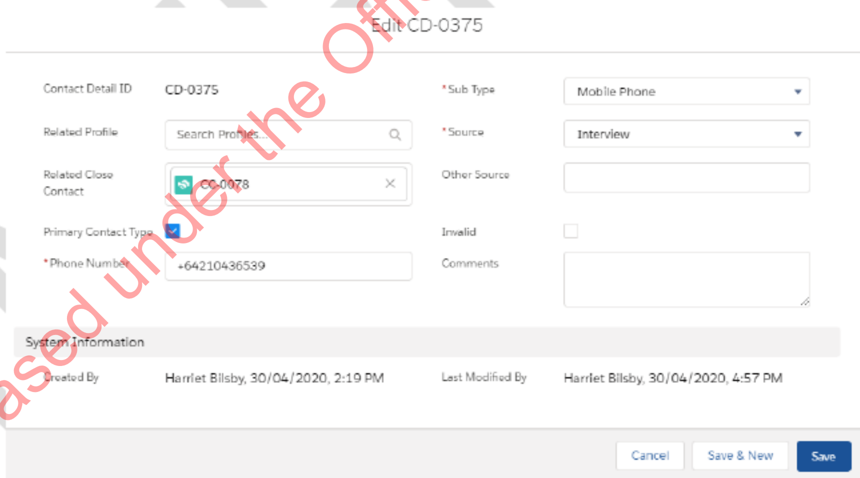


2. Select a Disease Contact assigned to you by clicking on the Disease Contact unique identifier.
3. Review the Disease Contact documentation including the details of their exposure event and exposure type, any notes attached to the Disease Contact's record and other group records or exposures.

Follow these steps if a Disease Contact has a phone number:

1. Calls are made to the Primary Contact Number.
2. If the first call attempt was unsuccessful then you will need to check if there are other numbers that can be attempted on the contact details. Find alternative numbers by selecting Personal Info on the right side of the page to open the Contact Details list. To amend a number or change a Primary Contact Number, follow these steps:
    a. Open the contact detail by clicking the DCXXXX identifier, next to the number you want to edit.
    b. Edit the contact detail by clicking the pencil icon, untick the primary number and tick the invalid box. Write a comment as to why the number was marked invalid. Click Save.
3. If the Disease Contact is reached when calling a non-primary mobile number, ask Contact for best number to reach them on and mark this number as the primary phone number.
4. Open the Contact Detail by clicking the CD-XXXX identifier, of the number you want to make the primary contact.
5. Edit the Contact Detail by clicking the pencil icon and tick the Primary Contact Type box. Click Save.



Note: When the primary number has been updated in the Contact Details, it will populate the Primary Phone section on the Disease Contact record.

Call attempts process for a Close Contact:

- Two call attempts are made across all available mobile numbers, and two attempts to landlines over a 24-hour period.
- If the Disease Contact cannot be reached on their primary number, call attempts are made immediately to other available numbers in parallel to their primary number.

2. Call attempts must be spread out over a full 24-hour period, maximising the opportunity for the disease contact to pick up the call.
3. At least one call attempt must be made outside of business hours (ie, after 6pm).
4.

5. Record all call attempts in the call log including the phone number used and additional information (such as why a number is invalid) in the 'call log comments section'. Refer to SOP04 and/or Finders SOP-236 for more detail.
6. Prior to sending to the Finders Service, the 'Get NES' function should be used in order to attempt to get more contact details for the Disease Contact. All new phone numbers retrieved by 'Get NES' should be called in accordance to the above.

Follow these steps if a Disease Contact is reached:

- Use the Disease Contact script to guide the phone conversation. Scripts will be provided by your Shift Lead.
- The caller must ask, if appropriate, whether the Disease Contact would prefer to have the call completed in another language. If required, arrangements must be made for an interpreter (see SOP11).

4 The caller must ask whether the Disease Contact has any specific accessibility or communication needs and if any assistive devices are needed.

5 Ensure all sections of the script are discussed and guidance is given on who to contact if they become unwell.

6 Document the Disease Contact call in NCTS by completing the relevant screens as required during or at the end of the call by using the Disease Contact Q&A or Edit on the left-hand side of the screen. See steps below on what information needs to be captured.

1. To begin the Disease Contact Q&A Wizard, click next.

2. Ensure to gather any missing personal details, including ethnicity. Complete relevant fields in Person Details section.

3. Employment/Education Organisation Name If applicable

4. Symptoms and onset date, other health conditions, and if they have had a test or been advised to go for a test.
5. Complete the quarantine details including any additional information.
6. Complete the call following the script. This will include giving information about self-isolation/Stay at home and testing, as determined by the Contact Categories Management Chart.

If the Disease Contact requires specific support due to a perceived barrier to complying with testing and isolation advice (eg food, transport or accommodation), follow these steps:

1. Write a Note detailing the specific welfare/manaaki needs (Refer to SOP04 – Logging Calls, Making Notes and Editing)
2. Navigate to the Status and Management Details on the left side of the page and find the **Team Managed By** field.
3. Click on the pencil icon to edit, and type "Welfare" into this field.
4. Navigate to the nearby drop-down box entitled **Manaaki/welfare referral made to** and select the PHU of domicile – this is the PHU linked to the address where the Disease Contact is isolating.

5. Save.

At the end of your investigation, you will need to ensure the Disease Contact begins receiving daily email check surveys. To do this, ensure ther Disease Contact has an email address in the system and follow these steps:

- The Disease Contact will have to be in the 'In Follow Up' status to conduct a Health Check.
- Scroll down to the 'Person Details' section on the left-hand side of the page and find the field called 'Preferred Follow-Up Method'. Select whether the person will be contacted via email or phone (in this case – Email).
- If you have selected "Email", you will see that **Follow Up Check-In** tasks will generate and can be viewed in the "Open Activities" panel on the lower right-hand side of the page.
- You will also see that Survey Invitations have generated, which will be automatically sent in an email to the Disease Contact on relevant days (every day if they are a Close or Close Plus Contact). You can click on the blue link under the "Invitation Record" to view the email text that the Disease Contact receives.
- You can also click on the "Invitation Link" to view the webform that the Disease Contact will access.
- To see completed responses, click on the relevant "Follow Up Check-In" in Activity History (6). Alternatively, you can click "Printable View" in the top right-hand corner drop down to view all previously completed Q&A details in one place. You may need to scroll down the page to see these.

Notes:

- If the Disease Contact is symptomatic, refer to SOP08– Referral for Symptomatic Disease Contacts.
- After you have discussed all necessary details of the script and provided the appropriate guidance and available support services, please end the call.
- The caller should escalate the Disease Contact to the Shift Lead:
- cannot comply with quarantine requirements due to a personal issue;
- declines or refuses to self-quarantine or get a COVID-19 test;
- states that they are not a Disease Contact;
- states that they are a confirmed COVID-19 case.
- Refer to SOP04 - Logging Calls, Making Notes, Editing Addresses and SOP05 Relating Disease Contacts in NCTS to ensure all details are recorded correctly.
- Shift Lead will email the Operations Lead and inform them of the symptomatic Disease Contact and that the Disease Contact has been referred for testing (see SOP08 for detail). Email is to be sent via NITC_OPS_escalations@health.govt.nz

FURTHER GUIDANCE

6 To find additional contact details for Disease Contacts you can use the 'Get NES' button, refer to SOP07 – Retrieving contact details from the NES or using the COVID Tracer details.

7 If a number is invalid (ie no ring tone, or recorded message stating that the number is not valid) refer to SOP09 – Refer to Finders Service.

SOP04 – Logging Calls, Making Notes and Editing Addresses

4.1 Introduction

Logging Calls

A call can be logged at any time. You should log every call you make, even if the Disease Contact did not pick up as it is important to keep track of the number of calls attempted, the calls made and the outcome of those calls. Enter any comments regarding how the call went in the Activity 'Log a Call' 'Comments' box. Do not use abbreviations as this makes it difficult for other users to understand what has been written.

Making Notes

The Notes section is the place to capture any information that might be relevant for the next person dealing with this Disease Contact record and summarises the phone call made to the Disease Contact. It is a place where you will add comments regarding any escalations and issues with the Disease Contact.

Editing Addresses

If a Disease Contact address (Usual Place of Residence or Location of Quarantine) needs to be updated after a phone call, an easy way to do it is by using the address look-up to search for an address without knowing the complete address details.

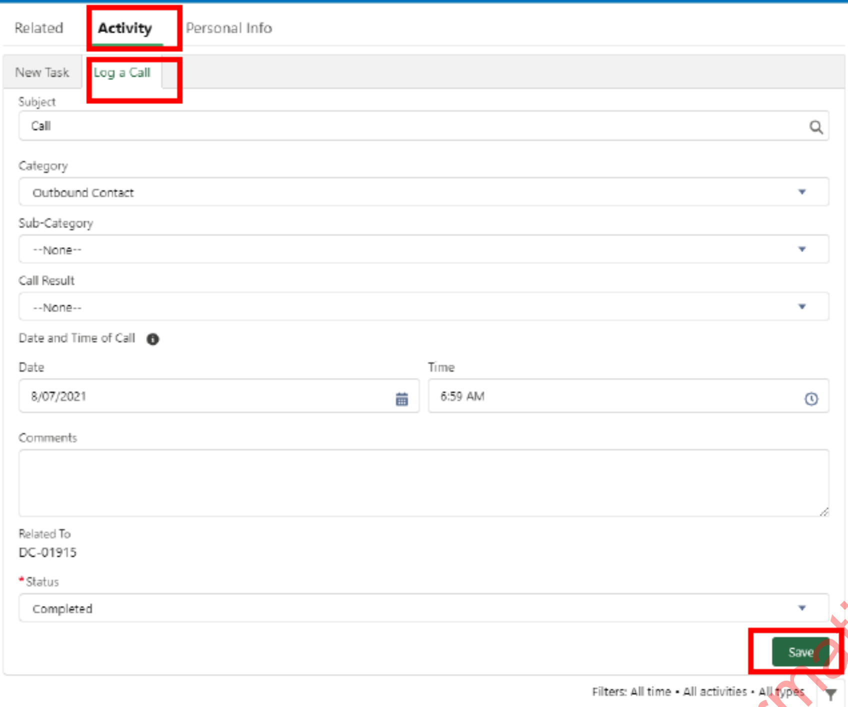
4.2 Business Rules

1. Record all calls attempted on each shift and record the outcome for each call made.
2. Record which number the call was made to in the Call Log Comments.
3. All comments regarding the Disease Contact call are to be recorded in the 'Notes' section in the Disease Contact record.
4. Detailed notes should be made if the Disease Contact indicates that a complaint may be made and email the Team Lead. The Team Lead will advise Operations via email.
5. Read all information in the Disease Contact record, including the 'Disease Contact Comments', 'Notes' and 'Exposure Event'.
6. Ensure all addresses are correct and up to date.
7. Relate Disease contacts to enable other people using NCTS to gain the bigger picture of the Disease Contact.

4.3 Steps

Follow these steps to log a call:

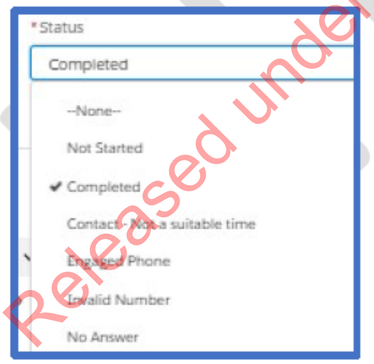
- On the righthand side of the Disease Contact page, click on the 'Activity Tab' to 'Log a Call'.



- The above screen will pop up. You must fill out all fields especially the field marked with an * and click save.

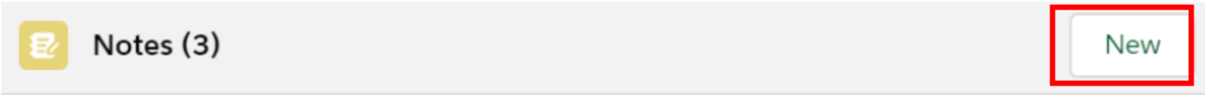
- Log all call details in:
- Call Results
- Any comments
- Call Status

For call status select the appropriate drop down:

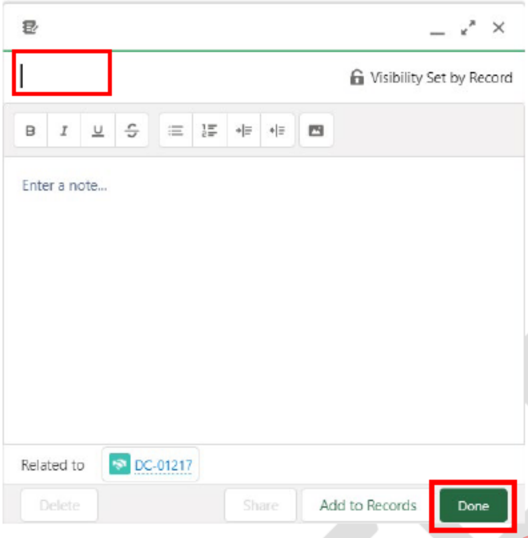


Follow these steps to log a Note:

1. Scroll up to the Notes section at the top of the Disease Contact record and click on the New button.

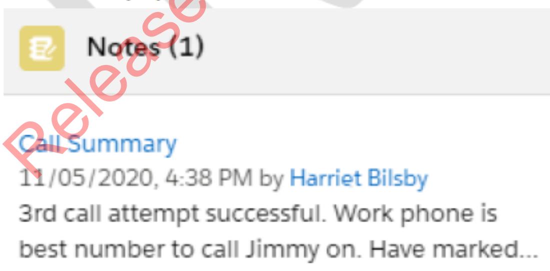


2. This will pop up a quick view screen.
3. Give the Note a title (eg. Summary of shift one, no contact made).
4. Click on the body of the note and enter the information you want the next NCTS user to see.
5. Click the 'Done' button.

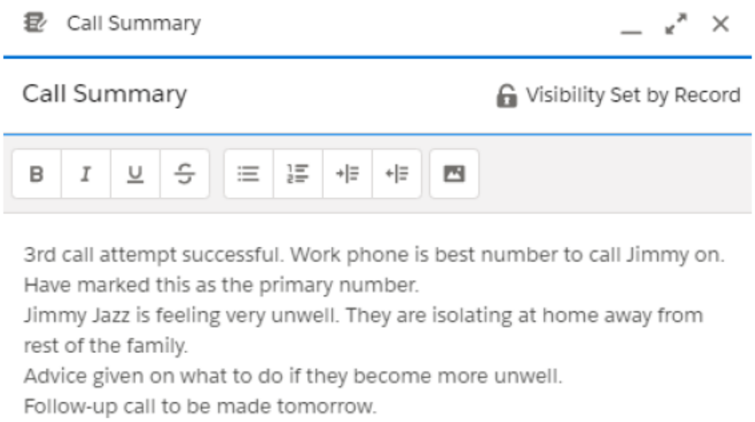


Important things to remember when logging a Note:

- The Notes section is where communications with Disease Contacts are summarised. Keeping accurate notes is important and relevant for the next caller. For example:
  - the Disease Contact has already been called by someone else in the NITC
  - the Disease Contact stated they are COVID-19 positive or family member is unwell.
- The Notes section has a time stamp, this means the date, time and who is recording the note is auto populated.



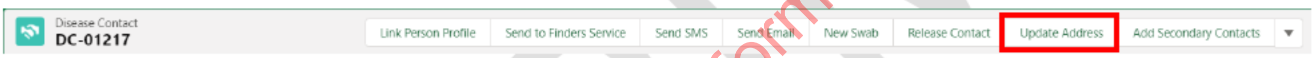
- Each note is presented in a way that provides a timeline of the close contact's journey (eg. see why contact has not been successful).
- The most recent created/edited comments stay at the top.
- Any close contacts who indicate they wish to make a complaint to the Ministry should be advised to send an email to info@health.govt.nz. Any COVID-19/NITC related emails received will then be forwarded to the NITC Ops email account for reply.
- Below is an example of what information should be collected and written into a note.



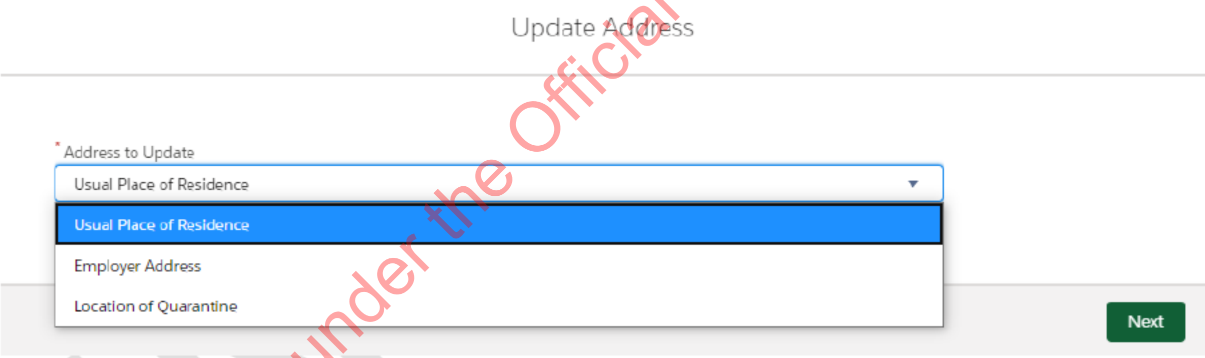
Note: You are able to edit a Note <u>you</u> have created.

Editing or Updating a Disease Contact Address

1. On the Disease Contact record, click on the Update Address button on the quick action bar at the top of the Disease Contact record.

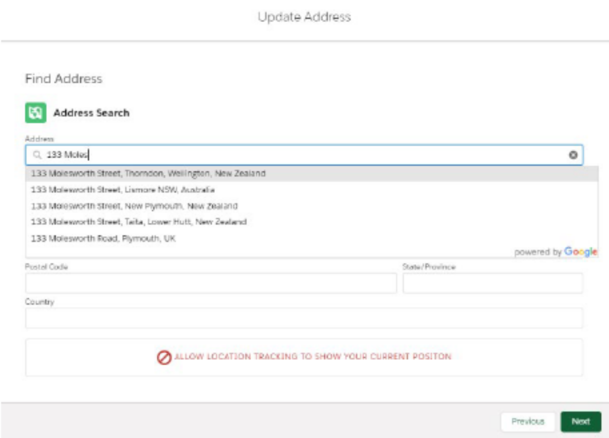


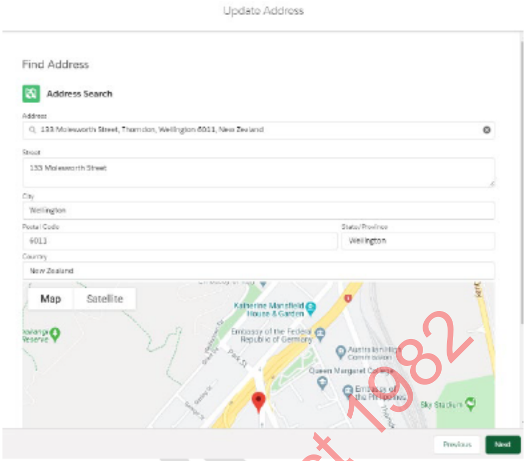
2 A screen will pop-up, pick the address type you want to update and click next.



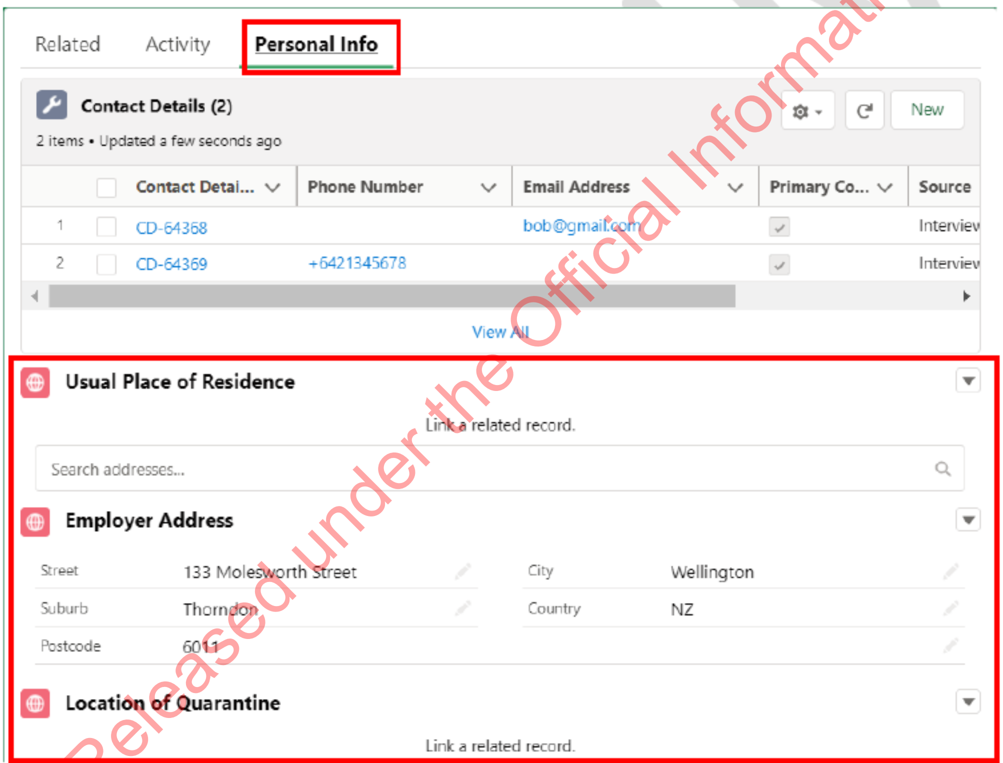
3 Start typing the first line of the address, this will search and provide address options. Pick the address that you want by clicking on it. This will automatically populate the address fields. If the Google request does not return the full address (eg. street number), any missing details will need to be manually entered before saving.

Click Next, to complete the update.





4 To see all address details, go to the ‘Personal Info’ tab, as shown below.



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SOP05 – GROUP RECORD

5.1 INTRODUCTION

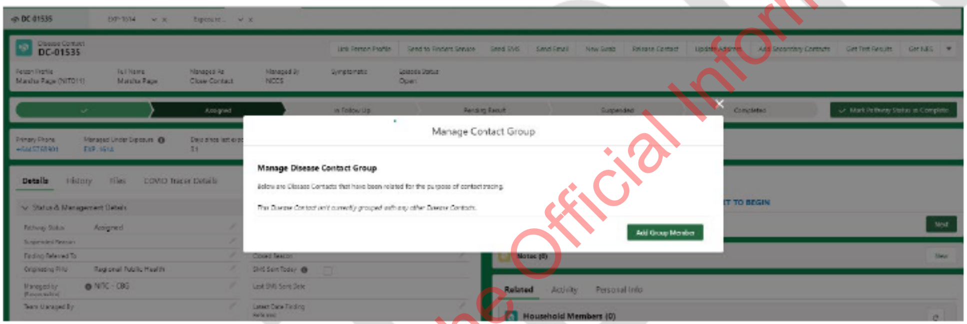
If it is established during a call that multiple close contacts are living together (eg. flatmates, family members) they must be related together on the system. This could be with one / all Cases in the Household. A new button on the Case record, 'Record Extra Exposure' will display when more than one Case is present in the Household Group. Example: If a case lives with their family members or flatmates, add them to the NCTS by clicking 'Manage Household' on the case record.

a. BUSINESS RULES

1. All comments regarding the Disease Contact calls are to be recorded in the 'Notes' section on the Disease Contact record.
2. Ensure all addresses are correct and up to date.
3. Escalate to Ops Lead via COVID-19_NCCS_Operations@health.govt.nz

5.3 STEPS

1. Add the household contact to the NCTS by clicking 'Manage Group Contact' on the case record.



2. Search for Disease Contact.
3. Add to Group

Disease Contact Group Members (1)

Name	NHI Num...	Exposure...	Pathway ...	Release D...	Managed...	Owner	Group
David Bowie		Close	New		PHU	Unassigned	G-0511

View Less

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SOP06 – Linking NHI Person Profile

6.1 Introduction

This step needs to be completed for all disease contacts that **do not have a linked NHI record** within NCTS especially for disease contacts that are under self-quarantine status.

6.2 Business Rules

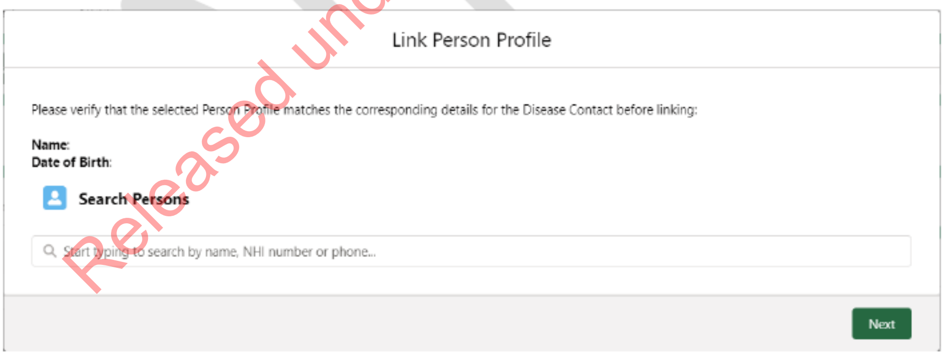
- This step needs to be done after the first phone call.
- This is important as a Disease Contact may have multiple 'exposures', but we need to ensure they are all linked to the only one Disease Contact.
- It is essential that the caller gathers the Disease Contact's date of birth (DOB) and full legal name. This may be different from what is entered into the Disease Contact record.
- If the Disease Contact has a common name (eg. Jane or John), please ask for their middle name. This helps the NITC Triage Team make a better identification.

13.1 Steps

1. Complete the call and enter the information gathered on the phone call into NCTS as per SOP03 - Making a Disease Contact Call.

2. Click the 'Link Person Profile' button located at the top of the page.

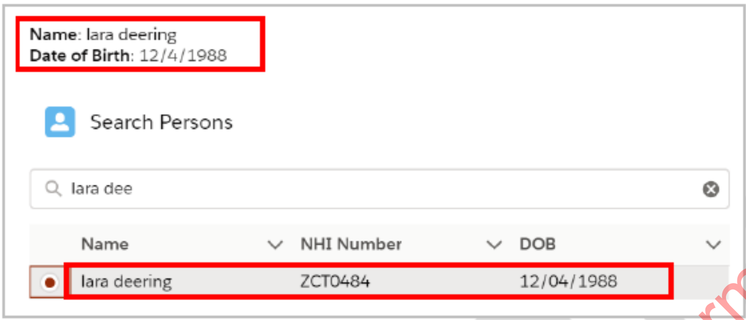
3. A pop-up window will appear with the Disease Contact name and DOB. This is what you have entered and confirmed on the phone call. Start typing the Disease Contact's legal name in the 'Search Person' box. The more letters you enter the better as this will narrow down the options that appear.



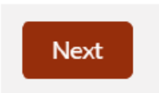
4. Find the Disease Contact's name and DOB in the list that matches. Click on the circle to the left of the name. **Note:** Clicking on the name itself will not work.

Note: Do not continue to make a link if details do not match.

5. Double check that the name and DOB above the search bar matches the name and DOB that has a dot in the circle.



6. Click on the next button. This will update the Disease Contact page automatically and the purple 'Linked Person Profile' box will appear on the right-hand side of the page.



Note: To unlink a 'Linked Person Profile' simply click on the 'Link Person Profile' button again, do not type anything in the Search Person box, just simply click next. You will see that the purple, linked person box will have disappeared.

Note: If the Disease Contact's name does not appear in the search, please continue creating a follow-up record and changing the disease contact status as normal.

14 SOP07 – Retrieving Contact Details from the NES

7.1 Introduction

These steps are for finding additional contact details for a Disease Contact from the National Enrolment Service (NES).

7.2 Business rules

- This will give the caller the opportunity to retrieve additional contact details before sending to Finders Service. This will ensure we are calling disease contacts quicker.
- The Disease Contact must have a 'Linked Person Profile', to be able to use this button, otherwise it will not work. Follow the steps to use the 'Get NES' button.

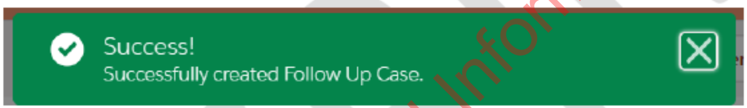
7.3 Steps

1. Log all calls and edit any contact details following SOP03 and SOP04.
2. Scroll to the top of the Disease Contact record page. Click the 'Get NES' button located in the top right-hand corner.

Note: Depending on screen size, it may mean the caller has to click on the drop-down arrow.

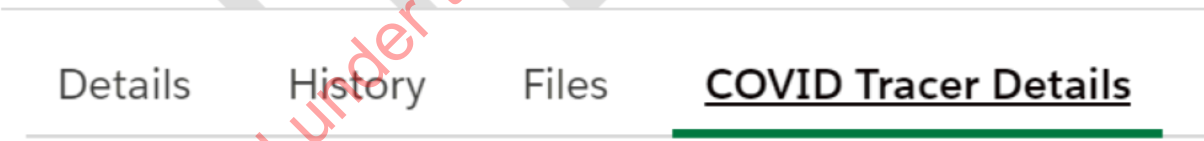
3. A loading screen will appear, while the details are being retrieved from the National Enrolment Service (NES) database.
4. A green bar will appear with a tick and the word success. The Contact Details object in the Disease Contact record will be updated.

Note: You may need to refresh the browser screen to see the updated details.



