

1 December 2020



**Auckland DHB Chief Executive's Office** Level 12 **Building 32 Auckland City Hospital** PO Box 92189 Victoria Street West Auckland 1142

Ph: (09) 630-9943 ext: 22342 Email: ailsac@adhb.govt.nz



I refer to your Official Information Request dated 2 November 2020 to the MoH and transferred from the MoH to Auckland DHB on 16 November 2020 requesting the following information:

I request all original communications including briefings, reports, memos, aides memoirs, cabinet papers and texts regarding the following information:

Around conversations for moving into quarantine the coronavirus positive maritime worker reported on October 18 2020 and what date and time he was moved into JetPark Auckland.

I am responding from Auckland District Health Board (Auckland DHB) as the DHB responsible for Auckland Regional Public Health Service (ARPHS).

ARPHS provides public health services to all three metro Auckland District Health Boards -Waitematā District Heath Board, Counties Manukau Health and Auckland District Health Board, and the populations they serve. ARPHS's core role is to protect and promote public health.

On 17 October 2020, a new positive case was notified to ARPHS at approx. 1515hrs. The case was scoped as per protocol and, as part of scoping interview, transfer to JetPark facility was discussed. The referral and handover to JetPark was completed at approx.1820hrs. The case arrived at JetPark at approx. 1930hrs.

Please find attached the following:

- a) Clinical Handover Form for JetPark created on 17/10/2020 at 5.00PM (annexure 1);
- b) The Welfare Referral created on 17 October 2020 (annexure 2).

All the personal details of individuals have been redacted (under section 9 (2) (a) of the Official Information Act 1982) in order to protect the privacy of natural persons.

A decision has been made not to include interview notes to protect the privacy of natural persons. It is acknowledged whilst there may be a public interest in being able to understand certain aspects of the response to the pandemic, there is an even greater interest to ensure public health actions are not undermined by ensuring people feel comfortable with their personal information being shared with public health units for the purposes of contact tracing. The release of this information may have the serious consequence of people not being open and honest about their movements.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at <a href="https://www.ombudsman.parliament.nz">www.ombudsman.parliament.nz</a> or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland District Health Boards website.

Yours faithfully

Ailsa Claire, OBE

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Chief Executive of Te Toka Tumai (Auckland District Health Board)

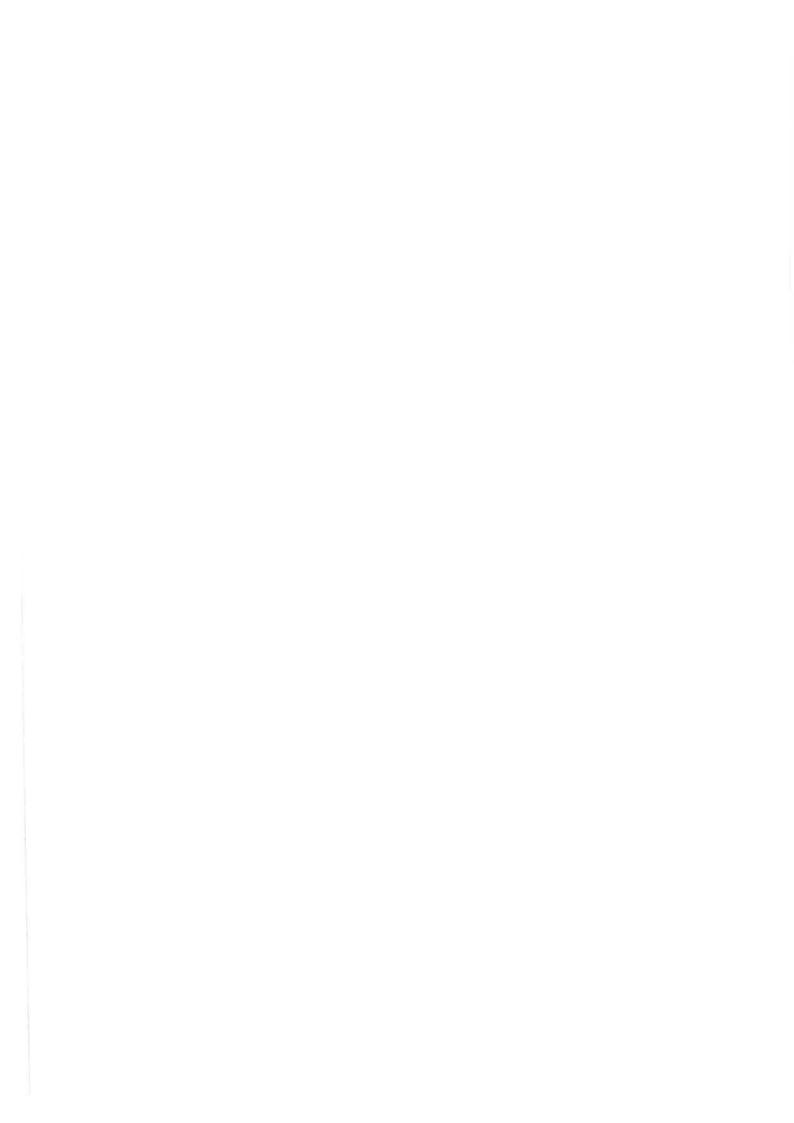
## Clinical Handover Form for JetPark

Completed form	to be emailed to				followed by a
courtesy text to	X 1.1992 415 CA	to advise referral	has been	sent and any alert	of any acute
issues					

