Incident Action Plan for a public health response to a confirmed case of COVID-19 in an alcohol and other drug residential treatment facility

August 2020

NSW GOVERNMENT

Contents

Revision history

Version	Date	Changes
1.0	15/08/2020	Initial release

COVID-19 outbreak definition

A COVID-19 outbreak is defined as a single confirmed case of COVID-19 in a resident, staff member or frequent attendee of an alcohol and other drug residential treatment facility.

This definition does not include a single case in an infrequent visitor. A determination of whether someone is a frequent visitor may be based on frequency of visits, time spent in the setting, and number of contacts within the setting.

Purpose

This document outlines protocols in the event of a confirmed COVID-19 case in a non-government organisation (NGO) alcohol and other drug (AOD) residential withdrawal management or residential rehabilitation treatment facility (hereafter referred to as NGO AOD residential treatment facilities).

The document is written primarily for NGOs providing AOD residential treatment services with the purpose of clarifying what actions are required and who is responsible for governance and implementation of a COVID-19 outbreak response.

The Communicable Disease Network of Australia (CDNA) COVID-19 Guidelines for Outbreaks in Residential Care Facilities provide the background and overall approach to an outbreak of COVID-19 in a residential facility. This Incident Action Plan (IAP) is a quick-reference, tailored guide to be used in conjunction with the CDNA Guidelines, which provide detailed advice in the event of a COVID-19 case or outbreak.

In NSW, residential AOD treatment services are primarily delivered by NGOs, funded through a combination of NSW Health grants, Commonwealth grants, user fees and charitable donations. NSW Health funds 25 NGOs to deliver residential AOD treatment services across NSW. NGOs are contracted through the Ministry and/or local health districts (LHDs). The service model, length of treatment, staff-to-patient ratio, and number of clinical staff vary from service to service. Services also vary with respect to the size of their client population, client characteristics and infrastructure capabilities. Each service must therefore develop its own COVID-19 preparedness plan that considers local risks and capabilities. This IAP should be incorporated into broader COVID-19 preparedness plans developed by each service.

Objectives

The objectives of this Incident Action Plan (IAP) are to:

- Enable a rapid, informed response by NGO AOD residential treatment providers in the event of a confirmed COVID-19 outbreak
- Clarify the key actions in the event of a confirmed COVID-19 outbreak
- Identify the roles and responsibilities of the affected NGO, the LHD and NSW Ministry of Health in implementing these actions
- Establish reporting protocols and identify key contacts

- Guide implementation of enhanced infection control and prevention measures
- Outline a communications strategy for contacts, other residents, families, and others.

Principles

1. **Be prepared**

   NGO AOD residential treatment facilities should consider the following, at a minimum:

   - Formal planning for infection prevention control, outbreak management, and workplace health and safety;
   - Education and training for staff and residents in infection control principles and practice;
   - Information provision to residents and visitors about infection control protocols;
   - Exposure prevention including screening of staff, residents and visitors, active surveillance for symptoms of respiratory illness in residents and staff, implementing strong hand hygiene and cough and sneeze etiquette, and environmental measures to prevent infection; and
   - Staff and clinical surge capacity.

2. **Intervene early**

   A single confirmed case of COVID-19 (in a resident, staff or frequent visitor) will trigger implementation of this IAP.

3. **Respond rapidly and comprehensively**

   Enhanced infection control procedures should be implemented immediately, and intake of new residents ceased. Intake of waitlisted residents should be delayed, with support offered to access alternative services. Visitation should also be ceased.

   Standing down the response team and resuming intake is possible when there is confidence that the situation is controlled.

4. **Test all residents and permanent and visiting staff to identify other cases**

   Undertake broad, early and sometimes repeated testing to identify associated cases in the event of confirmed or suspected COVID-19 cases, seek advice from the LHD public health unit.

5. **Ensure roles and responsibilities are understood and authority is observed.**

   Understand who is in charge of the AOD residential treatment service and managing the response, and who is responsible for decision-making in the context of an outbreak.

6. **Meet governance and contractual obligations**

   NGOs should notify their NSW Health funding contract manager of any change in capacity to deliver services and submit a Serious Clinical Incident Report for each confirmed COVID-19 case.

