



**Ritchie Dolman (ADHB)**

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**From:** Bryan Agnew (WDHB)  
**Sent:** Sunday, 03 May 2020 12:34  
**To:** Li-Wern Yim (ADHB)  
**Cc:** Cathy Moriarty  
**Subject:** RE: Ellerslie Garden Query re: masks

Thanks Li-Wern

Cathy, are you able to advise if you have an outstanding PPE order? If not I can do a urgent order for masks that will be processed 1<sup>st</sup> thing Monday morning and should be despatched to Facility Monday afternoon.

Regards

Bryan Agnew  
Programme Manager  
Health of Older People | Planning Funding & Outcomes  
Auckland & Waitemata District Health Boards

[www.waitematadhb.govt.nz](http://www.waitematadhb.govt.nz)

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**From:** Li Wern Yim (ADHB)  
**Sent:** Sunday, 3 May 2020 12:30 p.m.  
**To:** Bryan Agnew (WDHB)  
**Subject:** Ellerslie Garden Query re: masks

Hi Bryan,

Sorry, not sure if you are the correct person to direct this to, but I spoke to Pam from Ellerslie Gardens, with regards to the newly symptomatic patients and just asked if they were coping okay with the extra residents in Isolation. She noted they are coping at the moment but possibly running short on masks IF their order does not arrive tomorrow as expected?

Last I heard, she was just about to go pick up a box of 50 which will last them a bit, but with the increased requirements there she is a bit concerned about supply going forward.

If I've sent this to the wrong person, could you let me know who might be best to direct this to?

Thanks so much,

Dr. Li-Wern Yim  
General Practitioner | Medical team  
Auckland Regional Public Health Service

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Our Vision: Te Ora o Tāmaki Makaurau



## Amber Mander (ADHB)

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**From:** Alex Pimm (ADHB)  
**Sent:** Monday, 04 May 2020 17:02  
**To:** Sarah Prentice (NRA)  
**Cc:** Margaret Dotchin (ADHB)  
**Subject:** RE: Ellerslie Gardens

Hi,

Surprised to see this.

This wasn't raised by the facility during the daily conference call this morning – they reported as having sufficient PPE available.

Their latest stock-take (late last week) showed sufficient stock and an order has been processed for their site too. Have checked again on receipt of this email and no issues reported.

A

**Alex Pimm**  
Incident Controller | COVID-19 Incident Management Team  
Auckland District Health Board  
Level 4 | Building 1 | Auckland City Hospital

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**From:** Sarah Prentice (NRA)  
**Sent:** Monday, 04 May 2020 4:44 pm  
**To:** Alex Pimm (ADHB) <APimm@adhb.govt.nz>  
**Cc:** Margaret Dotchin (ADHB) <MDotchin@adhb.govt.nz>  
**Subject:** FW: Ellerslie Gardens

Do you have visibility of this – a bit concerning if this is the case?

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**From:** Celeste Gillmer (WDHB)  
**Sent:** Monday, 04 May 2020 4:15 p.m.  
**To:** Sarah Prentice (NRA)  
**Cc:** NRHCCLIAISON2 (ADHB)  
**Subject:** Ellerslie Gardens

Hi Sarah,

I had a phone call from Pauline Sanders (she is the ops lead for the Langimalie mobile clinic). Pauline just wanted to raise a concern with us. The first time they went to Ellerslie Gardens, all the tests came back yesterday, so not sure if this is the reason why the staff was getting a bit slack, but when the mobile van went back over the weekend to re-swab everyone, there was absolutely NO PPE available on site. Thus no gloves and even no hand sanitiser.

The Langimalie team was very concerned about this and just wanted to bring it under our attention – I told them I would escalate it up to you, since gloves and hand sanitiser is normal hand hygiene...

Not sure what you are going to do with this information, but thought I need to share it with you on behalf of our vulnerable population in Ellerslie Gardens.

Kind regards,  
Celeste

Celeste Gillmer  
COVID-19 Incident Management Team: Primary Care, Operations



# UNION AND AUCKLAND DHB UPDATE



## Meeting Minutes

<b>ADHB Bi-Partite Action Group</b>		
<b>Meeting Title</b>	<b>UNION AND AUCKLAND DHB UPDATE</b>	
<b>Date and Time</b>	Wednesday 6 May 2020, 1430 - 1530	
<b>Venue</b>	Zoom or Ranginui Meeting Room, Level 4, Lab Plus, ACH	
<b>Present</b>	Chair : Chris Hancock, Alex Pimm, Andrew Skelly(PSA), Anita Jordan, Catherine Lambe(NZNO), Craig Muir(NZNO), Donna McRae(NZNO), Georgia Choveaux(ASMS), Ian Hoffman(PSA), Jill Ovens(MERAS), Leisa Briggs(PSA), Mel Dooney, No'ora Samuela(ETU), Richard Sullivan,	
<b>Apologies</b>	Caroline Conroy(MERAS), Jo Gibbs, Justine Sachs (NZNO), Emma Madren (IMT Control)	
<b>Guest</b>	Alistair Forde, Jennie Montague, Louise Bull	
<b>Minutes</b>	Susanne Biddick	
<b>Item</b>	<b>Minutes</b>	<b>Action By</b>
COVID-19 Update	<p>Alex gave an update re COVID-19. There has been one case at Auckland DHB. IMT focus is now on supporting public health messaging, contract tracing and surveillance testing.</p> <p><b>Surveillance Testing of staff</b> Voluntary testing of asymptomatic ADHB staff has begun on site. The purpose is to find out if there are any asymptomatic COVID cases in the community that we are not aware of. The aim is to test a good sample of the ADHB population (700 staff) by Friday. Surveillance testing is also been done at the airports, customs, border security, bio security, supermarket staff, police and other health care staff.</p> <p><b>Residential Care Facilities</b> Auckland DHB has actively supported high risk areas such as aged care facilities where there have been COVID cases. Some residents were move to hospital. All residential care facilities have been assessed to ensure they have proper processes in place to manage the facility should there be a COVID out break.</p> <p><b>Auckland DHB</b> The hospital occupancy has increased to 82% today, up from 60% last week as a result of the media campaign. Planned care and acute presentations have increased. Most services are returning to BAU but social distancing requirements will require services to manage consultations differently in future. Expect to see less travel, more scheduled appointments and more Telehealth where appropriate. Dental services to be working as from next Monday. ORL work has increased with good guidelines. If the Unions have heard of concerns re the use of Telehealth, they are to email specific cases to Richard Sullivan.</p>	
Matters Arising :	<p><b>Personal Protective Equipment</b> There are some supply chain challenges worldwide. NZ has a centralised co-ordination for stock. Auckland DHB does have enough stock for our needs. There were some masks which were slightly out of alignment that have been recalled. Procedures require that each mask is individually fitted and checked. The procedures have been updated to ensure the correct mask is used for each patient presentation. It is very important that masks are not damp and are changed regularly. The National PPE guidelines were written by Auckland DHB and adopted nationally. Normal supply for gowns has been disrupted – we now have blue rather than yellow gowns in the same quality. Looking to expand the supply chain to other</p>	