Patient Demographics				
Patient				
Gender	M			
Date of Birth				
Age	26			
NHI				
Phone Number				
Ethnicity	European			

Medical Details				
COVID swab -	/ID swab - PCR +ve 16/10/20			
date and result				
Current	Fever, cough, SOB, muscle aches, headache, reduced appetite			
symptoms				
Past medical	Nil of note			
history				
Current	Nil regular			
medications				
Allergies	Nil known			
Other relevant				
details				

- Does this person require acute medical review on arrival at JetPark? No
- Next COVID swab due: N/A



## COVID-19 Welfare & Cultural Support Referral Form

Send completed form to ARPHSCulturalWelfare email ARPHSCulturalWelfare@adhb.govt.nz

Name (referrer)		CCM Team	Team 3	
Phone				enter i generali en entre i generalista
Applicant/s Details				
Case # (Episurv)		Date referred	17/10/20	
COVID Positive	PCR +ve 16/10/20	Outbreak #		glandige dipy and impalation date and a summing traffic at any strain as any as a
Exposed contact key or index case	Index Case	Institution: (Church, Schools, workplace etc.)	Specify i	.e. church name: uckland
Isolation end date	March (all to display suitables and a constitution of suitable of	Cluster	-	
Interpreter required	Specify preferred language	e: No	-finance-engine service ( * * es esses	Proceedings to the control of the co
Surname	Section (n. d. School Mark (n. s.) - school day, my-destinations-in-	First Name		ologooriegistelliseteleise oon oor oorsprontressinelliseteleise (1) als. 2 m
Preferred name	The state of the s	Gender	Male	
Date of Birth	The state of the standard date of the state is below.	NHI		redirecteder/filescopy/filescopy/redirected to Pr
Ethnicity	European	GP/Medical Centre		<ol> <li>St. William St. B. Wilder Street Million May produces as see. 32</li> </ol>
Contact Number		а — 117 альната маны одво объектория одворожно доворожно од добот од одворожно од одворожно од одворожно од од		armyr rywn ffiliain y ffifia y r y o'' <u>mallad daabhaa yaa yaabaa</u> y yaana ya yaya
Address			Post cod	e
Email address	Salarina (Balania ) Balania (Balania and Balania (Balania and Balania and Bala	it, effective comments and stillingers in apparent or apparent and systematical experience property distinctly and a small distinctive description.	and the hallmander of the day department of page.	aterina estado esta estado est
Person knows ARPHS will call back	□Yes	Informed Conser Person agrees to		☐ Yes
				7
Condition				
Main reason for Referral: (Welfare, Cultural				
Support, or transfer to MIF/Jet Park)	NEW COVID 19 CASE no	vede to as to IET BABY		

## **ARPHS COVID-19 Referral to NRHCC**

Manag	Managed Isolation Facility (MIF/Jet Park)				
Yes	No				
YES		Referral to JET PARK			
YES	Second Se	Can they drive self or family to MIF? (If yes, their car registration # to gain access into Jet Park)			
the study and depe	P	Car Registration # :			
	NO	Do they require transport to MIF? (please let them know this can be organized)			
	-	Will family members remain at home to isolate? (If yes, fill below)			
		Contact Person: N/A			
		Contact Number: N/A			

Welfa	re	
Yes	No	
YES		Crowded housing, unable to isolate positive people - Is accommodation required?
de mar (An Self Televier III) en	NO	Special needs for food or baby formula? (If yes, fill below)  Food Allergies  Dietary Requirements
Statement along the statement and the statement along the statemen	NO	Toiletries or baby nappies? (If yes, fill below)  Nappy Size, Allergies
nagoni, ang ang managan di ang manag	NO	is the family currently enrolled in Whanau Ora? (If yes, fill below)  Whanau Ora Provider
	NO	Does anyone in the household have a disability or long-term condition? (If yes, fill below)  Disability or long-term conditions  Do they have support/caregivers
A SANTANIA AND AND SANTANIA SANTANIA	NO	Any regular medication prescription required for household to support isolation period?
	NO	Is the family experiencing loss of income – Is financial support required?
Anadránicos com ver su Spaños Ter Citi	NA	is the family able to meet education needs for their children- Is education support required? (Equipment to work from home/MIF etc.)
		Is the family able to meet their basic needs?

Addition notes (if not identified above)	 	

## **ARPHS COVID-19 Referral to NRHCC**

Household Tree				
Current Accommo	odation			
Rented Home				
☐ Kainga Ora house	(includes	Housing NZ & KîwiBuild)		
Other please descr	ribe:			
# Bedrooms;4_		-		
#Bathrooms:	_1 toilet a	nd 1 bathrooms		
Number of people that	t live in thi	s household:		
Please list all househo	nembe	ers, and relationship to household n	nember, including partners,	children etc
Full Name	Age	List any non-COVID-19 Health concerns	Relationship to case or contact	Quarantine or isolation end date

Full Name	Age	List any non-COVID-19 Health concerns	Relationship to case or contact	Quarantine or isolation end date
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