7. **Maintain the clinical and welfare needs of residents as a priority.**

   Communicate clearly and often with residents and families to address fears and minimise uncertainty and confusion. Residents, families and carers should be included in decision-making wherever this is appropriate.

Outbreak Management Team (OMT)

The response to a confirmed COVID-19 outbreak will be guided by joint decision-making of the NGO affected and NSW Health public health experts, who will convene as soon as possible after case confirmation to form the Outbreak Management Team (OMT).

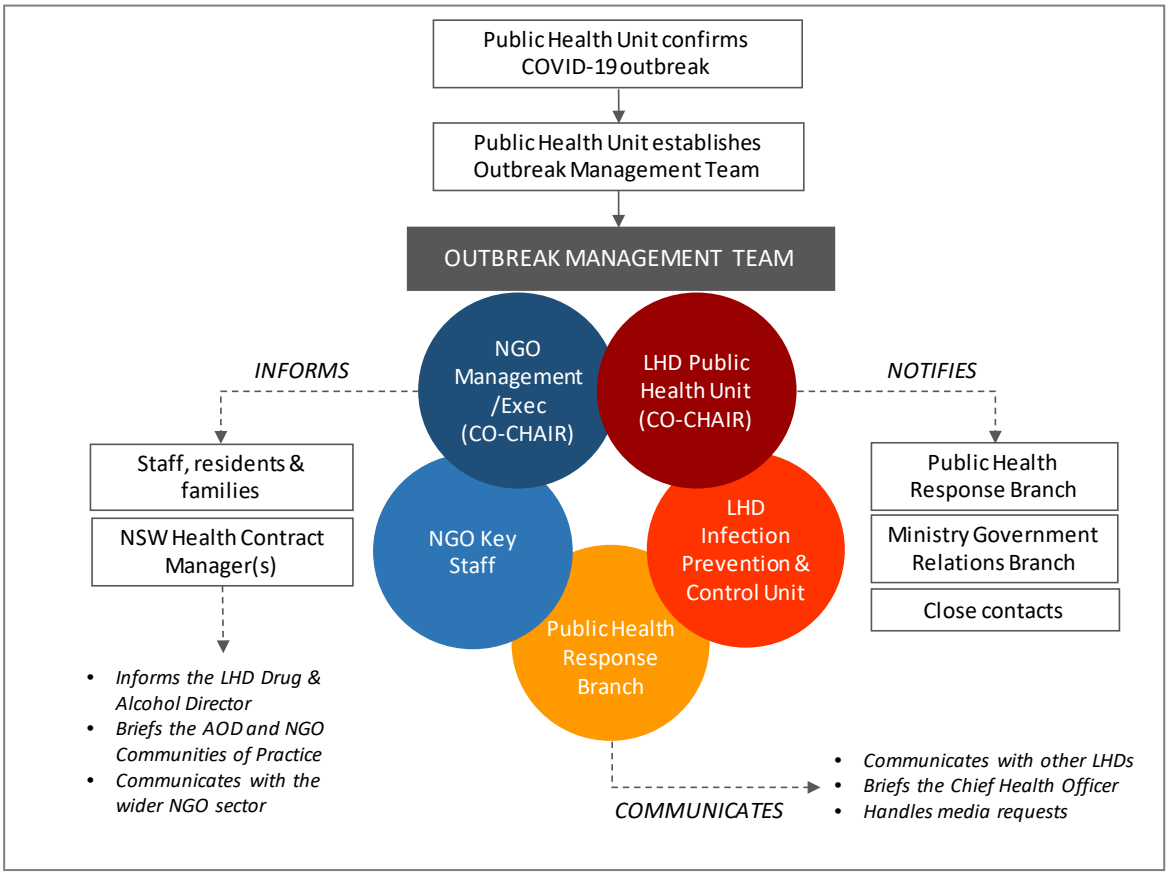
The Public Health Unit (PHU) of the host LHD (where the NGO provides its services from) is responsible for establishing and leading the OMT, and will be the key liaison point for the OMT.

