New Zealand Government

MINISTRY OF EDUCATION
TE TĀHUHU O TE MĀTAURANGA

MINISTRY OF HEALTH
MANATŪ HAUORA

COVID-19

Managing COVID-19: A public health toolkit for primary and intermediate schools and kura

18 November 2021

Purpose of this toolkit

This toolkit is intended to support the Ministry of Education to work with primary and intermediate school and kura communities to prepare to support the management of COVID-19 contacts within their environments.

It has been prepared by Manatū Hauora / the Ministry of Health and public health units, in consultation with the Ministry of Education.

This will support the staged return to school for regions in Alert Level 3, and then is intended to be used as a national tool for primary and intermediate schools and kura as we transition into the national COVID-19 Protection Framework.

As the COVID-19 situation develops, this toolkit may be amended or revised.

For any additional information, please visit **www.health.govt.nz** or **www.covid19.govt.nz**.

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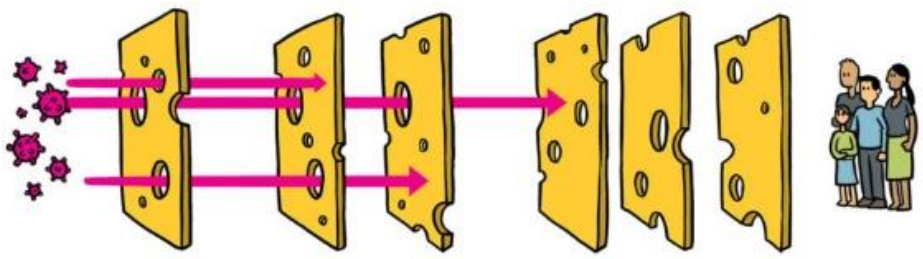
Preparedness: How to reduce the risk of COVID-19

Based on international and local evidence and experience, managing the risk of COVID-19 transmission within primary and intermediate schools and kura is considered more challenging than secondary school environments. Key factors for this are that children under 12 cannot currently be vaccinated and only students year 4 and above are mandated to wear masks. However, as primary and intermediate schools and kura have robust record-keeping and COVID-19 protocols in place, this allows contact identification to occur rapidly.

There are many things that primary and intermediate schools and kura can do to further reduce the risk and impact of a COVID-19 case in their environments. It is useful to conceptualise this as having layers of preventative measures in place to protect staff and students, as the cheese model below explains. The more layers of protection in place (eg, good hygiene practices, handwashing, ventilation, cleaning and disinfecting high touch areas regularly etc.), the harder it is for the virus to get through.



@SIOUXSIEW @XTOTL thespinoff.co.nz ADAPTED FROM JAMES REASON, IAN MACKAY, SKETCHPLANATIONS CC-BY-SA 4.0

To help reduce the risk of spreading COVID-19, you should:

- Support access to COVID-19 vaccinations for all staff and eligible students
- Keep occupied spaces well ventilated
- Create a culture where face covering wearing is normalised for years 4 and above
- Maintain physical distancing as much as possible
- Encourage good hygiene practices
    - Hand hygiene
    - Cough and sneeze etiquette
- Maintain appropriate cleaning regimes, including cleaning and disinfecting high touch surfaces, as well as regular cleaning
- Ensure children, students or staff members with COVID-19 symptoms get a COVID-19 test and remain at home until a negative result is received and they are symptom free for 24 hours
- Reduce mixing of children, students and staff
- Follow public health advice (testing, self-isolation) for any cases and contacts within your school or early learning community.

Vaccination

Vaccination is the leading public health prevention strategy in managing the COVID-19 pandemic. Promoting vaccination can help schools reduce the risks of outbreaks and potential school closure. All whānau and eligible students in each school should be strongly encouraged to get vaccinated.

On 11 October 2021 Government announced that all primary and intermediate school and kura staff will need to have had a **first vaccination by 15 November 2021** and to be **fully vaccinated by 1 January 2022**. Please see **www.education.govt.nz/covid-19/advice-for-schoolskura/managing-staff/covid-19-required-vaccinations-order/** for information on how to support your staff to get vaccinated.