	<p>distributors.</p> <p><b>COVID Patients</b></p> <p>NZNO asked that nurses not move between wards when caring for COVID patients. Wherever possible staff working in a COVID area will be kept together and should limit their movement out of the area. Some specialists may be required to move between COVID and non COVID areas. They must take all steps to minimise the transfer of COVID – including changing their PPE.</p> <p>There are some learning's from WDHBS experience at Waitakere that can be applied at ADHB.</p>	
<p>Support for employees returning to the workplace</p>	<p>It is very important that we make sure people returning to the workplace feel safe, comfortable, welcome and connected and that their workplace risks are identified and minimised. People will need assurance that the workplace is safe.</p> <p>The Occ Health assessment of the risks for some people returning to work will have changed now that the prevalence of COVID in their place of work is minimal. People will be advised why their category has changed and so will their manager.</p> <p>Jennie Montague is leading a team tasked with building a toolset for teams, team leaders and team members to help people make the transition back to the work place as easy as possible.</p> <p>The group agreed.</p> <ul style="list-style-type: none"> <li>• The return should be planned and gradual</li> <li>• The tools should be easy to use and require the involvement of the manager, Occ Health, the employee and the H&amp;S reps</li> <li>• People would need to be shown how to use the tools.</li> <li>• Changes may need to be made to the physical workspace as well as the ways and hours of work, to accommodate both the needs of the organisation and the workforce.</li> <li>• Some returning workers would find it easier than others.</li> <li>• The organisation has a responsibility to ensure the work place is safe and that people are aware of the Health and Safety plans for their work area.</li> <li>• The employee's GP advice should be taken into account when their return to work plan is developed</li> </ul> <p><b>Action</b> : Jennie to forward guidelines and tools to Unions and write up FAQs. Jennie asked the Unions to send her any specific concerns they hear of.</p>	
<p>Further Meetings</p>	<p>Susanne to set up weekly meetings at the same time for the next month. Agenda Items TBA</p>	<p>Susanne</p>
<p>Any Other Business</p>	<p>None</p>	
<p><b>Next meeting: 13 May 2020, 1430 – 1530 Zoom</b></p>		



# UNION AND AUCKLAND DHB UPDATE

## Meeting Minutes

ACTION ITEMS –		OWNER
Action 9	Chris to ensure unions have a copy of the updated PPE procedures	Chris
Action 10	Jennie to forward Occ Health guidelines and tools to Unions and write up FAQs.	Jennie
Action 11		





## Amber Mander (ADHB)

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**From:** Alex Pimm (ADHB)  
**Sent:** Thursday, 07 May 2020 12:08  
**To:** Judith Overmaat (ADHB)  
**Cc:** Bryan Agnew (WDHB); ADHB IMT EOC Manager  
**Subject:** FW: HDC Complaint Ellerslie Gardens Lifecare  
**Attachments:** HDC response Ellerslie Gardens 24 April 2020.docx

Hi,

Apologies for the delay in getting this back. I've made a few changes – attached.

I suggest this goes through our usual sign-off process through Marg W. Can I have a copy of the final letter please.

Thanks,  
A

**Alex Pimm**  
Incident Controller | COVID-19 Incident Management Team  
Auckland District Health Board  
Level 4 | Building 1 | Auckland City Hospital

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**From:** Judith Overmaat (ADHB)  
**Sent:** Wednesday, 06 May 2020 4:07 pm  
**Subject:** FW: HDC Complaint Ellerslie Gardens Lifecare

Good afternoon Alex,

I am following up on my email below. Could you please forward me any response sent to HDC in regards to this complaint?

Thank you.

Kind regards, Judith Overmaat

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**From:** Judith Overmaat (ADHB)  
**Sent:** Tuesday, 28 April 2020 11:26 a.m.  
**To:** Alex Pimm (ADHB)  
**Cc:** Kate Sladden (ADHB); Charlene Apollos (ADHB)  
**Subject:** FW: HDC Complaint Ellerslie Gardens Lifecare

Good morning Alex,

I am following up on this HDC complaint and response drafted by Kate.

Could you please let me know if you are happy with this draft, or alternatively any changes you would like to make, and I can then format as per usual response letter to HDC. Would you be signing off a final response or would it be Margaret Wilsher (as is usual with responses to HDC?)

Kind regards,

**Judith Overmaat**

Coordinator | Consumer Liaison

**Auckland District Health Board**

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**From:** Kate Sladden (ADHB)

**Sent:** Friday, 24 April 2020 1:26 p.m.

**To:** Alex Pimm (ADHB)

**Cc:** Judith Overmaat (ADHB); Bryan Agnew (WDHB)

**Subject:** FW: HDC Complaint Ellerslie Gardens Lifecare

Hi Alex

Attached an HDC complaint that Consumer Liaison has received concerning the Ellerslie Gardens outbreak. Our usual process would be to manage an HDC complaint through the Planning & Funding process but given the nature of the complaint I'm assuming it would be managed through the IMT. Attached a draft initial response.

Many thanks

Kate

**From:** Judith Overmaat (ADHB)

**Sent:** Friday, 24 April 2020 10:33 a.m.

**To:** Kate Sladden (ADHB)

**Subject:** HDC Complaint Ellerslie Gardens Lifecare

Good morning Kate,

Please find attached an HDC complaint relating to Ellerslie Gardens Lifecare. Can you please look into this as soon as possible and advise accordingly? Please feel free to give me a call to discuss if needed.

Kind regards,

**Judith Overmaat**

Coordinator | Consumer Liaison

**Auckland District Health Board**

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24 April 2020

**Complaint: Ellerslie Gardens Lifecare**  
**Our ref: C20HDC00705**

I refer to your letter dated 23 April 2020, which advises that the Health and Disability Commissioner (HDC) has received an anonymous complaint from a professional colleague of staff at Ellerslie Gardens Lifecare.