The purpose of the OMT is to lead the time-critical and ongoing operational requirements of the outbreak response and make critical decisions to control further spread of COVID-19. The primary objectives are to interrupt any ongoing transmission, control the environment to avoid further disease and ensure that resident and staff clinical and welfare needs are met. The OMT should meet daily until the outbreak is under control.

The OMT is operationally focused and will include representatives of the following:

- LHD Public Health Unit (PHU) - co-chair
- NGO delivering residential AOD treatment services (Management/Executive) - co-chair
- NGO delivering residential AOD treatment services (key staff)
- LHD Infection Prevention and Control (IPC) Unit
- Public Health Response Branch (PHRB).

Structure of the Outbreak Management Team



Roles and responsibilities of OMT members

NGO AOD management/executive and key staff	
Role	*Tasks*
Manage the outbreak in accordance with public health advice from the PHU and LHD, by implementing infection control and prevention measures and managing residents and staff.	• Nominate an OMT co-chair and contact person. • Direct, monitor and oversee the outbreak response within the AOD residential treatment service. • Co-chair daily OMT meetings. • Commence Outbreak Management plan as per Section 5 of CDNA Guidelines for COVID-19 outbreaks in residential care facilities. • Implement enhanced infection prevention and control measures (see below). • Active surveillance, investigation and management of cases in residents and staff. • Ensure supplies of PPE and hand sanitiser and escalate supply issues through existing suppliers or via the State Health Emergency Operations Centre (SHEOC) where an immediate PPE supply is required to safely manage the confirmed case(s) (See Appendix 2 – Key Contacts). • Display appropriate signage throughout the facility. • Support the PHU with communications and be a point of contact with residents, families and staff. • Notify the NSW Health contract manager(s) of the outbreak and impact on service delivery. • Identify suitable accommodation if current residents cannot be accommodated safely, with the support of the LHD and the Ministry of Health. • Submit a Serious Clinical Incident Report to NSW Health contract manager(s).

Enhanced Infection Prevention and Control Measures

- Isolate all cases and separate residents to minimise potential for transfer of infection. Where possible, residents requiring droplet precaution management should be restricted to their own room with ensuite facilities or have exclusive use of a bathroom.

- Where possible, staff are to be allocated to specific sections of the premises without roles across sections (see Isolate and Cohort section in CDNA Guidelines for COVID-19 outbreaks in residential care facilities).

- Increase contact and droplet precautions and strict hand hygiene (see Standard Precautions in CDNA Guidelines for COVID-19 outbreaks in residential care facilities).

- The PHU will provide further instructions on personal protective equipment (PPE), hand hygiene, and environmental cleaning (see Personal Protective Equipment in CDNA Guidelines for COVID-19 outbreaks in residential care facilities).

- Regular, scheduled cleaning of all resident areas is essential during an outbreak (see Department of Health Environmental cleaning and disinfection principles). Asymptomatic resident's rooms and communal areas should be cleaned daily; frequently touched surfaces should be cleaned more often. Rooms of ill residents should be cleaned AND disinfected at least daily and should undergo a 'terminal clean' when the resident is moved. Cleaners should wear appropriate PPE and use correct disinfectants at the correct dilution.

- Visible signage should be installed (see Signage in CDNA Guidelines for COVID-19 outbreaks in residential care facilities).

- Group activities and visits from non-essential external service providers, friends and family should be suspended. Any visitors should be recorded on a register and comply with screening, hygiene and PPE protocols (see Visitors and Communal Activities in CDNA Guidelines for COVID-19 outbreaks in residential care facilities).

- Staff should self-monitor for signs of COVID-19 and self-exclude if unwell. All staff working on site should participate in any whole-of-facility testing and be regularly screened for symptoms, and tested if necessary (see Management of Staff in CDNA Guidelines for COVID-19 outbreaks in residential care facilities).

LHD Public Health Unit (PHU)	
Role	*Tasks*
Lead the public health response to the outbreak, including contact tracing, communications and liaison with PHRB, the LHD and clinical experts.	• Notify the Public Health Response Branch (PHRB) of any confirmed cases associated with an AOD residential treatment facility (including staff or visitors) triggering the IAP. • Establish an OMT, as above. • Lead and provide the key liaison point for the public health response. • Where the PHU has limited capacity to respond, the PHU should discuss with the PHRB about surge support. • Liaise with Infection Prevention and Control expertise (through the LHD and/or Clinical Excellence Commission) to guide control measures (isolation, PPE, cleaning). • Support the NGO to manage the incident. • Assist the NGO to identify suitable alternative accommodation if residents cannot be safely isolated on site.