For more information on COVID-19 vaccination, including who is eligible, see **www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines**.

Ventilation

Open or well-ventilated spaces reduce the risk of transmission of COVID-19 because infectious particles are more quickly diffused in the open air than in spaces with less ventilation.

Transmission of COVID-19 is more common indoors, where there may be less space to physically distance, and where people may come into contact with droplets and aerosolised particles more easily.

The virus that causes COVID-19 can be spread from person to person through contact with droplets, which are produced when a person sneezes or coughs, or through other small respiratory particles that are produced when people talk, sing or shout. These small particles can remain in the air for some time, and may build up if there is not enough ventilation.

To help reduce the risk, it is important to take steps to improve ventilation in indoor settings so that any infectious particles that may be present in the air are more quickly removed.

For information on ventilation in classrooms, please see **www.education.govt.nz/school/property-and-transport/health-and-safety-management/ventilating-schools/**.

Handwashing and hygiene

Washing your hands is one of the easiest ways to keep yourself safe. Wash often with soap for 20 seconds. Then dry your hands completely. This kills the virus by bursting its protective bubble.

You should wash your hands if you have been in a public place, or after blowing your nose, coughing or sneezing. Avoid touching your face, including your eyes, nose or mouth if your hands are not clean.

It is important to wash your hands:

- after blowing your nose, coughing or sneezing
- after visiting a public space or touching surfaces outside of your home
- after handling your face covering
- before and after eating or preparing food

- after using the toilet, changing babies' nappies or helping children use the toilet
- after handling rubbish
- after touching animals and pets
- when your hands are visibly dirty or feel dirty.

Hand sanitiser

Using hand sanitiser is effective at killing germs and viruses when done correctly. It destroys the protective bubble of the virus, but only if the sanitiser has at least 60% alcohol. Sanitiser is also effective in reducing the number and type of germs.

Hand sanitiser is often more convenient when you are outside of your home but can be expensive or difficult to find in an emergency. Make sure you use a sanitiser that contains at least 60% alcohol and rub it into your hands for at least 20 seconds.

Cough or sneeze into your elbow

Cough or sneeze into your elbow or cover your mouth and nose with tissues. Put tissues in a bin immediately, then wash your hands thoroughly. This will catch the droplets and keep the virus off your hands, so you will not spread it to other people and make them sick too. All students with respiratory or other infectious symptoms should not be at school whilst symptomatic and would be encouraged to get a test prior to returning to school.

A face covering also helps stop droplets spreading when someone speaks, laughs, coughs or sneezes. This includes someone who has COVID-19 but feels well or has no obvious symptoms.

Current evidence suggests that catching COVID-19 from surfaces is the least common, but it is still important to clean surfaces to reduce the risk. The length of time the virus can survive on surfaces depends on many factors including temperature, humidity and UV or sunlight.

Face coverings

At **Alert Level 3**, face coverings are mandated indoors at all times for:

- all students years 4 and above
- all staff / kaimahi
- all visitors in classrooms or in communal areas
- students 12 and over on school or kura transport.

At **Alert Level 2**, face coverings are mandated for students 12 and over on school or kura transport. Students and staff are strongly encouraged to wear face coverings while at school or kura.

While many primary and intermediate age students will not be wearing face coverings, for those that are able to or choose to, as well as for staff, please refer to the information below.

What is an appropriate face covering?

A face covering is something which securely covers the nose and mouth. There are many types of face coverings available, including cloth and disposable. Face coverings work best if they are made with multiple layers and form a good fit around the face.

Cloth face coverings should be made of a material that you find comfortable and breathable, such as cotton. The World Health Organisation recommends **three layers** of fabric. Manatū Hauora / the Ministry of Health recommends you should have enough (washable) face coverings so each person in your family can wear one and wash one.

Appropriate face coverings: *fitted snugly and sealed well around facial contours*	**NOT appropriate face coverings**
Single use, disposable masks (medical masks) Re-usable fabric masks with 3 layers	Dust masks Bandanas (or similar, eg, scarves)

More information about use of face coverings, including appropriate types of masks and face coverings can be found on **www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-use-masks-and-face-coverings-community#types.**

Special considerations for face coverings

The use of face coverings may have a particular impact on those who rely on visual signals for communication. Those who communicate with or provide support to this group of people, are exempt from wearing a face covering in school settings.