5. Call the new numbers that appear, following SOP03 - Making a Close Contact Call, and the call attempts process.

Note: After trying 'Get NES', alternative contact details can be secured by clicking on the COVID Tracer Details tab, next to files tab. If the Disease Contact is using the tracer app, their details will appear in the contact details box.



8 SOP08 – Referral for Symptomatic Disease Contacts

8.1 Introduction

A key priority in the containment and elimination of COVID-19 is prompt testing. If a Disease Contact is identified as having a symptom consistent with COVID-19, the NITC needs to advise a Disease Contact that they must have a COVID-19 test and assessment. If these Disease contacts are in the community, they need to be referred to the responsible PHU for ongoing management. If the Disease Contact is in a managed quarantine facility, the testing and clinical management will be undertaken by the clinical staff on site.

8.2 Business Rules

1. For all disease contacts who have symptoms:
2. All details about symptoms are to be recorded in NCTS to ensure necessary reporting of disease contacts is completed.
3. Callers will alert Shift Leads of any COVID -19 symptomatic Disease Contacts.
4. If a symptomatic Disease Contact states that they will not get tested, this is to be escalated to the Shift Lead to manage.
5. For a symptomatic Disease Contact in the Community:
    1. If a Disease Contact identifies themselves to have any COVID-like symptoms, they will be advised to attend their Community Based Assessment Centre (CBAC) or local GP clinic for COVID-19 testing
    2. Daily follow-ups to symptomatic disease contacts are made by the PHU, until such time that they delegate back to the NITC or designated external call provider.
    3. Shift Leads will be responsible for ensuring that the relevant PHU is provided with the necessary details relating to any symptomatic Disease Contacts as per policy at that time
6. For a symptomatic Disease Contact in Managed Isolation/Quarantine Facility:
    1. If a Disease Contact identifies themselves to have any COVID-like symptoms, they will be advised to stay in their room and notify facility health professionals about their symptoms
    2. Shift Leads will escalate to the Operations Team, who will advise the facility staff.
    3. PHUs do not need to be informed of symptomatic CCs in a MIQF.

8.3 Steps

Follow these steps when a Disease Contact identifies themselves to have any COVID-19 symptoms.

For a Disease Contact with symptoms in the Community:

- If a Disease Contact identifies they have any COVID-19 symptoms (as detailed in the script), record these in NCTS.
- Advise the Disease Contact to get tested, based on their identified symptoms.
- Identify the Disease Contact's nearest CBAC based on their current address, utilising the latest Healthpoint website from the Team Lead.
- If there is no CBAC in their area, advise that they contact their nearest GP clinic.
- Inform the caller that they will be contacted again by their local PHU or local GP regarding their test results and any follow-up information.
- Record the necessary details in the NCTS including call outcome, and what CBAC/GP the person is intending to go to in the Notes.
- Update the Disease Contact Status to 'Under Self-Quarantine'. Caller consults the PHU Map as found in the Knowledge Base and identifies the responsible PHU.

- The Shift Lead to change the 'Managed by' status to 'PHU'. Use the 'Managed by (Responsible)' dropdown to record the relevant PHU for this Disease Contact.
- Once call has been closed, notify Shift Lead of symptomatic Disease Contact
- Shift Lead to email the Operations Lead (Escalations Inbox) and inform them of the symptomatic Disease Contact.
- If the symptomatic Disease Contact has stated that they cannot or will not go for testing, the PHU is to be advised of this information by recording details in the NCTS Notes section.

For a Disease Contact with symptoms in Managed Isolation/Quarantine Facility

6. If a Disease Contact identifies they have any COVID-19 symptoms (as detailed in the script), record these in NCTS.
7. Advise the Disease Contact to inform local Facility health care staff that they have symptoms.
8. Any required testing will be carried out by the facility clinical staff.
9. Quarantine facility clinical staff will liase with the Disease Contact regarding their test results and any follow-up information.
10. Record the necessary details in the NCTS including call outcome.
11. Update the Disease Contact Status to 'Under Self-Quarantine'.
12. Once call has been closed, notify Shift Lead of symptomatic Disease Contact.
13. Shift Lead to email the Operations Lead (Escalations Inbox) and inform them of the symptomatic Disease Contact.
14. Operations Lead will inform local Facility staff.

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9 SOP09 - Refer to Finders Service - Disease Contact cannot be reached

9.1 Introduction

Some disease contacts may not be reached by the NITC as the phone number(s) may be invalid or the Disease Contact may not pick up. In such instances, the Disease Contact record must be reassigned to Finders Service to locate alternative contact numbers.

9.2 Business Rules

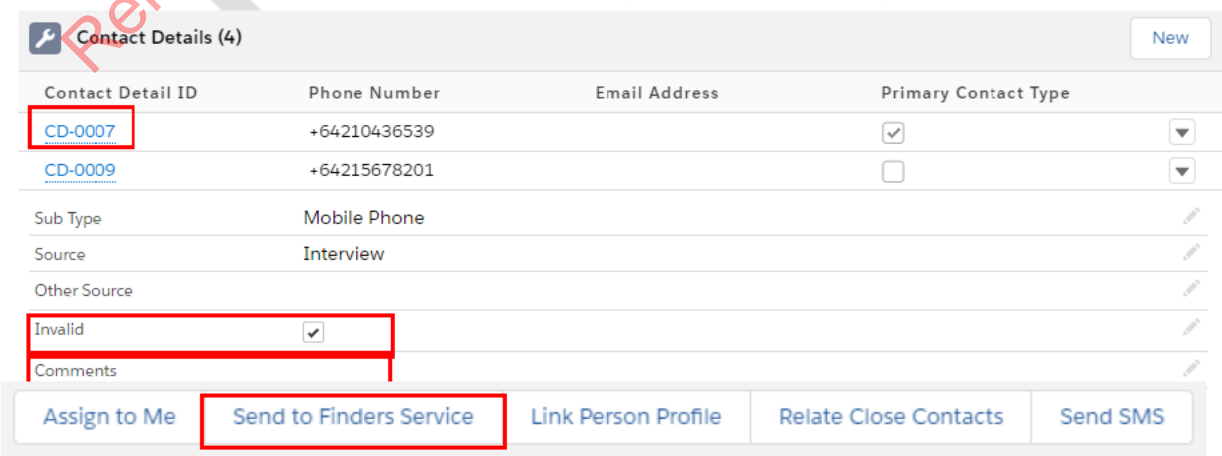
8. If the Disease Contact cannot be contacted after trying all available numbers and including SOP07 - Retrieving Contact Details from the NES, the Disease Contact is to be referred to the Finders Service (part of NITC Triage Team).
9. Referral to Finders Service should ONLY occur when:
   a. callers have attempted to call all available numbers the appropriate number of times
   b. callers have attempted to find alternate contact details using the 'Get NES' button.
10. Determining a number to be invalid requires calling it and getting a recorded message which states that it is invalid.
11. In all instances the call attempts process, as outlined in SOP03 – Making a Disease Contact phone call, must be followed before being sent to Finders Service.
12. If a phone number appears invalid (eg, commencing with 026), ensure this is noted in the Notes section for Finders Service to review.

9.3 Steps

Follow these steps:

1. Create a new Note (SOP03) with the actions that you have tried (eg. rang primary number, a recorded message stating that the number is not valid).
2. Try to find alternative contact details for the Disease Contact by using the 'Get NES' button (for more information about this follow SOP07 – Get NES).
3. Complete an entry in the Call Log, with a comment as to which number you tried and why it didn't work (eg. invalid number message).
4. Click on the Contact Detail ID (CD-XXXX) of the number you tried. This will open a new screen, click Edit and mark the number as invalid. Click on the 'Send to Finders Service' button at the top of the Disease Contact record.

   Note: by pressing this button, the Disease Contact Status automatically changes to 'Assigned to Finders Service' and the Owner changes to 'Internal Investigation Queue'.



Document 2

10 SOP10 - Foreign Nationals , Visitors and Contacts not in NZ

10.1 Introduction

A foreign national or visitor may be identified as a Disease Contact. There are several potential scenarios that may result, including the person remaining in New Zealand, or having left the country.

It is important that foreign nationals and visitors are contacted to advise them of their contact with COVID-19 and asking them to follow their local country's advice. A foreign national and a visitor may have entered the country on board a boat, cruise ship or flight. Maritime and aviation foreign nationals may be managed by other agencies eg. Maritime, International Focal Point.

10.2 Business Rules

1. A Disease Contact who is a foreign national or visitor and has an international number should be contacted by the NITC, where possible.
2. If a Disease Contact's ethnicity is stated, match this with the ethnicity of the caller, where possible.
3. Arrange an interpreter if required (see SOP11).
4. If a Disease Contact has left New Zealand they are to be 'Closed' and closed status set to 'Sent to International Focal Point'.
5. If a foreign national or visitor cannot be contacted, they are to be referred to Finders Service within the NITC Triage team.
6. The Disease Contact's details are to be documented in the NCTS.

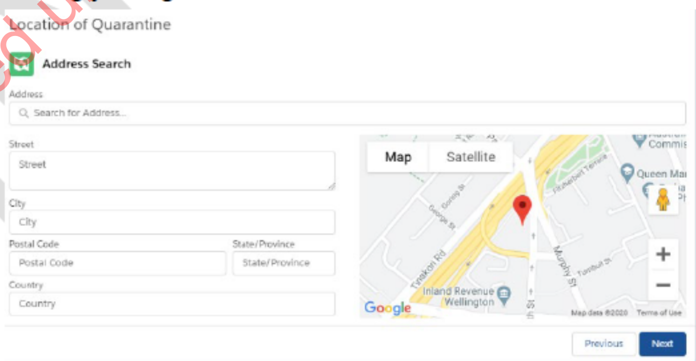
10.3 Steps

Follow these steps if the Disease Contact has an international number:

Dial the international phone number.

Scenario 1 - The Disease Contact is a foreign national or visitor and is still in New Zealand:

1. Use the NITC script to guide your conversation, completing as you would for a NZ citizen.
2. Record the address in New Zealand where they will be for their quarantine period and update the NCTS accordingly using the Q&A.



3. Ensure you confirm their date of birth in the Disease Contact's Demographics section and note their country of citizenship and usual country of residence in the Notes field of the NCTS.

Scenario 2 - The Disease Contact has left New Zealand:

1 If the person is no longer in New Zealand, then collect and record the following information:

1.1 Passport number
1.2 Nationality

1.3 That they have left New Zealand and the date that they left
1.4 Usual place of residence.

2. Confirm their date of birth in the Disease Contact's Demographics section.
3. If the Disease Contact has symptoms, advise that they contact a health professional in whichever country they are in and follow their advice. Ensure to document symptoms in Disease Contact record.
3. Log the call, update the Notes section.
   4. Change status to 'Closed' and closed status to 'sent to International Focal Point'
   5. Escalate call to Shift Lead. Shift Lead to inform Operations Team. Operations Team will notify the Triage team.
   6. Triage will monitor for Foreign Nationals and will notify the Communicable Disease Team.

Refer to SOP11 – Use of Interpreter Services if an interpreter is required.

11 SOP11 – Use of Interpreter Services

11.1 Introduction

When an interpreter is required for Disease Contact calls, NITC staff can add a translator during the call using the 'Quick connects' button on their soft phone. This is done using the EziSpeak™ online service.

All NITC staff and external contracted providers require an understanding of how to use the 'Quick connects' button to connect to the translating service during a call and record information gathered in the NCTS. The EziSpeak ™ telephone interpreting Service is available 24/7.

If a delay occurs, please hang up with translator service, and inform (as best as possible) to the Disease Contact that you will ring them back soon. Once you have secured a translator, you should ring the Disease Contact.

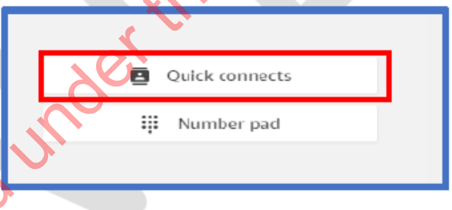
11.2 Business Rules

1. Quick Connect EziSpeak TM telephone interpreting service is the only service to be used for NITC Disease Contact calls.
2. The Disease Contact details including language requirements and the translator required are to be documented in the NCTS.

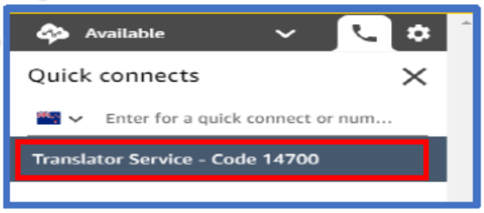
11.3 Steps

Follow these steps to connect to the EziSpeak™ Interpreter Service via the Softphone

1. When an interpreter is required for a contact call, you can add in an EziSpeak interpreter using the **'Quick connects'** button in Softphone.



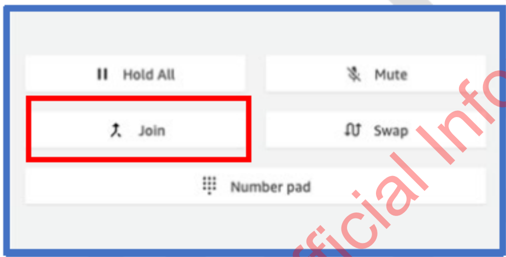
2. In Quick connects, select the **'Translator Service'** (2) to be connected to EziSpeak.



3. Softphone will show with the call as connecting. You will be given automated prompts to follow
4. Select **"Number pad"** and select option 1 to connect to an interpeter.

5. Enter the PIN 14700 into the number pad, and confirm by selecting option 1.
6. When asked for a Cost Centre Number, enter the number for your provider.
7. Select option 2 if no specific gender is required
8. When given the prompt “If you wish to speak to a non-English speaking client, press 1, if not press 2”, select 2 if the contact is already on hold.
9. Listen to the list of languages and select as needed, for Te Reo and other Languages not listed, select 0. This will allow you to connect to an EziSpeak operator.
10. Once you have connected the interpreter select the 'X' (4) to exit the number pad.

11. If the contact is on hold, **select 'Join'** (5) to join all the calls together.



12 SOP012 – Advance to Follow-Up Record

12.1 Introduction

These are the steps for a NITC caller to make after completing the Disease Contact phone call. You will need to advance to Follow-Up record when a Disease Contact is 'Under Self-Quarantine', to enable the designated external call provider to make the daily follow-up calls. This is the final step in NCTS when finishing a Disease Contact call.

A follow-up call or email is undertaken by an external call provider once the Disease Contact has received their initial disease contact call informing them of their close contact status. Follow-up calls are undertaken daily to check that the Disease Contact remains well, monitor for symptoms, and to perform a welfare check. The calls will continue daily until the Disease Contact has been released from self-isolation which is usually 14 days after the exposure event, as long as the Close Contact has returned a negative Day 12 COVID-19 test and remains symptom-free.

1.1. Business Rules

1. The Disease Contact will need to be advanced to Follow-up if they are 'Under Self-Quarantine'.
2. All Disease Contacts should be linked to a NHI Person Profile.
3. If a Person Profile cannot be linked, this information must be recorded in the Notes section of the Disease Contact record.
4. The caller needs to follow SOP06 – Linking NHI Person Profile to link a person profile.
5. Disease Contacts in MIQF do not receive follow-up calls.

12.3 Steps

1. Complete the initial Disease Contact call using SOP03 - Making a Disease Contact phone call.
2. Upon completion of survey the pathways status will be "In Follow Up".

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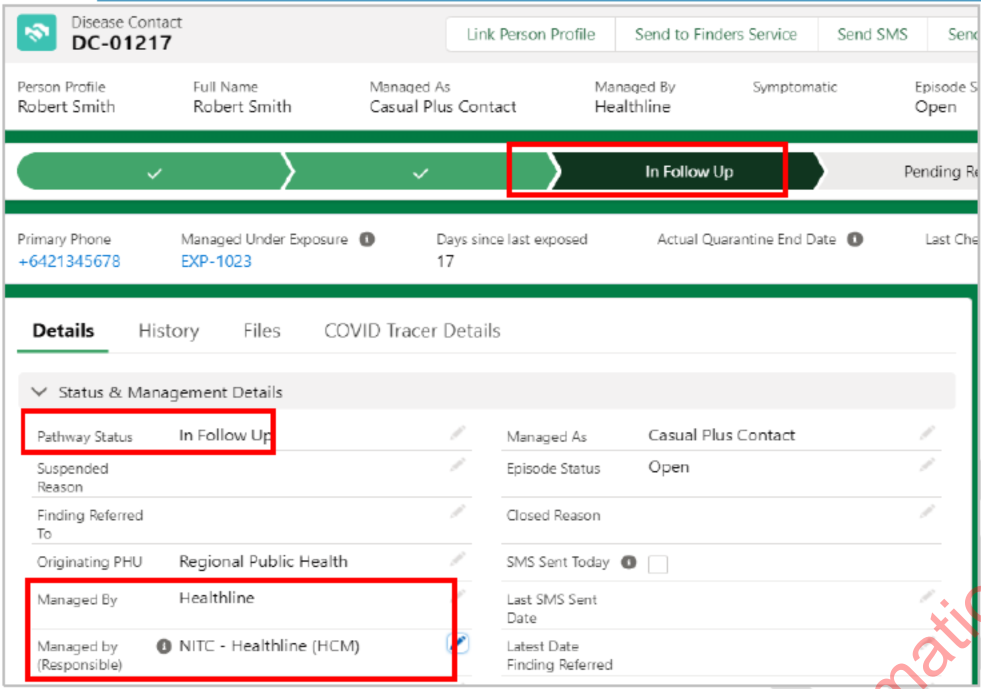
COVID-19 (novel coronavirus)

New Zealand Government



1. The caller will need to change the 'Managed By' as appropriate according to call script.
2. Also change the 'Managed By (Responsible)' as appropriate according to call script. This identifies the organisation that is responsible for managing the Disease Contact.

14 SOP14 – Sending a factsheet as an email

14.1 Introduction

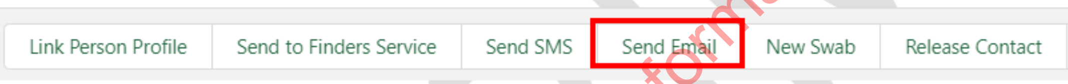
During Call 3, Disease Contacts are asked for their permission to be emailed a factsheet following the phone call\. The factsheet details the self-isolation/quarantine requirements and reiterate the information given during the phone call. It is sent as an attachment to an email via the NCTS.

14.2 Business rules

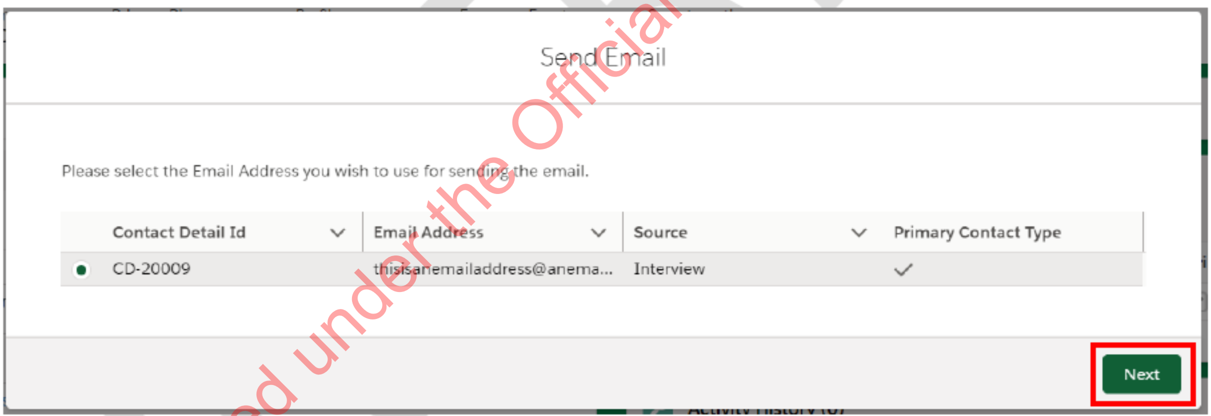
1. A Disease Contact gives permission for the factsheet to be sent.
2. An email address, if available, should be recorded in the NCTS.
3. Following call 3, an email with a factsheet attached should be sent to a Disease Contact.
4. Factsheets will not be sent to Disease Contacts who decline the offer.

14.3 Steps

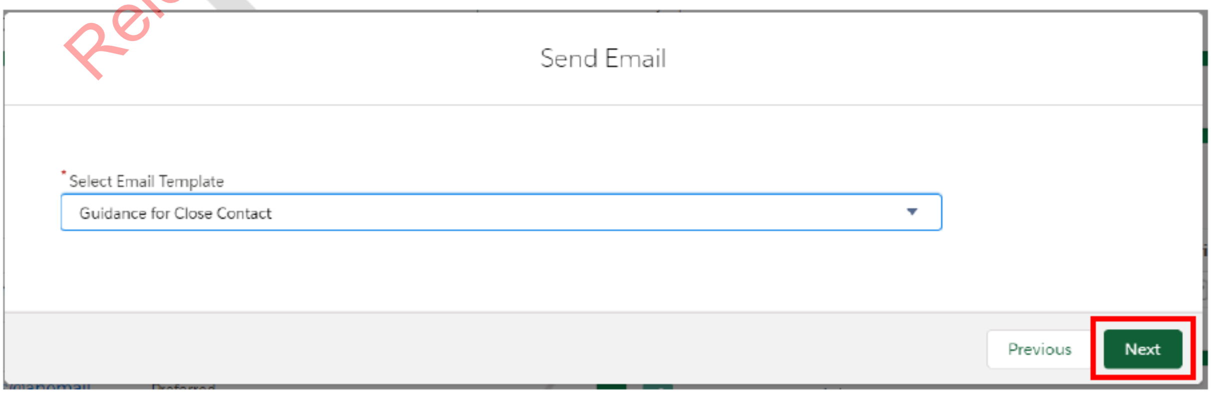
1. Complete the call following SOP03 - Making a Disease Contact phone call.
2. On the Disease Contact page in the NCTS click 'Send Email'.



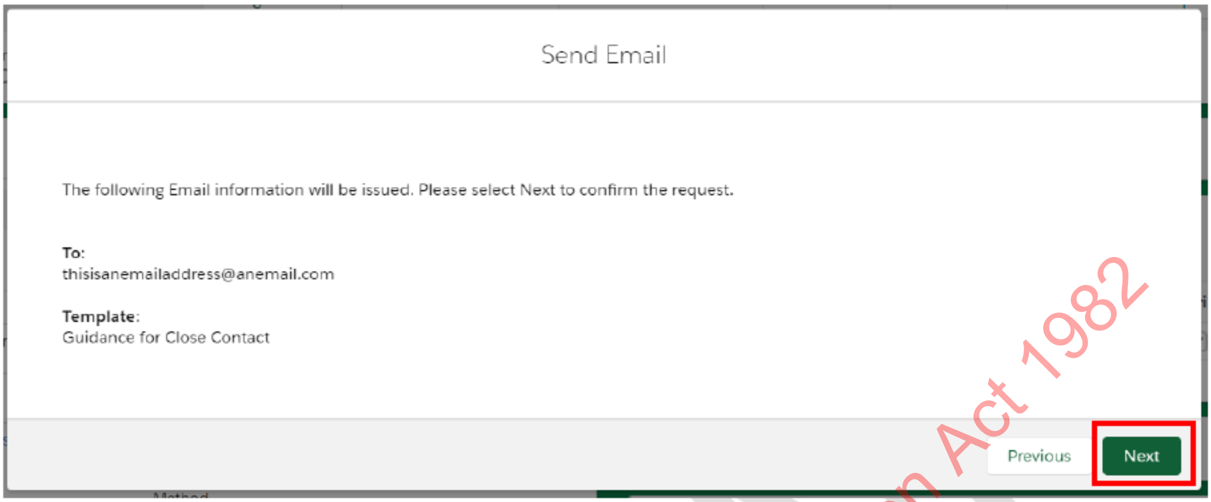
3. A pop-up window will ask you to select an email address. Once selected click 'Next'.



4. The next pop-up window will ask you to select the email template. Select the appropriate email template and click 'Next'.



5. The next pop-up window will ask you to confirm the email address and the template selected. If correct, select 'Next'. Otherwise, select 'Previous' and edit the selections.



6. The email template with factsheet will be send to the Disease Contact's selected email immediately.

Note: It is not possible to view the email before sending it. However, a copy of the factsheet is available to view in Knowledge on the NCTS (MoH Information for COVID-19 Disease Contacts).

16 SOP16 – Escalation Processes

16.1 Introduction

Situations may arise that cannot be resolved by the external call provider. This may be because the issue lies outside the scope of the NITC caller, or that it requires a different skill level, role or authority to intervene. Disease Contact details should be escalation via the Shift Lead to the NITC Disease Contact Operations teams for resolution, as required.

Before this escalation to the NITC Operations team, local (external call provider) escalation and attempts at resolution must have occurred e.g. Caller to discuss with Shift Lead. If the situation remains unresolved, or if other agencies need to be involved, then escalation back to the NITC Operations team occurs. Any escalation concerns where the Disease Contact requires additional support e.g. Māori community or Pacific community should make referral to local care providers, in line with procedures at that time.

16.2 Business Rules

1. Escalate unmanaged issues/risks as appropriate.
2. Escalate early for timely resolution and mitigation.
3. Ensure all escalations are documented in the appropriate locations.
4. Seek early referral to support providers for priority populations e.g. Māori and Pacific communities.
5. Seek early use of translator services, if appropriate.
6. Ensure correct pathways are followed for the situation that is being escalated.
7. Situations requiring escalation include:

- Non-compliant Disease Contact in the Community;
- Complex Quarantine in the Community;
- Disease Contact states they have been at additional exposure events but EE not already added to their Disease record;
- Disease Contact stating they are not a Disease Contact;
- Disease Contact stating someone else was at the exposure event with them;
- Disease Contact stating they are not a Disease Contact but another person known to them was;
- Disease Contact requires a letter for their employer;
- Disease Contact requires cultural/Manaaki support;
- Disease Contact requires assistance with getting a COVID-19 test;
- Symptomatic Disease Contact in the Community;
- Advance to Case;

16.3 Steps

Follow these steps for a non-compliant Disease Contact in the Community:

1. Caller to make detailed escalation notes in the record.
2. Caller identifies to Shift Lead that a Disease Contact declines/refuses to self-quarantine or get a COVID-19 test.
3. Shift Lead determines whether the Disease Contact would benefit from a further phone call from them to attempt to resolve the situation, taking into account cultural considerations and offering translation services where appropriate.
4. If Shift Lead calls the Disease Contact and is unsuccessful at resolving the situation, or if the Shift Lead determines that a further phone call is not appropriate, the Disease

Contact must be escalated to the NITC Operations Lead. via the Escalation email In-box. The email should contain details of the situation and the reasoning behind the decisions made by the Shift Lead. The call provider Shift Lead should also make a note of the escalation details in the notes section of the Disease Contact record.

5. Escalation complete.

Follow these steps for Disease Contacts with complex situations in the Community:

1. Caller identifies a Disease Contact that is unable to comply with the quarantine requirements as stated in the NITC script. This may be due to complex personal, social demands. Early use of welfare support for Māori or Pacific communities must occur. Use of translator services should also be employed, as appropriate.
2. If, despite the above, a complex quarantine situation continues, then the caller makes detailed notes in the record, changes Disease Contact pathway status to 'In Follow Up'. Caller then escalates the issue to the Shift Lead.
3. Shift Lead assigns Disease Contact to themselves and reviews the situation.
4. Shift Lead determines whether they can resolve the issue or requires a conversation with the Disease Contact to obtain further information.
5. If Shift Lead makes a call to the Disease Contact and resolves the situation, the Disease Contact record is updated with information in the notes section, and correct Disease Contact status set.
6. If Shift Lead is unable to resolve the situation, the Disease Contact is escalated via the Escalations Inbox to the NITC Operations for resolution.
7. Escalation complete.

Follow these steps for Disease Contacts stating that they are not a Contact:

- Caller makes details notes in the record and then notifies Shift Lead of a Disease Contact who has identified that they are not a Close Contact.
- Shift Lead reviews the Disease Contact record and escalates and assigns Disease Contact to Operations Lead.
- Escalation complete.

Follow these steps for Disease Contacts identified as symptomatic for COVID-19 in the community:

1. Caller makes detailed notes in the Disease Contact record.
2. If a Disease Contact identifies they have any COVID-19 symptoms (as detailed in the script), record these in NCTS.
3. Advise the Disease Contact to get tested, based on their identified symptoms.
4. Identify the Disease Contact's nearest CBAC based on their current address, utilising the latest Healthpoint website from the Team Lead.
5. If there is no CBAC in their area, advise that they contact their nearest GP clinic.
6. Inform the caller that they will be contacted again by their local PHU or local GP regarding their test results and any follow-up information.
7. Record the necessary details in the NCTS including call outcome, and what CBAC/GP the person is intending to go to in the Notes.
8. Update the Disease Contact Status to 'Under Self-Quarantine'. Caller consults the PHU Map as found in the Knowledge Base and identifies the responsible PHU.
9. The Shift Lead to change the 'Managed by' status to 'PHU'. Use the 'Managed by (Responsible)' dropdown to record the relevant PHU for this Disease Contact.
10. Once call has been closed, notify Shift Lead of symptomatic Disease Contact

11. Shift Lead to email the Operations Lead (Escalations Inbox) and inform them of the symptomatic Disease Contact.
12. If the symptomatic Disease Contact has stated that they cannot or will not go for testing, the PHU is to be advised of this information by recording details in the NCTS Notes section.
13. Escalation complete.