	• Interview all positive case(s)/staff/visitors with the NSW Health COVID-19 Case Questionnaire. • Manage contact tracing elements of the response including Notifiable Conditions Information Management System (NCIMS) data input and close contact follow-up. • Regularly liaise with the PHRB on the response and seek support immediately where containment issues are identified. • Determine process for clinical deterioration care and transfer of residents. • Seek infectious disease clinical expertise as required. • Notify the Ministry of Health Government Relations Branch, PHRB with all cases, deaths, and when the outbreak is closed.

LHD Infection Prevention and Control Unit	
Role	*Tasks*
Oversight and support of infection prevention and control activities; clinical support as required.	• Participate in OMT meetings • Provide initial assessment and subsequent advice and oversight of infection prevention and control within the facility. • Facilitate access to urgent clinical services as needed. • Facilitate clinical screening and testing.

Public Health Response Branch (PHRB)	
Role	*Tasks*
PHRB supports the local PHU. The PHRB operations team are the key liaison point for the public health response.	• Support the PHU in its initial action in (a) convening the OMT, and (b) ensuring effective management of the public health aspects of the incident. • A PHRB Deputy Controller/Senior Medical Advisor and Operations team member will be assigned in the management of the outbreak. • Liaison will encompass (as required): - Communication with other LHDs - Sharing information with the Senior Inter-governmental Oversight Group and other stakeholders in support of the PHU - Provision of regular updates to the Chief Health Officer - Ensuring clarity and accuracy in messaging to government and external media requests.

Public Health Response Branch (PHRB) Close Contract Tracing Team (CCTT)

- The PHRB CCTT should be informed as soon as the outbreak is confirmed, ideally by phone and via a Serious Clinical Incident Report, to commence contact tracing as required.

NSW Health NGO contract managers

- The NSW Health NGO contract manager(s) should be informed as soon as the outbreak is confirmed, ideally by phone and via a Serious Clinical Incident Report.
- The Ministry of Health Centre for Alcohol and Other Drugs (COAD will assist the activities of PHRB and the PHU as required. Where is it necessary to re-direct waitlisted residents to other services, the CAOD will work with the affected NGO to assist in identifying alternate service provider solutions.
- The COAD should ensure the LHD's Drug and Alcohol Director is informed of the outbreak and determinations made on their role in supporting continuity of care for residents as needed.
- The COAD is responsible for briefing the NSW Health COVID-19 AOD Community of Practice and the NGO Community of Practice.
- The COAD will liaise with the Network of Alcohol and Other Drug Agencies (NADA) to communicate the learnings from the incident to the wider AOD NGO sector, once the outbreak is resolved.
- The CAOD will liaise with the Centre for Aboriginal Health (CAH)where AOD residential treatment service contracts are managed by CAH. (see Appendix 2 – Key Contacts)

Tasks of the OMT

Risk assessment of the affected NGO

- AOD residential treatment services vary with respect to size, client case mix and physical setting. The response will be tailored to the considered risks of the situation.
- Where a site visit will add to the understanding of the response, this should be undertaken by the OMT. The OMT should not be placed at additional risk if appropriate guidance and advice can be given via alternate means of assessing the field (e.g. video conference tour of facility).
- If a site visit is undertaken, ensure that appropriate personal protective equipment (PPE) is available and that all field staff are trained in use.
- Consider ways to minimise risk to field staff if interviewing potential cases or contacts face-to-face.

Identify and investigate all cases

- Test all residents, staff and frequent visitors of the facility. The NGO will maintain a line list of cases in residents, staff and frequent visitors.

- Confirm swab results of those tested positive and communicate results.

- Complete COVID-19 case questionnaire (as per NCIMS) with adjustments for people with disability. For staff, use the NCIMS protocol for Health Care Workers.