If you have students who are not wearing face coverings, it's reasonable for you to check whether they are exempt from doing so. It's not always obvious why a face covering is unsuitable for someone, so it's important to be kind, respect people's privacy, and not jump to any conclusions.

Exemption cards are available only for those who have a disability or health condition that makes wearing a face covering unsuitable. While the cards are not a requirement for the individual, guidance on the Ministry of Health website notes it will make it easier to explain why wearing a face covering is unsuitable for them.

If a student has an exemption card, they will be able to show that to you as evidence of exemption. If they don't have a card, they may be able to provide a letter or medical certificate from a health practitioner or GP.

Organisations which can provide an exemption card are:

- Disabled Persons Assembly NZ – 04 801 9100 or **info@dpa.org.nz**
- Blind Citizens NZ – 0800 222 694 or **admin@abcnz.org.nz**
- Deaf Aotearoa – **covid@deaf.org.nz**

There are many layers of protection in schools and kura, including people who are unwell staying away, increasing rates of vaccination across the population (including mandated vaccinations for staff and volunteers), good ventilation, staff and some students wearing face coverings, good cough and sneeze etiquette.

Therefore, where someone is exempted from wearing a face covering, they should not be prevented from attending school and nor should there be any additional measures imposed on the individual.

Additional information

The Ministry of Education website has resources on preparedness activity at **www.education.govt.nz/covid-19/advice-for-schoolskura/guidance-for-schools-for-alert-levels-1-4/**.

He Pitopito Kōrero - the School Bulletin contains the most up to date guidance for primary and intermediate schools and kura.

Please also see the Appendices for a checklist of things that you can be doing to ensure you are prepared for COVID-19.

Response: What will happen if a case is confirmed in a school or kura

The public health measures in place in primary and intermediate schools and kura mean that approaches to case and contact management can be refined to better reflect the infection risk. **It may no longer be necessary for a school or kura to immediately close** when a case has been identified as infectious while in attendance.

Staff are vaccinated which reduces their risk of becoming infected with the virus or becoming seriously ill. Children are at lower risk of severe illness if they are infected with the virus.