Follow these steps for a Disease Contact who identifies that they were not at the Exposure Event:

- Caller makes detailed notes and notifies Shift Lead of a Disease Contact who is stating that they were not at the Exposure Event.
- Shift Lead to review the Disease Contact record and ensure that all details are recorded.
- The Shift Lead to email the NITC Operations Lead and inform them that Disease Contact was not at event.
- Escalation complete.

NOTE: On occasion, NITC Operations may ask Shift Leads to 'Close as not a Contact', depending on the Exposure Event.

Follow these steps for Disease Contacts who are a confirmed COVID-19 case:

1. Caller makes detailed notes and notifies Shift Lead that they have a Disease Contact who states they are a confirmed COVID-19 Case.
2. Shift Lead escalates Disease Contact record to NITC Operations.
3. Escalation complete.

17 SOP17 - Ending your shift - Disease Contacts you have not reached

17.1 Introduction

At the end of your shift, you need to make sure all your work has been saved. If the end of your shift is during the day, incomplete calls need to be re-assigned as per instructions from your Shift Lead. If there are calls you have not completed at the end of the evening shift, these need to be reassigned as per instructions from your Shift Lead.

17.2 Business rules

1. Ensure all your work is saved.
2. Ensure all your attempted calls have been logged and the notes section has been filled in (this is essential for the end of shift reporting accuracy).
3. Do not end your shift until all your assigned Disease contacts have been finalised or re-assigned.

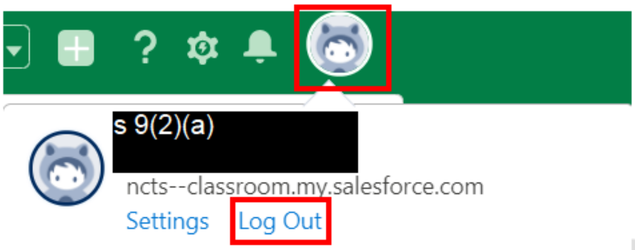
Steps

Follow these steps if a Disease Contact cannot be reached:

1 If a Disease Contact cannot be reached during your shift, the Disease Contact needs to be re-assigned as per instructions from your Shift Lead.
2 Press the icon on the right-hand side of the 'owner' tab. Select the name of the person or Queue that you want to re-assign the Disease Contact record to.

Follow these steps to log off:

12 To log out of the NCTS, click the account icon in the top right corner of the screen (see red box below) and select 'Log Out'.



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Section 6 | Disease Contact

This section covers:

Section 6 | Disease Contact - Key Concepts In This Section

- **Disease Contact** — A Disease Contact is the record used for people who have been exposed to a Case but have not tested positive for COVID-19. Disease Contacts are classified into different types such as Close, Close Plus, Casual, Secondary etc. depending on the nature of their contact with the Case(s).
- **Management Plan** — A Management Plan determines all scheduled activities for the Case or Contact. This includes swabs, calls, and check-ins. These activities are automatically created by the system. The specific activities assigned depend on the individual's situation (i.e. type of Exposure e.g. Close, Casual, Secondary).
- **Exposure** — An Exposure represents a contact that has occurred between a Case and a Disease Contact, or between a Disease Contact and a Secondary Contact. In the NCTS, Exposures will have an origin (e.g. from the COVID tracer app, from a Household) and a type (Close Plus, Close, Casual etc).
- **Exposure Type** — An exposure type describes the severity of exposure to COVID-19. When someone comes into contact with COVID-19, they fall into the following categories – Close, Close Plus, Casual, Casual Plus, Secondary. These are described below.
- **Exposure Event** — An Exposure Event refers to a location and time period where an exposure to COVID-19 in a physical setting has occurred. E.g. weddings, cafes, flights, etc. An Exposure Event may have multiple Cases, Disease Contacts, and/or Secondary Contacts associated with it.
- **Assigning an Owner** — When work is assigned to a PHU or the NITC, records must be owned by a specific user so that activities can be carried out. For example, when a Disease Contact needs to be notified of their exposure to COVID-19, it's important an Owner is assigned so that they can take responsibility for contacting them.
- **Health Check** — A Health Check is carried out by users to check-in on the Case/Contact's wellbeing. The user will ask the Case/Contact about their symptoms, confirm their most recent exposure (if any), check-in on their household, compliance, and ask any assistance and support questions.
- **Swab** — A Swab is when an individual is tested for COVID-19.
- **Secondary Contacts** — People who have had Exposure to a Disease Contact, and should be recorded as such should that Disease Contact test positive for COVID-19 later.
- **Household** — A Household group identifies and links individual Cases and Disease Contacts who live together. It allows us to see the Household's Exposure Events and Exposures for better investigation in the Contact Tracing process, and allow for easier management and communication with that Household as a whole.
- **Release Decision** — A Release Decision is made when a Case/Contact has completed their management plan. The Case/Contact must complete their specified number of days since last exposure, not be symptomatic, return a negative test result and be released by an authorised user. A confirmed release decision will then close the Case/Contact's record.

This red flag indicates where an automatic update is made by the NCTS.

Section 6.1 | Disease Contact Status

A Disease Contact record has 6 possible Status options which are updated to reflect the progress of the Disease Contact. The meaning of each Status and when it is updated is outlined in the table below.

New | Assigned | In Follow Up | Pending Result | Suspended | Completed | Mark Pathway Status as Complete

New

- When a Disease Contact is first created the Status will be **'New'.**
- In this Status, the Disease Contact has been made from an Exposure Event and is **ready to be assigned** for initial contact and investigation.
- If a Disease Contact has been **exposed to a new Exposure**, it's pathway status will go back to 'New' to start the process again.

Assigned

- When a Disease Contact is assigned to a specific Owner, the Status will update to **'Assigned'.**
- An owner has to be assigned to Disease Contact in order for the Q&A ('Release Decision' or 'Notify Disease Contact of New Exposure') to be completed.

In Follow Up

- When the 'Notify Disease Contact of New Exposure' Q&A wizard has been completed, the Status will update to **'In Follow Up'.**
- During the In Follow Up stage, the specific Management Plan associated with a Disease Contact begins (e.g. Daily Follow Ups, swabs, etc).

Pending Result

- A Disease Contact will sit in the **'Pending Result'** Status when their Exposure Type is 'Secondary Contact' and we are waiting for their related Disease Contact's swab test results.
- This status appears on all Disease Contact records but will be skipped for all Disease Contacts that are not classified as a Secondary Contact.

Suspended

- A Disease Contact is placed in the **'Suspended'** Status whenever they become managed by an organisation outside the NCTS.
- Their record will have to be manually placed in 'Suspended' if they enter a MIF/Hospital/Care Home etc. No further updates can be made to their profile in the NCTS, and their management plan will be paused.

Completed

- When there are no more actions for a Disease Contact, or the record needs to be closed because it is invalid, the Status will update to '**Completed**'.
- A valid Disease Contact is moved into 'Completed' when we are satisfied they are not symptomatic, their test results was negative, and they have completed the required self-isolation days.

Tips

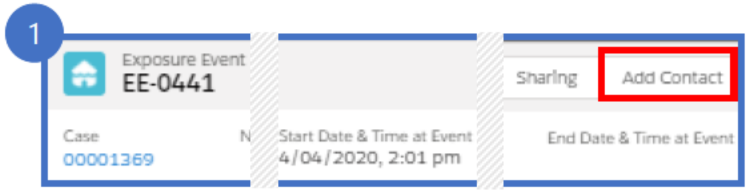
It is possible for a user to manually update the Status of a Disease Contact. Click on the 'Mark Status as Complete' button if you want to manually complete a particular pathway (New/Assigned/In Follow Up etc.) Please **take care that this decision is clinically and operationally correct** before changing the status; check with your local Super User if you're unsure.

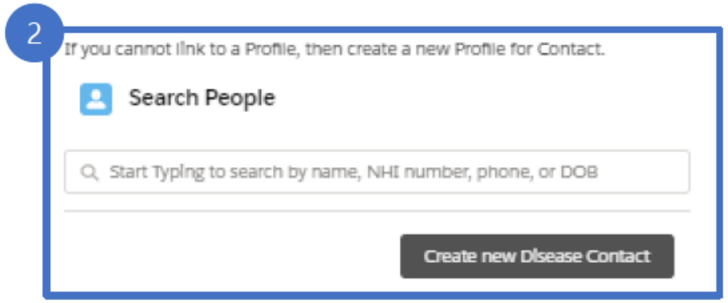
Key:

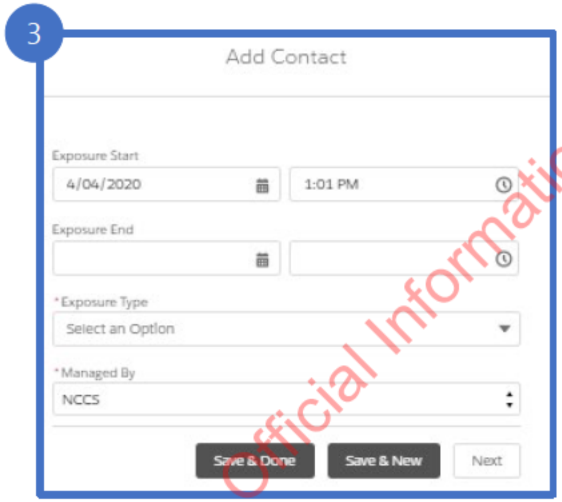
Automatic update made by the NCTS

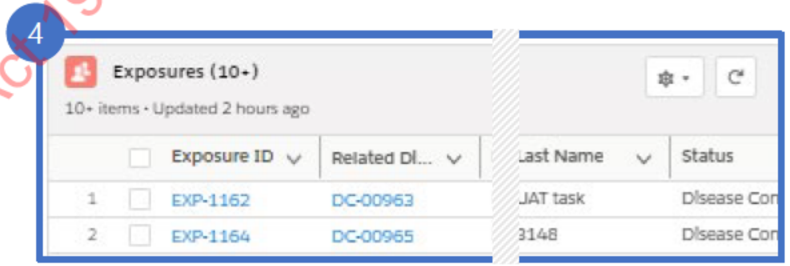
Section 6.2 | Create a Disease Contact

If you know that a Disease Contact was present at an Exposure Event, you can create a new Disease Contact or link an existing Disease Contact to that Exposure Event. An Exposure record will automatically be created in the background when you do this.









- Navigate to the Exposure Event page that you would like to link a Disease Contact to (1).
- In the highlights bar of the Exposure Event, click **'Add Contact'**.
- A pop-up screen (2) will appear. Enter the name of the individual. If a Disease Contact record already exists for this individual, it will show. Otherwise, **select 'Create new Disease Contact'.** Populate the relevant information (Name, D.O.B., Phone, Email, etc.).

Tip:
When searching for an existing Disease Contact, it's best to **search by NHI** in the first instance (if you know the NHI). If you don't know the NHI, searching by name is the next best option.

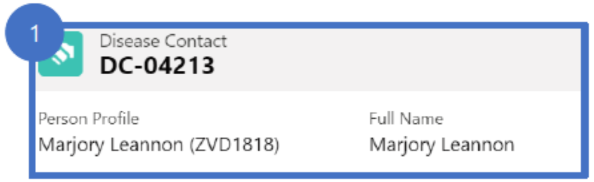
- Enter the Exposure Start and End date/time, Exposure Type, and the Managed By details (3).
- Click **Save & Done** to finish creating the Disease Contact.
- If you want to create multiple new Disease Contacts, click **Save & New** to finish creating the Disease Contact and add another contact to this Exposure Event.

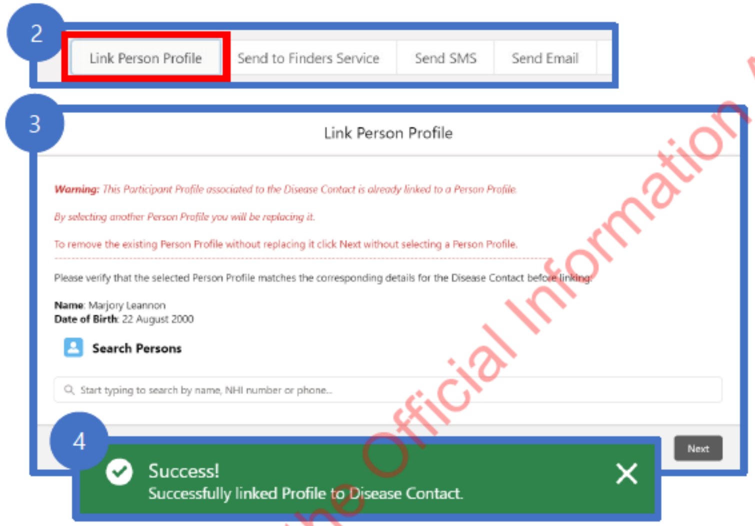
- The Disease Contact will be added to the Exposure Event. This will automatically create a new Exposure at the same time. This new Exposure is visible on the right-hand-side of the Exposure Event under the Exposures panel (4).

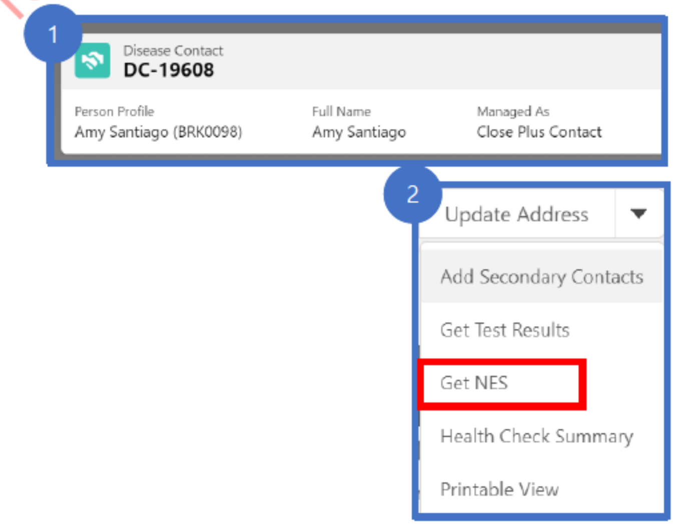
Section 6.3 | Link Disease Contact to Person Profile/NHI, and Get NES

Updated September 2021

It's important that records are linked up (and not duplicated) across the NCTS. One way of ensuring this happens is by linking Disease Contact records to Person Profiles. It's also possible to retrieve contact details using the 'Get NES' button, which securely pulls information from the National Enrolment Service database.







Link DC to Person Profile:

- Navigate to the relevant **Disease Contact** record (1).

Tip:
NHIs should pull through automatically from the Person Profile when you create Disease Contacts. It's important that you link DCs to their corresponding Person Profile when creating them (See 'Create a Disease Contact' for more on this). However, there are some situations where people may not have NHIs. They are still able to be added as Disease Contacts, and this will not affect functionality.

- In the banner at the top of the Disease Contact record, select the button called 'Link Person Profile' (2).
- A pop-up window will appear. If the Disease Contact is already linked to a Person Profile, a warning message will appear (3). Otherwise, you can search for the person profile in the search bar. As always, it's **best to search using NHI** for the most accurate results. If you don't know the NHI, you can search by name or phone.
- You will be presented with a success message once the link has been made (4).

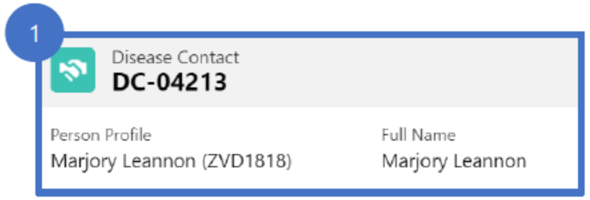
Get NES:

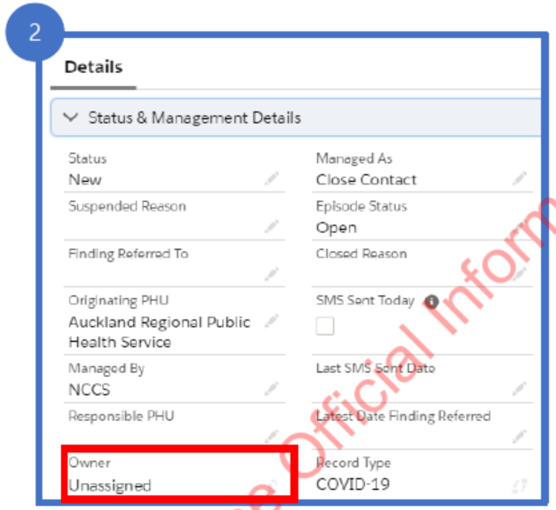
- If you need to source further contact information about a Disease Contact (1 above), you can select the 'Get NES' button in the ribbon at the top of the DC record (2 above).
- This will retrieve contact details, if any, about that person from the NES database. The Contact Details information will then be linked to the Participant Profile (but still appear on the DC record).

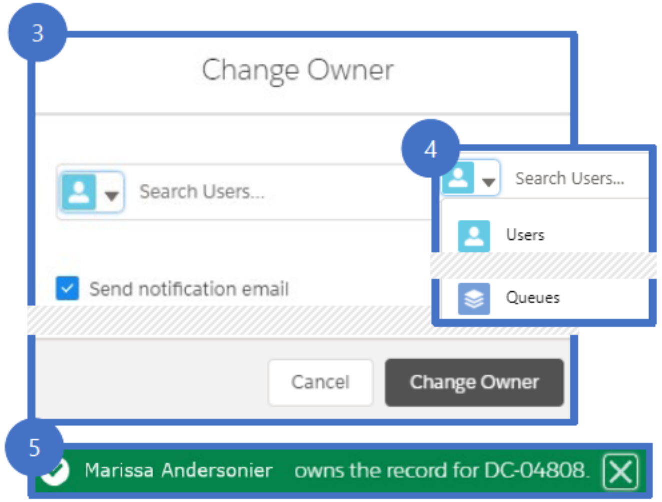
Tip:
If you notice that a person has multiple NHIs (check that the duplicate(s) has the same name, DOB, and address) you will need to contact the NCTS team to get this rectified.

Section 6.4 | Assign a Disease Contact

An Owner must be assigned for a Disease Contact “Inform of New Exposure” Q&A to appear. This function allows you to assign Disease Contact records to the appropriate Owner who will then be able to manage that Disease Contact, including contacting them and updating their information as needed.







- Navigate to the relevant **Disease Contact** record (1).

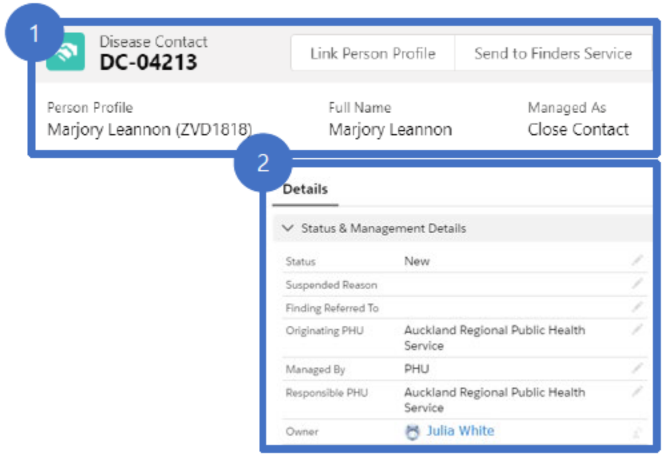
- Scroll down to the Details section and find the Owner field (2). If the record has not been assigned, this field will say 'Unassigned'.
- Click on the little ‘person’ icon on the right-hand side of the field to add or edit the owner.

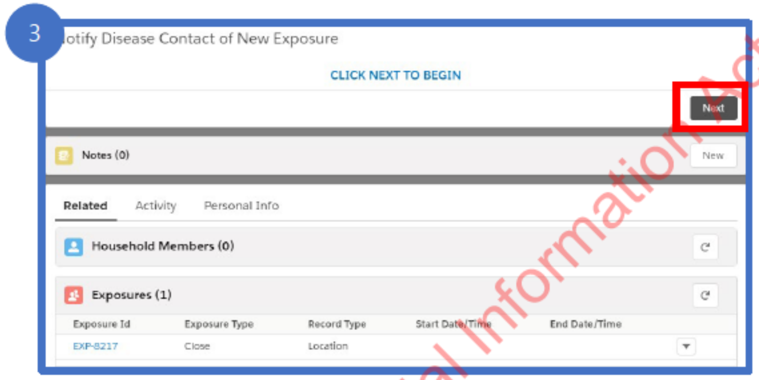
- You can change the Owner to a specific person by typing the name of the new Owner (either yourself or a team member). The name should appear as you type (3).
- You can also change the Owner to a specific queue instead of a person (4). Click on the drop down list and click on ‘Queues’. Type in the queue you are looking for.
- Click ‘Change Owner’ when you are done.
- A small pop up screen will appear confirming the new owner for the record (5).

Tip:
You can also bulk change the Owner from your relevant Disease Contact list view.

Section 6.5 | Complete Disease Contact Notify of New Exposure Q&A

The Notify Q&A process is conducted over the phone when first notifying a Disease Contact that they have been exposed to a COVID-19 Case. Completion of the Notify Q&A will allow the Disease Contact to advance from 'Assigned' to 'In Follow Up'.





- Navigate to the **Disease Contact** page of interest (1).
- Before completing the Q&A, you will need to ensure that the Owner and Managed By (Responsible) fields are filled in. Input the relevant details (2).
- You should also make sure the **Person Profile** is linked. See 'Link Disease Contact to Person Profile/NHI and Get NES' for more on this.

Tip:
Linking to an existing Person Profile reduces duplication in the system and allows you to access all NCTS information related to that person in one place.

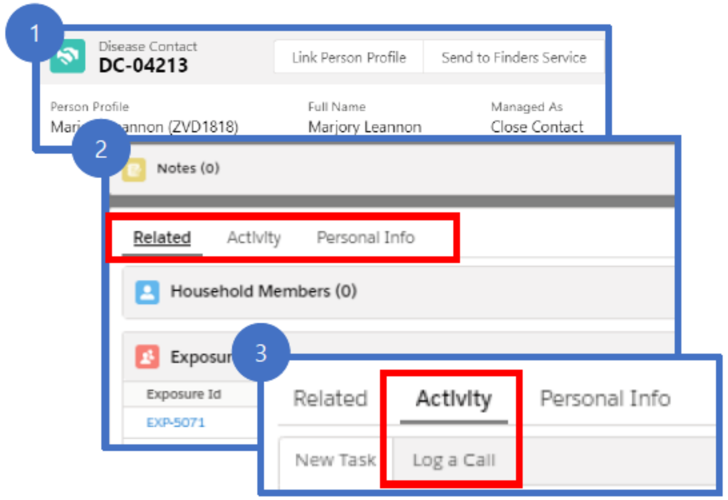
- The 'Notify Disease Contact of New Exposure' Q&A wizard will appear (3). Select 'Next'.

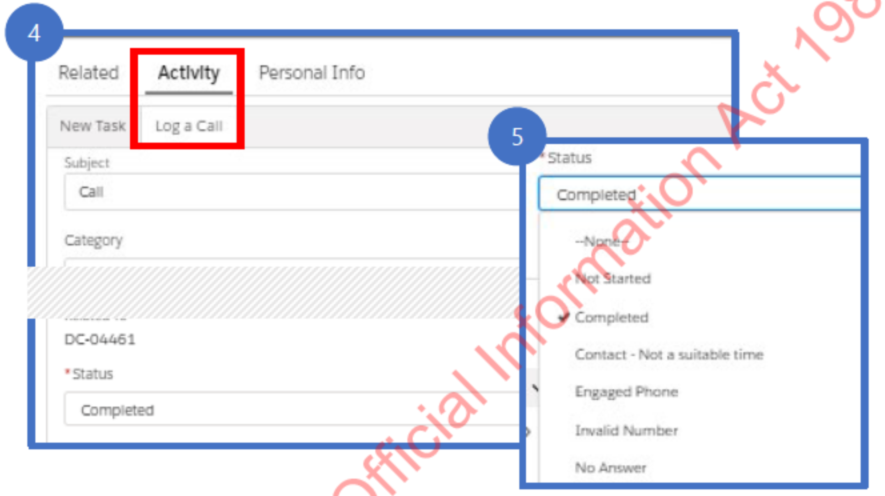
Tip:
If the Q&A wizard does not automatically appear, you will need to make sure that Exposure(s) are created and linked to the Disease Contact, and that the Type of Exposure (Close, Close Plus etc) has been entered on the Exposure record. See the Exposures section in this document for more information on how to do this.

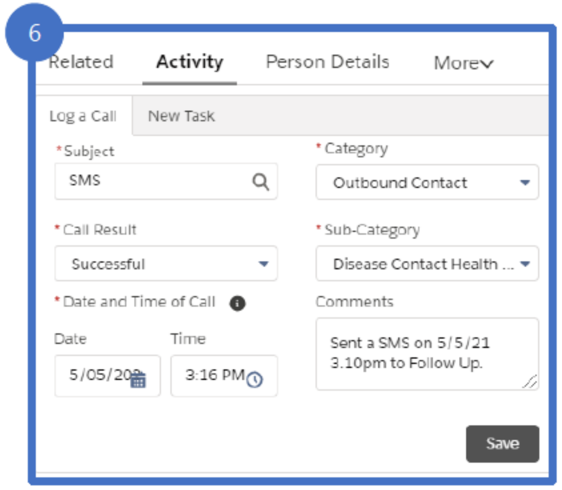
- Complete the Q&A in as much detail as you can (4).
- If this is for the **first Exposure**, you will have to fill in most fields. If it is for a **second or subsequent Exposure**, some (but not all) information will be pre-populated based on the previous Exposure.
- The information you input will transfer to the fields on the Disease Contact profile (see left hand side of the page). Upon completion, the record will move to 'In Follow Up'.
- Swab tasks (if required by the specific Management Plan) will automatically pull through into the Activities panel (right hand side of the page).

Section 6.6 | Log a Call, SMS or Email

When you are in the process of contacting a Disease Contact, you should record the outcome of the call, SMS or email. For SMS messages sent externally to the NCTS, this is the best way to record those. This process is the same for Cases and Disease Contacts,







- Navigate to the **Disease Contact** page (1) and scroll towards the Notes section on the right hand side of the page (2). You will see three tabs under Notes where information related to the record can be found.
- Click on 'Activity' (3), and 'Log a Call' will appear. Click on 'Log a Call'.

Tip:
Logging a Call, SMS or Email through this process allows you to capture relevant information in one place and creates a useful history of contact with a person. There is also a Comments field where you can record any specific details from your call. Make sure you save the record before moving on to other tasks in order to not lose your work.

- Under the 'Log a Call' sub-tab, various fields will appear (4). These include fields you have to populate with the details and outcome of your call. E.g. you will have to fill out the date and time of the call and whether or not the call was successful. Ensure you note down which number the call was made to.
- Before you save this activity, the 'Status' field requires you to update the status of your call (5). Once all the fields have been populated, click 'Save'. You can also log multiple calls within the same record.

Tip:
When describing the call in the Comments section, use as much detail as possible. This makes it easier for others to understand what kinds of communications have been made to the Disease Contact.

- You can also save SMS activities sent outside of the NCTS under 'Log a Call'. SMS messages sent from within the NCTS are recorded automatically.
- Simply change the 'Subject' field to 'SMS' and fill out the other fields (6)
- Add comments in the comments section as required.
- Click 'Save'.
- It is important you log in all contact activities for traceability.

Section 6.7 | Complete Disease Contact Health Check Q&A – Phone Survey

Updated August 2021

Disease Contacts may require Health Checks depending on the requirements of their Management Plan. Health Checks allow you to check in with the Disease Contact about their symptoms and self-isolation requirements, and to discuss swabs (when applicable).

- Navigate to the relevant Disease Contact page (1). The Disease Contact will have to be in the 'In Follow Up' status to conduct a Health Check.
- Scroll down to the 'Person Details' section on the left hand side of the page and find the field called 'Preferred Follow-Up Method' (2). Select whether the person would like to be contacted via email or phone (in this case – Phone).

Tip:
Check with the Disease Contact how they would prefer to be contacted during follow-up (email or phone survey). If they change their mind, it's always possible to update the preferred follow-up method field. If using email, you'll have to make sure that the email address field is filled in with the correct email address.

- A Q&A wizard will appear on the right hand side of the page (3). This is called 'Daily Health Check Q&A'. Select the 'Next' button.
- A warning screen (4) will appear if you have not selected 'Phone' as the preferred contact method. You can override this by selecting next, but make sure that you are certain you should proceed with the phone Q&A before doing this.
- Complete the Q&A accurately and comprehensively. You can track your progress with the progress bar (5).

Tip:
Health Checks are generated at a certain frequency that is determined by the Management Plan allocated to each Disease Contact. See Section 5.1 on Exposure Types for more information on this.

- Once the Q&A for that day is complete, a green tick (6) will appear stating 'COVID-19 Health Check Completed Today'
- You can see past completed Health Checks in the 'Activity History' pane (7), and open or incomplete Health Checks in the 'Open Activities' pane (8).

Tip:
Check with your local Super User for PHU-specific processes for checking completion of Health Checks. This may include regularly checking dashboards or list views, for example.

