



TAKATU HUB STAKEHOLDER PACK

Version 1 – dated 03/12/2021
(working document)

#awhimai

#awhiatu

Takatu

The Takatu was initiated on 19 November 2021 to build on the opportunities and learnings from the first wave and national partners. The overall purpose of Takatu is to rapidly strengthen the capability, safety, equity for our whānau with a focus on coordinating the response and removing the system to create a manaaki focused care pathway with clinical oversight.

Takatu is a coordination hub, which will align to three of the key recommendations from the independent Investigation Report of the two community isolated deaths in Auckland (23 Nov 2021):

- **Initial assessment – timely, relevant and people focused**
Rapid assessment of clinical safety, welfare needs and mental wellbeing should be the priority from the outset.
- **Supporting the whānau journey**
- **Identifying and escalating the deteriorating person**
- **Connectivity between all parts of the system is essential**
Operational protocols, support systems and staff skill mix will collectively prioritise an initial urgent assessment and determine those whānau at high risk.
- **Equity and cultural safety is integral**
Whānau must be at the centre.
(Members, 2021).

Takatu is taking a unique opportunity to rapidly evolve a model of care and embed a positive change to ensure whānau in Tairāwhiti benefits from these learnings.

The Tu Mai Tairāwhiti branding was identified as aligning to the community approach required for the Hub establishment. It was agreed that Tu Mai Tairāwhiti will transition over to reflect the next stages of COVID preparedness and resurgence response.

The Takatu key contact details are:

0800 TU MAI HUB	Available 8am – 8pm for community leads and positive cases
manaaki@tdh.org.nz	General Enquiries
manaaki.siq@tdh.org.nz	SIQ referrals and discharges.
manaaki.support@tdh.org.nz	Request and Referral for support



Takatu Pathways

The Takatu pathway and functions have collectively brought together, harnessed and rapidly repurposed resources to create a community led response to decision-making and clinical oversight of whānau with COVID-19 isolating in the community.

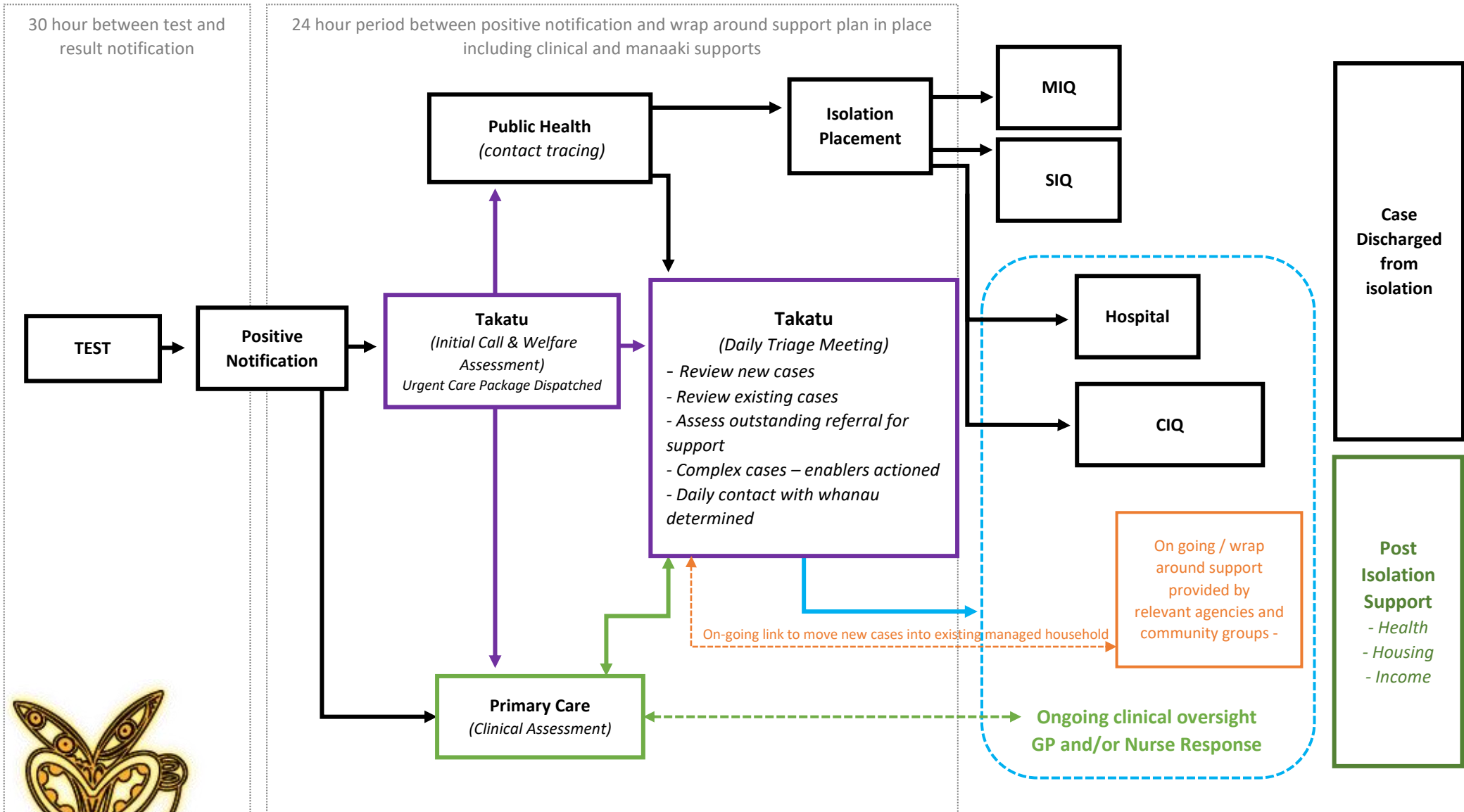
Takatu interface will be a centralized function that will be continuously updated and visible to the key stakeholders involved in the whānau journey.