Guiding principles

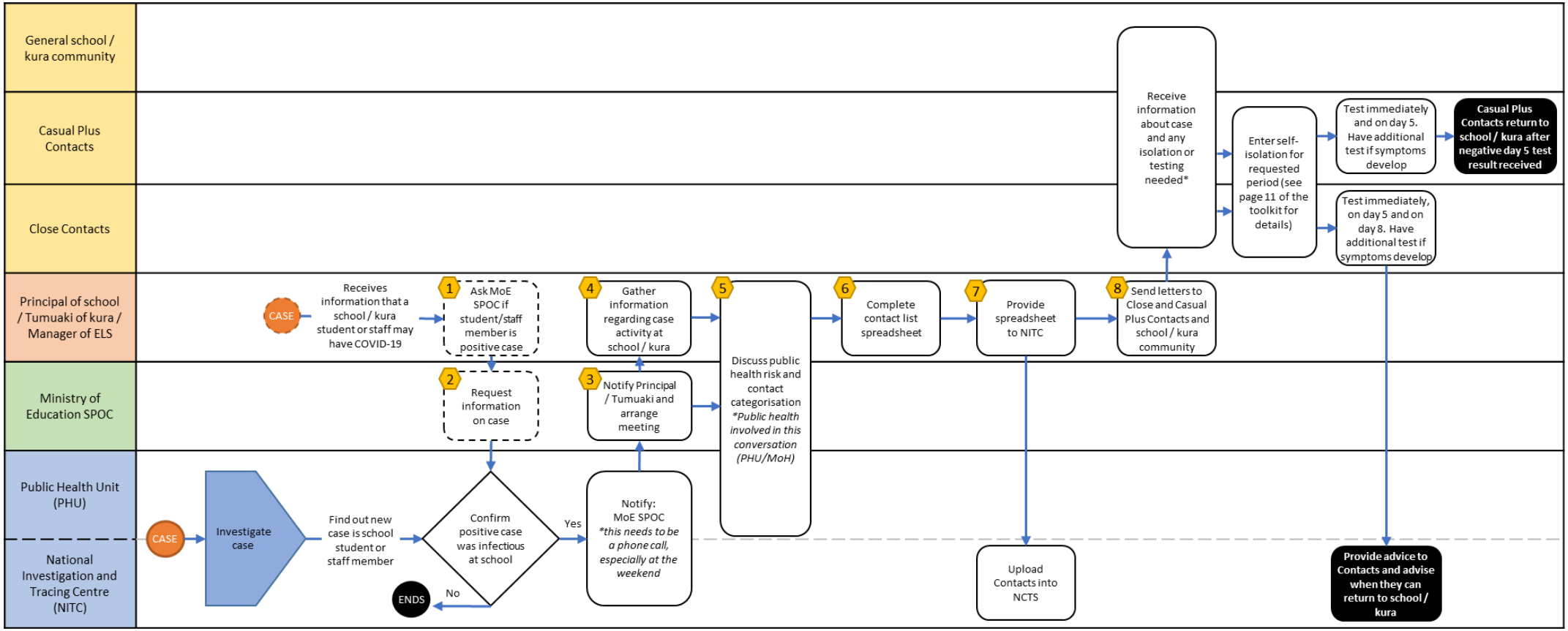
- The public health measures in schools and kura mean that the risk of transmission of COVID-19 is reduced. However primary and intermediate settings may be more challenging than with older groups of students because of lower vaccination rates and lower use of face coverings. Additionally, there will be some children with complex needs that may be at higher risk for adverse outcomes from COVID-19
- There are significant benefits for children and young people to be in school - from educational, social and developmental perspectives
- A pragmatic approach to identifying the level of contact will be taken
- The approach aims to support the continuation of learning within primary and intermediate schools and kura as we transition to a minimisation and protection approach across the country
- We recognise that different communities will need different levels of assistance to ensure equitable health and educational outcomes at any time, and particularly while managing COVID-19 within education settings.

Roles and responsibilities

The process outlined on the next page defines key roles and responsibilities in the approach to contact and case management within education settings.

Each step of the flow chart is supported by a more detailed **Step-by-step guide for managing COVID-19 in primary and intermediate schools and kura** to ensure actions and ownership is clear, as well as expected timeframes.

Process flow chart for roles and responsibilities



1 Corresponding step in Step-by-step guide

*Contacts that are required to self-isolate and get tested will also be contacted by public health

Advice for contact categorisation within a primary or intermediate school or kura

People who have come into contact with a case are considered 'contacts.' Depending on the type of interaction these people may have had with the COVID-19 case, contacts are categorised based on their exposure.

When someone is a COVID-19 positive case, their infectious period should be assumed to be from 48 hours before onset of symptoms until medical clearance (at least 10 days quarantine for fully vaccinated). If a case is asymptomatic, they should generally be assumed infectious from 48 hours before the initial test.

Staff, students, children or any visitors onsite may be classified in any one of the below contact categories. Risk assessment should include the size of the indoor space, duration of contact, distance between case and contact, ventilation of the space and if the case was wearing an appropriate face covering.

Note that schools and kura do not need to know the vaccination status for students who are eligible to be vaccinated to be able to complete the process outlined in this toolkit.

While we recognise that schools and kura will not have full visibility of all interactions within their environments, the process outlined in the below table provides guidance on how to distinguish the risk in different settings, based on best public health advice.

We expect that this advice is applied pragmatically with a focus on indoor settings where the contact was in close proximity to the case for an extended period of time (ie, a class) without ventilation. We recommend that efforts should be focussed on these higher risk settings and places where you can easily identify who was there and when (eg, staffrooms, classrooms).