Section 6.8 | Complete Disease Contact Health Check Q&A – Email Survey

Updated August 2021

Disease Contacts may require Health Checks depending on the requirements of their Management Plan. Health Checks allow you to check in with the Disease Contact about their symptoms and self-isolation requirements, and to discuss swabs (when applicable). This slide outlines the process for conducting Health Checks through an **email survey, which may be used frequently during surge events.**

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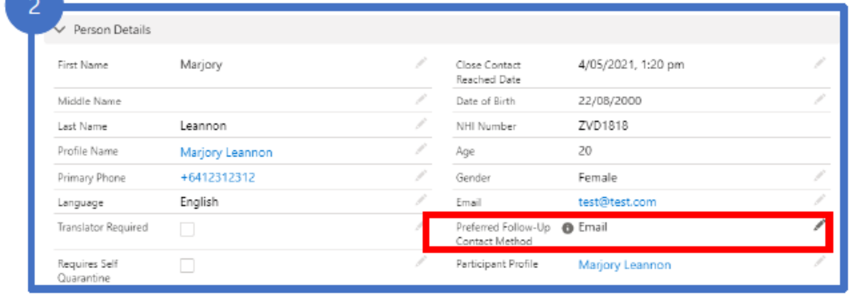

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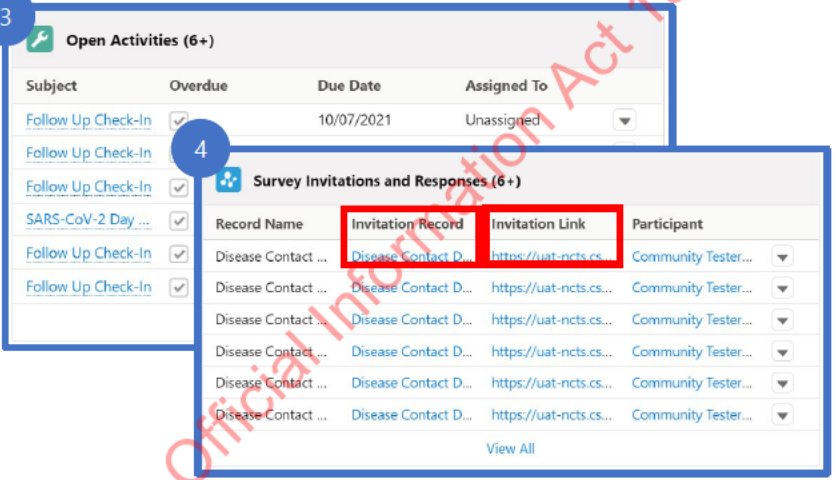

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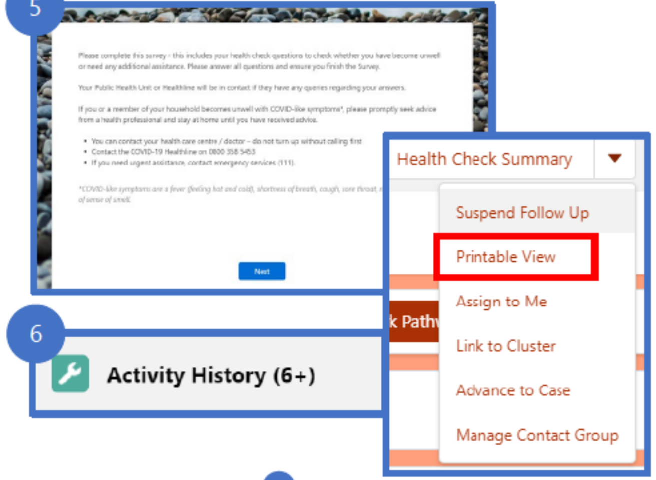


- Navigate to the relevant Disease Contact page (1). The Disease Contact will have to be in the 'In Follow Up' status to conduct a Health Check.
- Scroll down to the 'Person Details' section on the left hand side of the page and find the field called 'Preferred Follow-Up Method' (2). Select whether the person will be contacted via email or phone (in this case – Email).

Tip:
Email follow ups are the default method. A Disease Contact can opt out if they are asymptomatic. Check with the Disease Contact how they would prefer to be contacted (email or phone survey). During surges, email may be predominantly used. If using email, you'll have to make sure that the email address field is filled.

- If you have selected "Email", you will see that Follow Up Check-In tasks will generate and can be viewed in the "Open Activities" panel on the lower right hand side of the page. (3)
- You will also see that Survey Invitations have generated, which will be automatically sent in an email to the Disease Contact on relevant days (every day if they are a Close or Close Plus Contact). You can click on the blue link under the "Invitation Record" to view the email text that the Disease Contact receives. (4)

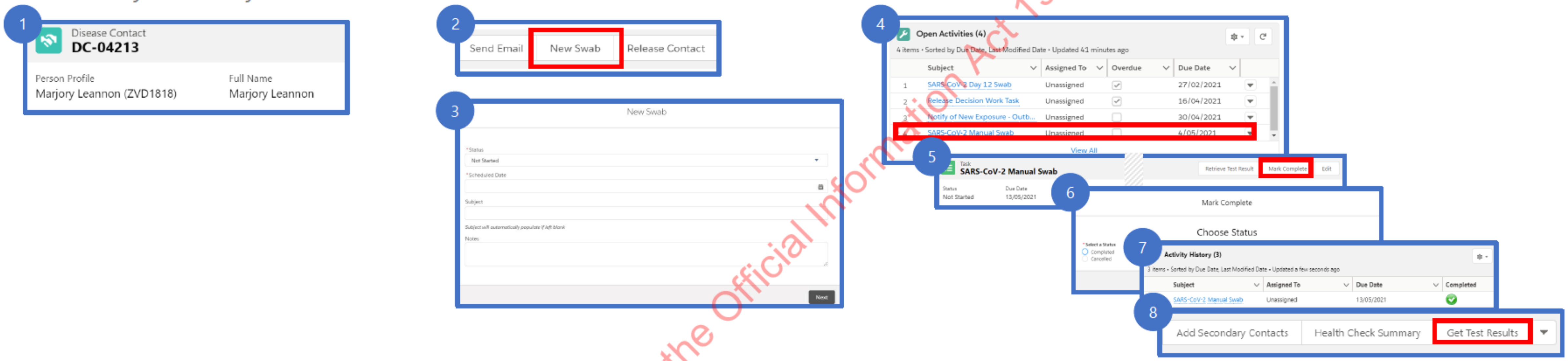
Note for HCM and CBG users: Once a CBG user has selected Email as the Preferred Follow-Up Method, the CBG user will need to assign the Disease Contact record to Whakarongorau Aotearoa/HCM

- You can also click on the "Invitation Link" to view the webform that the Disease Contact will access. (5)
- To see completed responses, click on the relevant "Follow Up Check-In" in Activity History (6). Alternatively, you can click "Printable View" in the top right hand corner drop down to view all previously completed Q&A details in one place. You may need to scroll down the page to see these.

Note for HCM and PHU users: A dashboard [name and location TBC] is available to help you track what work has been done and any areas for specific attention e.g. symptoms worsening, needs welfare support, or cannot be contacted.

Section 6.9 | Manually Schedule a Swab and Retrieve Test Results

Swabs are automatically scheduled as part of a Disease Contact's Management Plan (if required, e.g. Day 5 and Day 12 swabs). However if you need to schedule another swab based on a clinical decision, this can be manually scheduled. The test results will normally be retrieved automatically once they're available.



- Navigate to the applicable **Disease Contact** record (1).

- Click the **New Swab** button at the top of the page (2).
- Enter the relevant details (3) and click **next.**

- This will create an open activity **SARS-CoV-2 Manual Swab** (4) with the due date you inputted in the previous step.
- During the Health Check Q&A, you can ask them if they have already received a swab. If they confirm that they have, you can click on the swab task and select 'Mark Complete' (5, 6). You can check that the swab task appears as completed in the Activity History pane (7).

Tip:
Scheduling an additional swab is likely to be driven by a clinical decision, so please check with your local clinical advisor if you need advice.

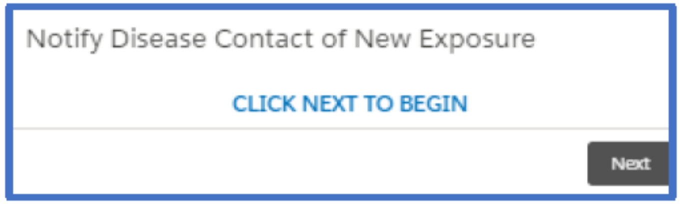
Tip:
When creating a manual swab, leave the field called 'Subject' blank as this will automatically populate with the correct name of **SARS-CoV-2 Manual Swab .**

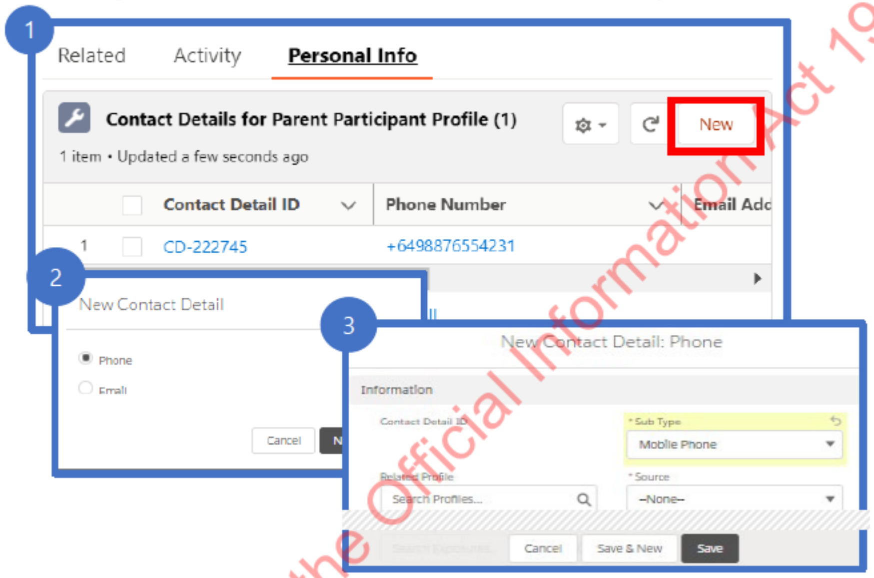
Tip:
You may have to manually check test results for manually scheduled swabs. You can do this by selecting 'Get Test Results' from the quick action button bar at the top of the Disease Contact record (8). This will retrieve test results from 14 days before you click the button.

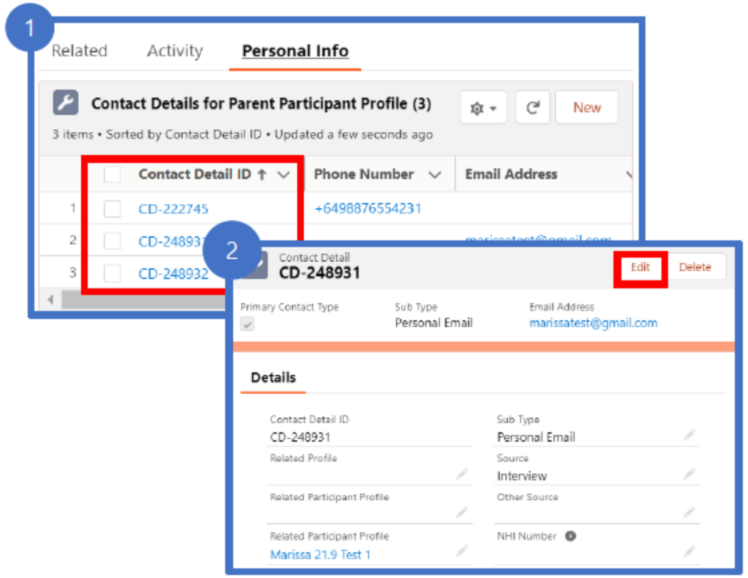
Section 6.10 | Manage Contact Details for Disease Contact

Updated September 2021

There are multiple ways you can manage a Disease Contact's contact details in the system and it is useful to be aware of all three approaches. While contact details appear on the DC record, they will also be linked to the Participant Profile to ensure a central repository of data.







Method 1: Edit contact details through Q&A wizard

- You can add and manage a Disease Contact's details through the **Q&A wizard**. Under 'Notify Disease Contact of New Exposure', click 'Next'.
- Populate the fields accordingly and add their contact details in the appropriate fields.
- The contact details you had added in the Q&A wizard will automatically show up in their 'Person Details' and 'Personal Info'.

Method 2: Edit contact details through Personal Info tab

- You can also add and manage a Disease Contact's details through the **Personal Info** section located under the Notes section (1). Click on the 'New' button to add a new contact detail. A screen will prompt you to select 'Phone' or 'Email'. Select your preferred option.
- Fill in the appropriate fields with the new information and click 'Save' (2,3).

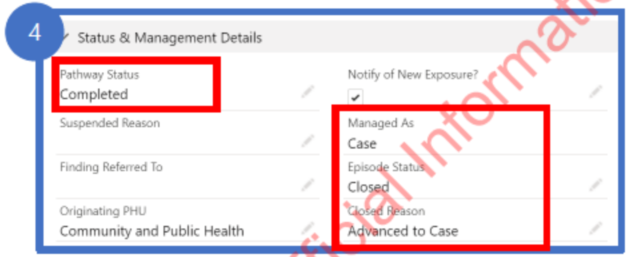
Tip:
Method 1 and 2 are recommended as they reduce effort and avoid duplication in the NCTS.

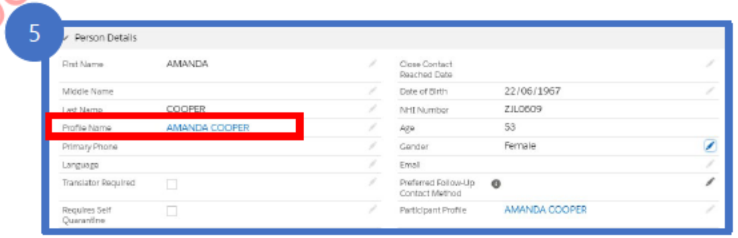
Method 3: Edit from the Contact Details record

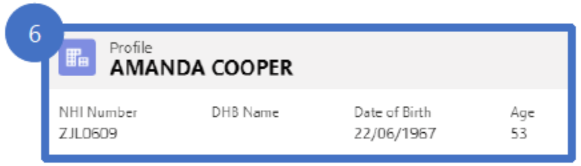
- Navigate to the Disease Contact page and scroll towards the Personal Info section. **Click on 'Contact Detail ID' for the Contact Detail you want to edit.**
- Once you are on the specific Contact Detail record, you can edit their contact details by clicking on the edit button. If this is their primary contact, make sure the 'Primary Contact Type' field is ticked. Click 'Save' when done.
- These details will be updated and automatically show up under the 'Personal Info' section. It will also be stored on their Participant Profile.

Section 6.11 | Advance to Case

When a Disease Contact tests positive for COVID-19, they will become a Case and their Disease Contact record will need to be closed. A quick action button on the Disease Contact record allows you to do this, which then automatically updates the related fields.







- Navigate to the relevant **Disease Contact** page (1).
- In the top right hand side of the page, select the quick action button called 'Advance to Case' (2).

Tip:
If a DC who is advanced to Case is part of an existing Household, you will have to navigate to the **original Case record** that that DC was linked to and add the new Case as a Household member using their new Case record. You will also have to add previous Secondary Contacts as **new Disease Contacts associated with this new Case**. It's fine to leave old records (e.g. Secondary Contacts) for tracking/history purposes.

- A new box will pop up (3) asking you whether you want to confirm that the Disease Contact has Advanced to Case.
- The DC record pathway status will advance to 'Completed' status (4)
- The Disease Contact 'Managed As' field will update to 'Case', the 'Episode Status' will change to 'Closed', and the 'Closed Reason' will change to 'Advanced to Case' (4).

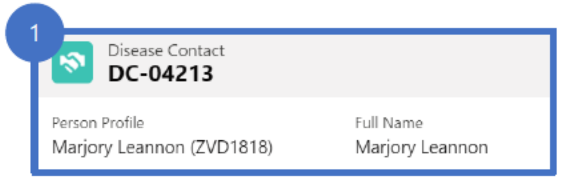
- All Open Activities and time elapsed for 'Managed Under Exposure', 'Days in Quarantine' and 'Last contact with COVID Case' will be frozen in time.
- When this Disease Contact becomes a Case, a new Case profile will be created when EpiSurv data pulls in automatically into the NCTS.

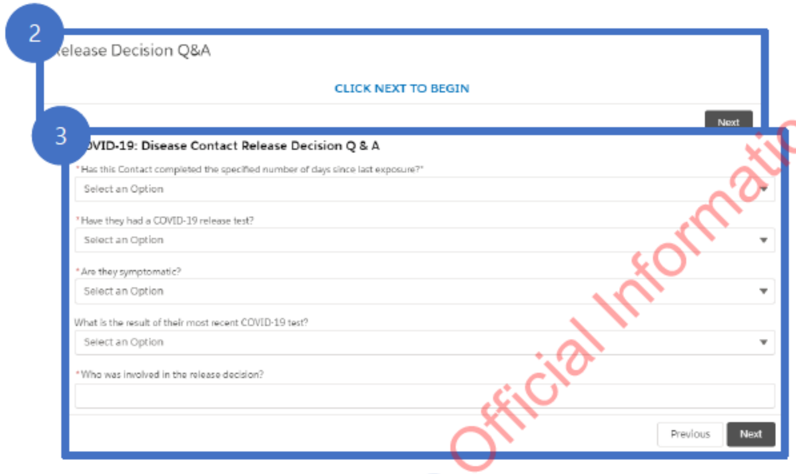
Tip:
The most reliable place to find new Cases is in the Case queue. However, if all profiles have been linked correctly through the NHI, you can also navigate from the DC record through the Person Profile (5 and 6).

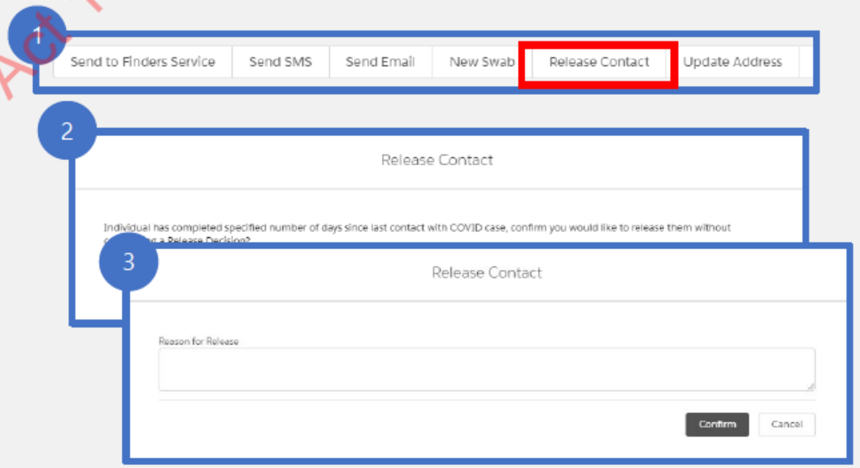
Section 6.12 | Release Disease Contact

Updated Nov 2021

Complete a Release Decision Q&A when a Disease Contact is ready to be released into the community after completing the required quarantine period. As always, this is a clinical decision. There are two ways to Release a Disease Contact, though the Q&A method is recommended.







Release Decision (Complete Q&A) - recommended

- Navigate to the **Disease Contact** page of interest (1).
- A **Release Decision Q&A** will be able to be completed only once the Disease Contact has completed the required number of days since their last exposure to the Case, as specified by their Management Plan.

Tip:
You can check the number of days required for quarantine before a Release Decision Q&A is triggered by clicking on their Management Plan (lower left hand side of the page), and checking the 'Release Decision required after _ day(s)' field.

- On the top right hand side of the page, a Release Decision Q&A task will appear (2). Select Next.
- Complete the fields in the Q&A. Once complete, the **Pathway Status** will update to 'Complete', and the information entered in the Q&A will pull through onto the left hand side of the page under 'Release Contact Decision'.
- In the Details panel, the **Episode Status** will update to 'Closed', and the **Closed Reason** will update to 'Contact Released'. You can then choose to send a ''Release DC from Quarantine' email using the 'Send Email' button. See Section 6.20 for more info on this.

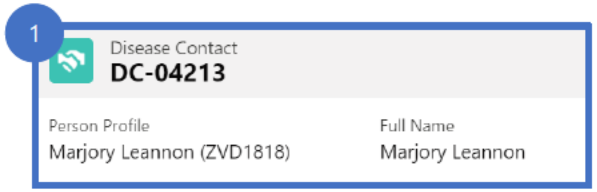
Tip:
If a Disease Contact is not ready for release, you may see a message stating "Release Decision is Not Available".

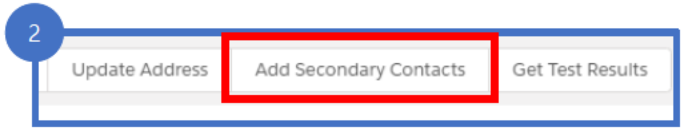
Alternative Release Decision (Release Contact Button)

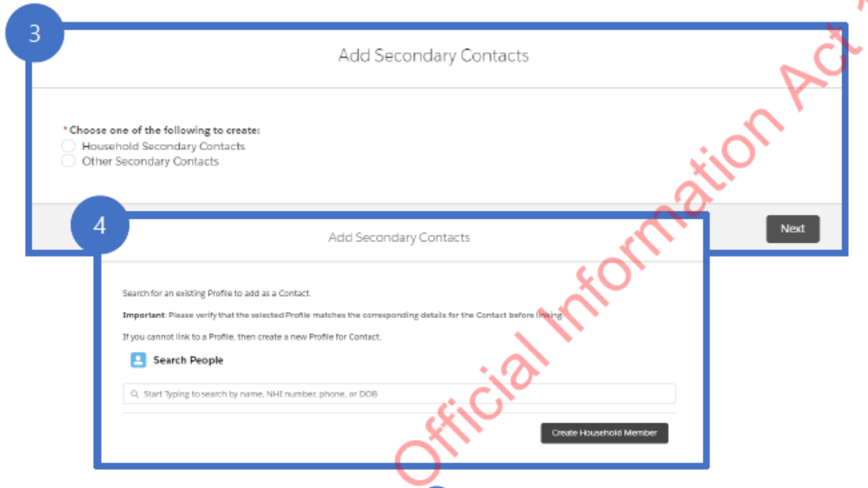
- Another way of releasing a Disease Contact is to click on the 'Release Contact' (1) button in the ribbon at the top of the page. This is regarded as a workaround and is used for exceptions. The record will have to have been assigned for this button to appear.
- A warning message (2) will pop up notifying you to check whether they have completed or not completed the required number of quarantine days, and if you would like to release them without completing a Release Decision Q&A.
- You will then be prompted to enter a **Reason for Release** (3). Complete this in as much detail as possible. The date of the decision, along with the person who actioned the release, will be recorded on the left hand of the Disease Contact record
- This will close the record and advance the record to 'Completed'

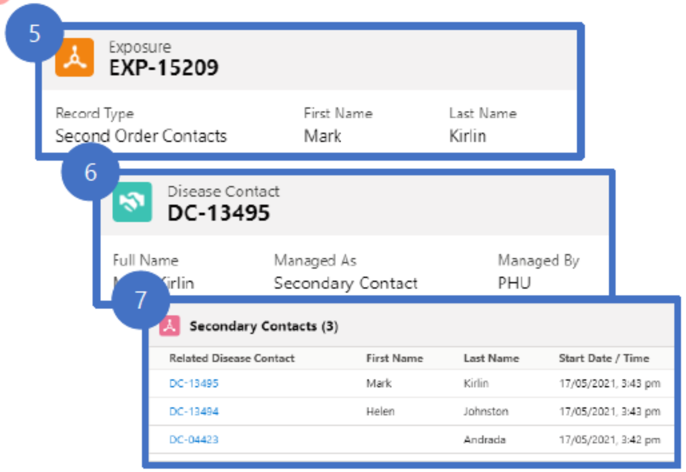
Section 6.13 | Create Secondary Contacts (Household or Other)

This function allows you to create a Secondary Contact from a Disease Contact profile. Secondary Contacts are people who have been in contact with Disease Contacts, but not with the related Case directly. This function allows you to create Disease Contact/Secondary Contact Households which are distinct from Case Households (covered in Section 6.14 of this document).









- Navigate to the **Disease Contact** page to which you would like to add a Secondary Contact (1).
- In the top right hand corner, select 'Add Secondary Contacts' (2).

Tips:
Household Secondary Contacts refer to Secondary Contacts present in the Disease Contact's Household e.g. family that that person lives with.

Other Secondary Contacts are people who the Disease Contact has had contact with outside of their household e.g. workplace, transport, school.

- In the pop up box (3), select the type of **Secondary Contact** you'd like to add.
- In the second pop-up box (4), search for names in the system to check if a profile already exists for the Secondary Contact. They may exist in the system if they have already been identified in a separate Exposure Event (for example).
- If the Secondary Contact already exists in the system, you can select them here. If they don't exist, just select 'Create Household Member' and you will be prompted to enter their details, then the start and end times of the Exposure.

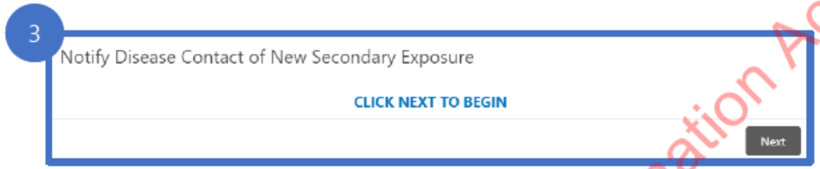
Tip:
Exposure end dates can be **open-ended** (i.e. no end date) if the exposure is ongoing (e.g. if the Secondary Contact is a Household member and is continuously being exposed)

- This will create a new 'Second Order Contacts' Exposure (5) for this Secondary Contact.
- This will also create a Secondary Contact (6). If they are a Household Secondary Contact, you can find their details under the 'Household Members' tab on the original Disease Contact page. If they are an 'Other' Secondary Contact, you can find their details **only** in the 'Secondary Contacts' tab (7).

Tip:
When the 'parent' Disease Contact (i.e. the Disease Contact that the Secondary Contact is linked to) is awaiting their Day 5 Negative Test, the status of the Secondary Contact will be 'Pending Results'.

Section 6.14 | Conduct Secondary Contact Notify New Exposure Q&A

Secondary Contacts will require the Owner of the record to conduct a Notify of Exposure Q&A to inform the person that they may have been Exposed to a Disease Contact. This is a slightly simpler version of the general Disease Contact Notify of Exposure Q&A (see earlier section of this document for more on that process).



- Navigate to the **Disease Contact (Secondary Contact)** of interest (1). Make sure that they are a Secondary Contact—this is shown under the 'Managed As' field as 'Secondary Contact'. If they are another type of Disease Contact (Close, Casual etc), please refer to Section 6.5 'Disease Contact Notify of Exposure Q&A' for the correct process.

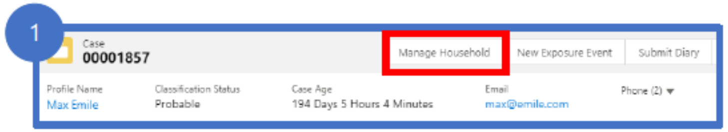
Tip:
The Notify of New Exposure Q&A can only be conducted when the Disease Contact is in the 'Assigned' Status' (2). You will have to make sure that the DC record has been assigned an Owner to progress with the Q&A. If you've just assigned a new Owner, you may need to refresh the page.

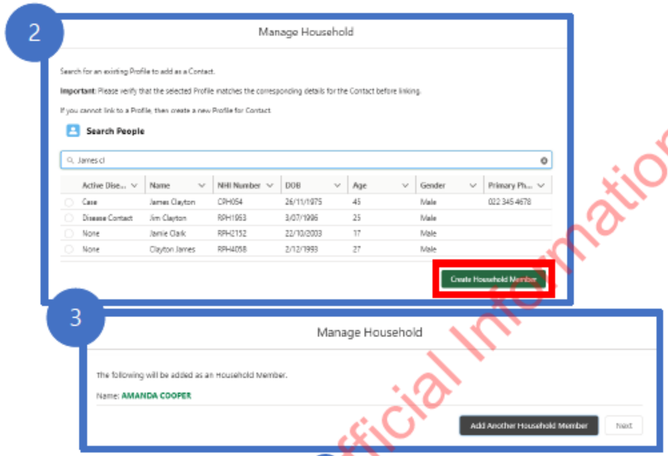
- On the right hand side of the page, a Q&A wizard should appear (3). Click 'Next'.

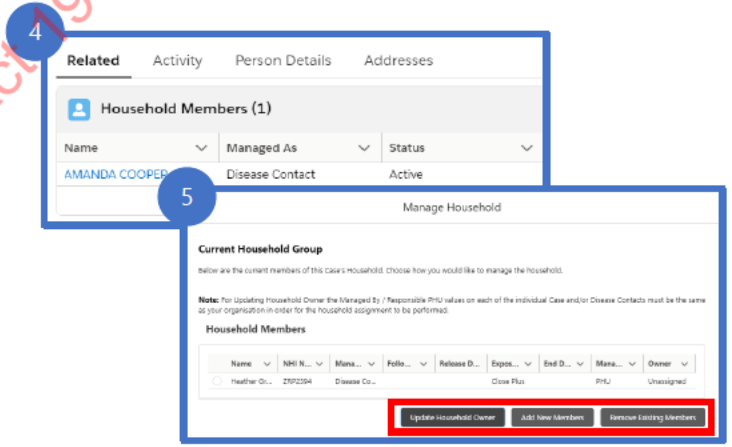
- A series of questions will appear (4). Please take the time to fill in as many answers as possible, in as much detail as you can.
- These questions are similar to the normal Disease Contact Notify of Exposure Q&A. Some differences include: the list of symptoms you will be required to enter is shorter for Secondary Contacts, the 'Stay Home' step is different, etc.
- Once you have completed the Q&A, the Disease Contact record will advance straight to the 'Pending Result' status (5).

Section 6.15 | Link a Case or Disease Contact to a Case's Household

This function allows you to link Cases and Disease Contacts together if they are part of a Case's Household in order to manage that Group as a whole (rather than individually).