Due to the content of the complaint, the serious concerns it has raised and the current circumstances that Ellerslie Gardens Lifecare is working under, I believe it is necessary to provide you with an initial response to the allegations made in the complaint.

**Background and current situation**

Ellerslie Gardens Lifecare provides rest home and hospital level care to up to 97 residents. The service is operated by Heritage Lifecare Limited.

On the 7 April 2020 a resident of Ellerslie Gardens Lifecare was admitted to Auckland City Hospital (ACH) and was subsequently tested for SARS-CoV-2 (COVID-19). The test was returned as positive and a COVID-19 outbreak was declared at the facility. This case was subsequently linked to a previous positive result from an Ellerslie Gardens Lifecare employee in late March. Auckland Regional Public Health Service (ARPHS) undertook contact tracing and all residents (77) were placed into isolation and a high proportion of Ellerslie Gardens Lifecare staff (60) were placed under 14 days quarantine. At the same time six Ellerslie Garden Lifecare residents were admitted to ACH as a precaution due to displaying symptoms consistent with COVID-19 or for other clinical reasons.

The strict quarantine regimen put in place required extensive Auckland DHB input, comprising clinical support including nurse practitioner and geriatrician support and oversight, infection control and prevention support, personal protective equipment (PPE) supply, supply of other equipment, and advice on correct usage of PPE.

Auckland DHB has provided significant workforce (registered nurses and healthcare assistants) to cover staff shortages at Ellerslie Gardens Lifecare. Due to the need to put in place isolation practices, the usual staffing levels were significantly increased.

Daily meetings were established, led by the Auckland DHB COVID-19 incident management team, involving Heritage Lifecare senior management and clinical leads, Auckland Regional Public Health Service, and Auckland DHB senior clinicians and leaders from our community and hospital operations teams. This allowed for rapid escalation and resolution of any issues.

Ellerslie Gardens Lifecare completed the initial 14 day quarantine period on the 25 April 2020, and has commenced the next 14 day period of isolation, which is less restrictive for

the majority of residents. The majority of Ellerslie Garden Lifecare staff have been released from quarantine and have returned to work. The DHB is continuing to provide staffing resources where necessary, as well as PPE supplies, and will continue to provide oversight of the facility for as long as it is needed.

As at the 5 May 2020, one resident remains COVID-19 positive, one employee is positive, and four residents and three staff have been declared probable cases. All but one residents have been discharged from hospital. One resident has been transferred to an alternative facility on discharge from hospital.

We acknowledge that this period will have been stressful for residents, staff and family members. I can assure you that the residents have been provided safe and appropriate care throughout this period.

Yours sincerely,

23 April 2020

Ailsa Claire  
Chief Executive Officer  
Auckland District Health Board

By email: [feedback@adhb.govt.nz](mailto:feedback@adhb.govt.nz)

Dear Ms Claire

**Complaint:** Ellerslie Gardens Lifecare  
**Our ref:** C20HDC00705

On 17 April 2020, this Office received an anonymous complaint about the care provided to unnamed residents at Ellerslie Gardens Lifecare. The complainant has not provided any contact details but has identified themselves as a “professional colleague” of staff. A copy of the complaint is **enclosed** for your information.

Having carefully reviewed the complaint, I am concerned that it raises issues about a deterioration in the quality of care provided and the possible impact on the immediate welfare and safety of the elderly residents. Whilst I am mindful that aged care facilities have been required to make various changes to their practices as a result of the Covid-19 pandemic, I do not consider that it should significantly impact on the standard of care provided to consumers.

Accordingly, I have brought this matter to the attention of the Director General of Health so that he is aware of the concerns raised. I also consider that it is desirable in the public interest that Auckland DHB, as the funder of the services provided at Ellerslie Gardens Lifecare, is made aware of this complaint and the issues raised. I therefore refer this matter to Auckland DHB pursuant to section 59(4) of the Health and Disability Commissioner Act 1994.

Notwithstanding current circumstances, I would appreciate your prompt attention with regard to this matter and a report back to HDC on actions taken as soon as practicable.

Please note that HDC will be writing to the provider on **Tuesday 28 April 2020**. A copy of the complaint will be provided and Ellerslie Gardens Lifecare will be asked to respond to the issues raised.

If you wish to discuss this further, please contact Vanessa Lin on [Vanessa.lin@hdc.org.nz](mailto:Vanessa.lin@hdc.org.nz).

Yours sincerely

A handwritten signature in black ink that reads "Rose Wall". The signature is written in a cursive style.

Rose Wall  
**Deputy Health and Disability Commissioner**

Enc Copy of complaint  
Cc Ailsac@adhb.govt.nz

Someone filled out a form from the website

## Submitted data

The following data was submitted.

Field name	Submitted data
Step 1 - About You	
Title	Other
Other	
First Name	P
Last Name	S
Address	20 clare place Mt Wellington
Home Phone	
Business Phone	
Mobile Phone	
Email address	
Post	
Specify the preferred method of contact:	
About the person you are complaining on behalf of	
Title	Other
Other	
First name	
Last name	
Home Phone	
Business Phone	
Mobile Phone	
Email Address	
Address	
Date of birth	
NHI	
Is the person who received the service aware that you are making a complaint on his/her behalf?	No
If No, is there a	

particular reason why the person is not aware of this complaint?

What is your relationship to the person who received the service?

The Privacy Act and Health Information Privacy Code state that we may release personal information (including personal health information) only to people who are entitled to that information.

Therefore, if you are not the person who received the services being complained about, please advise whether you are one of the following.

(Please note that we may ask for proof of this relationship, if you have documents which would assist in this regards please upload them below.)

Other

Upload proof of relationship

Step 2 - Your Complaint

Name of the service provider (person or organisation)

Ellerslie Gardens Heritage Lif

Name of the organisation

Ellerslie Gardens Heritage

Address (location where service provided)

20 Clare Place Ellerslie Panmure Highway Mt Wellington

Phone number (if



known)

Type of health or disability service provider

Rest home

Other provider - please specify

What is your relationship to this person/organisation (if any)?

Professional colleague

Are you complaining about more than one person relating to the same complaint?

Name of the service provider (person or organisation) \*

Organisation (if different from above)

Address (location where service provided)

Phone number (if known)

Provider Type

If you have any concerns about our doing this, please detail this here.