Diagram 1 shows the interface between the other operating structures. In the Takatu rapid development the key focus has been determining the three priority work streams that must occur within the first 24 hours. They have been broken down to:

- **Takatu – whānau focused welfare/manaaki**
Initial contact with whānau to complete profiling, welfare assessment and arrange an urgent care package to meet the needs of the whānau. Daily whānau check-in by the Takatu team.
- **Public Health Unit (PHU) – community safety**
Second contact with whānau (unless a clinical assessment needs to be prioritised based on existing knowledge/shared information). Case investigation and contact tracing to occur to work to minimise / identify potential spread of COVID-19 – protect the community.
- **Primary Care – clinical oversight**
Clinical assessment is completed by one practice throughout the whānau journey with weekend/after hours support from rostered practices. This will be at a minimum every second day with some whānau receiving daily clinical checks.



Takatu Interface



Takatu Operating Function

The Hub is designed to be the initiator of a welfare response but also has some of the traditional Public Health components intertwined. The Takatu main touch points are:

- **Within 60 minutes** - Takatu first touch (or Phone call) by the Matataki will occur within 60mins of the positive case notification.
The positive case notification will be accompanied by a welfare assessment to start developing whānau profile to determine urgent needs.
The summary of the call will be entered into the BCMS (Border Control Management system). Once the summary is entered this will trigger the Public Health and Primary Care Clinical teams that there is a positive case and to action their processes within 24 hours.
- **Within 3 hours** - the Takatu Team will deliver the urgent care pack. However, care packs will be made available in rural and coastal areas. Where this is the case, referral via email for delivery will be made to the relevant agency and/or community groups (appropriate person/place).
- **Twice daily** – The Takatu will scan BCMS as an ongoing function to ensure “no one is left behind” and that continuous responses required are referred to the key stakeholder in the whānau journey.
- **Back stops** - The Takatu has three clinical staff (General Practitioner and Nurse) operating alongside of the Matataki to ensure appropriate escalation and clinical oversight throughout the journey occurs.
- **When matataki cannot make contact with positive case** – If contact of the whānau is unachievable the Takatu will complete Hospital inpatient checks and may need to check with police but also lean into Agency/Iwi Leads to assist in finding the whanau.