- Navigate to **Case** page (1) and select 'Manage Household'.

Tips:
When you create a Household, the Exposure start date will need to begin at the start of the Case being symptomatic, or the Disease Contact being exposed.

If you want to create a Household with **only** Disease Contacts and Secondary Contacts, refer to 'Create Secondary Contacts', when the type of Exposure = Household Exposure.

To add multiple Cases to the a Case Household, see Section 6.20.

- Search for a **Disease Contact** name and select 'Create Household Member' (2).
- Check contact details and update/amend if necessary.
- Select the **Exposure** type, start and end date, Managed By and the Relationship to Contact (Household or Other).
- A new box will prompt you to confirm the new Household Member, or to add another Household Member (3).

Tip:
The 'Active Disease Contact?' column indicates whether that DC profile is active or not, or if it is a Case record. 'Disease Contact' means that they are currently registered as a DC, 'None' means they were previously registered as a DC, and 'Case' means they are a Case.

- Once you've added all new Household Members, they will appear on the lower right hand side of the Case page (click refresh if they do not appear immediately) (4).
- If you wish to amend the Household group, update the Household owner, or remove Household members, you can click on the Manage Household button (1) to do this, and you will subsequently be presented with these three options (5).

Tip:
You can still manage individual Cases and Disease Contacts individually, even when they are members of a Household. Just navigate to their Case or DC page and update the fields directly.

Section 6.16 | Update Owner of a Case's Household

This function allows you change who manages a Case's Household. There may be a need to bring all members of a Household under the management by one PHU, if they weren't already.

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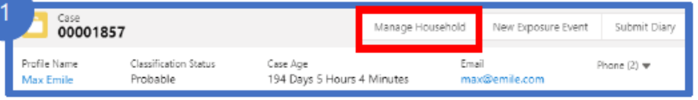

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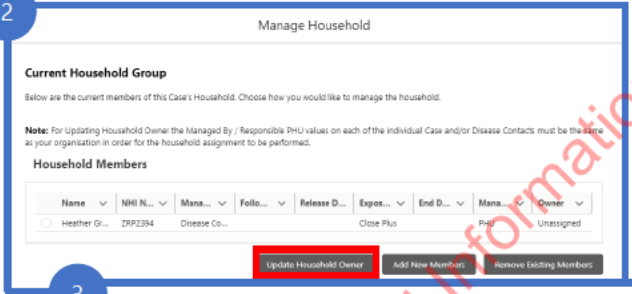

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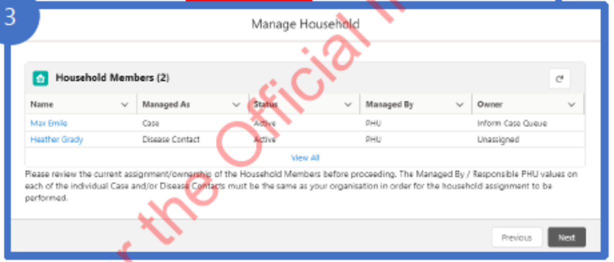

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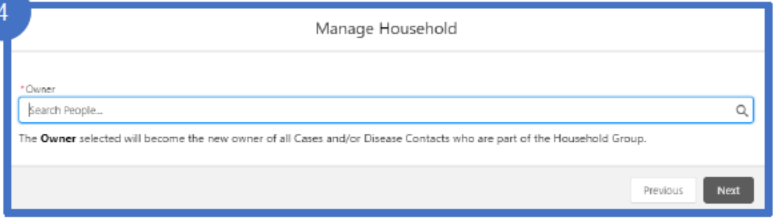

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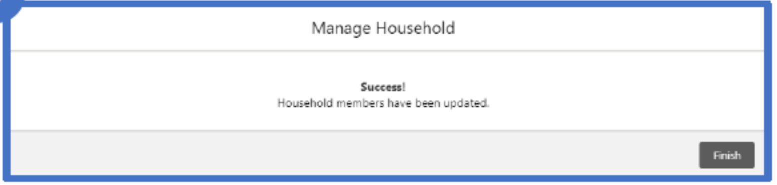


Tip:
In order to change the Owner of a Household, two criteria must be satisfied:

1. Each person in the household must be managed by the same organisation in the 'Managed By' field.
2. You (the User) must be from the same organisation as that specified in the 'Managed By' field

If either of these criteria are not met, you will receive an error message (*"You can't bulk update household owners for this case."*)

- Navigate to **Case** page and select 'Manage Household' (1).

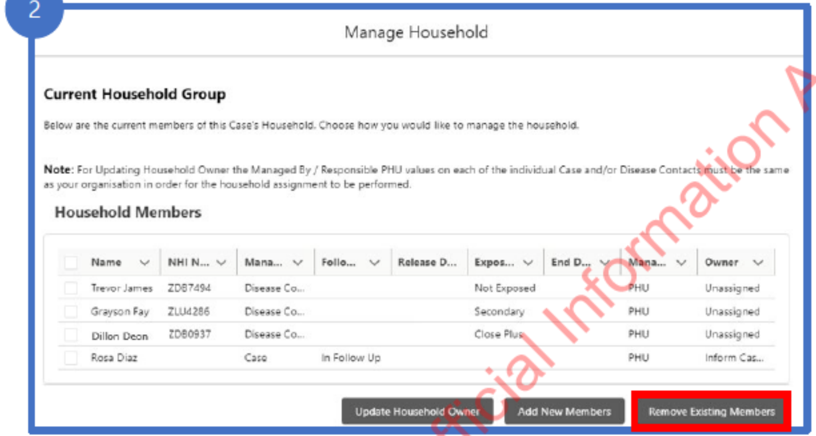
- You will then be taking to a pop-up (2) that shows you all currently registered Members of a Household. This is a good time to check if there are any Members missing or if information is incorrect.
- Select 'Update Household Owner'. This will open a new popup where you will be able to see all members of the Household including the Case (3).

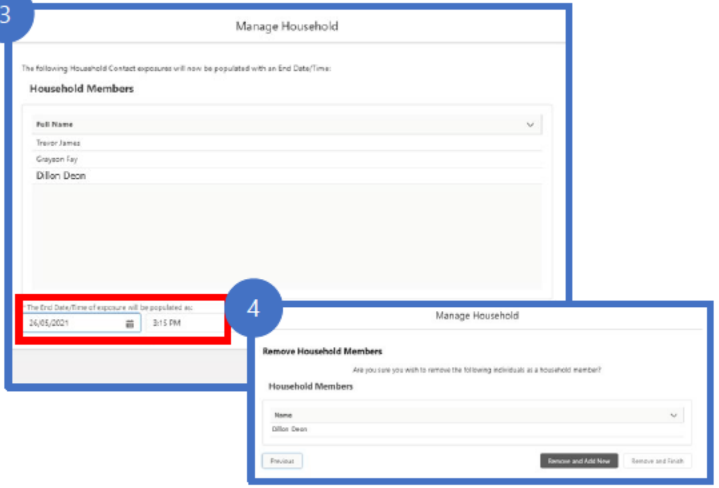
- Search for the new Owner of the Household and click next (4).
- A Success notice (5) will appear when the new Owner has been assigned.

Section 6.17 | Release Members from a Case's Household

Updated October 2021

If a Case or Disease Contact is removed from a Household, e.g. if they are transferred to a MIQF, hospital, or care facility, you can use this process to remove them from the Household. This may change Exposure end dates, if applicable.

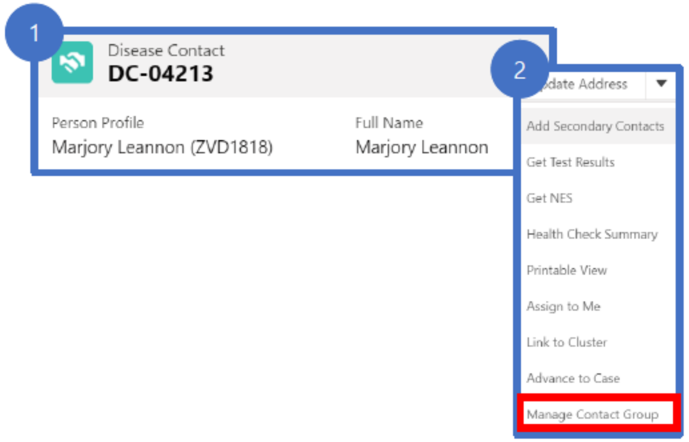


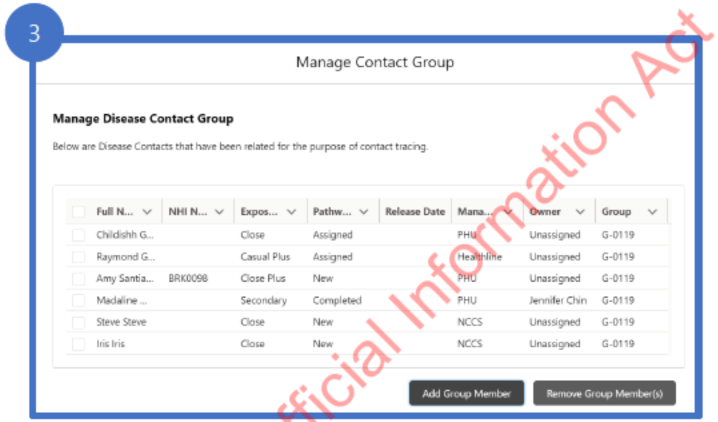


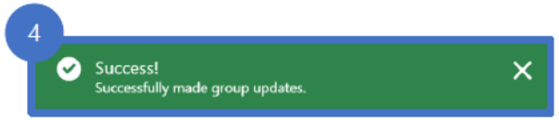
- Navigate to the relevant **Case** page and select 'Manage Household' in the top right hand corner (1).
- In the pop-up window, you will be able to view all current Household members. If you would like to remove any existing members, select the 'Remove Existing Members' button (2).
- You will be presented with a screen showing the remaining Household Members.
- If you are removing a Case from the Household, you will need to enter the end date/time of Exposure (3). This will be the time and date that the Case/was removed from the Household.
- If you are removing a Disease Contact from the Household, you will not be required to enter any Exposure details and instead just select 'Remove and Finish' (4).

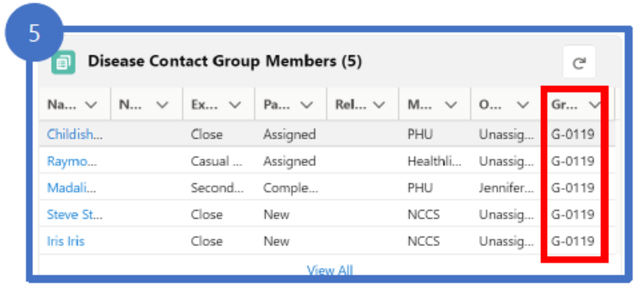
Section 6.18 | Relate Disease Contacts through the Group Record

Disease Contacts who have been exposed to COVID-19 can be grouped together using a button called 'Manage Contact Group'. For example, if three people attend a church where a COVID-19 Case is present (i.e. an Exposure Event), they can be grouped together using this function. This allows them to be managed collectively, much like a Household Group.









- Navigate to the relevant **Disease Contact** record (1) and select 'Manage Contact Group' in the quick action button bar on the top right-hand corner of the page in the quick action button toolbar (2).

Tip:
You can create a Disease Contact Group from any Disease Contact record. You will be able to view and manage this 'Disease Contact Group' on any of the related DC records by navigating to the right-hand side of the record where you can view a panel listing members of that Group.

- If any Disease Contacts are already part of the Group, they will appear in the pop-up window. You can select 'Add Group Member' to add additional people to the Group, or 'Remove Group Member'.
- If you choose to add a new member, you will need to search for Disease Contact(s) you would like to add. They will have to already exist in the system for you to link them.

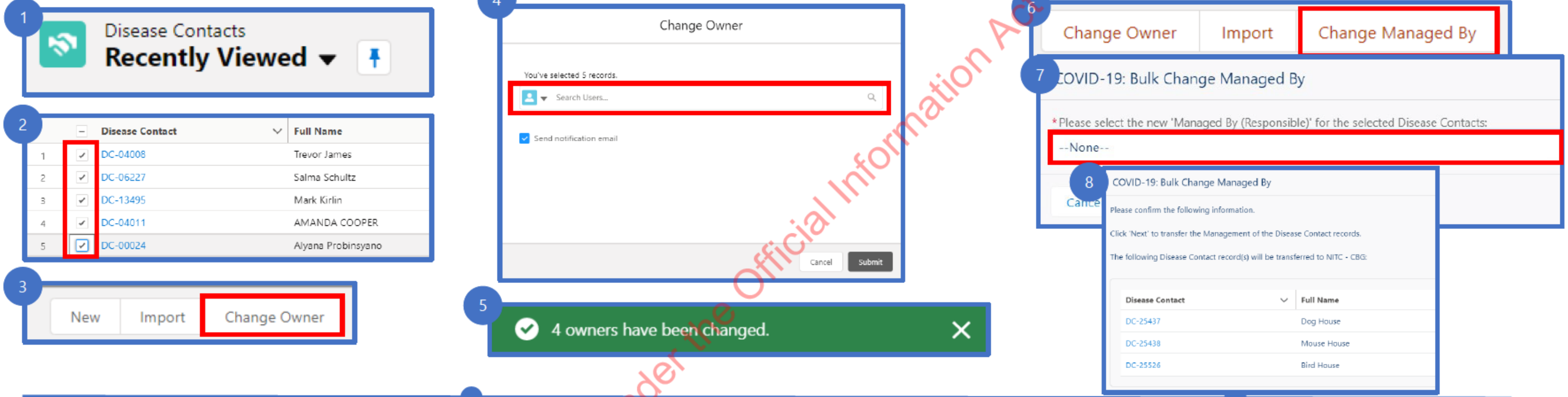
Tip:
If a member of that Disease Contact Group advances to Case, you will need to create a new Household with that Case and related Disease Contacts (from the Household) in it.

- You will be presented with a success message when your changes have been made (4).
- You will be able to view the Disease Contact Group Members on the lower right-hand side of the Disease Contact record (5). A new 'Group' record will be created in the background – you can find the number associated with this group under this tab.

Tip:
From the DC list view, you can sort by the Group number and bulk assign new Owners (if needed) from there. To find the relevant Group number, navigate to the Details section of a DC record.

Section 6.19 | Bulk Assign Disease Contacts

You can bulk assign multiple Disease Contact records to a new Owner or to be Managed By (Responsible) another organisation from a Disease Contact queue. You might want to do this when there is an outbreak and work needs to be shared across multiple Owners and organisations, or simply to easily transfer ownership of a large group of records all at once e.g. for an Exposure Event involving many Disease Contacts.



- Navigate to the required **Disease Contact** queue (1).
- Select which Disease Contact records you would like to reassign (2).
- In the top right hand corner of the screen, select 'Change Owner' (3).

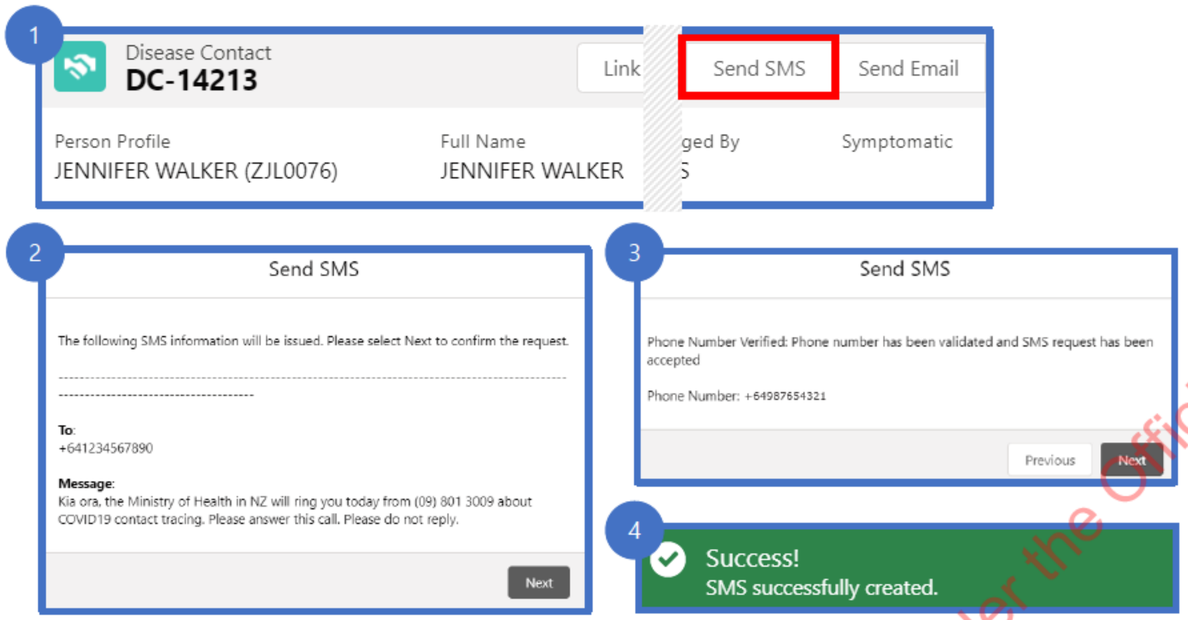
- Search for and enter the Owner you would like to assign these Disease Contact records to (4).
- You will be presented with a green success message indicating that those records have been bulk assigned (5).

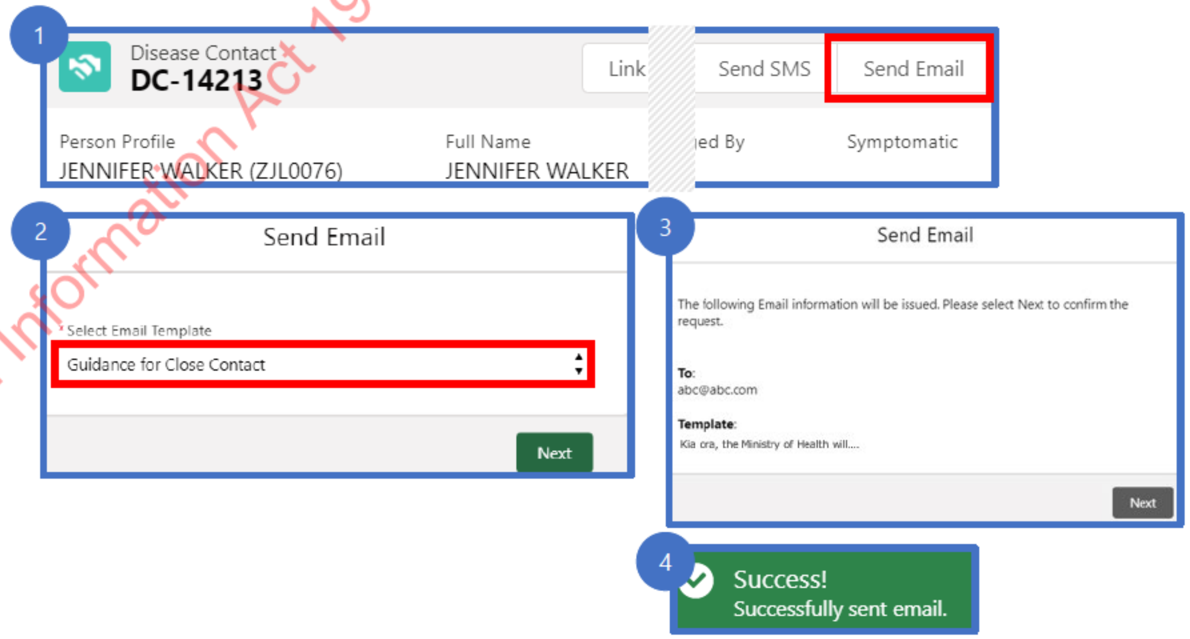
- You may also wish to Change Manage By for bulk disease contacts. Select which Disease Contact records you would like to reassign (2).
- In the top right hand corner of the screen, select 'Change Managed By. (6).
- Select the organisation you wish to manage the Disease contacts and select Next. (7)
- You will be presented with a screen displaying the new 'Managed By (Responsible)' organisation and the Disease Contacts you are transferring. Select 'Next' and you're done. (8)

Section 6.20 | Send an SMS or Email to a Disease Contact

Updated November 2021

If you need to send an SMS or Email to a Disease Contact, you can do this easily from the Disease Contact record page. Please check with your PHU Super User on your PHU's practices surrounding these functions e.g. any specific required text to enter in SMS and email messages.





To send an SMS:

- Navigate to the relevant Disease Contact record (1).
- Click on the 'Send SMS' quick action button at the top of the record.
- A 'Send SMS' screen will pop up. Read through the message to confirm if this is the message you want to send out. Click 'Next'.
- Another screen will appear informing you the phone number has been verified and validated. Click 'Next' to continue.
- A 'success' message will appear confirming your action to send an SMS was successful.

Tip:
The option to 'Send SMS' is now available on Case Records as well.

To send an email:

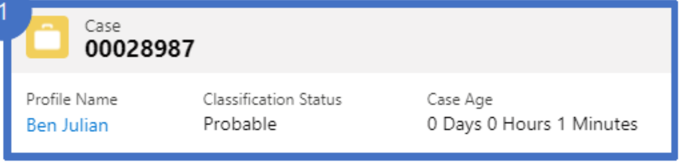
- Navigate to the relevant Disease Contact record.
- Click on the 'Send Email' quick action button at the top of the record (1).
- A 'Send Email' screen will pop up. Select the relevant email template (2). Depending on the pathway status, certain email templates will appear. E.g. a 'Release DC from Quarantine' email can only be selected when the DC is 'Closed'.
- Read through the message to confirm if this is the message you want to send out. Click 'Next'. A 'success' message will appear confirming your action to send an email was successful.

Section 6.21 | Reset Exposure End Date for Household Members

Updated August 2021

The 'Reset End Date' function is used to change the Exposure End Date and Time for a Case's Household Members when that Case is closed or has moved to a MIF/Hospital. You will need to use this feature in order to accurately capture the full length of time that Household members were Exposed to a Case.

1



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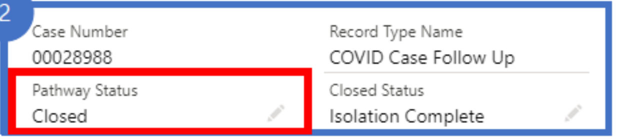

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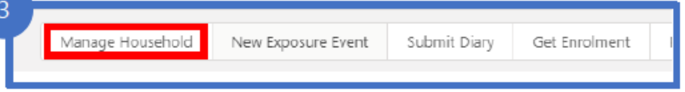

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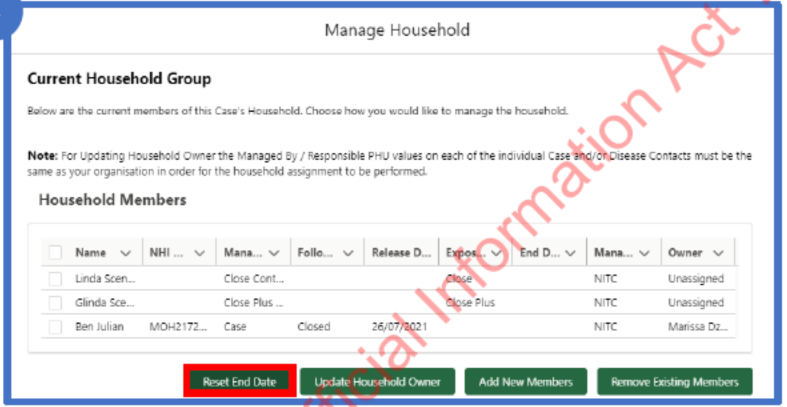

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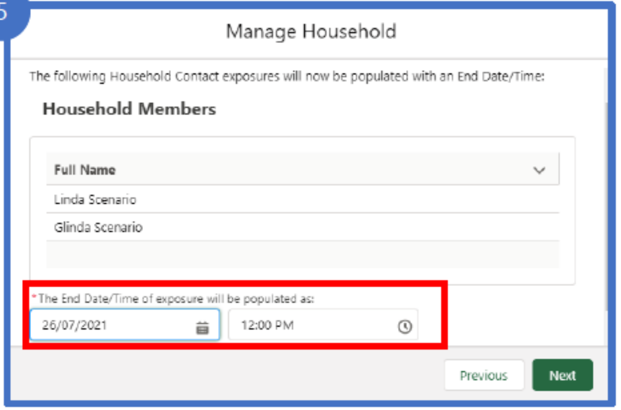

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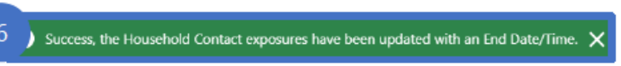


- Navigate to the relevant **Case** record.
- Ensure the Case's Follow Up record is closed or reflects their status of being in a MIF/Hospital (2).
- In the quick action highlight bar of the main Case record, select the 'Manage Household' button. (3).

- A 'Manage Household' pop-up window will appear showing the current members of the Household.
- A 'Reset End Date' button will appear in the 'Manage Household tab'. Click on this button (4).

Tip:
The 'Reset End Date' button will not appear if the Case record is still in follow up. It will only appear when the Case Follow Up record is closed.

- You will then be prompted to fill in the Exposure End Date/Time details for the Household Members. Ensure you fill this with the correct details. Click 'Next' (5).
- A green success message will appear letting you know that you have updated the Exposure End Date/Time for the Household Members.

Tip:
If you would like to retain visibility of a Household even after a Case has technically been removed from the Household, you can leave the Case in the HH while also updating the Exposure end time and date. You should leave a note to explain what you have done.

Section 6.22 | Send Disease Contact to Finders Service

If you are having trouble contacting a Disease Contact and need help finding their contact details, you can send the record to Finders Service. Finders Service will utilise their network and databases (such as Customs, Police, NHI and other information) to try and locate contact details for you.

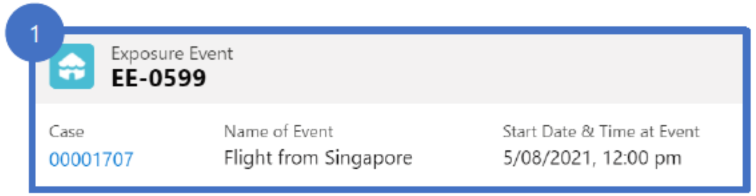
- Navigate to the relevant **Disease Contact** record (1).
- Click on the 'Send to Finders Service' quick action button at the top of the record.
- Once you have clicked the 'Send to Finder Service' button, the Disease Contact record will automatically be sent to the Finders Service.
- A message will appear indicating your action was successful (2).
- The pathway status for this Disease Contact will automatically become suspended, which means all open activities will be frozen while the Finders Service is locating contact details for this individual.

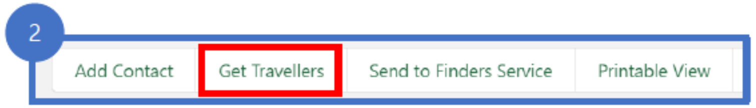
- In the 'Details' section (4), you will see that the pathway status for the Disease Contact has been 'Suspended' and that the 'Suspended Reason' was because the record was 'Assigned to Finders Service'. These fields are automatically updated by the system.
- The record will then go into another queue: 'Internal Investigations Queue' (5).
- Once the Finders Service has completed their search, the Disease Contact record will go back into the unassigned queue ready for a user to own the record and contact the individual.

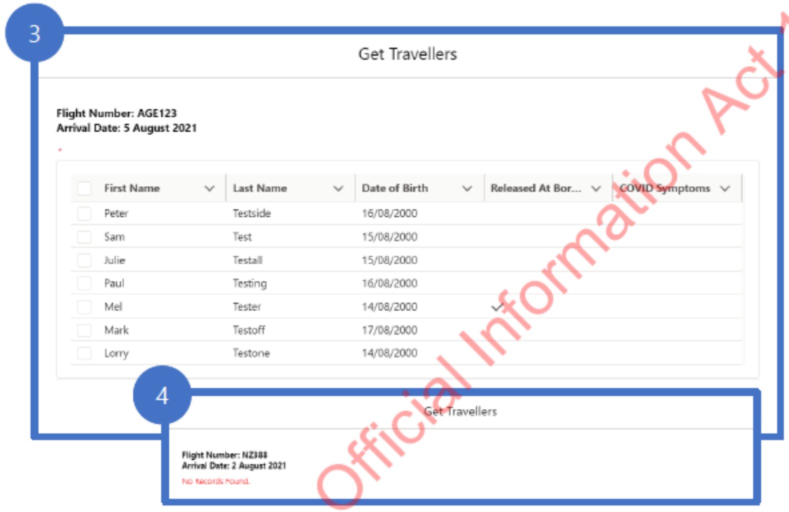
Section 6.23 | Get Travellers and View Border Health Record Details

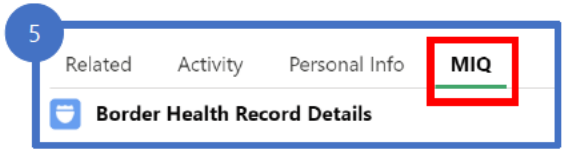
Updated August 2021

Get Travellers is used by the NITC to retrieve Exposure information about people who have been registered in the Border system, and registers that information against an existing Exposure Event. You can also now view relevant Border Health Records on the Disease Contact record.









- Navigate to the **Exposure Event** of interest (1). This is likely to be a border-related Exposure Event such as a flight.
- In the top right hand corner of the quick action bar, select 'Get Travellers' (2).

Tip:
If there were multiple Cases at the Exposure Event, you have the option to select the relevant Case that a Disease Contact was exposed to after you select 'Get Travellers'. If you don't know, or if they were exposed to multiple Cases, you can leave this blank.