Other details

Is the person you are complaining for still receiving services from the provider(s)?

Step 3 - What Happened

Please give us all the dates and relevant details you can remember.

The Residents are suffering at the moment Due lockdown they are not receiving proper daily care, no turning, no toileting no feeding as all the permanent staff are sent to isolate due Covid19 positive at facility. The random staff are coming in but they don't know what to do . Only kitchen staff are there but they can't be doing cooking serving meals feeding and collecting dishes from room. The meals are prepared daily but there should be Care Staff to look after residents as the meals are still in room on the breakfast table getting cold. There is no Roster for the permanent staff at the site No Communication for

the permanent staff what is going on why they are still isolated even not dealt with those patients or the test negative. Just please go in and see the patients are going through as some residents may speak out. The headoffice should now what is going on Communicate with permanent staff what is going on.

**If the events you are complaining about occurred more than two years ago, please tell us the reasons for the delay in bringing the matter to our attention.**

**If there were other people present at the time of the events complained about, please provide details and explain how they may be able to help. If possible, please provide a statement from them, by post, email**

**(hdc@hdc.org.nz), or by attachment below, about the events that occurred.**

**Step 4 - Tell us more about your complaint**

**Results: What do you want to achieve by making this complaint?**

**Other paths to resolution: Have you tried to resolve your complaint in another way - for example, by meeting with the provider about whom you are unhappy, or working with an advocate? If so, please give details, including the**

My achieve is that patients come first their rights not to suffer even those who don't know what is going on. My achieve is do not neglect patients they got rights They are Human Being

outcome. If you have copies of any correspondence with the provider, or notes from meetings, it would be helpful to supply copies of these to us either by email or post.

Other No

**Agency/Agencies:**  
Have you made a complaint to another agency about this matter (for example, ACC, the Human Rights Commission, the Privacy Commissioner, the Police)?

If Yes, please give details, including the outcome.

**Special communication needs:** If you have special communication needs we should know about when responding to your complaint, please let us know below (for example: "I prefer documents in large print"; "Please talk loudly and clearly as I have a hearing impairment," etc).

**5. Further information**

**Age Group** 35 to 44 years

**Gender:** Do not wish to answer

**Which ethnic group do you belong to?** I do not want to state my ethnicity

Mark the ethnicities which apply to you  
Other such as DUTCH,

**JAPANESE,  
TOKELAUAN. Please  
state:**

**Attach documents  
here (Total maximum  
size allowed 10Mb)**

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Auckland DHB  
**CHIEF MEDICAL OFFICER**  
Level: Executive Suite, Level 1  
Building: Building 37  
Auckland City Hospital  
Private Bag 92024  
Auckland 1142

Ph: (09) 307 4949 ext: 21957  
Email address: mwilsher@adhb.govt.nz

7 May 2020

Rose Wall  
Deputy Health and Disability Commissioner  
Via email: [hdcresponses@hdc.org.nz](mailto:hdcresponses@hdc.org.nz)

**Complaint: Ellerslie Gardens Lifecare**  
**Our ref: C20HDC00705**

Dear Ms Wall,

I refer to your letter dated 23 April 2020, which advises that the Health and Disability Commissioner (HDC) has received an anonymous complaint from a professional colleague of staff at Ellerslie Gardens Lifecare.

Due to the content of the complaint, the serious concerns it has raised and the current circumstances that Ellerslie Gardens Lifecare is working under, I believe it is necessary to provide you with an initial response to the allegations made in the complaint in anticipation of a full response to the issues raised.

#### **Background and current situation**

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Ellerslie Gardens Lifecare completed the initial 14 day quarantine period on the 25 April 2020, and has commenced the next 14 day period of isolation, which is less restrictive for the majority of residents. The majority of Ellerslie Garden Lifecare staff have been released from quarantine and have returned to work. The DHB is continuing to provide staffing resources where necessary, as well as PPE supplies, and will continue to provide oversight of the facility for as long as it is needed.

As at the 5 May 2020, one resident remains COVID-19 positive, one employee is positive, and four residents and three staff have been declared probable cases. All, bar one resident, have been discharged from hospital. One resident has been transferred to an alternative facility on discharge from hospital.

We acknowledge that this period will have been stressful for residents, staff and family members. I can assure you that the residents have been provided safe and appropriate care throughout this period.

Yours sincerely,

Dr Margaret Wilsher MD, FRACP, FRACMA  
**Chief Medical Officer**  
**Auckland District Health Board**



Remuera Rest Home & Hospital

## **Infection Control Plan**

### ***Entry Process:***

- The main entrance is not accessible without screening into the facility.
- Staff are screened upon arrival – questions and temperature taken.
- Staff are required to sanitise their hands upon entry, change from mufti into their uniforms and then receive the hand over.

Orientation for returning staff

Returning staff must watch the Auckland DHB donning and doffing of PPE video.

Staff are observed donning and doffing for the first time.

Education / reminder about hand hygiene for all staff. Discussion to include the 5 moments of hand hygiene and other instances.

Staff must be able to describe when they would perform hand hygiene, i.e. before and after touching a resident, before a procedure, after a procedure or body fluid exposure risk, after touching a resident surroundings, upon entering the facility, prior to eating, before handling a residents meal to feed them, after coughing, sneezing or blowing their nose, after contact with a colleague.

### ***Information and Guidance:***

Daily management update to ARPHS and DHB update.

Very low threshold for clinical assessment and testing of residents with symptoms.

Restricting or preventing new admissions and transfers.

Restrictions on visitors appropriate for the national Alert Level.

### ***Staff Hand overs:***

All staff come to work in mufti then get changed into their uniforms and change back into mufti at the end of their shift.

Staff to wear clean uniform in each shift.

Staff are informed of which residents are in droplet isolation and require changing of full PPE with each interaction.

Staff are allocated to either the residents in isolation or residents not in isolation.

RNs are to reinforce that hand hygiene is paramount. To perform five moments of hand hygiene.

12.05.2020

Regular oversight of HCA's is required by RNs on duty to ensure Standard and Droplet Precautions are being adhered to.

The staff are informed about any residents that have been transferred to hospital during hand over.

Mobile phones need to stay in staff bags. If needed for emergencies, they need to be in a plastic bag.

Staff are advised which residents are for resuscitation and the procedure for this.

Advance Directive of the residents in isolation discussed during the daily hand over.

Stop & Watch Tool will be utilised daily.