At this stage the Takatu will be operating 8am – 8pm once a positive case notification is received. An E-Text will be sent once a positive notification is advised to a whānau. The E-Text will be sent to the relevant agency leads and community group leads (i.e Ministry of Education, Iwi Leads/nominated persons, Ministry of Social Development, Civil Defense) to link back to the email for activation of response.



The Takatu following access points are:

- The 0800 number allows for text and call backs to the Takatu during the times of operation 0800-2000 hours.
- Email inboxes can also receive email correspondence directly from those in isolation manaaki.support@tdh.org.nz.
- The remaining emails are for SIQ inquiries Manaaki.SIQ@tdh.org.nz and Stakeholder/agency referrals & requests or correspondence to Manaaki@tdh.org.nz.

For Support Requests / Referrals in and out of the Takatu (for positive isolation whānau only) the following form will be sent to/from the relevant agency's / community groups / stakeholder leads to activate the response.



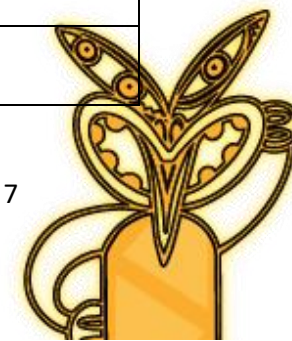
Takatu Hub

Request for Support Form

Form to be sent to manaaki.support@tdh.org.nz with the subject line Support Request or Support Referral

Review Response: request will be reviewed and actioned at the triage meeting daily

Submitted By: <i>(Name, Role, Service)</i>			
Date		Time	
Recommendation Request <i>(Include in description if action to be taken is included in a Safety Plan if applicable)</i>			
Does this recommendation incur a financial cost?	Yes / No	If yes estimated cost	
Articulate how Te Tiriti o Waitangi and Health Equity have been considered in this request			
What are potential risks of breaching Te Tiriti o Waitangi or health inequities if this decision is approved / is not approved	<i>If approved:</i> <i>If not approved:</i>		
Allocated to			
Date		Time	



Takatu Daily Triage

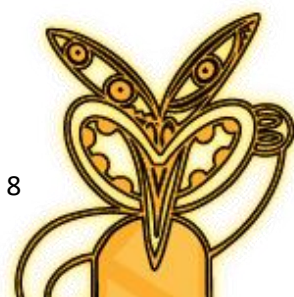
Once Takatu is activated a triage meeting will be initiated to review new and existing case needs and responses. It is expected that the triage in the initial stages will be held once a day however it will be established in a way that can be scaled up to twice daily once the surge of cases arrive.