- Selecting 'Get Travellers' searches the Border system for matching flight number and dates. If there is a match, you will be presented with a screen showing any Exposure records associated with that flight (3). Select those you wish to import.
- You will then have to select the Managed By (Responsible) field and the Exposure type this person experienced. Those Exposures will pull through and display in the Exposures panel on the bottom right hand side of the page.
- If there is no match, you will be presented with a red warning stating 'no records found' (4)

Tip:
Exposures will need to be manually linked to Disease Contacts. You will need to click through to the Exposure record and select 'Create/Link Contact' in the top right hand corner of the Exposure record. See 'Link Exposure to Disease Contact' for more on this.

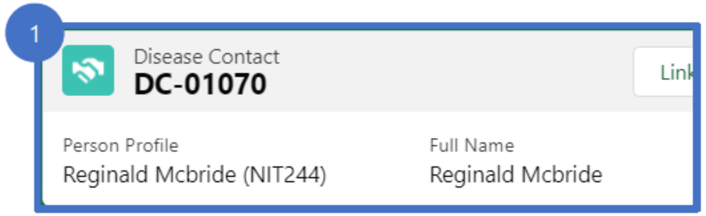
Border Health Record Panel

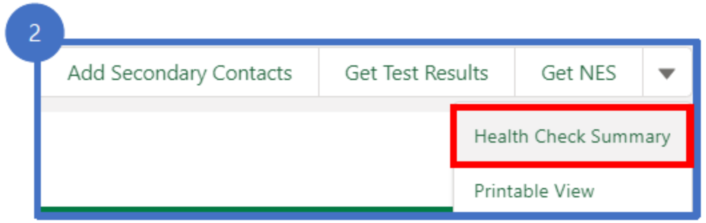
- On the Disease Contact record (only for those Disease Contacts with BHRs and created using the 'Get Travellers' function) a MIQ tab will appear on the right hand side of the record (under the Notes section) where BHR details such as the MIQ facility, status, swab date, and symptoms will display.

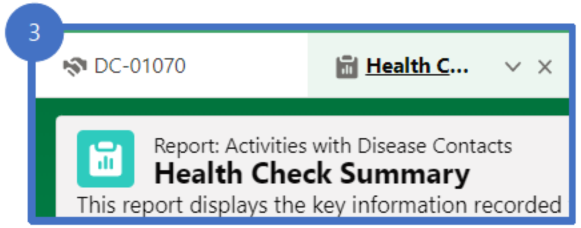
Section 6.24 | Health Check Summaries on a Disease Contact record

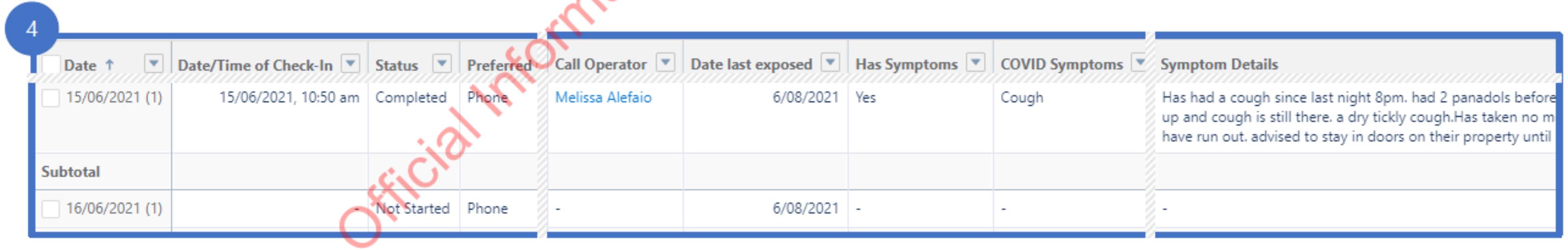
Updated September 2021

Once a Disease Contact has completed their Health Check, you can see the summary of their daily survey from the record. This summary will shows you the date/time of check-in, who called them, details of symptoms, and whether they require further assistance or welfare support.









- Navigate to the relevant Disease Contact record.
- On the quick action highlight bar, click on the drop down arrow and select the 'Health Check Summary' button (2).

- A separate Health Check Summary tab will appear, displaying all available health checks for an individual's DC record in a single view. This information can help users determine release decisions.
- Summaries of individual records will appear here in a single list view, providing information on check-ins, which user called the Disease Contact, details of symptoms, and whether they were flagged for welfare assistance or additional support.

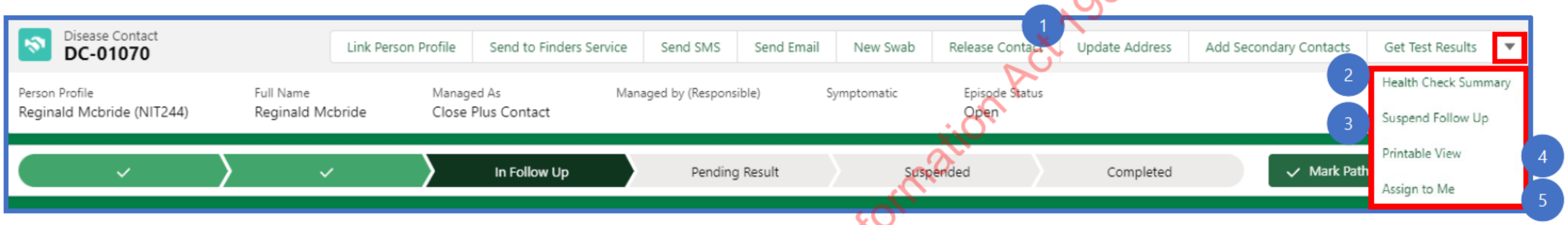
Tip:
Specific responses to email Health Check Surveys can also be viewed. Click on the 'Survey Invitations and Responses' panel on the lower right-hand side of the DC record. Provided the Disease Contact has completed the survey, click on the drop down arrow and select the 'View Responses' button. Specific answers to the questions listed in the survey will appear here.

Document 3

Updated September 2021

Section 6.25 | Key Quick Action Buttons on a Disease Contact Record

There are various quick action buttons to be aware of on a Disease Contact record. Please note, some of them also appear on Case records. We recommend familiarising yourself with the functionality of these buttons to help you better navigate the NCTS.



There are multiple buttons on the quick action highlight bar you should be familiar with. Descriptions of their functions can be found below. Please note: the other buttons not listed here (and their descriptions) can be found in other sections of this manual.

1. **Update Address:** You can update the Disease Contact's 'Usual Place of Residence', 'Employer Address', and 'Location of Quarantine' using this button. Once you select which address you want to change, fill in the address details and a green success message will appear notifying the change was successful. The updated address will now appear on the left-hand side of the DC record.

2. **Health Check Summary:** Once a Disease Contact has completed their Health Check, you can see the summary of their daily survey from the record. This tab will show you a single list view of Health Check summaries. More information on Health Check summaries can be found in Section 6 of this Manual.

3. **Suspend Follow Up:** There may be instances where you need to suspend a Disease Contact's Follow Up activities. For example, if the DC is transferred to hospital, a care home, MIQ, etc. When this happens, the Management Plan which drives activities, such as Daily Check Ins, is paused. When this happens, the DC's pathway status will move to 'Suspended' and the 'Suspended Reason' you choose will populate under the 'Status & Management Details' section. You can click the 'Return to Follow Up' button when you want to return the DC back to follow up. The Management Plan will then resume like normal.

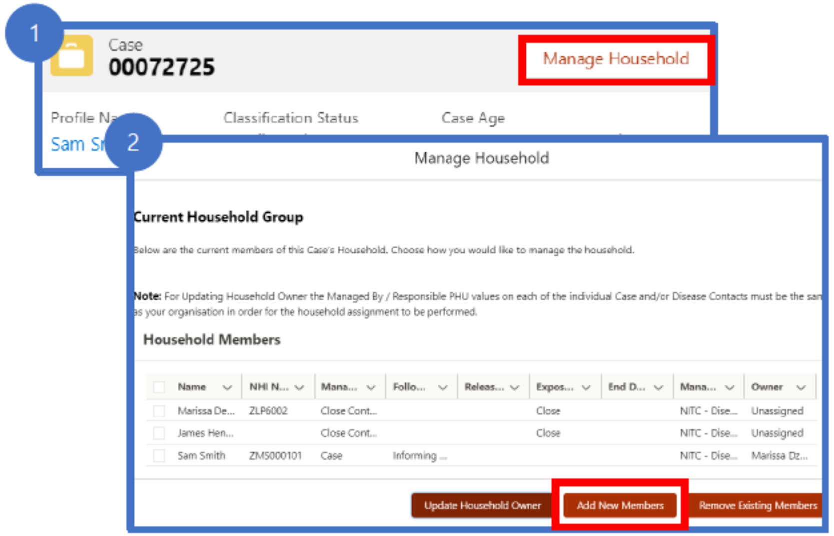
4. **Printable View:** Clicking on this button will give you an overall printable view of the record. In this view, it will highlight the DC's details (like management, exposure, symptoms etc.), the open activities (e.g. swabs and check-ins), and the history of fields changed on the page. You can also customise which details are visible when printing. For example, you can leave the Exposure and Release Contact Decision sections visible while the Quarantine details are hidden when printing the page out.

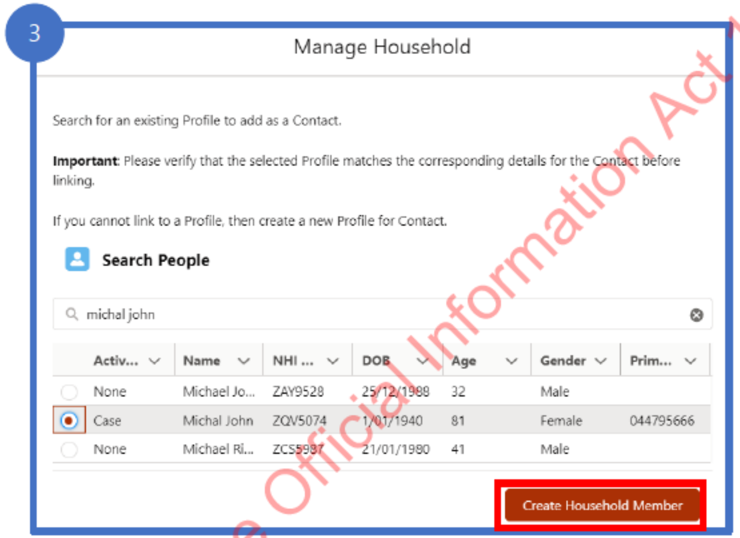
5. **Assign to Me:** If you want to change the ownership of the record to yourself, you can use this button to do so. You can also manually do this by clicking on the grey person icon next to the 'Owner' field and changing the ownership there.

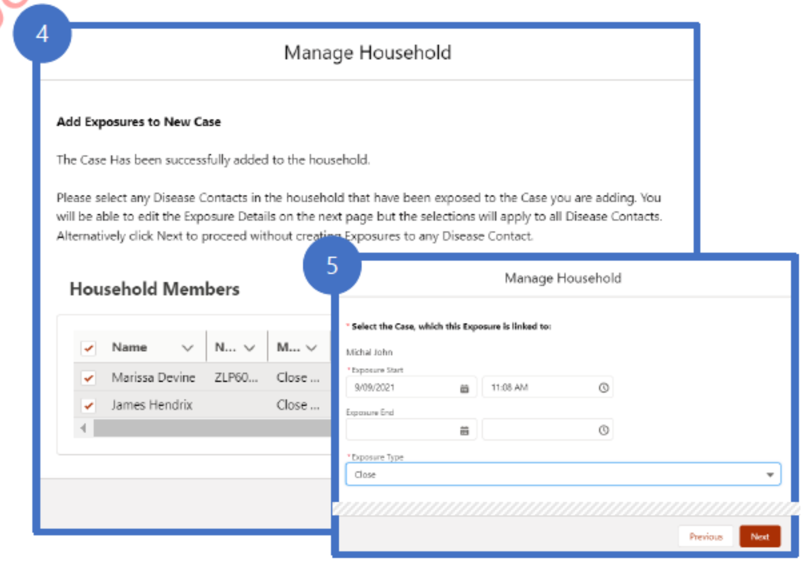
Section 6.26 | Adding Multiple Exposures to a Household when Adding a Case

Updated September 2021

If a further Case develops in the Household, we need to make sure all Exposures against that Case are recorded. To save time, we can now add multiple Exposures for the Household Disease Contacts in one go instead of adding the Exposures individually.







- Navigate to the relevant Case record and select 'Manage Household'. A screen will appear showing you the current Household group.
- To add your new Case, select 'Add New Members' (2).

Tip:
If you are looking to link a Case into a Household and there are no other Household members, the screen flow will proceed with the normal process of creating a Household. Please see Section 6.15 for more on this process.

- Search for the Case in the search bar and click on the correct row. Ensure the NHI, DOB etc. matches your Case.
- Select the 'Create Household Member' button (3).
- As this Household already has existing Household members, you will have to record additional Exposures for the existing Household Disease Contacts and the new Case.

Tip:
If you only want to record an Exposure for one Household member (so not the entire Household), you can do this manually using the 'Record Extra Exposure' button. Please see Section 6.27 for more on this process.

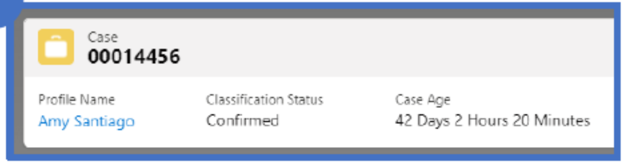
- An 'Add Exposures to New Case' screen will appear where you can select the Disease Contacts in the Household that have been newly exposed (4).
- After you select the Disease Contacts, select 'Next'. If one or more DCs are selected, an Exposure Details screen will appear (5). Fill in the Exposure details here. The details you input will apply to all DCs selected.
- Click 'Next'. The Case you selected has now been added into the Household and the Exposure between the Case and each selected Disease Contact has been created.
- The 'Manage Household' screen will now have an updated list of Household members.

Section 6.27 | Add Additional Exposure

Updated September 2021

If a further Case develops in the Household, we need to make sure all Exposures against that Case are recorded. To save time, we can now add multiple Exposures for the Household Disease Contacts in one go instead of adding the Exposures individually.

1



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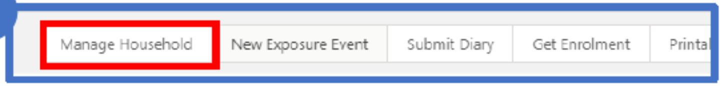

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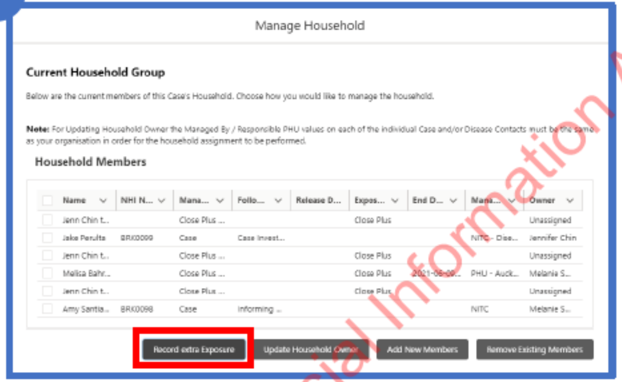


- Navigate to the relevant **Case** record (this should be an existing Case who is already a Household Member) (1).
- In the top right-hand corner of the record, in the quick action toolbar, select 'Manage Household' (2).

Tip:
If a Household Disease Contact has advanced to a Case, you will need to make sure you have closed their Disease Contact record and removed them from the Household using the 'Remove Existing Members' button. Their new Case record should be automatically created from EpiSurv, which you can view in the Case queue. You will then need to add this Case record to the Household, as above.

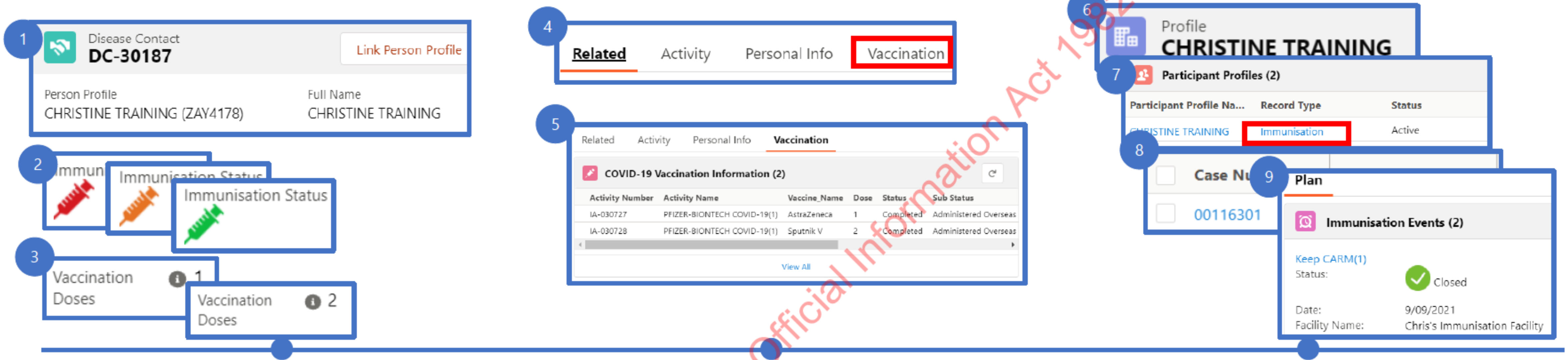
- A pop-up window will appear showing the current members of the Household. In the third column (Managed As), you will be able to see if the Household Members are a Case or a Disease Contact.
- To add a new Exposure to an existing Disease Contact in the Household, you can 'Record extra Exposure' (3).
- To do this to individual Household members, select the required DC record you want to record an Exposure against, then the 'Record Extra Exposure' button (3).
- Select which Case the Exposure is linked to (make sure you select the new Case who you have just added) and to enter start and end times for the Exposure. **To avoid having to replicate this process for each remaining Household member, you can do this in bulk. Please see Section 6.26 for more on this.**

Tip:
If a Household has multiple Cases and one recovers and is released, you will need to update the Exposure end times to reflect this release date and time for all HH members. HH members will then still retain another open-ended Exposure to the second Case in the Household.

Section 6.28 | View Immunisation Status and Vaccination Information

Updated Nov 2021

If a Disease Contact is linked to a Person Profile you can now view their vaccination status on the highlights bar and vaccination information on the Vaccination tab on the Disease Contact record.



- Navigate to the relevant Disease Contact record. (1)
- If the Disease Contact is linked to a Person Profile their Immunisation Status flag is displayed on the highlights bar. (2) Green = Fully Vaccinated (two doses + seven days), Orange = One dose or two doses, and Red = No doses.
- You can also see the number of vaccination doses in the Status & Management Details section. (3)

- You can also view vaccination details using the new Vaccination tab. (4)
- Selecting the Vaccination tab will display the Disease Contacts Vaccination Information. (5)

- The persons Immunisation Plan is also displayed on their Person Profile. Navigate to the Person Profile (6)
- Select the Immunisation Participant Profile. (7)
- Select the immunisation Case. (8)
- You can view their immunisation events in the immunisation plan. (9)

Tip:
The immunisation status flag indicates if the disease contact is immunised when the record is created. The Disease Contact is considered immunised seven days after they received their second vaccine dose.

Tip:
The vaccination information is populated when the Disease Contact is created. Note it is not updated while they are being informed or managed as a Disease Contact.

Document 4

COVID-19 (novel coronavirus)

National Investigation and Tracing Centre

Standard Operating Procedures:

Contact Tracing Operations –Daily Follow-Up of Close Contacts Processes

Version 1

Version	1
Date	4/11/2021
Owner	National Investigation and Tracing Centre – planning and support
Status	Final
Review date	

COVID-19 (novel coronavirus)

Version control

Version	Date	Changes made
1.0	4 November 2021	New Call 4 SOP to include phone and email follow-up and with Communities platform

Document 4

MINISTRY OF HEALTH
MANATŪ HAUORA

COVID-19 (novel coronavirus)

New Zealand Government

Record	Meaning
Participant Profile	This record is created for any person whose details appear in the NCTS. It is useful as a 'home' for all contact tracing information associated with that person over time.
Person Profile	This record is created for people in New Zealand who are registered with an NHI number (i.e. residents and citizens of New Zealand). This is linked to an individual's Participant Profile and the related Case or a Disease Contact record.
Case	Refers to a person who has tested positive for COVID-19. This record is created from a Case Event which is automatically loaded into the NCTS from EpiSurv.
Case Event	When a COVID-19 Case is recorded in EpiSurv (an external record system), the NCTS will automatically receive these updates in the form of Case Events. This includes when Disease Contacts are advanced to Cases after testing positive for COVID-19. Once Cases appear in the NCTS, it is possible to begin the process of contact tracing.
Disease Contact	A Disease Contact is the record used for people who have been exposed to a Case but have not tested positive for COVID-19. Disease Contacts are classified into different types such as Close, Close Plus, Casual, Secondary etc. depending on the nature of their contact with the Case(s).
Secondary Contact	A Secondary Contact is a sub-type of Disease Contact. Secondary Contacts are people who have had contact with Disease Contacts but not with Cases directly.
Management Plan	A Management Plan determines all scheduled activities for the Case or Contact. This includes swabs, calls, and check-ins. These activities are automatically created by the system. The specific activities assigned depend on the individual's situation (i.e. type of Exposure e.g. Close, Casual, Secondary).
Test Result	Test Results can be retrieved for a Case or Disease Contact who taken a swab test to check whether they have contracted COVID-19. This information appears in the NCTS automatically, but you can also manually retrieve test results when needed.
Exposure	An Exposure represents a contact that has occurred between a Case and a Disease Contact, or between a Disease Contact and a Secondary Contact. In the NCTS, Exposures will have an origin (e.g. from the COVID tracer app, from a Household) and a type (Close Plus, Close, Casual etc).
Exposure Event	An Exposure Event refers to a location and time period where an exposure to COVID-19 in a physical setting has occurred. E.g. weddings, cafes, flights, etc. An Exposure Event may have multiple Cases, Disease Contacts, and/or Secondary Contacts associated with it.
Household Group	A Household group identifies and links individual Cases and Disease Contacts who live together. It allows us to see the Household's Exposure Events and Exposures for better investigation in the Contact Tracing process and allow for easier management and communication with that Household as a whole.
Clusters	This record is used to link Cases, Exposure Events and Disease Contacts to provide visibility of those who are connected to each other as a Cluster.
Contact Location	This is the representation of a digital diary entry submitted by an App user or manually created. This may be viewed by an authorised NCTS user as part of the investigation for a Disease Case. Contact Locations can be bulk uploaded and converted to Exposures in the NCTS.

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Introduction

This document is a continuation of the existing R6 NCCS SOP v1.8 Interim document. Itoutlines procedures for the safe and effective undertaking of the daily follow-ups primarily of Community Close Contacts (known as Close Contacts for remainder of document) for the National Investigation and Tracing Centre (NITC). This Standard Operating Procedure (SOP) is one of several SOPs that describes working practices in the NITC and will be updated quarterly, or as required.

This SOP is a living document, designed to reflect developing best practice and the ongoing functionalities of the National Contact Tracing Solution (NCTS) system. All changes made in the SOP have input and review from the Ministry of Health, NCTS superusers, external call providers, educators and analysts, and clinicians, as required.

Purpose of the NITC Standard Operating Procedures

The purpose of this document is to provide a step-by-step guide to assist National Investigation and Tracing Centre (NITC) staff and external call providers to perform contact tracing. This SOP focusses on daily follow-ups to Close Contacts.

Background

Daily follow-ups are a critical aspect of the contact tracing process. Regular engagement between thecontact tracing team and Close Contacts facilitates higher compliance immediately addressing any potential risks, including health concerns and barriers to self-isolation. This supports New Zealand's ongoing efforts to contain any COVID-19 outbreaks quickly and effectively.

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SOP01 - Logging in to NCTS and Starting Your Shift

1.1 Introduction

The National Contact Tracing Solution (NCTS) is the IT system where all New Zealand's COVID-19 information is captured. You will use the NCTS to manage Disease Contacts throughout their self-isolation period.

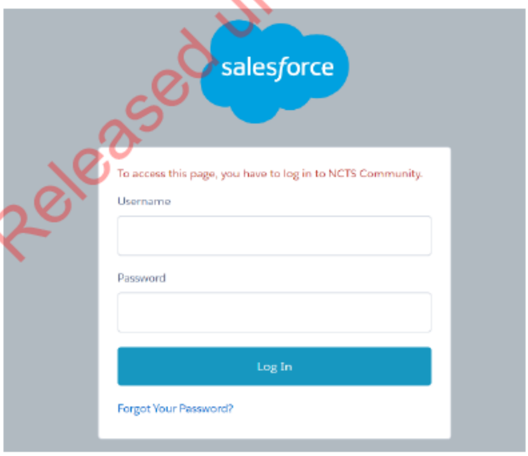
1.2 Business rules

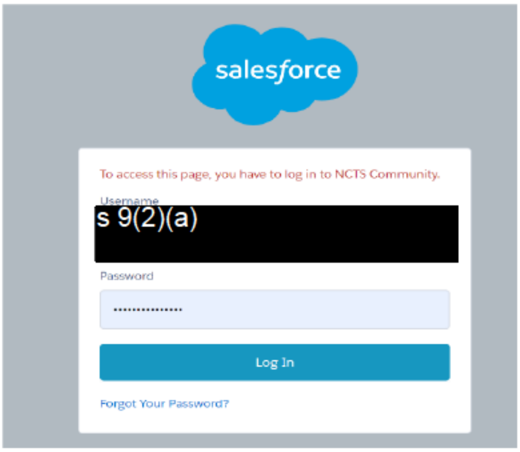
You are required to login to the NCTS Healthline Services Portal and Interaction Desktop at the start of your shift and log off at the end of your shift.
If you are using the Lightning version of NCTS or are logging into the NCTS system for the first time, please refer to SOP01 – Logging in to NCTS and Starting Your Shift from the v1.8 Call 3 SOP.

1.3 Steps

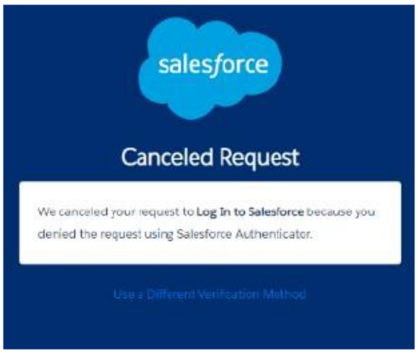
Follow these steps to log into the NCTS Healthline Services Portal everyday:

1. Log in to your desktop.
2. Open a web browser, the recommended browser is Google Chrome. A full list of supported browsers can be found on the Salesforce website: https://help.salesforce.com/articleView?id=getstart_browser_overview
3. Copy and paste the URL for the NCTS https://ncts.force.com/contacttracing/s/
4. The Salesforce log in screen will launch:
5. Each time you log in, you will need to enter your username and password. If you are inactive for 30minutes, you will be automatically logged out.

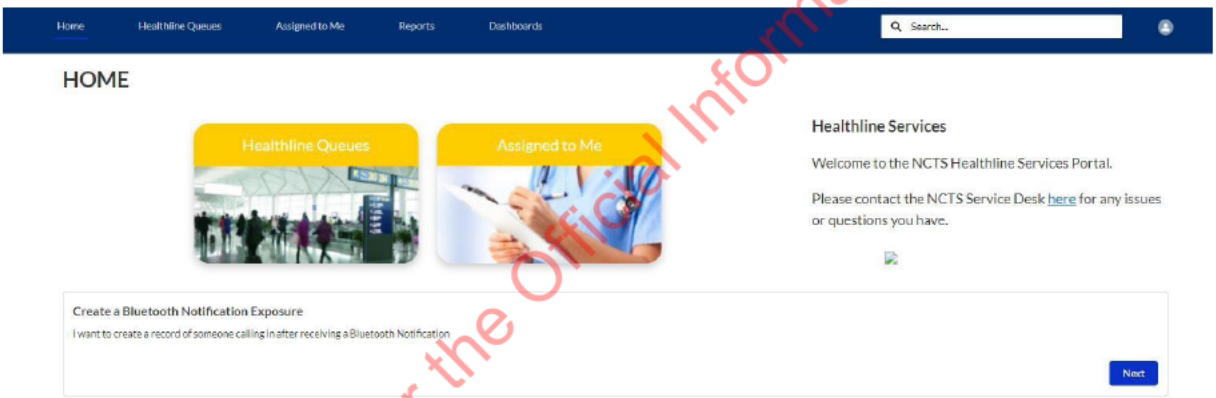




6. Click “Log in”, you will be prompted to open the Salesforce Authenticator app on your phone and click “Approve” on the app. Note: If you have a time out issue on your computer, open the app first and refresh the app and then the web page.



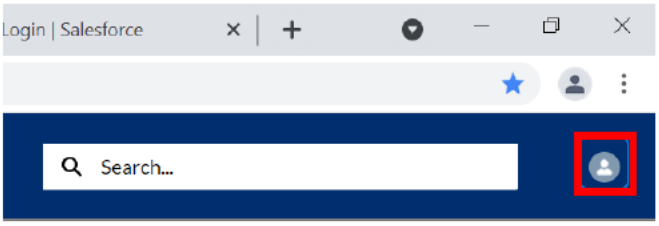
Once you have completed the logging in process, you will be directed to the NCTS Healthline Services Portal home page.



Note: Check the Knowledge Base (if using Lightning) and/or relevant Teams channel for any updated scripts, FAQs, policies, etc.