- People with mental health issues, some physical conditions or other disability may not respond well to the nasal/nasopharyngeal swab required for testing. If nasal swabbing is not possible, consider less invasive methods. If a specimen cannot be obtained, local PHU should liaise with PHRB for advice.

- Define close contacts in this setting and identify all close contacts of the confirmed case(s), including any visitors to the premises, temporary/casual staff or volunteers.

- Quarantine (on site if possible) residents of the facility with COVID-like illness.

- Establish enhanced screening measures according to CDNA Guidelines to monitor for the emergence of additional cases amongst residents and staff through regular symptom assessment and temperature checking.

- Develop a program of testing for each affected and non-affected resident and staff member until the outbreak is considered controlled. The PHU will determine the frequency of testing.

- Serological assessment should be considered on a case by case basis.

Establish and monitor infection prevention and control measures

- Implement appropriate restrictions on communal activities (including limiting numbers at meals, group sessions, other activities, ensuring adequate spacing), movements, and visitors to the premises.

- Ensure appropriate hand hygiene and respiratory hygiene availability, and adequate signage (see Signage in CDNA Guidelines).

- Ensure appropriate cleaning and waste disposal.

- Exclude unwell staff members from the AOD residential treatment facility and implement surge staff plan.

Ensure appropriate clinical management and resident welfare

- Implement the communications strategy for staff, residents and their families.

- Confirm clinical care plans for each resident with suspected COVID-19.

- Ensure regular medical needs are addressed for all residents.

- Confirm and implement isolation protocols.

- Identify other accommodation for isolation purposes, if required.

Provide advice and information

- Answer questions and reassure NGO staff and residents.

- Provide COVID-19 information sheets for close and casual contacts.

- Liaise with the PHRB media team.

- Provide ongoing infection control and public health advice to NGO residents, staff and families.

COVID-19 outbreak critical pathway in AOD residential treatment facilities

CONFIRM OUTBREAK	1. PHU or PHRB receives a positive COVID-19 lab result for a resident, staff member or frequent visitor of AOD residential treatment facility. PHU informs PHRB or vice versa. 2. PHU informs the NGO Manager/Executive of the initial positive test result and commences initial planning, pending confirmation of result. 3. PHU confirms laboratory result. 4. PHU establishes the OMT and conducts a teleconference within 12 hours of notification. 5. NGO Management/Executive notifies NSW Health contract manager(s) of the outbreak. 6. NGO informs staff and residents
IMMEDIATE RESPONSE & SITUATION ASSESSMENT	1. PHU works with the NGO to implement enhanced risk management and infection control practices while public health investigations are ongoing. 2. PHU/PHRB conduct site assessment if required (facility layout, personnel, infection control standards). 3. If the facility is unable to isolate appropriately, alternative accommodation should be found for residents. 4. Isolate case(s) in a single room with ensuite facilities or have exclusive use of a bathroom, preferably onsite. Transporting an infected person to another facility carries risk of spread - such a decision is to be considered after weighing all risks. 5. PHU obtains from the NGO the relevant case notes, list of close contacts and other relevant information (e.g. contact details of staff, residents and visitors, staff rosters, visitor logs). 6. PHU conducts the case interview and contact tracing elements of the response. 7. PHU provides details of close contacts in other LHDs to PHRB. 8. PHU assesses all residents and all staff for signs and/or symptoms of COVID-19.
TEST	1. PHU arranges testing for all residents, staff, support workers, volunteers and visitors. Testing may need to be repeated at staggered periods over the course of the outbreak, and at any time an individual develops symptoms. 2. Ideally, testing is via nasopharyngeal/nasal swab NAT. If this is not tolerated, consideration should be given to oropharyngeal swab. If neither swab method is acceptable, discuss with a senior medical adviser in PHRB. 3. A swab team is called to collect the appropriate respiratory sample. If there is no swab team available, arrange transfer to local COVID-19 clinic or ED (communicate prior to transfer). 4. PHRB/PHU upload close contact list into NCIMS.
ISOLATE & CONTROL	1. Isolate all close contacts for 14 days and monitor symptoms. 2. Use contact and droplet precautions including gown, gloves, eye protection, and a fluid resistant surgical mask when caring for residents with a COVID-like illness. 3. All residents and staff to maintain adequate physical distancing (1.5 m) where practical. 4. Staff, support workers and volunteers with symptoms must stay away from the facility until well and should seek medical advice and testing. 5. Intake of new residents should cease, unless determined to be safe by the PHU. 6. Suspend group activities and visits from non-essential service providers, friends and family. 7. Immunise residents and staff with the current influenza vaccine.
COMMUNICATE	1. PHU and PHRB undertake communication activities, including media and factsheet communication to casual contacts and families of residents. This may include ‘Prodocom’ (automated) text messaging or email to a large contact list compiled. 2. Regular contact (at least daily) should be maintained between PHRB, PHU and the NGO until the outbreak is declared controlled. 3. A daily running sheet of decisions and directions determined by the OMT is maintained by the NGO at the residential treatment facility (Appendix 5 – Daily Running Sheet). All verbal advice to be confirmed by email.
STAND DOWN	1. The PHU should declare the outbreak over when there have been no new cases for 14 days from isolation of the last case. 2. The PHU will advise on a phase-out strategy, i.e. ongoing actions around resident isolation, restriction on movements, visitor contact, staff movement, symptom monitoring and testing. 3. The OMT to conduct a debrief with all parties involved.