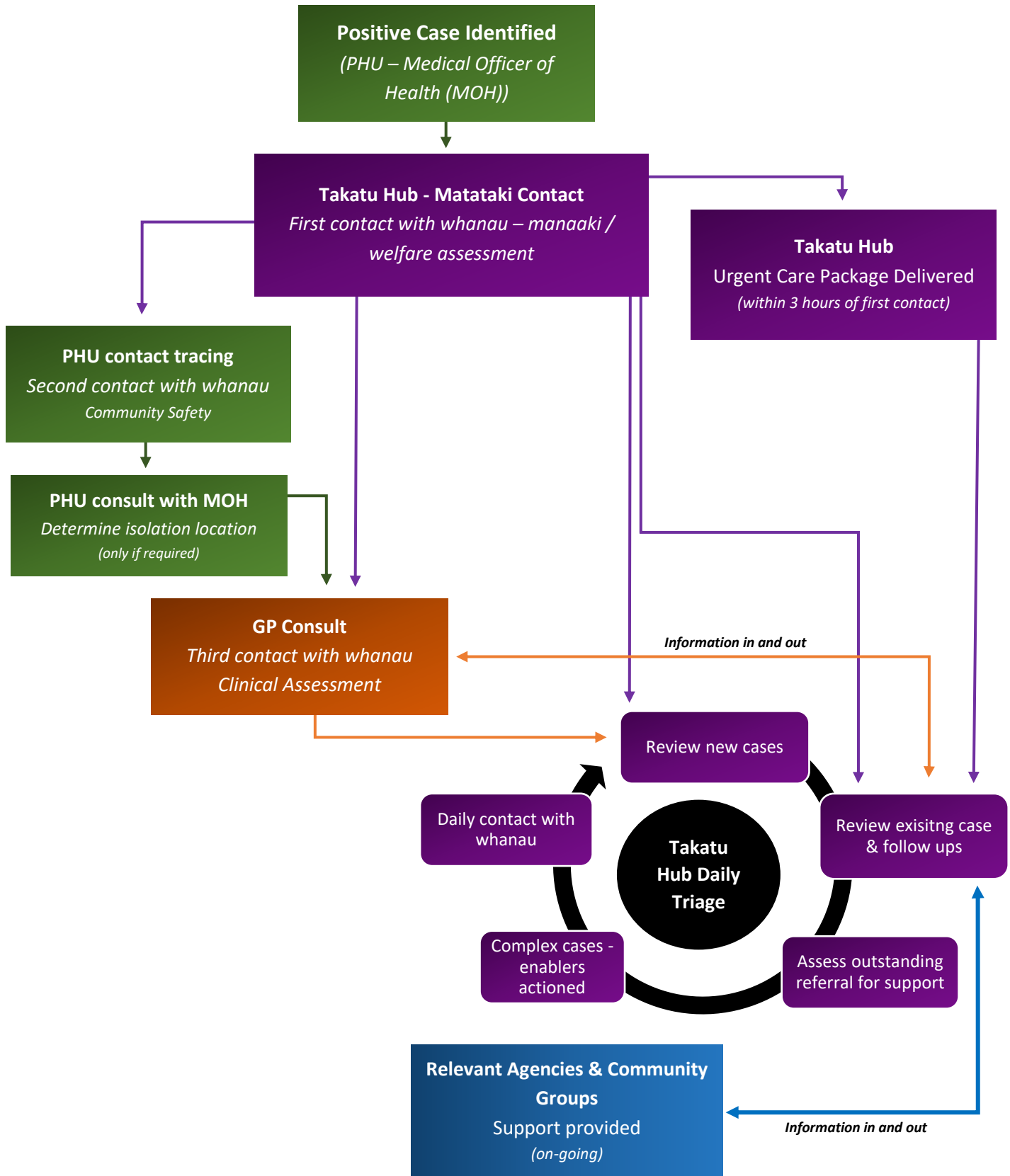
Having the relevant agency and community groups leads will be fundamental to the flow of information in and out based on the needs that arise daily. The leads contribute to providing the insight and oversight of the whānau journeys, the distribution of response allocations and need establishment (i.e. 24hours, 48 hours etc...). Having the relevant agency and community groups leads will ensure a district wide response to removing system barriers and ensuring an efficient timely response.

The daily triage will factor in:

- Urgent and Safety needs (falls risks, FV etc...)
- Clinical Stratification through health pathways – Care 1 / Care 2 Levels (Appendix 3)
- Access barriers – i.e. location

The below diagram portrays the operational functions of each work stream of Takatu, including the daily triage flow expectations:



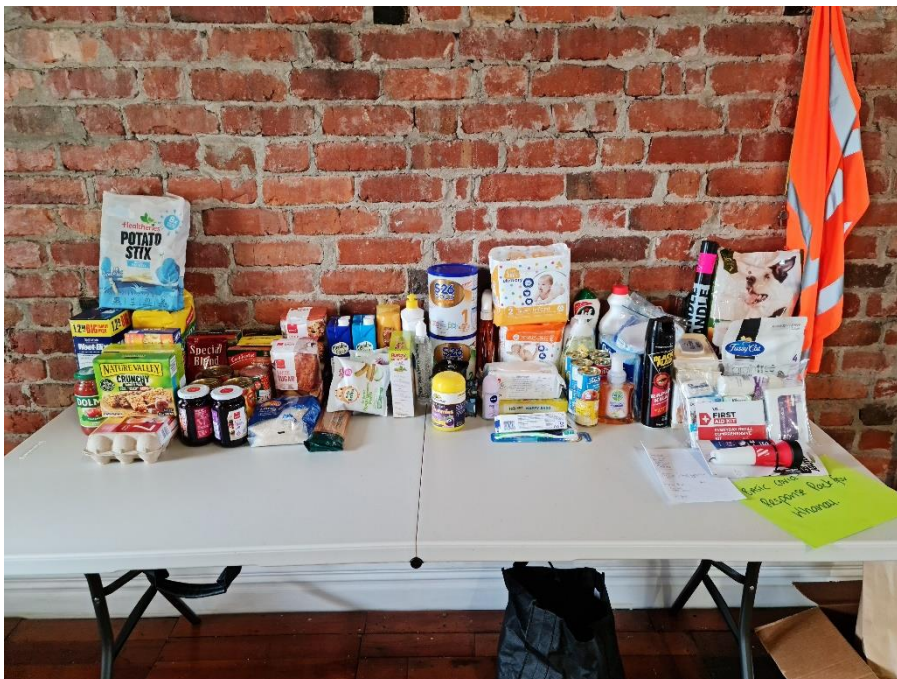


Takatu Urgent Care Package

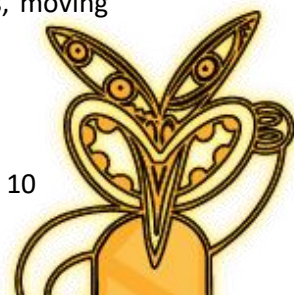
Following the initial assessment there will be a number of outcomes, some of which will be included in an Urgent Care Package and some will be outsourced to relevant agencies. The list of urgent needs that The Hub will work through is below:

- Kai / Food – Groceries
- Prescription medication
- Health conditions management
- Communication – phone, credit or wifi
- Accommodation / Living Situation
- Care requirements (for the whānau in the home and outside the home)
- Self-care / daily activities
- Safety Requirements
- Mental Health

Based on needs assessment an urgent care package detailed in Appendix One will be delivered within 3 hours of the response request, alongside a clinical pack.



Specific needs that are outside of the standard response will be referred to relevant agencies or community groups to respond, (for example prescription medications supply, blood tests, moving livestock, outside the home care for elderly).



The clinical pack included in the first response will be provided to all households identified as positive.

This will include:

- pulse oximeter (Appendix Two details instruction on how to use this – note: video in production)
- gloves & masks
- wipes for cleaning and disinfecting surfaces and equipment.

Public Health Unit Interface with Takatu

The Public Health Unit (PHU) is supported by Health Protection Officers, who lead the team of Case Investigators. This team will complete the third call to the whānau to commence further case investigation into event exposures, notifying Employer or Workplaces to make sure protocols are put into place and any close contacts are identified. The aim of the third call is to minimise / identify potential spread of COVID-19 – protect the community.

The PHU along with the Medical Officers will provide the whānau with a plan around testing schedules and isolation periods for the whānau – supporting the community.



Clinical Insights

Primary Care will provide the clinical care and oversight of the whānau and will have continued representative based in the Takatu. The focus of the clinical component is the health and well-being of the patient and their whānau. This means caring for the individual as well as the community.

Care of patients with confirmed COVID-19 combines, clinical monitoring by primary care. The goals of management are to recognise and manage complications of the disease and to:

- prevent unplanned death in the community from covid-19
- avoid unnecessary admission to hospital as to not overwhelm hospital services.

The initial clinical assessment outcome is to determine the monitoring level needed for the whānau throughout their recovery and journey detailed below:

Low risk (*Case has mild symptoms and low risk of complications*)

- Telehealth clinician contact every other day
- Daily self-monitoring of symptoms, more frequent if there are emergent concerns.