To log out:

1. To log out of the NCTS, click the account icon in the top right corner of the screen and select ‘Log Out’.



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Follow these steps if you have forgotten your password:

1. If you have forgotten your password, you will need a 'Reset Your Password' email sent to you. To get this, contact NCTS.Servicedesk@health.govt.nz or call on 0800 223 987 and include the following:
   - Detailed description of the issues;
   - The environment you are experiencing this issue in (ie, training or production);
   - Your phone number.

   Note: You will be locked out of the system after three failed login attempts. If you lock yourself out of the system or if the reset password link does not work, please follow the step above.

Follow these steps if you are unable to access the Authenticator app for your shift:

1. If you have forgotten your phone and are unable to access the Authenticator app, please contact the support mailbox NCTS.Servicedesk@health.govt.nz or call 0800 223 987 and ask for a one-time password to be generated. The support mailbox is manned between the hours of 9am and 5pm, seven days a week.

2. You will be given a temporary verification code for you to use for the day.

Additional information:

For quicker access to the NCTS, use one of the following methods:

- **Bookmark the link:** At the top of your browser, use the star icon to 'favourite' the NCTS and add to your bookmarks.

- **Automatically launch the NCTS:** Set the NCTS as your homepage so the log-in page comes up every time you launch your browser (Chrome). This is often done under 'Settings' within your browser.

- **Add the NCTS to your desktop homepage:** Many browsers allow you to add an icon to your desktop linking directly to the NCTS. In Chrome you drag and drop the URL when it is open onto your desktop to create an icon.

SOP02 - Finding your 'All Disease Contacts – Assigned To Me' Disease Contacts

2.1 Introduction

To make daily follow-up calls to Disease Contacts, you need to be able to identify contacts that have been assigned to you in the NCTS. If you are working in Lightning version of NCTS, please refer to *SOP02 – Finding Your 'All Disease Contacts – Assigned To Me' Disease Contacts* in v1.8 SOP.

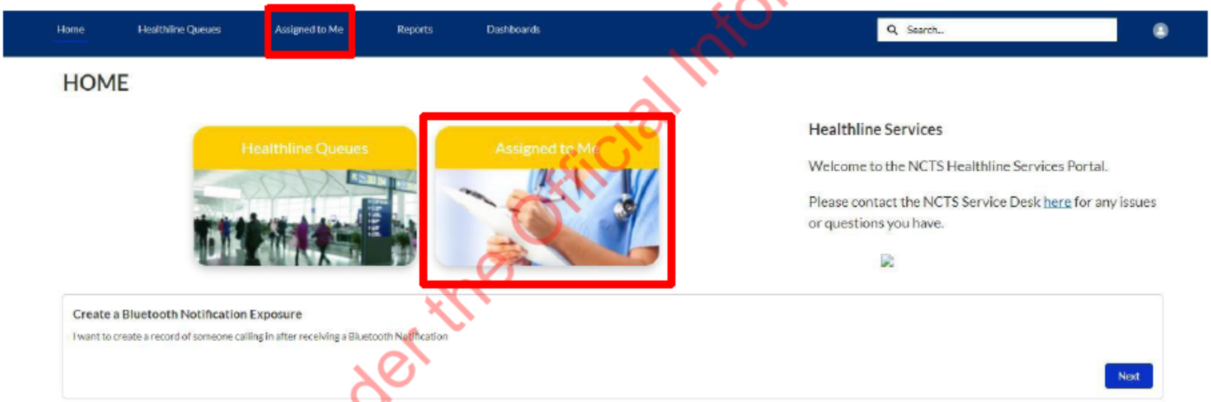
2.2 Business rules

1. During your shift you must work through your Disease Contacts – Assigned To Me list.
2. To ensure all contacts are reached in a timely manner, you should request more Disease contacts to be assigned to you when you have worked through your assigned calls.

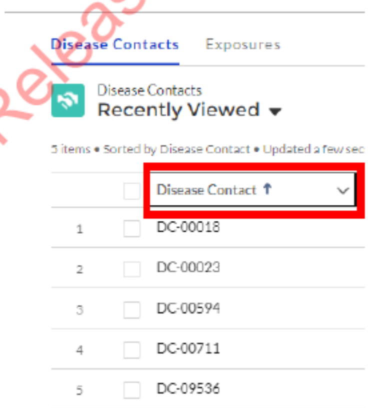
2.3 Steps

Follow these steps to find the disease contacts assigned to you:

1. Find your assigned list of disease contacts by clicking the 'Assigned to Me' box on the Home Page or clicking the link on the top menu:



2. Click on the column header 'Disease Contact' to sort the list into numerical order. Open the Close Contact record by clicking on the Close Contact Identifier (DC-XXXX).



Note: If you have completed all your assigned Disease Contacts, contact your Operations Lead / People Leader

SOP03 – Making a Disease Contact daily follow-up call

3.1 Introduction

Daily contact is made with Close/Close Plus (and sometimes Casual Plus) contacts to minimise the risk of the spread of COVID-19. The intention of the daily follow-up is to check for the presence of any developing or worsening symptoms and to remind the contact about self-isolation and testing guidance, which has been informed by the particulars of the Exposure Event and/or individual 'Exposure'. Information about available cultural support/Manaaki support services is also provided. The daily follow-up is usually the role of the NITC, although the Public Health Unit may also undertakethis. The NITC is supported by external call providers contracted by the Ministry of Health.

Daily follow-ups should be made via the NCTS automated email survey, unless the Disease Contact has indicated that they would have difficulties engaging via email – in this case, daily follow-ups should be conducted via phone.

All Disease Contact calls made are recorded for quality assurance purposes.

3.2 Business Rules

Business rules for daily follow-up email surveys

1. All Disease Contacts will receive their daily follow-ups via email surveys unless there are reasons that this is not an appropriate method of communication (eg the Disease Contact requests a phone call, has communication needs, or has symptoms of concern).
2. Email surveys are automatically sent out from the NCTS system at 5am each day.
3. If no response is received from the Disease Contact to the email survey within a 24-hour period, or if the Disease Contact indicates that they have developed symptoms, then a follow-up phone call will automatically be triggered.
4. If the Disease Contact indicates that they have left the quarantine property for any reason other than for COVID-19 testing or medical care, or if they require Manaaki support, then a follow-up phone call will automatically be triggered.
5. There is an option to return a Disease Contact to daily email follow-up if appropriate. Disease Contacts who identify as Māori or Pacific and who require specific support (e.g., food, transport orwelfare) will be referred to the relevant agencies. This may be with the support of the manaaki support role in each PHU.

Business rules for daily follow-up calls

1. Call scripts will guide the phone conversations.
2. If a Disease Contact's ethnicity is stated, this should be matched with the ethnicity of the caller where possible.
3. A professional interpreter must be arranged if required. Please utilise internal Healthline procedures to engage the EZISPEAK Interpreter Services. If a professional interpreter cannot be reached, the NITC should be notified as soon as possible.
4. Within a 24 hours period (12 operational hours) during business as usual, three call attempts should be made to all available numbers including one attempt out of hours.
5. If there are multiple numbers for a Disease Contact, calls will be attempted to all these numbers in parallel.
6. If above call regime is exhausted, follow the escalation pathway of the time for uncontactable contacts.
7. All call attempts against each available number must be recorded both in the Disease Contact Notes section and the Call Log.

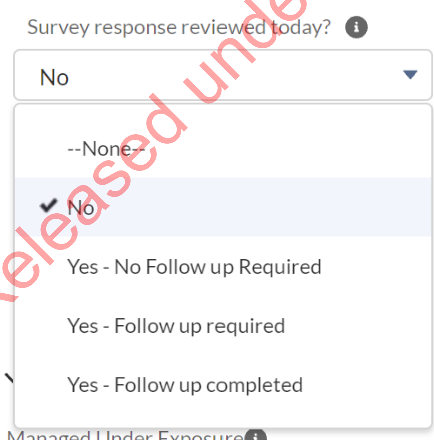
8. Any other important details about the Disease Contact must be logged in the 'Disease Contact Notes section'. Refer to SOP04 – Logging Calls, Making Notes and Editing Addresses in v1.7 SOPs.
9. Disease Contacts who identify as Māori or Pacific and who require specific support (eg. food, transport or welfare) will be referred to the relevant agencies via referral within NCTS to the manaaki support role in the PHU of domicile.
10. The final release check can be undertaken via email or phone call. This is detailed in SOP05 – Release of Contacts.
11. Once the final health check has been conducted and the Disease Contact meets the release criteria, a release letter can be sent via email. This is detailed in SOP05 – Release of Contacts.

3.3 Steps

Steps – Email Survey

Follow these steps to review daily follow-up surveys from a Disease Contact in your 'Assigned to Me' list in the NCTS:

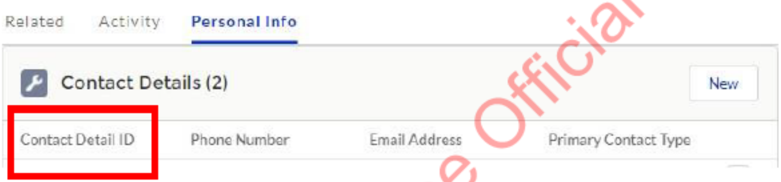
1. Select a Disease Contact assigned to you by clicking on the Disease Contact unique identifier (DC-XXXXX).
2. Review the Disease Contact Details panel including their exposure details, any notes attached to the Disease Contact's record, and other group records or exposures.
3. Review survey answers, for example, using the Health Check summary button and reviewing the Disease Contact record focusing on the following:
   a. Manaaki needs
   b. Any reported symptoms
   c. Compliance
4. If there are any concerns raised, enter a Note as per SOP04 – Logging Calls, Making Notes and Editing Addresses in the v1.7 SOP. Follow the appropriate escalations pathway, as outlined later in the escalation pathways section.
5. If no trigger points of concern have been raised, the record will automatically go into tomorrow's survey queue.
6. Change the "Survey response reviewed today" to **"Yes – No follow up required"**.



<u>Steps – Call</u>

Follow these steps to make a daily follow-up call to a Disease Contact in your 'Assigned to Me' list in the NCTS (Call 4):

1. Select a Disease Contact assigned to you by clicking on the Disease Contact unique identifier (DC-XXXXX).
2. Review the Disease Contact Details panel including their exposure details, contact category status, any notes attached to the Disease Contact's record, and other group records or exposures.
3. Check the ethnicity of the Disease Contact (found under Person Details). Alert your Operations Lead / People Leader if there is a more appropriate caller to make the call.
4. If an interpreter is required for a phone call, follow steps as per as per SOP11 – Use of Interpreter Services in the v1.8 SOPs.
5. The first call attempt should be made to the primary contact number. The primary number should have been checked and confirmed as part of the first point-of-contact call (Call 3).
6. If your first call attempt was unsuccessful, check if there are other phone numbers that you can try in parallel. Secondary phone numbers can be found using the following steps:
   - Select the Personal Info section of the Disease Contact record (found on the right side of the screen under the Q&A and Notes fields).
   - Contact Details will be listed.



7. If this first call attempt rang but was unanswered, you will need to continue to make calls attempts over the course of your shift, until the total number of attempts is reached, as described in 3.2.9. Make notes for each call attempt as per SOP04 – Logging Calls, Making Notes and Editing Addresses in the v1.7 SOPs.
8. If the Disease Contact is reached when calling a non-primary mobile number, ask Contact to confirm best contact number to reach them on and mark this number as the primary phone number using the following steps:
   - Open the Contact Detail by clicking the Contact Detail ID (CD-XXXXX) of the number you intend to make the primary contact.
   - Edit the Contact Detail by clicking the pencil icon and tick the Primary Contact Type box. Click Save when you are finished.

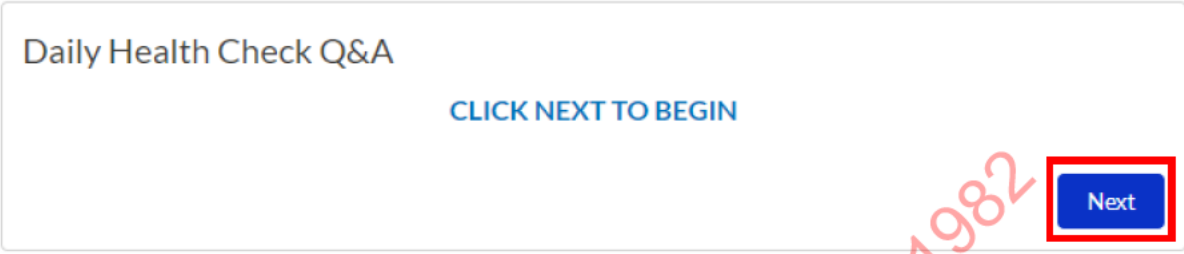
Note: When the primary number has been updated in the Contact Details, it will populate the Primary Phone section on the Disease Contact record.

Follow these steps if a Disease Contact is reached:

1. Use the Call 4 script resource to guide the phone conversation.
2. Ensure all sections of the script are discussed and guidance is given on who to contact if they become unwell.
3. Document the Disease Contact call in NCTS by completing the relevant screens as required during or at the end of the call by using the Disease Contact Q&A or Edit on the left-hand side of the screen.
4. After you have discussed all necessary details of the script and provided the appropriate guidance and available support services, please end the call.
5. Check that the person understands day of test(s) e.g. Day 5 is calculated from end date of exposure as being the start of Day 0.
6. Remind contacts of their upcoming test/s (according to relevant testing management plan).
7. Ask person about testing on the day test is due, and the day after test was due, making notes of when and where the test occurred.
8. If test result does not automatically pull down into record, attempt to manually retrieve it byusing the "Get test results" button prior to escalating to NITC.
9. If there are any concerns raised, enter a Note as per SOP04 – Logging Calls, Making Notes and *Editing Addresses* in the v1.7 SOPs. Follow the appropriate escalations pathway, as per escalations pathways section in this document.

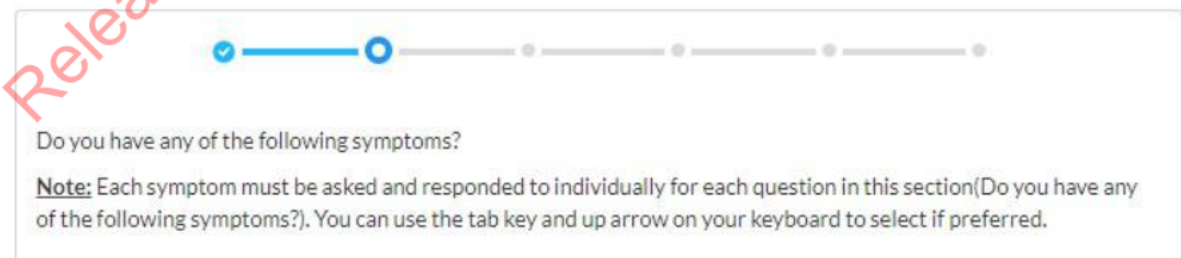
Entering Information in NCTS Healthline Service Portal:

1. To begin the Daily Health Check Q&A Wizard, click next.



2. Check language requirements and confirm there have been no further exposures to any cases.

3. Complete the symptoms checklist, ensuring each symptom is asked and responded to individually.



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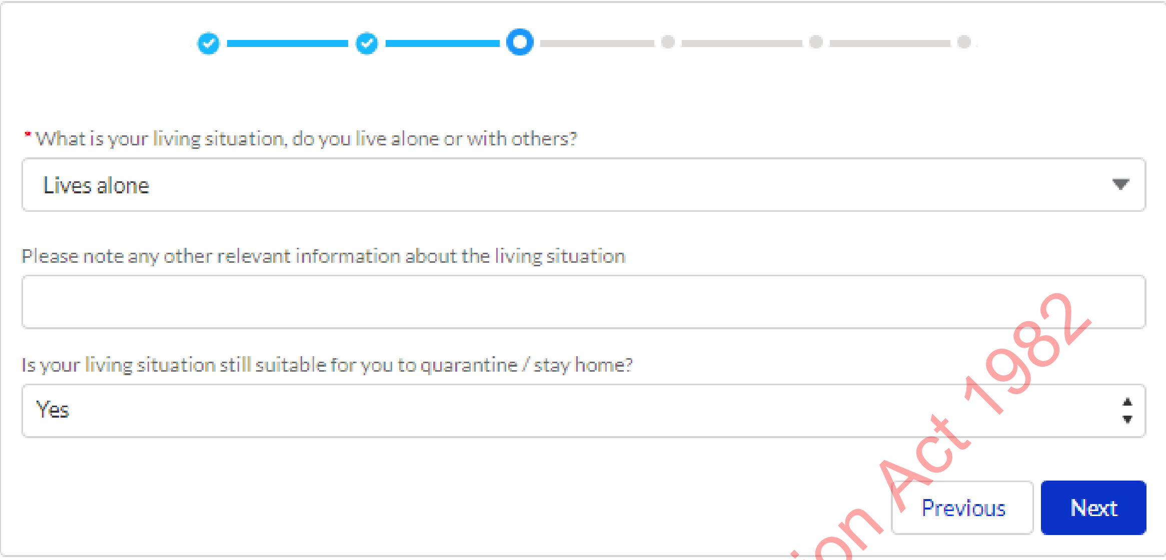
4. Check on living situation.



* What is your living situation, do you live alone or with others?

Lives alone

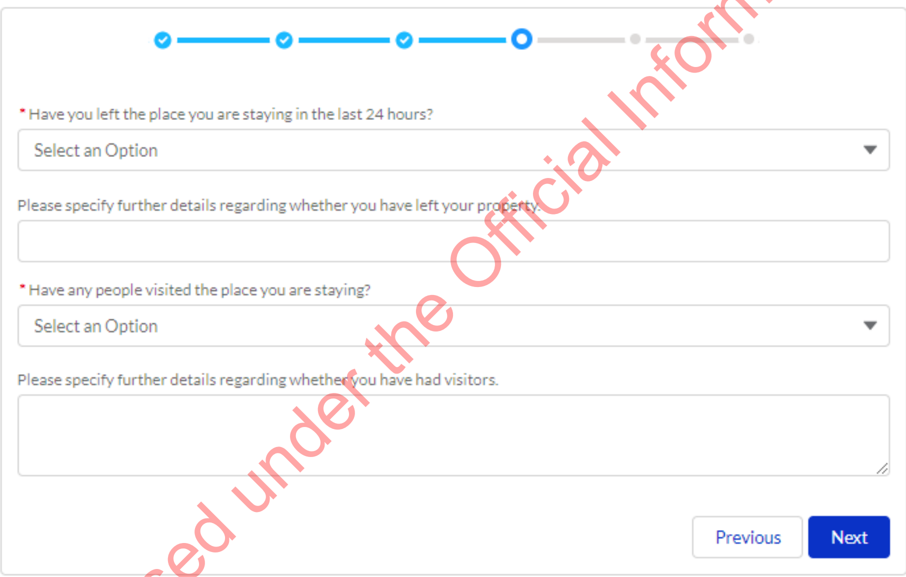
Please note any other relevant information about the living situation

Is your living situation still suitable for you to quarantine / stay home?

Yes

Previous Next

5. Check isolation compliance.



* Have you left the place you are staying in the last 24 hours?

Select an Option

Please specify further details regarding whether you have left your property.

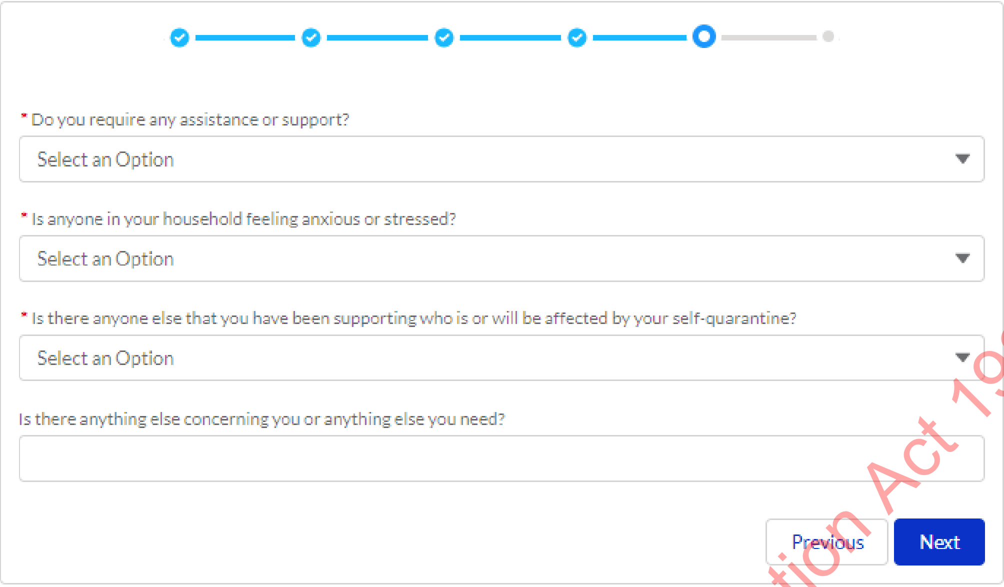
* Have any people visited the place you are staying?

Select an Option

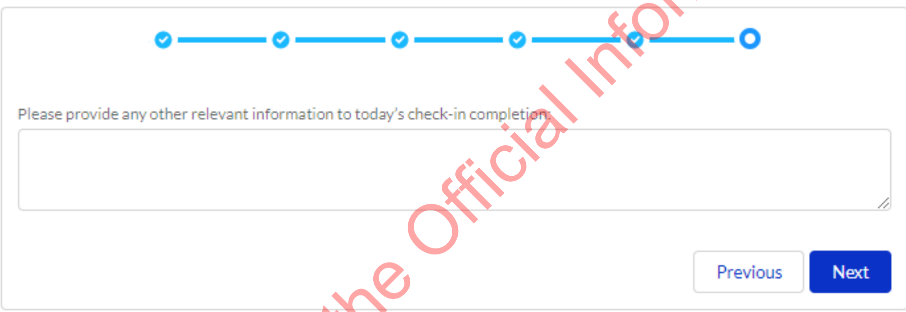
Please specify further details regarding whether you have had visitors.

Previous Next

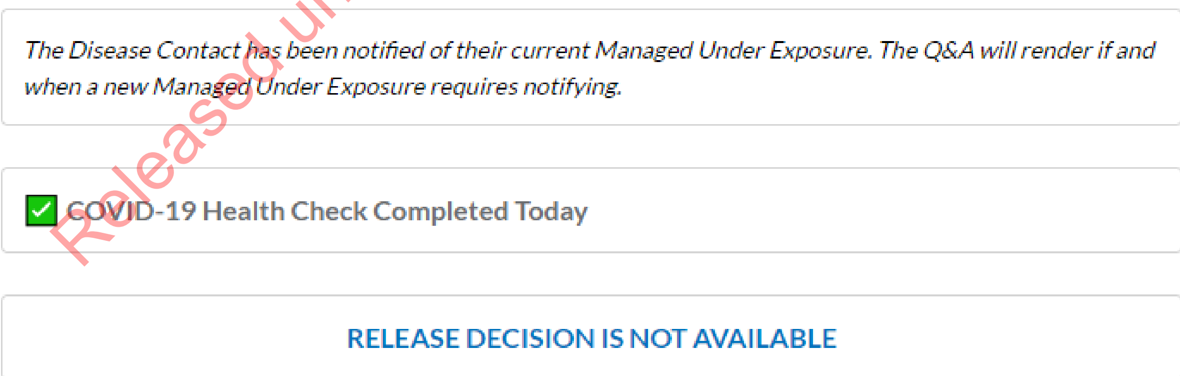
6. Check for any manaaki or welfare requirements.



7. Provide any additional relevant information.



8. Once the Q&A has been completed, the NCTS system will update.



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SOP04 – Escalation Process

4.1 Introduction

Situations may arise that cannot be resolved that require escalation of the DC record to NITC. This may be because the issue lies outside the scope of the caller, or that it requires a different skill level, role or authority to intervene. Disease Contact details should be escalated via the Operational Lead/ People Leader to the NITC Close Contact Operations teams for resolution, as required.

Before this escalation to the NITC Operations team, local (external call provider) escalation and attempts at resolution must have occurred eg. Caller to discuss with Operational Lead/ People Leader, Clinician. If the situation remains unresolved, or if other agencies need to be involved, then escalation back to the NITC Operations team occurs. Any escalations where the Disease Contact requires additional support eg. Māori community or Pacific community should have referral to local care providers, in linewith procedures at that time.

4.2 Business Rules

1. The caller will escalate unmanaged issues/risks to ensure timely resolution and mitigation of risk.
2. All escalations must be documented in the appropriate locations, with clear and detailed notes.
3. Early referral should be made to providers for priority populations e.g. Māori and Pacific communities.
4. Translator services and ethnicity matching of caller to disease contact should be used.
5. All callers should ensure correct pathways are followed for the situation that is being escalated.
6. Situations requiring escalation include:
   - Disease Contact requires manaaki support/referral;
   - Non-compliant Disease Contact in the Community;
   - Complex Quarantine in the Community;
   - Disease Contact states they have been at additional exposure events but EE not already added to their Disease record;
   - Disease Contact stating they are not a Disease Contact;
   - Disease Contact stating someone else was at the exposure event with them or known to them;
   - Symptomatic Disease Contact in the Community;
   - Disease Contact in the Community is no longer contactable
   - Advance to Case.
   - Disease Contact stating they have been transferred to a Managed Facility
   - Disease Contact requests exemption from testing

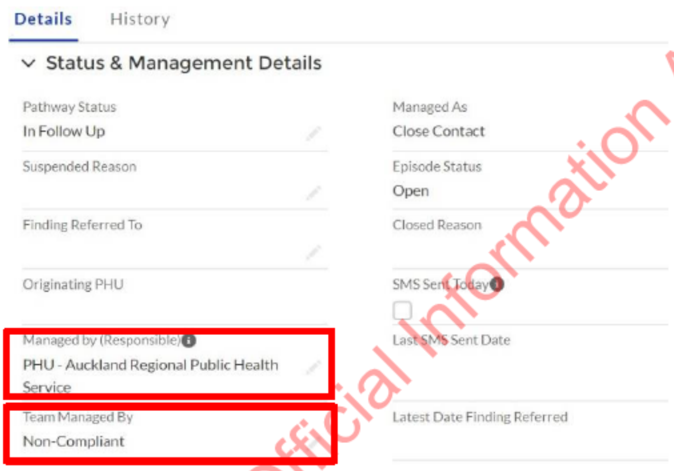
4.3 Steps

Follow these steps for a Disease Contact requiring manaaki support:

1. Caller fills in Welfare related questions in the Q&A during the call.
2. Caller identifies to Operational Lead/ People Leader at the Disease Contact requires welfare support.
3. Caller or Shift/People Lead fills in the Welfare Referral form – provided by NITC – and pastes it into the Notes section of the record.
4. Caller or Shift/People Lead to fill in 'Manaaki/Welfare Comments' field on the type of support the Disease Contact requires.
5. Caller or Operational Lead/ People Leader to change the Manaaki/Welfare Referral made to field the PHU ofdomicile.
6. Escalation Complete.

Follow these steps for a non-compliant Disease Contact in the Community:

1. Caller to make detailed escalation notes in the record.
2. Caller identifies to Operational Lead/ People Leader that a Disease Contact declines/refuses to self-quarantineor get a COVID-19 test.
3. Operational Lead/ People Leader determines whether the Disease Contact would benefit from a further phone call from them to attempt to resolve the situation, taking into account cultural considerations andoffering translation services where appropriate.
4. If Operational Lead/ People Leader calls the Disease Contact and is unsuccessful at resolving the situation, or ifthe Operational Lead/ People Leader determines that a further phone call is not appropriate, code word “Non- Compliant” is to be entered into the Team Managed By field and edit the Managed By (Responsible) field to the PHU currently responsible for this area.



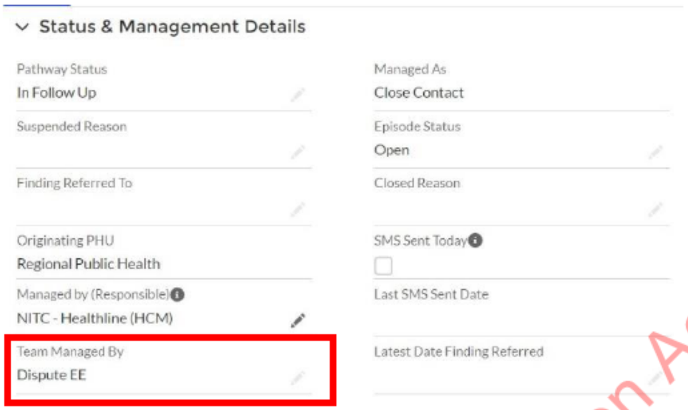
5. The call provider Operational Lead/ People Leader makes note of the escalation details in the notes section ofthe Disease Contact record.
6. Change the owner field to “Unassigned”.
7. Escalation complete.

Follow these steps for Disease Contacts with complex situations in the Community:

1. Caller identifies a Disease Contact that is unable to comply with the quarantine requirements as described ed in the NITC script. This may be due to complex personal, social demands. Early use of welfare support for Māori or Pacific communities must occur. Use of translator services should also be employed, as appropriate.
2. If, despite the above, the complex quarantine situation continues, then the caller makes detailed notes in the record. Caller then escalates the issue to the Operational Lead/ People Leader who will escalate toNITC Ops.
3. Operational Lead/ People Leader assigns Disease Contact to themselves and reviews the situation.
4. Operational Lead/ People Leader determines whether they can resolve the issue or requires a conversation withthe Disease Contact to obtain further information.
5. If Operational Lead/ People Leader makes a call to the Disease Contact and resolves the situation, the Disease Contact record is updated with information in the notes section and, if email survey completed, inthe relevant section in the Operational Lead/ People Leader.
6. If Operational Lead/ People Leader is unable to resolve the situation, the Disease Contact is escalated via usingthe code word “Escalation” in the Team managed by field. Record is to remain with call provider.
7. Escalation complete.