Appendix 1

COVID-19 outbreak checklist for AOD residential treatment facility

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Identify	
Identify if your facility has an outbreak using the definition in the guideline (page 4)	
Screen staff for symptoms at the start of each shift	
Monitor residents for symptoms	
Implement infection control measures	
Isolate / cohort ill residents	
Implement contact and droplet precautions	
Provide PPE outside room where ill person is being isolated	
Display sign outside room where ill person is being isolated	
Exclude ill staff until symptom free (or if confirmed cased of COVID-19, until they meet the release from isolation criteria)	
Reinforce standard precautions (hand hygiene, cough etiquette) throughout facility	
Display outbreak signage at entrances to facility	
Increase frequency of environmental cleaning (minimum twice daily)	
Collect respiratory specimens	
Collect appropriate respiratory specimens from ill residents or staff, or from asymptomatic residents who are quarantined if undertaking repeat testing	
If it is likely that the case acquired the infection in the facility, all members of the facility should be tested initially	
Notify	
NSW Health (PHRB/PHU)	
Inform all staff, residents and frequent visitors of outbreak	
Inform the resident's preferred family/other contact	
PHU/CCTT to notify close and casual contacts of the confirmed case(s)	
Restrict	
Restrict movement of staff between areas of facility (e.g. to ensure staff caring for residents who are isolated and residents who are quarantined are kept separate) and between facilities	
Restrict intake of new residents until the outbreak is over	
Avoid resident transfers if possible	
Restrict visitors, unless absolutely necessary	
Cancel non-essential group activities and residential outings during the outbreak period	
Monitor	
Monitor outbreak progress through increased observation of residents for fever and/or acute respiratory illness and undertake repeat testing, where feasible	
Update the case line list daily at the facility and provide to the PHU daily	
Add positive and negative test results to case list	
Declare	
If a repeat testing strategy has been employed, in most circumstances the outbreak can be declared over when there are no new cases 14 days from the date of isolation of the most recent case.	
Review	
Review and evaluate outbreak management – amend outbreak management plan if needed	

Appendix 2

Key contacts for a COVID-19 outbreak in a NSW Health funded AOD residential treatment facility

Outbreak Management Team (meet at least daily until the outbreak is controlled) **Lead: PHU director or delegate/NGO Management or Executive**		
NGO AOD residential treatment service	Senior management or Executive Key staff of the affected service	
Local Health District (LHD)	PHU – Director or senior delegate Infection Prevention and Control (IPC) clinical lead	List of PHUs available here Phone 1300 066 055
Public Health Response Branch (PHRB)	Deputy Controller, Operations team	Email: MOH-PHEOOperations@health.nsw.gov.au Phone: 02 9391 9542