At risk (*Case has moderate symptoms or at risk of complications*)

- Telehealth clinician contact every day
- Self-monitoring of symptoms with at least twice daily pulse oximetry readings

To minimise exposure, a GP will only perform an in-person examination if it will change clinical management or if they are not confident that telehealth assessment is adequate.

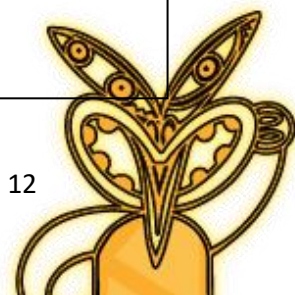
High Risk (*acutely unwell, requiring hospital admission*)

- Known COVID-19 and serious symptoms e.g., chest pain, hypoxia, dehydration, renal failure, sepsis.

Clinical features of COVID-19:

- 85% of unvaccinated patients experience a mild illness with spontaneous recovery, while the remaining 15% experience more severe disease.
- The clinical course is often prolonged (2 to 4 weeks) and patients at risk of deterioration need daily or more frequent assessment.
- Clinical deterioration typically occurs between days 5 and 10 from symptom onset, and (rarely) can be followed by rapid progression to acute respiratory distress syndrome, requiring intensive support.
- Māori have 2.5 times greater risk of hospitalisation than non-Māori, non-Pacific people. Pacific people have 3 times greater risk.
- Despite rapid improvements in care, about 1% of unvaccinated people with COVID-19 die from the disease.

Vaccination reduces the risk of hospitalisation and death 10-fold.



Isolation

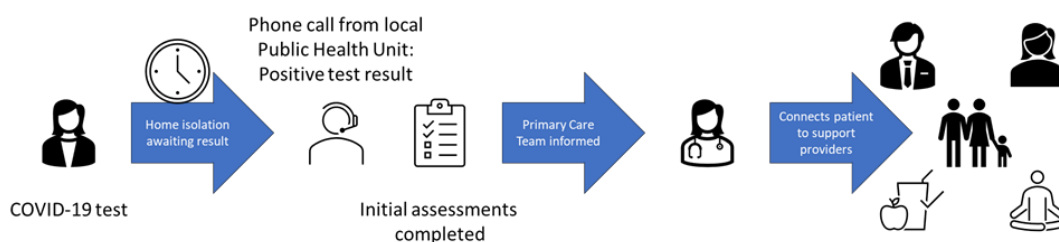
Individuals, whānau/family will be given every opportunity to isolate/quarantine in a location of choice, within boundaries of safety to themselves and others. The model developed is a high trust model designed to maintain the integrity of the family/whānau from inward or outward infections and relies on the cooperation of the individual, their whānau/family.

Isolation / quarantine can be completed in a range of safe and protected places including:

1. Normal place of residence
2. Community Supported Isolation Quarantine (SIQ)
3. Within the hospital

In the event of an isolation breach, the Health Team is empowered to request the New Zealand police to return someone considered a significant public health risk to their home or other specified accommodation. In situations where compliance is not able to be sustained transfer to a Supported or Managed Facility may be considered to manage public health risk.

Community Isolation and Quarantine (CIQ)



Supported Isolation and Quarantine (SIQ)

Self-contained dwellings/units intended for domestic use by one or more people (a bubble) to safely complete isolation/quarantine with support and management.

SIQ is provided to people in the community who have been identified by the Health Team to be posing a risk to the community, or are at risk because of their health or welfare needs and require enhanced management and support to isolate/quarantine in a safe, secure and equitable way.

Currently, there are four two bedrooms and one three-bedroom hospital flats on the hospital grounds available for use where confirmed cases are unable to be isolated at home that can host 1-6 people at a time.

Additionally, two six bedded separate dormitories with a fully functional kitchen and bathroom facilities could be utilised for larger families if required.

Venues on the East Coast are currently being explored.



Deciding the best fit isolation/quarantine location

In making the decision on the best-fit location, the case/contacts preferred location should be priority, if this is suitable. The Medical Officer of Health will decide whether this preference meets the health and welfare needs of the whānau.