Follow these steps for Disease Contacts stating that they are not a Contact: (treat the same as not at an Exposure Event)

1. Caller makes detailed notes in the record and types the code word “Dispute EE” into the Team Managed By field.



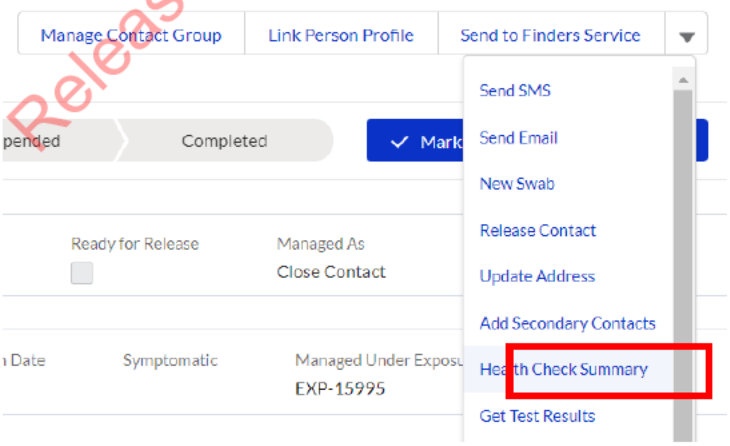
2. Caller notifies Operational Lead/ People Leader, using standard procedures of a Disease Contact who hasidentified that they are not a Close Contact.
3. Disease Contact record is to remain with the call provider and pathway status should remain In Follow up.
4. NITC Ops will investigate and determine outcome.
5. Escalation complete.

Follow these steps for a Disease Contact who identifies that they were not at the Exposure Event: (the same as for Not a Contact):

1. Follow the same steps as per previous escalation.

Follow these steps for Disease Contacts identified as symptomatic for COVID-19 in the community:

1. If a Disease Contact identifies they have any COVID-19 symptoms, (as detailed in the script), record these in Daily Health Check Q&A.
2. Caller to leave detailed notes in the Notes section.
3. Once call has been completed, escalate Disease Contact record to clinician for clinical review.
4. Clinician to review notes and Health Check Summary.



5. The Operational Lead/ People Leader to change ‘Managed by’’ field to the relevant PHU, as appropriate.
6. Escalation complete.

Follow these steps if the Disease Contact in the Community is no longer contactable:

1. Caller identifies that call 3 was successfully completed but that the DC in follow up is no longer responding to email surveys or phone calls for a 24 hour period.
2. Caller to escalate the DC record to Operational Lead/ People Leader
3. Shift/People Lead action uncontactable DC record as per protocol at the time.
4. Escalation complete.

Follow these steps for Disease Contacts who are a confirmed COVID-19 case:

1. Caller makes detailed notes and notifies Operational Lead/ People Leader that they have a Disease Contactwho states they are a confirmed COVID-19 Case.
2. Shift/People Lead to Advance record to a Case. No need to email NITC Ops.
3. Escalation complete.

Follow these steps for a Disease Contact who identifies that there was an additional contact at the event:

1. Caller makes detailed notes of any other person at the exposure event, including whether the additional contacts were delivered the call script on speaker phone to the original contact.
2. Caller checks NCTS as to whether additional contacts already have an active DC record. If record is found, then details to be entered if call script was delivered.
3. If no active DC record in the system, caller escalate to Operational Lead/ People Leader.
4. Operational Lead/ People Leader to add code word “Additional contact” to Team managed by field.
5. Escalation complete.

Follow these steps for a Disease Contact who states that they have been transferred to a Managed Facility:

1. Caller to make detailed notes of the transfer in the Notes section
2. Caller to update Quarantine address to match the address of the Managed Facility.
3. Disease Contact record is to remain In Follow up and continued to be managed by the call provider.
4. If Disease Contact becomes symptomatic or if they are non-compliant or any other issues, caller to leave detailed notes and escalate record to Operational Lead/ People Leader.
5. Operational Lead/ People Leader to review Disease Contact record and if the escalation cannot be resolvedlocally then escalate Disease Contact record to PHU.
6. Escalation complete.

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When escalating to NITC Ops use the code words below and record in the “Team managed by” text field:

Escalation Type	Code	Action	NITC Action
Non-Compliant	“Non-Compliant”	Give detail as to why/how the person is not complying with advice, **refusing test**, isolation, travel restrictions etc.	Delegate to the appropriate PHU as directed by NITC Ops
Exempt from Testing request	Exemption request	Give detail in notes as to why testing exemption is being requested e.g. age, medical reasons etc. NB: Under 24 months can be exempt from testing if asymptomatic, household have tested negative and isolation compliance continues. **This exemption must be completed by a MOoH. Please enter ‘Exempt under 2’ in the Managed by field for reporting purposes.**	Continue calling
If exemption request is approved *NITC Ops to action*	Exempt under 2, Exempt child, Exempt Clinical, Refused testing	If exemption request is approved, NITC Ops will send record back to HCM with one of these ‘codes’ selected. Please leave this in the “Team managed by” field for reporting purposes.	Continue calling
If exemption request is NOT approved		We will manage these on case-by-case basis and provide instructions.	
Dispute EE	“Dispute EE”	Give detail as to why the contact says they were not at the EE, or details if they state they were at a different EE.	Continue calling
No test results	“No test result 48 hours”	**Refer to Escalation Pathways POL-003 document and check for test result.** **If person has had a test or has received confirmation of test result,** note the lab reference number of test and detail where and when they took test.	Escalate to NITC Ops and continue calling
Other	“Escalation”	Use this for any other escalations and provide explanatory notes.	Continue calling

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SOP05 – Release of contacts

5.1 Introduction

Once close contacts have completed their quarantine as calculated by the end date of the Exposure Event, a release Q and A must be complete. This required review of the DC record, and of returned of the required COVID-19 test results. This will be prompted on the DC record. This should be undertaken via phone. Once the contact is released, a release letter can be sent, via email template.

5.2 Business rules

1. At least 2 negative test results have been received – *unless Disease Contact was identified on day 10 or later* - and this must include a day 12 (day 12 preferred but can be day 11 or later) for release.
2. Review of the record should occur to determine if the contact is asymptomatic or if the remaining symptoms are non-COVID-19 related.
3. Contact records must demonstrate engagement and compliance during isolation.
4. If all requirements are met, decisions must be documented for provisional release on Day 14, unless a Medical Officer of Health determines a contact can be released prior to this.

5.3 Steps

1. Review symptoms using the Health Check summary button to determine if contact needs to remain in isolation
    a. Has the contact remained asymptomatic?
    b. Has the contact had symptoms which have now resolved?
    c. Has the contact developed or continue to have symptoms?
        i. Are they higher risk symptoms?
        ii. Any other issues of concern eg. they work in a high-risk occupation, share home with vulnerable persons etc?
2. Higher risk symptoms in the COVID-19 context include: shortness of breath, anosmia, dysgeusia, severe symptoms causing hospitalisation, or a concern that symptoms are worsening.
3. Review to ensure negative test results have been received at appropriate timeframes.
4. Review notes to ensure contact has been engaged and is likely to follow instructions.
5. Release criteria:
    - **Asymptomatic contacts at the time of release**
      If the contact is **asymptomatic** at the end of their period of quarantine and have had two negative Covid-19 tests at Day 5 and Day 12 – *unless Disease Contact was identified on day 10 or later* - (and any additional tests that were requested)they may be released. During surge, evidence of a single negative Day 12 test may be sufficient. Your Operational Lead/ People Leader will advise on this.
    - **Symptomatic contacts at the time of release**
      All **symptomatic** contacts must have had at least two negative Covid-19 tests at Day 5 and Day 12 prior to their release. If they have missed out on their Day 5 Covid-19 test they must have a second Covid-19 at least 24 hours after any previous test. One of these tests must be Day 12. These decisions need senior input. Callers should not release such contacts.
6. At the time of release complete the Release Q&A in NCTS
7. Add note into NCTS at time of release using either the asymptomatic or symptomatic template:

Asymptomatic contact released
Contact completed required number of days since last exposure: Y/NNegative
COVID-19-19 release test received: Y/N
No COVID-19-19 related symptoms present at time of release.
Advice given to self-monitor for symptoms & if new symptoms develop to self-isolate and call Healthline.
If applicable: Advice given on current alert level.

Symptomatic contact released
Contact completed required number of days since last exposure: Y/N.

Negative COVID-19-19 release test received: Y/N.
Symptoms present at time of release:
Symptoms determined to be not of concern for COVID-19-19: Y/N.
Who involved in decision:
Advice given to self-monitor & if symptoms worsen or new symptoms develop to self-isolate and call Healthline.
If applicable: Advised whilst they are released from self-Isolation and follow up from PHU, they may still have another illness, and should stay home while unwell (especially if it could be infectious) and follow the advice of their health practitioner on when they can return to work/school.
If applicable: Advice given on current alert level.

8. Use the Release Q&A wizard. If the DC is ready for release, this can be done by calling the DC or emailing them the decision to release. For those who have been followed up via email and for release by email, after the record is closed, select 'send email' and choose the email to release the DC contact. The email can also be sent to those DCs who are released by phone.

POL-002 Guidance on community contact categories and actions – effective from 15 November 2021 (version 4.1)

Higher Index of Suspicion (HIS) criteria no longer includes contacts; follow HIS guidance. This guidance excludes healthcare workers: refer to **Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19.**

Category[1]	Description	Actions for the Primary Contacts	Actions for Public Health/NITC	Actions for Secondary Contacts
Healthcare workers	Healthcare workers who have been exposed to a case should follow instructions from their employer whilst at work and refer to **'Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19'**.			
No contact	General public and surveillance testing.	• Asymptomatic: self-monitor for symptoms • Symptomatic: get a test, and stay at home until a negative test result AND until 24 hours after symptoms resolve	• None	• Not applicable
Casual	People who have had exposure to a case, but do not meet the Close Contact criteria	• Self-monitor for symptoms for 10 days • If symptoms develop, get a test and stay at home until a negative test result AND until 24 hours after symptoms resolve	• Inform via media, apps or other public communication • Self-identify through inbound call e.g. to Healthline • Not recorded in NCTS	• No Secondary Contacts • If a household member of a Casual contact develops symptoms, they follow the 'No contact' [green] pathway
Casual Plus	**ONLY** for use within education and workplace settings, refer to specific guidance for those settings where available.			
Close	**Household** members with ongoing contact with case (irrespective of vaccination status). *Advice is being sought regarding appropriate testing and quarantine requirements for these contacts.*	• Active management • Self-isolate at home until case released AND for an additional **10 days** post case release • Test on **days 5 and 8** post case release • Daily symptom checks via email or phone call • If symptoms develop at any time, get an additional test immediately • Release 10 days isolation post case release, provided no new or worsening symptoms AND negative day 8 test • Repeat entire management plan if new case identified in the household	• Record Primary Close Contact in NCTS • Inform • Isolate/quarantine at home where possible • Monitor & follow-up test results • Clinical assessment of test results and final symptom check and release	• No Secondary Contacts • All household members are Primary Close Contacts of the case
	Household-like[2] who have no ongoing contact with case (irrespective of vaccination status). **Unvaccinated** (<7 days since second dose of Pfizer vaccine or no vaccination).	• Active management • Self-isolate at home for **10 days** post last exposure • Test **immediately** and on **days 5 and 8** post exposure • Daily symptom checks via email or phone call • If symptoms develop at any time during the 10 days, get an additional test immediately • Release after 10 days of isolation post exposure, provided no new or worsening symptoms AND negative day 8 test	• May self-identify through inbound call e.g. to Healthline • Record Primary Close Contact in NCTS • Inform • Isolate/quarantine at home where possible • Monitor & follow-up test results • Clinical assessment of test results and final symptom check and release	• Only **unvaccinated** household members are considered Secondary Contacts • Secondary Contacts are advised to **stay at home** until the Primary Close Contact has a negative day 5 test • Secondary Contacts with contact only prior to a Primary Close Contact's negative test swab being taken (immediate or day 5) are released • Secondary Contacts with any contact after the Primary Close Contact's last test swab was taken are not released until the Primary Close Contact's negative day 5 test result • If the Primary Close Contact develops symptoms, Secondary Contacts should stay at home until the Primary Close Contact returns an additional negative test • If a Secondary Contact develops symptoms, test and stay at home until negative test result AND until 24 hours after symptoms resolve
	Vaccinated (≥7 days since second dose of Pfizer vaccine).	• Active management • Self-isolate at home for **7 days** post last exposure • Test **immediately** and on **day 5** post exposure • Daily symptom checks via email or phone call • Follow-up if no negative day 5 test result available by day 7 • Self-monitor for symptoms for 10 days • If symptoms develop at any time during the 10 days, get an additional test immediately and stay at home until negative test result AND until 24 hours after symptoms resolve • Release after 7 days, provided no new or worsening symptoms AND negative day 5 test	• May self-identify through inbound call e.g. to Healthline • Record Primary Close Contact in NCTS • Inform • Isolate/quarantine at home where possible • Monitor & follow-up test results • Clinical assessment of test results and final symptom check and release	• No specific actions required for Secondary contacts

[1] The classification and use of these categories as applied to individuals and exposure are clinical decisions of the local medical officer of health with advice from the Office of the Director of Public Health.

[2] Household-like contacts are defined as those who have had frequent or prolonged indoor interactions, including sexual contacts, overnight guests, shared living spaces, shared custody arrangements. At the discretion of a medical officer of health (or delegate), other Close contacts at higher risk may be upgraded to Household-like in order to be actively managed for 10 days e.g., immunocompromised individuals, residents in residential care or correctional facilities.

Contact risk assessment

The following table should be used to guide assessment and management of contacts exposed during a case's infectious period.
The guidance is **NOT** for:

- household or household-like contacts because they are always managed on a 10-day pathway due to high risk
- contacts in schools or workplaces as separate guidance has been developed for these settings; or
- contacts in healthcare refer to **Risk Assessment and Categorisation of Healthcare Workers Exposed to COVID-19.**

NOTE: An individual public health risk assessment should be carried out for contacts in residential facilities including aged care, correctional centres or other settings where cases and contacts interact frequently with people at high risk of severe illness. It may also be required in other circumstances such as some indoor settings including events attended by large numbers of people.

	Close					**Casual**			
	Close range contact ≤ 1.5m of case			**Higher risk indoor contact > 1.5m away from case & no close-range contact**		**Low risk contact no close range contact or higher risk indoor contact**			
Type of interaction	Direct contact with respiratory secretions or saliva (indoors or outdoors) **OR** Face to face contact with a case who is forcefully expelling air/secretions **FOR ANY DURATION OF TIME** **REGARDLESS OF MASK USE**	Face to face contact for more than **15 minutes**	Non-face to face contact for more than **1 hour** in an indoor space	Indoor settings without good airflow/ventilation: • a small space (< 100m²) for more than **15 minutes** • a medium sized space (100-300m²) for more than **1 hour**	Indoor settings at higher risk of transmission when present for more than **1 hour:** • case behaviours such as singing, shouting, smoking/vaping, playing wind/brass instruments, dancing, exercise • large numbers of people and crowding	Large indoor settings (bigger than 300m²) if none of the previous criteria are present	Small/medium sized indoor venues (less than 300m²) with good air flow/ventilation for up **to 2 hours**	Brief indoor contact within 1.5m of case	Outdoor settings more than 1.5m from case **FOR ANY DURATION OF TIME**
Examples	Kissing, spitting, hongi, sharing cigarettes or vapes, sharing drinks/utensils Singing, shouting, coughing, sneezing Contact sports (heavy breathing related to exertion)	Having a conversation Sitting across a table from someone	Sitting within 1.5m of someone but not having a conversation	**This could include:** Small offices, toilet blocks Close contact businesses such as hairdressers Buses, trains, taxis School classrooms Restaurants, cafes, bars	**This could include:** Bars and pubs Social gatherings Indoor, high intensity sports Gyms and indoor recreation settings Church sessions	School and community halls, exhibition centres, hardware stores, supermarkets	Well ventilated classrooms/offices/waiting rooms	Passing each other in the corridor Sharing an elevator Collecting takeaways, click & collect services	Most outdoor recreation activities, including outdoor dining Non-contact outdoor sports Petrol station forecourts

Vaccination status

Vaccination status has not been used to 'down categorise' contacts. However, the management pathway of close contacts will differ by vaccination status (see page 1 for details). This is under ongoing review and may change as more evidence becomes available.

Mask use

Mask use is not included in this table currently but is included in the tables developed for workplaces and schools. This is because in order to provide sufficient protection to warrant down-categorisation of contacts, masks must be of sufficient quality (e.g. medical masks or cloth masks of sufficient thickness) and must be worn consistently. This is difficult to confirm outside of settings such as schools and workplaces where there are mask wearing policies and multiple observers of compliance.

In addition, mask use does not provide indefinite protection from infection. Evidence suggests the protective effect of mask use is unlikely to last beyond 2 hours, and is likely to be less if the case wearing the mask has high risk behaviours such as singing, shouting, heavy exertion.

It is anticipated that as the COVID-19 Protection Framework comes into effect, it is possible that the risk of inconsistent mask use will be more tolerated. At that time, mask use may be added to this contact risk assessment table.

R6 Community Close Contact- Vaccinated/Non, Partially Vaccinated V2.1

This script has been designed to help guide telephone conversations with individuals who have been in Close Contact with a confirmed COVID-19 case in the community. Specific advice for Close Contacts based on vaccination status have specific self-isolating and testing advice.

Introduction

Kia Ora/Hello, my name is [first name only], I work for the National Investigation and Tracing Centre at the Ministry of Health. This call is recorded for the purposes of quality assurance. Please be assured that all information gathered during this call is strictly confidential and will only be shared with other Health Care professionals when and if required.

[Q&A Call Qualification] CALLER: ASK ALL QUESTIONS
Can I please confirm who I am speaking with? ***OR*** May I please speak with___________ ?
Can you confirm this is your full legal name? Could you please confirm your date of birth?

I am phoning because you have been identified as having had close contact with someone who has recently tested positive with COVID-19 virus. [insert details of EE and Exposure date and time].

Before we get into this call can I just check if you have any communication needs or would like this call completed in another language? What is your preferred language?

And do you have a legal guardian or nominated spokesperson to speak on your behalf?

NOTE TO CALLER: NEVER NAME THE CASE, IF ASKED, REPLY WITH: I DO NOT HAVE THAT INFORMATION.

My role is to talk to you about what being a Close Contact means, give details on testing, and provide any support required. I'll also do my best to answer any questions you may have.
If there is anyone else that you would like to listen to this call, please put the call on speaker.

Personal details

Now I need to record some information which we will pass on to others to help keep you, your household and community safe. Can I please get some personal details?

[Q&A What is your usual place of residence] PLEASE CHECK POST CODE.
[Q&A Personal Details]

You will be contacted daily to see how you are feeling and to make sure you have the support you need. The daily check-in may be conducted via email.
Is there any reason that you are not able to respond via email?
*[If **no** – select email as preferred contact method]*
*[If **yes** – e.g. no email access or email follow up not appropriate, select phone as preferred contact method]*

Do you go by any other names? [add into handover note]

Exposure details

Just to confirm, you have been identified/have self-identified/notified by Bluetooth as being at/on [insert details of exposure event].

[Q&A Exposure Details]
Were you present during the 'event'?
[Caller to confirm 'exposure' record time is correct – if incorrect, make notes and escalate to Team Lead].
[If DC states they were not at Exposure, make detailed notes and escalate to Team Lead].

'Ghost' Exposures ONLY e.g. self-reported contact under web based form:
Can I please ask if you know the name of the Case and when and where you may have been in contact with them?
***[If yes –** caller to record details in notes.]*

Can I check if any other family members or dependents were with you at the event/place?
*If **yes***: Are these people also in quarantine with you? Can you provide their details e.g., full name, age?
[NOTE TO CALLER: check NCTS to see if 'additional contacts' are already loaded into NCTS. If not - Ensure all details of other contacts are recorded in the DC record notes section and escalate to Team Lead].

Symptom check and advice

[Q&A Symptoms] CALLER:
Do you or any family members **currently have or have you had** any of the following symptoms since your exposure:

- fever – feeling hot and cold
- shortness of breath
- a new or worsening cough
- sore throat
- runny nose and/or sneezing
- loss of sense of smell and taste

*If yes to **any** symptoms:*
How long have you/they been experiencing these symptoms for? When did they finish?

***If yes** to **any** symptoms:*
Given the symptoms you have mentioned, it is very important that you follow the self-isolation and testing advice that I will discuss with you shortly.

Self-isolating and testing

Caller to check Immunisation Status button (colour of vaccination syringe) on DC record.
If green – follow 'Self-isolating and testing advice – Vaccinated'.
If red or orange – follow 'Self -isolating and testing advice – Partial or No vaccination'.

Self-isolating and testing – Fully vaccinated

Our records indicate you have had both your vaccination and that your last dose was over 1 week ago. As a *Vaccinated Close Contacts,* **you are required to do the following according to Schedule 2 of an Order under Section 70 of the Health Act 1956.** You need to self-isolate away from other household members, until 7 days from Exposure *[Insert date: Last exposure date is day 0].* We ask that you get tested for COVID-19 today, on Day 5 *[insert date]* since the end of the exposure event. As mentioned, you will be contacted daily to complete a health check by phone or email. You may be required to have further tests if you become symptomatic. Please continue to monitor for any symptoms for the next 10 days.
[Caller to advise last exposure date is day 0, provide advice on test site options and give Testing SURV code]

Self-isolating and testing – Partial/no vaccination

Our records indicate you are not yet fully vaccinated. As a No *Vaccinated/Partially Vaccinated Close Contact,* **you are required to do the following according to Schedule 2 of an Order under Section 70 of the Health Act 1956.** You need to self-isolate away from other household members, until 10 days from Exposure *[Insert date: Last exposure date is day 0].* We ask that you get tested for COVID-19 today, on Day 5 *(unless today is day 5) [insert date]* and Day

8 *[insert date]* since the end of the exposure event. As mentioned, you will be contacted daily to complete a health check by phone or email. You may be required to have further tests if you become symptomatic. Any one in your household who is not fully vaccinated (7 days since there vaccination) MUST self-isolate until you receive a negative day 5 test.
[Caller to advise last exposure date is day 0, provide advice on test site options and give Testing SURV code]

If any household member develops symptoms they need to test and stay at home until a negative test result is returned.

Can you please let me know how many people are in your household/accommodation where you are isolating? [Caller *to record number in household in notes section].*

If you or anyone in your household/travel group are currently unwell or becomes unwell, you should all stay at home/in your accommodation and promptly contact a health centre or Healthline for advice.
To get advice, you should call:

- Your local health centre / doctor - do not turn up without calling first.
- Covid-19 Healthline on 0800 358 5453
- If you are in need urgent assistance, contact emergency services (dial 111).

It is important to tell your health care professional that you have been identified as a Close Contact of someone with COVID-19.

Advice on self-isolating at home/at your accommodation

For DC's with email address: We will send you self-isolation advice by email. More detailed information can also be found on the Ministry of Health website.

For DC's with no email address: I'd like to talk to you about what self-isolation and physical distancing you need to do as a Close Contact.

- Do not have physical contact with anyone who isn't isolating with you.
- Do not have any visitors in your home or your accommodation.
- Ask friends or family to drop off anything you need or order supplies online.
- You can go outside, but you need to stay on the property.
- Don't use public transport, taxis or similar transport methods during your self-isolation.
- You can continue to live with others in your household during this time, but you need to avoid close plus/close contact with them by limiting any situations where you have face-to-face contact closer than 1.5 metres.

Can I confirm that you understand the guidance around how to stay at home/or in your accommodation?

Assistance and support

[Provide information on the available support services to help them. If welfare support needed, please ensure all details for the welfare template is gathered and recorded in notes].

[Q&A Risk Profile, Assistance and Support]

Do you require any assistance or support? *[e.g. mobility, welfare/Manaaki support, employment letter]. [Note to caller: Select yes then use drop down options].*

Quarantine details

[Q&A Quarantine Details]
Are you an essential worker?
For example: Healthcare, Supermarkets, Dairies, Pharmacies, Food banks, Service stations etc
[if yes – record in notes section their place of work. In the 'Team managed by' field, use code "Essential worker"].
[All DC's - If a Disease Contact who is a healthcare/aged care worker was exposed at their workplace, escalate DC to Team Lead].

Do you live alone or with others?
Can you stay at home/self isolate?

Is there anyone else affected by your quarantine/stay home?
[e.g. children, elderly being cared for by the person].

[For question "Based on the information provided during this call, is the contact required to quarantine / stay home?" Select 'yes-at Home'].
[If already self-isolating to the necessary level, record the start date in NCTS; otherwise use date of call]

What is the address you will be quarantining at?
[Capture in Self-quarantine address section]

Note to caller: If employment or essential work letter required – Click send email button.
Note to caller: If manaaki/welfare required, write detailed notes on record. Escalate to Team Lead.

Ending the call

SYMPTOMATIC CLOSE CONTACT:
To confirm:

1. You are a Close Contact.
2. You have COVID-19 like symptoms.
3. **Vaccinated -** You need to self-isolate at home/in your accommodation, away from others for 7 days and get a COVID-19 test immediately, and on day 5.
4. **No/Partial Vaccination** - You need to self-isolate at home/in your accommodation, away from others for 10 days and get a COVID-19 test immediately, on day 5 and day 8. Any one in your household who is not fully vaccinated (7 days since there vaccination) MUST self-isolate until you receive a negative day 5 test.
5. If your follow up is via email, the subject line will say "COVID-19 Daily Survey for Disease Contact". You may need to check your junk mail. Please click on the survey link in the survey to access the survey.

Thank you for your time.

ASYMPTOMATIC CLOSE CONTACT:
To confirm:

1. You are a Close Contact of someone who has tested positive with the COVID-19 virus.
2. You do not have COVID-19 like symptoms.

3. **Vaccinated** - You need to self-isolate at home/in your accommodation, away from others for 7 days and get a COVID-19 test immediately and on day 5.
4. **No/Partial Vaccination** - You need to self-isolate at home/in your accommodation, away from others for 10 days and get a COVID-19 test immediately, on day 5 and day 8. Any one in your household who is not fully vaccinated (7 days since there vaccination) MUST self-isolate until you receive a negative day 5 test.
5. You will be followed up daily during this time.
6. If your follow up is via email, the subject line will say "COVID-19 Daily Survey for Disease Contact". You may need to check your junk mail. Please click on the survey link in the survey to access the survey.

Thank you for your time and stay well.

Note to caller:

Send any escalations to shift support to action (via activities/tasks in NCTS).

Asymptomatic: Record will automatically move to 'In Follow Up'. Leave the follow up open. Change the 'Owner' to 'Unassigned'. Exit record.

Symptomatic: Record will automatically move to 'In Follow Up'. Leave the follow up open. Change the 'Owner' to 'Unassigned'. Escalate symptomatic record to Team Lead. Exit record.

If person not at exposure: Leave a note. Escalate to Team Lead.

Team Lead:
Asymptomatic:
Action any escalations as per agreed escalation pathway.

Symptomatic:
Change 'Managed by (responsible)' field to NITC-Healthline. Ensure symptomatic flag appears on record.

Not at EE: Exposure Type change to 'Not exposed".
For Ghost EE - If disputes being a contact, exposure record can be updated to 'not exposed'.

Welfare: Click on manaaki/welfare box, click on PHU of domicile for referral.

Uncontactable: No contact made after 1st call regime, send to Finders. If no contact on call regime with new numbers after Finders, close as unable to contact.

Non-compliant: If partial delivery of script, fill in the contact date and quarantine date and forward to HCM for continuous management

All DC's: If a Disease contact who is a healthcare/aged care worker was exposed in the workplace, send to PHU of domicile. If exposure was in community (so not at work) send to WA for follow-up after call 3. Put code work 'health worker' in the Team Managed by field for both).

Important Contacts

COVID-19 Health Line	0800 358 5453 OR +64 9 358 5453 (for international calls)
Financial support - Work and Income	0800 559 009

	https://www.workandincome.govt.nz/covid-19/index.html
'Need to Talk' (Mental Health Support Line)	1737 – for trained counsellors 24 hours / 7 days
Consulate for overseas visitors	https://www.mfat.govt.nz/en/embassies/#embassy-M
Official Government websites COVID19.govt.nz Health.govt.nz – you can search for 'Close Contacts' to find information for Close Contacts.	

Version control		
Version	Date	Changes made
Version 2.1	29.11.2021	Changes to include 'Ghost exposure
Version 2	10.11.2021	Changes to Management plan based on Vaccinated, No/Partial Vaccination
Version 1.9	13.10.2021	Changes to include Close Plus
Version 1.8	25.08.2021	Changes to reflect exercise
Version 1.7	22.08.2021	Changes to reflect NCTS changes
Version 1.6	21.8.2021	Changes to Q&A questions after CBG suggestions
Version 1.5	21.8.2021	Shortened script, updated with email follow up
Version 1.4	19.8.2021	Updated to add question and action regarding essential worker in household.
Version 1.3	18.8.2021	Updated to shorten script. Information added regarding email survey follow up.
Version 1.2	16.8.2021	Updated to soften script language in response to caller feedback and made some formatting changes.
Version 1.1	29.07.2021	Amended exposure date is day 0
Version 1	20.7.2021	Adapted from Close Contact in Community (Call 3) June 2021 v2.6 23.06.2021 for R6 release.