Circumstances that may require more public health advice

Specific risk assessment by public health may be required in some circumstances. Please notify public health for any of the following scenarios:

- Schools / kura where there are individuals at high risk of severe disease or where risk mitigation strategies may be more challenging to apply, such as in specialist schools (eg, children with disabilities or complex behavioural needs)
- Schools with hostel settings
- If more than one case has been notified/identified in the school or kura. If this occurs, the public health risk assessment will aim to ascertain whether in-school transmission has occurred.

In these circumstances, contacts (including those who are fully vaccinated), may be assessed as higher risk than they would be under the general guidance, and it is recommended that schools seek additional public health advice.

Scenarios to support contact categorisation

For additional information to support the scenarios below, please refer to the public health risk assessment table in Appendix Six.

Scenario	Description	Contact Categorisation

Scenario 1
 	
Close range contact within 1.5m of case
	Case attended choir practice indoors OR case was sneezing/coughing forcefully indoors	• Everyone in the same room as the choir practice or as sneezing/coughing case, in general: **CLOSE CONTACT**
		  ○ It doesn't matter how long somebody was in close range with the identified case
		  ○ It doesn't matter if the case was wearing a face covering or not
		
		See table for details: Direct contact with respiratory secretions or saliva (indoors or outdoors) ***OR*** *Face to face contact with a case who is forcefully expelling air/secretions* ***FOR ANY DURATION OF TIME***

Scenario 2 Close range contact within 1.5m of case	A case had lunch with their friends indoors at lunchtime for more than 15 minutes	• As they'll be eating, they won't be wearing a face covering. • The friends they had lunch with: **CLOSE CONTACT** *See table for details: Indoor face to face contact for more than* ***15 minutes***
Scenario 3 Close range contact within 1.5m of case	Friends hanging out together in a classroom for more than 15 minutes	• If the case was wearing a face covering and time was <2 hours: friends would be **CASUAL PLUS CONTACTS** • If the case was wearing a face covering and time was >2 hours: friends would be **CLOSE CONTACTS** • If the case wasn't wearing a face covering: friends would be **CLOSE CONTACTS** *See table for details: Indoor face to face contact for more than* ***15 minutes***
Scenario 4 Close range contact within 1.5m of case	A teacher-student interaction, or a parent-teacher conversation indoors for more than 15 minutes	• If the case was wearing a face covering and time was <2 hours: contacts would be **CASUAL PLUS CONTACTS** • If the case was wearing a face covering and time was >2 hours: contacts would be **CLOSE CONTACTS** • If the case wasn't wearing a face covering: contacts would be **CLOSE CONTACTS** *See table for details: Indoor face to face contact for more than* ***15 minutes***

Scenario 5 Close range contact within 1.5m of case	People in the same indoor classroom as a case (classmates or staff) who were sitting nearby (within 1.5m) for more than 1 hour	• If the case was wearing a face covering AND the contact was in the class for <2 hours: Classmates would be **CASUAL PLUS CONTACTS** • If the case was wearing a face covering AND the contact was in the class for >2 hours: Classmates would be **CLOSE CONTACTS** • If the case wasn't wearing a face covering: Classmates would be **CLOSE CONTACTS** **A precautionary approach is recommended**. For example, if a class was 50 minutes in length, round up and categorise as if it was longer than 1 hour. *See table for details: Non-face to face contact for more than **1 hour** in an indoor space*
Scenario 6 Indoor contact more than 1.5m from case	A case spent time in the sick bay or the small staff room that wasn't well-ventilated for more than 15 minutes **OR** took the school bus to school	• If the case was wearing a face covering AND the contact was in the room or bus for <2 hours: people in that room would be **CASUAL PLUS** • If the case was wearing a face covering AND the contact was in the room or bus for >2 hours: people in that room would be **CLOSE CONTACTS** • If the case wasn't wearing a face covering: people in that room or bus would be **CLOSE CONTACTS** Toilets fit into this size category, however in general **toilets are not considered to be high-risk settings** as most people do not spend more than 15 minutes there. *See table for details: Indoor contact in a small space without good airflow/ventilation for more than **15 minutes***
Scenario 7 Indoor contact more than 1.5m from case	A case spent their free period (>1 hour) in the hall **OR** attended school/kura in an innovative learning environment	• If the case was wearing a face covering AND the contact was in the space for <2 hours: people in that space would be **CASUAL PLUS CONTACTS** • If the case was wearing a face covering AND the contact was in the space for >2 hours: people in that space would be **CLOSE CONTACTS** • If the case wasn't wearing a face covering: people in that space would be **CLOSE CONTACTS** If an **Innovative Learning Environment** is a moderate sized space and is poorly ventilated, then they would be categorised according to this scenario. *See table for details: Indoor contact in a moderate sized space without good airflow/ventilation for more than **1 hour***