Cases and their household contacts could consider to isolate/quarantine in separate accommodation. The option of a household isolating/quarantining in separate accommodation is particularly important where there are contacts who are medically vulnerable, and/or where there are large households consisting of several smaller family units who could function separately for the isolation/quarantine period.

It must be explained to families that, should transmission occur within the household, the isolation/quarantine 'clock' re-sets to zero, meaning at least a further 14 days of isolation/quarantine will be required. However, it may be practical and preferred by families to remain together and this should be acknowledged, respected and discussed.



Appendix One – Urgent Care Pack Provided to whānau based on needs

Product Name	Product Size
Cupboard Staples	
Flour Plain	1.5kg
Flour Self Raising	1.5kg
Sugar White	1.5kg
Long Grain Rice	1kg
Weetbix	1.2kg
Noodles	10 pack
Coffee	90gms
Tea bags	box of 100
Watties Spaghetti	420gms
Watties Baked Beans	420gms
Pams Jam Four Fruits	500gms
Pams Jam Plum	500gms
White Rice	1kg
UHT Milk Blue	1litre
UHT Milk Light Blue	1ltre
Continental Cup of Soup (Various Flavours)	2 serves
Dolmio pasta Sauce	500gm
Nature Valley Crunchy Bars (Variety Pack)	6 twin bars
Healtheries Potato Stix	Multi Pack
Microwave Popcorn Act II	3 pk
Pasta Spaghetti	500gm
Cleaning and Personal Items	
Dishwashing Liquid (morning Fresh)	900ml
Dettol Spray and Wipe Multi-Purpose	500ml
Bleach	1.25ltr
Jif	500ml
Soap (Protex)	90gm bar
Hand Wash (Dettol)	250ml
Laundry Powder	1kg
Toilet Paper	4 pk
Tissues	Box
Rubbish bags (Blak Saks)	Roll of 5



Product Name	Product Size
Chux Super Wipes	10 pk
Nivea Anti Perspirant	50ml
Libra Tampons	Regular 16
Ultra thin Regular pads	14 pk
Shampoo Sunsilk	350ml
Conditioner Sunsilk	350ml
Hand Sanitiser	500ml
First Aid Kits (If available)	
Toothpaste Oral B (or similar product)	110gm
Toothbrush Oral B (or similar product)	Soft
Torch	Small/medium?
AA Batteries	8 pk
Pet Food	
Cat Biscuits	500gms
Dog Biscuits Purina or Tux	2.8 kg
Baby Products	
Nappies Size 2 (boys and girls)	18 pack
Nappies Newborn (boys and girls)	18 pack
Nappies Size 3 (boys and girls)	16 pack
Nappies Size 4 (boys and girls)	14 pack?
Formula S26 Stage 1	900gms
Formula S26 Stage 2	900gms
Formula S26 Stage 3	900gms
Watties baby food Apple and Peach	120gm
Watties baby food Pears	120gm
Watties baby food Apples	120gm
Watties baby food Pumpkin Potato and Beef	120gm
Watties baby food Custard with banana	120gm
Nappy Bags (Friends)	Box 50
Baby rusks (baby mum-mum)	Box 18



How to use a pulse oximeter in adults

Appendix Two – Instructions on how to use an Oximeter

A pulse oximeter is a small device that fits on your finger and quickly and easily checks your oxygen levels and heart rate.

Example of a pulse oximeter



Oxygen Level

this is a measure of how much oxygen is in your blood. On your device will be shown as SpO₂%

Pulse

This is a measure of how fast your heart is beating. Your pulse is measured in beats per minute (bpm or PRbpm).