When a resident becomes symptomatic, they must be placed in isolation immediately and full droplet precautions implemented.

ARPHS & DHB must also be notified immediately once a resident is placed in isolation and update Case Log in a timely manner.

***Staff looking after residents in isolation:***

Staff working with any residents in isolation to watch the Auckland DHB donning and doffing of PPE video. To wear PPE and change in between each resident interaction. Gloves, gown, mask, and eye protection. Staff who are caring for residents in isolation are not to care for other residents.

Staff are observed donning and doffing for the first time.

Monitoring of residents - symptom checks and for any health or functional deterioration will be monitored twice daily. This includes RR, O2 saturation and temperature. Symptoms may be atypical so also include anything that is different for each resident.

Residents in isolation will have a sign on their doors for precautions.

***Staff looking after residents not in isolation:***

Staff working with residents not in isolation to use standard precautions. Hand hygiene, gloves for blood and body fluid etc – not to wear gloves all the time. Staff to wear a mask – can wear up to four hours – change when damp, for meal breaks.

Monitoring of residents – symptom checks and for any health or functional deterioration will be completed in the morning by the RN and will be discussed in each hand over.

Any identified symptoms must be reported to the Facility Manager or RN on Duty.



12.05.2020

***Protective Personal Equipment:***

- PPE's are kept in the PPE trolley, in the RN Office and in the Facility Manager's Office. The Facility Manager/RN on Duty stocks the trolley and notifies the DHB in relation to the stock level.
- There are wall-mounted sanitiser dispensers throughout the facility and hand sanitiser pumps on the PPE trolley, main entrance and common areas i.e. lounge.
- Goggles are reusable These are cleaned with warm soapy water, followed by the 0.5 % hypochlorite solution after each use.
- Gown versus Apron: Aprons are recommended for staff involved in non-contact resident care activities. Gowns are for any close or direct contact with the isolated residents.
- Adherence to strict hand hygiene is essential.

***Residents not in isolation:***

- All staff are to wear masks (can wear up to four hours).
- Use of Standard precautions i.e. strict hand hygiene is required before putting on gloves and after removing gloves.
- Staff looking after the residents from ACH who were in isolation must observe enhanced PPE use (mask and gloves).

***Residents in isolation:***

- Full droplet isolation precautions until further notice. They will require the following PPE: gloves, long sleeve yellow gown, surgical mask, goggles and change with every resident interaction.
- White pedal rubbish bins are allocated in all resident's room in isolation.
- Rubbish will be collected last and will be disposed in the yellow bin.
- Clean bag will be used to collect all rubbish from the isolation rooms, then disposed of in the yellow bin.
- A separate staff member will be collecting the rubbish from the isolation rooms.
- The yellow bin will be collected MWF by Waste Management.

***Floor plan:***

- Staff must maintain physical distancing from each other.
- Staff break room – Staff looking after residents in isolation will have a break downstairs.
- Staff have staggered breaks and must always maintain social distancing.
- Residents are encouraged to have social distancing as much as possible.
- Remove excess chair in the lounge to maintain good social distancing of 2 meters while maintain 2 residents per table during meals in the dining area.
- **Cohorting of staff.** Minimise the number of staff looking after small groups of residents, which provides less disruption in the event of subsequent illness amongst staff or residents.

**Kitchen:**

**Isolated Residents**

- Staff looking after residents in isolation are not allowed to enter the kitchen.
- Residents in isolation will have meals in their rooms or will be fed by a staff member in their rooms.
- A nominated staff member will be assigned to deliver the food for the resident in isolation.
- Disposable plates, cups and cutleries will be used for all residents in isolation.
- Trays for residents in isolation are served last.
- Disposable items will be disposed on the white pedal bin inside the isolation room.
- When feeding the resident in isolation, the staff must wear the full PPE.
- The nominated staff must sanitise hands after each food delivery to the staff in the isolation room.

**Non-Isolated Residents**

- Residents who are not in isolation will be served first.
- Residents not in isolation have the option of having meals in the dining area or in their rooms but maintaining social distancing i.e. 2 residents per table.
- Metal trolley for food delivery in rooms are cleaned with warm soapy water, then followed by 0.5 % hypochlorite solution before and after using.

**Laundry:**

- Laundry is done onsite.
- There is a clean and a dirty zone within the laundry area.
- The laundry staff wear full PPE when doing the laundry of residents in isolation.
- Staff not assigned in the isolation room will collect dirty laundry and personal clothing's of the non-isolated residents first.
- Laundry and personal clothing's of residents in isolation will be collected and washed last and separately by the healthcare assistants using hot water.
- Woollen clothes of residents in isolation needs to be placed in a plastic bag for 48 hours, then wash separately.
- Clean laundry is delivered on a trolley to the healthcare assistants.
- Staff assigned in the non-isolated rooms will deliver the clean washings to the staff assigned in the isolation room.
- Staff to clean the clean linen trolley with 0.5% hypochlorite solution before and after use.

**Cleaning:**

**Housekeeper/Cleaner Responsibilities:**

- Will wear PPE, mask, plastic apron, single use gloves or reusable heavy-duty gloves.
- Will clean communal areas first, this will include staff and public toilets, handrails, door handles every shift using 0.5% hypochlorite solution.
- Clean all 'high' touch surfaces such as desks, counters, tabletops, phones, keyboards every shift.
- Doorknobs must be cleaned every shift with 0.5% hypochlorite solution.
- Clean toilets in between each resident use with 0.5% hypochlorite solution.

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- Bathrooms – use 0.5% hypochlorite solution for the basins while Lavender solution for the bathroom floor.  
Residents not in isolation have their own small rubbish bins inside of their rooms, which are emptied daily by the Housekeeper/cleaner. These are cleaned daily using the 0.5% hypochlorite solution.  
General waste is emptied into the large waste skip outside of the facility
- Housekeeper to pay special attention to soap dispensers, hand sanitisers to ensure these are well stocked.
- Cleaners will complete the 'Daily Cleaning Schedule for High Touch Areas – Cleaners/Housekeepers' per shift and will sign when completed.
- Cleaning products are kept in the sluice room or cleaning trolley.
- Mops are kept near the laundry area or in the cleaning trolley. (Colour coded)
- Other staff will not clean down the infected resident's rooms.
- Refer to HQSC Guidance on cleaning aged residential care facilities following a suspected, probable, or confirmed case of Covid-19.
- The bleach is a 4% strength, then you use 0.25 liters bleach with 9.75 liters water to make up 10 liters.
- The lavender disinfectant will be used for the hallway, vinyl floors and bathroom floors.