Scenario 8 Low-risk contact	For any duration of time: A case was in the school auditorium (>300m²) **OR** in a smaller office space <300m² that has good air flow/ventilation **OR** passed someone in the corridor briefly **OR** spent time outside with friends **OR** played a non-contact sport **OR** played at an outdoor playground	• These scenarios are considered low-risk and **any contacts** are: **CASUAL** (no active management required) • Any outdoor setting is considered low risk • Brief contact – like passing someone in a corridor – is considered low risk *See table for details:* *Indoor contact in:* • *A large space (> 300m2) OR* • *A smaller space (< 300m2) with good air flow/ventilation* ***FOR ANY DURATION OF TIME*** */ Brief indoor contact within 1.5 meters of a case / Contact in outdoor spaces*
Scenario 9 Low-risk contact	For education outside of the classroom (EOTC) activities where the activity is outdoors (eg, walking to the swimming pool)	• Any outdoor setting is considered low risk and **any contacts** are: **CASUAL** (no active management required) *See table for details:* *Contact in outdoor spaces* ***FOR ANY DURATION OF TIME*** *For EOTC activities that occur indoors, please refer to scenarios 1-7 for categorisation depending on the size and ventilation of indoor location and nature of contact.

Scenarios for household members of contacts

Scenarios	Description	Response
Scenario 10	What **household members of Close Contacts** should do	• Unvaccinated household members of an unvaccinated Close Contact, including children, must stay at home until the Close Contact receives a negative day 5 test • If the Close Contact develops symptoms, unvaccinated household members should stay at home until the Close Contact returns an additional negative test • Vaccinated household members can continue their daily activities ie, go to work • If any household member develops symptoms, they should get tested and stay at home until negative test result AND until 24 hours after symptoms resolve

Scenario 11	What **household members of Casual Plus Contacts** should do	• All household members can continue their daily activities ie, go to work • If any household member develops symptoms, they should get tested and stay at home until negative test result AND until 24 hours after symptoms resolve

Key questions to ask when identifying contacts

The questions below will help with thinking about who a case interacted with and start to determine who may be a contact.

Who is the case?	Key questions
A student is a case All students/staff who were in indoor environments with the case will be assessed to determine if they are a contact	• Who was in the classroom/s with the case? (Staff and students) • Who was sitting near to the case in class? • Who may have shared drink bottles etc. with case? • Did the student take the school/kura bus? Who was in the school/kura bus with the student?
A staff member is a case All students/staff who were in indoor environments with the case will be assessed to determine if they are a contact	• Who was in the classroom/s with the case? • Did the staff member teach more than one class? • Who was in meetings with the case? • Who was in the lunchroom with the case? • Any other staff members they have had close contact with? • Any other students they have had close contact with?

For additional scenarios that may help in specific circumstances, including **boarding hostels**, please refer to Appendix Five.

Contact management pathways

Each contact category has a specific set of management requirements including length of isolation and testing. This advice will vary depending on vaccination status.

All Close Contacts will be provided advice by the National Investigation and Tracing Centre (the NITC), including being officially released from self-isolation once their final required negative test result has been returned. Unvaccinated Casual Plus Contacts will also be contacted. As vaccinated Casual Plus contacts are very low risk, as below, their advice is to monitor for symptoms. As this aligns with the advice to the rest of the school community, they do not receive communication from public health.

For primary and intermediate schools and kura, vaccinated contacts are most likely to be staff, and students are most likely to be unvaccinated contacts.