How to use a pulse oximeter – a general guide	Taking your reading
<p>Wash your hands and remove any nail polish or false nails. This allows the light beams in the sensor to measure through your fingernail.</p> <p>Make sure you have been resting for at least 5 minutes before taking the reading.</p> <p>If your hands are cold, warm them by rubbing them together.</p> <p>Rest your arm and hand and keep them still while taking your reading.</p> <p>Your hand should be at waist level, such as resting your hand on a table or the arm of your chair.</p>	<p>Switch the pulse oximeter ON and the display will light up.</p> <p>Squeeze to open and insert your finger until your fingertip touches the end.</p> <p>It works best on the middle or index finger of either hand.</p> <p>Keep your hand still and wait for 1 to 2 minutes until your pulse (bpm/ PRbpm) is steady and your oxygen saturation (SpO₂%) number has not changed for 5 seconds or more.</p> <p>If your numbers are not steady, try a different finger.</p>

How to use a pulse oximeter in adults

Recording your numbers

You should record the oxygen saturation number 'SpO2%' and the pulse rate number 'PRbpm' to track any changes. Here is a diary you can print and fill in.

Your heart rate and oxygen level numbers are easy to mix up. Be careful to record these correctly.

Measure and record your pulse (heart rate) and oxygen level 3 times a day at about the same time every day.

Your symptom diary is crucial to track any changes so your healthcare team can monitor you safely at home.

You should take extra measurements if you feel a change in your health.

To clean your device, check the manufacturer's instructions.

Date	Oxygen Level SpO2%	Pulse Rate PRbpm	Level of Activity	Comments
01/01/01	95%	74	Sitting	Feeling well

What do pulse oximeter numbers mean?

Oxygen saturation SpO2%	Pulse rate (bpm or PRbpm)	Action
95–99	50–99	✓ Acceptable
92–94	100–119	Seek advice from your COVID-19 healthcare team
Below 92	120 or more	Call 111 for urgent medical care

If your oxygen saturation number drops by 3 (ie, decreases by 3 %) or more from your first reading, phone your healthcare team.

Do not rely only on a pulse oximeter to assess your health condition or oxygen level. It is only a measurement device. If you have any concerns or questions, contact your healthcare team directly.

Appendix Three - Risk Factors determining level of COVID-19 community care

Risk factors determining level of COVID-19 community care

The level of care offered to an individual is based on the risk of the household member with the highest risk, whether that member is positive or negative for COVID-19.

If the answers are:

- **No** to all questions, stratify patient to COVID-19 Care 1.
- **Yes** to 1 or more questions, stratify patient to COVID-19 Care 2.

Risk factors	
<ul style="list-style-type: none"> • Aged 65 years and older, or 44 years and older for Māori and 39 years and older for Pasifika patients • Aged younger than 1 month • Prematurity less than 37 weeks in children aged younger than 2 years 	Y/N
Co-morbidities at any age <i>If yes, list:</i>	Y/N
Body mass index (BMI): <ul style="list-style-type: none"> • Adult: greater than or equal to 30 • Child: 95th percentile 	Y/N
Smoking, including marijuana	Y/N
Pregnant or within 6 weeks of pregnancy <i>If yes, record gestation or postpartum:</i>	Y/N
Challenges with health literacy or ability to understand: <ul style="list-style-type: none"> • monitoring requirements • self-care advice • isolation requirements 	Y/N
Vaccination status – aged 15 years or older and:	
• unvaccinated	Y/N
• vaccinated with one dose	Y/N
• within 2 weeks of COVID-19 vaccination course completion	Y/N
1 or more other household members who answer yes to any of the above questions, whether currently COVID-19 positive or negative.	Y/N
Complex social circumstances (e.g. language barriers, large households, absence of a suitable caregiver, socially isolated, geographical location and transport factors that impact speed of access to higher levels of care) <i>If yes, describe:</i>	Y/N

Glossary

Matataki	First point of contact
Kaitakatu	Tracing team
Takatu	Stand up
Eke	Exploring Inform, Gathering the knowledge, Escalating as appropriate

References

Members, I. P. (2021). *Investigation Report - COVID-19 community deaths in two patients overseen by Community Supported Isolation and Quarantine (C-SIQ) in November 2021*. Auckland, NZ: Waitemata DHB.