***Healthcare assistant's responsibilities:***

- Cleaning of the resident's rooms in isolation / quarantine will only be carried out by the healthcare assistant assigned to those rooms.
- They will wear full PPE and changed between each resident's room with 0.5% hypochlorite solution.
- Do not exit the room with PPE on. Discard cleaning cloths and PPE into the resident's plastic rubbish bag which is located inside the resident's room in isolation.
- Wash hands before leaving the room.
- Cleaning solutions are kept in the sluice room.
- Bed pans and shower commode chairs will be cleaned with warm soapy water and then followed by 0.5% hypochlorite solution which will be left for 30 minutes, then rinsed. This is completed after each resident use.
- Staff must wipe resident's folder with a disinfectant wipe after each use.

***Registered Nurses' and healthcare assistants' combined cleaning requirements as per the checklist:***

- Shared computer keyboards after each use with disinfectant wipe.
- There are 2 thermoscanner, 1 BP app, 1 O2 sats machine and a stethoscope.
- These are kept in the RN office and cleaned with a disinfectant wipe before and after use.
- Clinical worktops and surfaces are cleaned with warm soapy water, then with 0.5% hypochlorite solution in the RN Office.
- Clinical surfaces are cleaned by the RN on Duty before and after each shift.
- Dressing trolleys are cleaned with warm soapy water, then with 0.5% hypochlorite solution before and after each use.
- Medication trolleys are cleaned with warm soapy water, then with 0.5% hypochlorite solution before and after each use.
- Shower commode chairs are cleaned with warm soapy water, then followed with 0.5% hypochlorite solution before and after each use.

12.05.2020



# UNION AND AUCKLAND DHB UPDATE

## Meeting Minutes

<b>ADHB Bi-Partite Action Group</b>		
<b>Meeting Title</b>	<b>UNION AND AUCKLAND DHB UPDATE</b>	
<b>Date and Time</b>	Wednesday 13 May 2020, 1430 - 1530	
<b>Venue</b>	Zoom or Ranginui Meeting Room, Level 4, Lab Plus, ACH	
<b>Present</b>	Chair : Chris Hancock, Alex Pimm, Andrew Skelly(PSA), Anita Jordan, Catherine Lambe(NZNO), Craig Muir(NZNO), Donna McRae(NZNO), Georgia Choveaux(ASMS), Ian Hoffman(PSA), Jill Ovens(MERAS), Leisa Briggs(PSA), Mel Dooney, No'ora Samuela(ETU), ,	
<b>Apologies</b>	Caroline Conroy(MERAS), Richard Sullivan	
<b>Guest</b>	Jennie Montague, Louise Bull	
<b>Minutes</b>	Chris Hancock	
<b>Item</b>	<b>Minutes</b>	<b>Action By</b>
COVID-19 Update	<p>Alex gave an update re COVID-19. Case numbers remain low nationally and at Auckland DHB. Only 13 active cases in AKL area. IMT focus is now on supporting public health messaging, contract tracing and surveillance testing. Hand washing and physical distancing must continue. Incident management team has been downsized and is transitioning to BAU. Hospital at readiness level yellow – mild impact. Consideration is being given to move to green. Preparing to stand up a COVID response at short notice if needed. Comprehensive high level risk register is being updated. PPE Supply chain issues may continue, winter sickness, respiratory issues and other operational challenges identified.</p> <p><b>Surveillance Testing</b> Voluntary testing of 1700 asymptomatic ADHB staff completed. The purpose is to find out if there are any asymptomatic COVID cases in the community that we are not aware of. This has also been done at the airports, customs, border security, bio security, supermarket staff, police and other health care staff.</p> <p><b>Residential Care Facilities</b> Auckland DHB has actively supported high risk areas such as aged care facilities where there have been COVID cases. These cases are now closed. All residential care facilities have been assessed to ensure they have proper processes in place to manage the facility should there be another COVID outbreak.</p> <p><b>Return to the workplace under level 2</b> The hospital occupancy has increased and a planned and gradual return to the work place is needed. Most services are returning to BAU but social distancing requirements will require services to manage consultations differently in future. Union organisers welcome on site but must register for contract tracing purposes at main entrance.</p>	
Matters Arising :	None	
Support for employees returning to the workplace	<p>It is very important that we make sure people returning to the workplace feel safe, comfortable, welcome and connected and that their workplace risks are identified and minimised. People will need assurance that the workplace is safe.</p> <p>The Occ Health assessment of the risks for some people returning to work</p>	



# UNION AND AUCKLAND DHB UPDATE

## Meeting Minutes

	<p>will have changed now that the prevalence of COVID in their place of work is minimal. People will be advised why their category has changed and so will their manager. Message remains – “stay at home where practical to do so/don’t come to work if you are unwell”.</p> <p>Union organisers and delegates welcome to attend “bringing teams back together” webinars. Delegates and H&amp;S reps play an important part in assisting Managers to ensure no one feels at risk or isolated when returning to the workplace.</p> <p>Working from home policy needs further work. Alex Pimm and Andrew Skelly to be invited to join group to develop policy</p>	
Further Meetings	Focus of next meetings will be to learn more from directorate Leaders about what has worked well in their areas and what work practices, if anything, they wish to continue in the future. Surgical Services may be first. Other Agenda items TBA	Chris
Any Other Business	Unions to send names of Delegates to attend webinar	
<b>Next meeting: 21 May 2020, 1430 – 1530 Zoom</b>		

ACTION ITEMS –		OWNER
Action 11	Anita to include Alex and Andrew in “working from home” policy enhancement.	Chris

**Ritchie Dolman (ADHB)**

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**From:** Jo Williams (ADHB)  
**Sent:** Thursday, 14 May 2020 10:16  
**To:** Arby MANALANSAN  
**Cc:** Marc & Suzy-CL; Andrew Shiu; Jackie Rapana (ADHB); Li-Wern Yim (ADHB); Bryan Agnew (WDHB)  
**Subject:** Re: on Day 18..

Hi Arby.

Yes they need full PPE for droplet precautions...Mask, gloves, gown, eye protection.  
Jo

Sent from Outlook Mobile

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**From:** Arby MANALANSAN <[manager.remuera@gmail.com](mailto:manager.remuera@gmail.com)>  
**Sent:** Thursday, 14 May 2020, 10:03 am  
**To:** Jo Williams (ADHB)  
**Cc:** Marc & Suzy-CL; Andrew Shiu; Jackie Rapana (ADHB); Li-Wern Yim (ADHB); Bryan Agnew (WDHB)  
**Subject:** Re: on Day 18...