Advice for Close Contacts	
Close Contacts – Unvaccinated or single dose only must:	• **Self-isolate at home for 10 days** post exposure, **test immediately** and on **days 5** and **8** post exposure • Continue to isolate at home until **negative day 8 test result** received or 10 days has passed since exposure, whichever is later • Be advised by public health when they can return to school / kura • Get an additional test immediately if symptoms develop at any time during the 10 days. Stay at home until negative test result AND until 24 hours after symptoms resolve • Ensure that unvaccinated household members, including children, stay at home until the Close Contact receives a negative day 5 test
Close Contacts – Vaccinated (ie, staff and potentially some students) must:	• **Self-isolate at home for 7 days** post exposure**, test immediately** and on **day 5** after last exposure • Continue to isolate at home until **negative day 5 test result** received, or 7 days has passed since exposure, whichever is later • Be advised by public health when they can return to school / kura • Self-monitor for symptoms for 10 days (7 days isolation + 3 days) • Get an additional test if symptoms develop at any time during the 10 days. Stay at home until negative test result AND until 24 hours after symptoms resolve

Advice for Casual Plus Contacts	
Casual Plus Contacts – Unvaccinated or single dose only must:	• **Stay at home for 7 days** post exposure**, test immediately** and on **day 5** after last exposure • Continue to isolate at home until **negative day 5 test result** received, or 7 days has passed since exposure, whichever is later • Self-monitor for symptoms for 10 days (7 days isolation + 3 days) • Get an additional test if symptoms develop at any time during the 10 days. Stay at home until negative test result AND until 24 hours after symptoms resolve
Casual-Plus Contact – Vaccinated (ie, staff and potentially some students) must:	• Self-monitor for symptoms for 10 days • Get a test if symptoms develop at any time during the 10 days and stay at home until negative test result AND until 24 hours after symptoms resolve

What does 'fully vaccinated' mean?

To be consider 'fully vaccinated', **seven days** need to have passed since an individual has had their last dose in an accepted vaccination schedule. For example, for the Pfizer vaccine, once seven days has passed since the second dose, a person would be considered 'fully vaccinated'. Advice should be sought for staff and students who have had other vaccines.

Why does vaccination change what contacts need to do?
As with any vaccine, the Pfizer vaccine may not fully protect everyone who gets it. However, it is highly effective if people have both doses. That means, if you are fully vaccinated, you're far less likely to fall seriously ill and less likely to transmit the virus to others, if you do catch COVID-19.

Consequently, public health requirements (testing and isolation timeframes) will be different for fully vaccinated and partially or not vaccinated.

This also means that sometimes contacts will receive the same public health advice even if they are categorised differently. For example, a fully vaccinated individual that is categorised as a Close Contact will receive the same advice as Casual Plus Contact who is partially or not vaccinated.

Testing requirements

If there are schools or individuals that require assistance with getting tested, please contact your local DHB for advice on this.

When Close Contacts get tested, they should take their Close Contact letter with them. Community testing centres may be able to work with labs to prioritise test processing for Close Contacts.

School / kura contact list spreadsheet

Manatū Hauora / the Ministry of Health has developed a contact list spreadsheet to assist schools and kura in categorising contacts based on the risk factors for contacts of COVID-19 cases. Please refer to Appendix One.

Bluetooth function of the NZ COVID Tracer App

If a student or a staff member receives a Bluetooth notification from the NZ COVID Tracer App indicating that they are a contact of a case (see image), they automatically are categorised as a Close Contact. If this occurs, a school / kura should support the Close Contact to get home safely to self-isolate and to get tested immediately. The Close Contact should follow the directions in the App notification, which includes a request to call Healthline as soon as possible to receive further instructions.

Note that any Bluetooth notification overrides the matrix for contact categorisation outlined above, and the Close Contact should follow public health advice immediately.

Information sharing and privacy

A portal for uploading information to the National Contact Tracing Solution (the contact tracing IT platform) is currently under construction. This is anticipated to be available for the upload of contact lists in December.