Other contacts		
Centre for Alcohol and Other Drugs, Ministry of Health	Tanya Merinda Manager, System Enablers	Email: Tanya.Merinda@health.nsw.gov.au Phone: 02 9461 7560
Centre for Aboriginal Health, Ministry of Health	Phillip Bannon Principal Advisor	Email: Phillip.Bannon@health.nsw.gov.au Phone: 02 9461 7170
Clinical Excellence Commission	Senior Manager, Healthcare Associated Infections (HAI), or delegate	Email: COVID19@health.nsw.gov.au Phone: 02 9269 5500
State Health Emergency Operations Centre – Logistics	Note: NSW Health may be able to facilitate access to PPE through the State Stockpile to meet the immediate needs for the client diagnosed with COVID-19 where they are to remain within the facility, as well as providing advice on use/rationing to address highest risk activities.	Email: MOH-JamesCovid19Support@health.nsw.gov.au.

Appendix 3: Template letter for a casual contact

Dear

Re: COVID-19 at <NAME OF ORGANISATION AND RESIDENTIAL TREATMENT PROGRAM>

As you may be aware, a resident/staff member at <NAME OF ORGANISATION AND RESIDENTIAL REHABILITATION PROGRAM> has recently been diagnosed with Coronavirus Disease 2019 (COVID-19).

NSW Health are working closely with <NAME OF ORGANISATION> to ensure the health and safety of all residents and staff is maintained. This work includes identifying close contacts of the confirmed case(s). A close contact is someone who has spent significant time with a COVID-19 positive person - either face-to-face (15 mins or more) or in an enclosed space (two hours or more).

We **do not** have reason to believe that you are a close contact of the confirmed case. However, you have been identified as a casual contact. Because of your potential exposure to the virus, please be mindful of any symptoms such as fever, cough, sore throat, runny nose, shortness of breath, loss of smell or loss of taste.

If you develop these symptoms, including mild symptoms, please see a doctor (call ahead to alert your doctor about the possibility of COVID-19 before visiting) and take this letter along with you.

If you have a health condition or complex health needs, please discuss this letter with your medical specialist.

A COVID-19 casual contact factsheet is available from NSW Health at https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-casual-contact.aspx.

Further information and updates about COVID-19 are available at https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx.

If you have further questions that are not addressed in the NSW Health resources, please contact the National Coronavirus Health Information Line on 1800 020 080.

Yours sincerely

<PHU>

<Date>

Appendix 4: Template letter for close contact visitors

Dear

Re: COVID-19 at <NAME OF ORGANISATION AND RESIDENTIAL TREATMENT PROGRAM>

As you may be aware, a resident/staff member at <NAME OF ORGANISATION AND RESIDENTIAL REHABILITATION PROGRAM> has recently been diagnosed with Coronavirus Disease 2019 (COVID-19).

You have been identified as a close contact of a person who was recently diagnosed with Coronavirus Disease 2019 (COVID-19). A close contact is someone who has spent significant time either face-to-face (15 mins or more) or in an enclosed space (two hours or more) with someone who has tested positive for COVID-19.

NSW Health is working closely with <NAME OF ORGANISATION> to ensure the health and safety of all residents and staff is maintained.

Because of your potential exposure to the virus, you should remain in home isolation until <DATE>, which is fourteen days from your last possible contact. More information about COVID-19 and home isolation is included in the attached fact sheet.

If you develop any symptoms such as a fever, cough, sore throat, runny nose, shortness of breath loss of smell or loss of taste, even if the symptoms are mild, please:

See a doctor (call ahead to alert your doctor about the possibility of COVID-19 before visiting) and take this letter along with you

Call <NAME OF ORGANISATION> to let them know you have received this letter and you are experiencing symptoms

If you have a health condition or complex health needs, please discuss this letter with your medical specialist.

A COVID-19 close contact factsheet is available from NSW Health at https://www.health.nsw.gov.au/Infectious/factsheets/Pages/novel-coronavirus-close-contact.aspx.

More information and updates is available at https://www.health.nsw.gov.au/Infectious/diseases/Pages/coronavirus.aspx.

If you have further questions that are not addressed in the NSW Health resources, please contact the National Coronavirus Health Information Line on 1800 020 080.

Yours sincerely

<PHU>

<date>

Appendix 5

Daily running sheet - template

Date	Time	Call from	Call to	Issue	Action	Confirm email received Y/N	Email received from	Email sent to	Email time and date

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