Noted with thanks.

Just to clarify, i thought [REDACTED] are for full PPE while [REDACTED] will be on droplet prec?

Arby

On Thu, May 14, 2020 at 9:54 AM Jo Williams (ADHB) <[JoWi@adhb.govt.nz](mailto:JoWi@adhb.govt.nz)> wrote:

Hi Arby.

1. [REDACTED] no update yet- there's a meeting this morning to discuss all his result.
2. [REDACTED] please keep in isolation with droplet precautions until we contact you with further information.
3. Jackie Robinson is your contact regarding any residents who may be able to transfer back today.
4. Dr Li-Wern And Jackie Rapana will be your contacts from now on, about the residents- please keep me copied in.

Regards,

JO



**From:** Arby MANALANSAN [mailto:[manager.remuera@gmail.com](mailto:manager.remuera@gmail.com)]  
**Sent:** Thursday, 14 May 2020 9:30 a.m.  
**To:** Jo Williams (ADHB)  
**Cc:** Marc & Suzy-CL; Andrew Shiu; Jackie Rapana (ADHB)  
**Subject:** on Day 18...

Good morning Jo.

Any update on [REDACTED]

I received a text that his result came back as negative. Will that mean that we will NOT continue treating [REDACTED] s iso residents?

We have [REDACTED] in droplet precaution and a possible return of [REDACTED] today. please let me know when he is ready to return.

I will be restocking our PPE due to the influx of residents in isolation.

Will wait for your advice... ..

**ARBY MANALANSAN**

*Facility Manager*

Remuera Rest Home & Hospital

10 Macmurray Road, Remuera, Auckland 1050

[REDACTED]  
[REDACTED]  
[REDACTED]



## Amber Mander (ADHB)

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**From:** Mel Dooney (ADHB)  
**Sent:** Tuesday, 02 June 2020 17:40  
**To:** Alex Pimm (ADHB)  
**Subject:** RE: OIA 573 - Nicholas Jones - DHB staff sent to aged care facilities during COVID 19 - DUE 2 JUNE  
**Attachments:** RE: Wellbeing of patients in nursing homes

This was very much after the fact so may not be helpful in answering the query.

Other than that there was a request for a meeting which came from one of the National NZNO organisers on 11/4<sup>th</sup> to me (& others) in my role as part of the National Workforce Response. It was generic in the concerns raised rather than specifically staff safety concerns. As such I had ruled it out as not applicable. Happy to forward if you need it. It is what led to the series of meetings with NZNO which Marg shared the tool above.

M

**From:** ADHB IMT Admin  
**Sent:** Tuesday, 02 June 2020 11:48 AM  
**To:** Wendy Stanbrook-Mason (ADHB) <WStanbrook@adhb.govt.nz>; Chris Hancock (ADHB) <ChrisHancock@adhb.govt.nz>; Anita Jordan (ADHB) <AnitaJordan@adhb.govt.nz>; Bryan Agnew (WDHB) <Bryan.Agnew@waitematadhb.govt.nz>; ARPHS Emergency Incident Controller (ADHB) <arphsic@adhb.govt.nz>; Sheri-Lyn Purdy (ADHB) <SheriLyn2@adhb.govt.nz>; Kate Sladden (ADHB) <KateS@adhb.govt.nz>; Megan Connolly (ADHB) <MConnolly@adhb.govt.nz>; Jackson Cutting (ADHB) <JCutting@adhb.govt.nz>; Lynne Abercrombie (ADHB) <LynneAb@adhb.govt.nz>; Philippa Anderson (CMDHB) <Philippa.Anderson@middlemore.co.nz>  
**Cc:** Mel Dooney (ADHB) <MDooney@adhb.govt.nz>; Margaret Dotchin (ADHB) <MDotchin@adhb.govt.nz>  
**Subject:** RE: OIA 573 - Nicholas Jones - DHB staff sent to aged care facilities during COVID 19 - DUE 2 JUNE  
**Importance:** High

Hi All

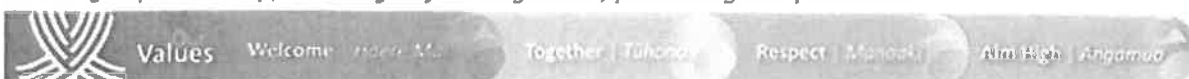
With regards to Alex email sent 18 May can you please respond as this is due today. As per Alex's request please respond regarding to this email.

Thank you

Regards

Charlene Apollos  
Personal Assistant/Team Admin Support | COVID-19 Response Team  
Auckland District Health Board  
Level 4 | Building 1 | Auckland City Hospital

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The information contained in this email and any attachments is confidential and intended for the named recipients only. If you are not the intended recipient, please delete this email and notify the sender immediately. Auckland DHB accepts no responsibility for changes made to this email or to any attachments after it has been sent.

**From:** Alex Pimm (ADHB)  
**Sent:** Monday, 18 May 2020 5:32 pm [REDACTED]  
**To:** Wendy Stanbrook-Mason (ADHB) [REDACTED]; Chris Hancock (ADHB) [REDACTED]; ADHB IMT HR Lead [REDACTED]; Anita Jordan (ADHB) [REDACTED]; Bryan Agnew (WDHB) [REDACTED]; ARPHS Emergency Incident Controller (ADHB) [REDACTED]; Sheri-Lyn Purdy (ADHB) [REDACTED]; Kate Sladden (ADHB) [REDACTED]; Megan Connolly (ADHB) [REDACTED]; Jackson Cutting (ADHB) [REDACTED]; Lynne Abercrombie (ADHB) [REDACTED]; Philippa Anderson (CMDHB) [REDACTED]  
**Cc:** ADHB IMT EOC Manager [REDACTED]; Melanie Jeffery (ADHB) [REDACTED]; Mel Dooney (ADHB) [REDACTED]; Margaret Dotchin (ADHB) [REDACTED]  
**Subject:** FW: OIA 573 - Nicholas Jones - DHB staff sent to aged care facilities during COVID 19 - DUE 2 JUNE  
**Importance:** High

Hi all,

We've received the attached OIA relating to staff supporting residential care and correspondence between us and NZNO and the facilities.

If you have anything that you believe fits within the scope of the request (email attached), can you please send to ADHB IMT Admin [REDACTED]. We will then review and collate before going through the usual sign-off process. We'll also inform NZNO and the relevant facilities before anything is released.

Thanks,  
A

**Alex Pimm**  
Incident Controller | COVID-19 Incident Management Team  
Auckland District Health Board  
Level 4 | Building 1 | Auckland City Hospital

*Working in partnership, enabling self-management, promoting independence.*  
Welcome *Haere Mai* | Respect *Mangaki* | Together *Tuhono* | Aim High *Angamua*

**From:** Elaine Keenan (ADHB)  
**Sent:** Monday, 18 May 2020 1:42 pm  
**Subject:** OIA 573 - Nicholas Jones - DHB staff sent to aged care facilities during COVID 19 - DUE 2 JUNE  
**Importance:** High

Dear Alex

Attached please find an OIA request from Nicholas Jones of NZ Herald.

Can you kindly draft a response and send back to me no later than 2 June.

Regards

Elaine Keenan  
Team Administrator  
Corporate Business Services



## COVID-19 Testing: Information for ARC workers Who Do Not Have COVID-19 Symptoms

COVID-19 testing for people who don't have symptoms is voluntary and it is important you read or have explained to you the information below to decide if it is right for you.

### What happens if I agree to be tested for COVID-19 today?

- You will be asked to fill out a form or answer questions including your contact details, your living circumstances, and if you are employed, about your role in your workplace.
- You will have a swab taken from the back of your nose or throat; this can be a bit uncomfortable. This swab is sent to a laboratory for testing.
- **Results may take up to 5 days to come back.**
- Your workplace or the Auckland Regional Public Health Service will advise you on if you should continue to work while awaiting the results.

### What happens next if my result is negative?

If your test result comes back **negative** you will be notified about it via **text message** or a phone call. **Please note** that if you get a negative result text message at the moment it may say to "stay in isolation." This does not necessarily apply to you. Please be guided by your workplace.

Having a negative test means that COVID-19 was not detected at the time you were tested. It does not mean you can't get COVID-19 in the future. If you become unwell with the symptoms of COVID-19 you should stay home from work, let your manager know, and may be advised to get tested again.

### What happens next if my result is positive?

- If you have a confirmed **positive** result someone from Auckland Regional Public Health Service will call you to let you know. You will need to stay in **isolation for at least 10 days** from the date of your test, and for longer if you develop any symptoms.
- Public Health will ask you about all the people you have had contact with recently and those people will be asked to stay at home (in quarantine) in case they become unwell too. They will be in quarantine for 14 days from the last day you spent time with them.
- This may have implications for your work or home life. The Public Health Service will talk with you more about what this means and you will be supported to access any extra assistance you need.

### What happens to the information collected about me?

Your information will be shared with those involved in monitoring COVID-19 in our community. We will only use and disclose your personal information if that is permitted by law. Within the national response to COVID-19 information may be shared with your GP; healthcare organisations such as Public Health, and the Ministry of Health; your employer; and your whānau, for example to enable contact tracing.

**Unite  
against  
COVID-19**



**Waitematā**  
District Health Board  
Best Care for Everyone



**What do I do if I start to feel unwell while waiting for my results?**

If you develop any symptoms of COVID-19 while you are waiting for your results, including any of the following – sore throat, fever, cough, shortness of breath, head cold, loss of sense of smell – you must **stay home, or the place you are currently staying, in self-isolation.**

If you feel worse and feel like you need to seek medical care you should phone your GP or ring Healthline on 0800 358 5453.

It is important to **let them know you have been tested for COVID-19 already.**

**If you develop difficulty breathing, are severely unwell or it is an emergency, you should call an ambulance on 111.**

**How can I protect myself and others from COVID-19?**

- Wash your hands often through the day with soap and water. You can use hand sanitiser if soap or water are not available.
- Cover your coughs and sneezes with disposable tissues, or cough or sneeze into your crooked elbow. Place used tissues in the rubbish bin, wash your hands thoroughly with soap and water, then dry them well.
- Clean computer keyboards, desks and other surfaces regularly, especially before others use them.
- Maintain your distance (keep two metres or more away) from others whenever possible.

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COVID-19**



**Waitematā**  
District Health Board

Best Care for Everyone



## COVID-19 Testing: Information for People Who Do Not Have COVID-19 Symptoms

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- You will have a swab taken from the back of your nose or throat; this can be a bit uncomfortable. This swab is sent to a laboratory for testing.
- **Results may take up to 5 days to come back.**
- You can continue to work while you wait for your result.

### What happens next if my result is negative?

If your test result comes back **negative** you will be notified about it via **text message** or a phone call, or the a staff member. **Please note** that if you get a negative result text message at the moment it may say to "stay in isolation." This does not necessarily apply to you. Please be guided by the staff at your facility.

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### What happens next if my result is positive?

- If you have a confirmed **positive** result someone from Auckland Regional Public Health Service will call you to let you know. You will need to stay in **isolation for at least 10 days** from the date of your test, and for longer if you develop any symptoms.
- Public Health will ask you about all the people you have had contact with recently and those people will be asked to stay at home (in quarantine) in case they become unwell too. They will be in quarantine for 14 days from the last day you spent time with them.
- This may have implications for your work or home life. The Public Health Service will talk with you more about what this means and you will be supported to access any extra assistance you need.

### What happens to the information collected about me?

Your information will be shared with those involved in monitoring COVID-19 in our community. We will only use and disclose your personal information if that is permitted by law. Within the national response to COVID-19 information may be shared with your GP; healthcare organisations such as Public Health, and the Ministry of Health; your employer; and your whānau, for example to enable contact tracing.

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If you develop any symptoms of COVID-19 while you are waiting for your results, including any of the following – sore throat, fever, cough, shortness of breath, head cold, loss of sense of smell – **please let the staff know**

It is important to **let them know you have been tested for COVID-19 already.**

**How can I protect myself and others from COVID-19?**

- Wash your hands often through the day with soap and water. You can use hand sanitiser if soap or water are not available.
- Cover your coughs and sneezes with disposable tissues, or cough or sneeze into your crooked elbow. Place used tissues in the rubbish bin, wash your hands thoroughly with soap and water, then dry them well.
- Clean computer keyboards, desks and other surfaces regularly, especially before others use them.
- Maintain your distance (keep two metres or more away) from others whenever possible.

**Unite  
against  
COVID-19**