Provision of information relating to those that may have been exposed to COVID-19 is important for controlling transmission of the virus, as outlined in the Health Act. Information relating to identified contacts will be held by the Public Health Unit and the Ministry of Health. **Personal information will not be disclosed.**

Contact information is protected under the Health Information Privacy Code and other law. Any concerns about the privacy of health information can be directed to the District Health Board privacy officer or the Office of the Privacy Commissioner. Contacts can request access to their health information, and any corrections if they believe it is inaccurate or misleading.

Appendices

Appendix One: Spreadsheets for collecting contact information

Please refer to the **Step-by-step guide for managing COVID-19 in primary and intermediate schools and kura** for information about the process and what needs to happen to support contact categorisation.

Template for contact list_Educatic

Appendix Two: Template letters for whānau and kaimahi

Template letter for Close Contacts

- *This message is to be sent in its entirety to the list of Close Contacts identified by the school or kura.*
- *Highlighted text needs to be edited with relevant information from Public Health.*

[Kia ora, Kia Orana, Bula Vinaka, Malo e lelei, Talofa lava, Fakafeiloaki, Fakaalofa lahi atu, Fakatalofa atu, Halo, Warm greetings]

This message contains important public health information for you. We have been working closely with the public health service and Ministry of Education officials to guide our response. Please read this letter carefully.

A [child/student/staff member] has been confirmed as having COVID-19. The person was infectious at [name of school/kura] from [dates when at school/kura].

[You have/your child has] been identified as a '**Close Contact'** and **needs to get tested immediately**, and **self-isolate at home**.

A Close Contact is someone that has been identified to have been near the person that has tested positive for COVID-19.

What Close Contacts need to do: test and self-isolate

For Close Contacts who have not been vaccinated or have only had one vaccination*

TESTING

- Stay at home and get tested **immediately**, AND
- On [date] (**Day 5 Test**), AND
- On [date] (**Day 8 Test**)
- If symptoms develop at any time during the **10 days**, get an additional test immediately

SELF-ISOLATION

- You must self-isolate for **10 days** after you were exposed to a positive COVID-19 case
- You can go back to school on [date after last day of quarantine] AND once **public health has contacted you** and advised you can return to school (this needs a negative **Day 8 test result**)
- Unvaccinated household members, including children, must stay at home until the Close Contact receives a negative day 5 test

For Close Contacts who are fully vaccinated*

TESTING

- Self-isolate and get tested **immediately**, AND
- On [date] (**Day 5 Test**), and continue to self-isolate until negative test result, AND
- Self-monitor for symptoms for **10 days**

- If symptoms develop at any time during the **10 days**, test and stay at home until negative test result AND until 24 hours after symptoms resolve

SELF-ISOLATION

- You must self-isolate for **7 days** after you were exposed to a positive COVID-19 case
- You can go back to school on [date after last day of quarantine] AND once **public health has contacted you** and advised you can return to school (this needs a negative **Day 5 test result**)

** Public health has access to vaccination records and will provide the correct advice.*

How to get tested

Getting tested is free. When you go to get tested, you must tell them that you have been identified as a Close Contact.

- You can find your nearest testing centre at **www.healthpoint.co.nz/covid-19**. You can also call Healthline on 0800 358 5453 to find the nearest testing centre.

What it means to self-isolate

Close Contacts should stay away from other members of the family where possible. If your child is the Close Contact, please keep them away from other members of the household as much as possible. Even if the Close Contact is fully vaccinated, they still need to self-isolate.

Aside from visiting a testing centre, the Close Contact **must not leave their property**. **Please do not have visitors**.

For more information on how to self-isolate safely, please see **www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-self-isolation-managed-isolation-quarantine**.

Please get vaccinated

If you and your whānau have not yet been vaccinated, **please get vaccinated as soon as possible - but only after your isolation period has finished.**

- You can book online at **www.bookmyvaccine.covid19.health.nz**. There is information on this website about finding your closest walk-in vaccination centre
- You can also go to **www.healthpoint.co.nz/covid-19-vaccination** or **www.karawhiua.nz/all-clinics**.

Please watch for symptoms of COVID-19

If any of the following symptoms develop, ring Healthline on 0800 358 5453 or your doctor and tell them that you (or your child) are a Close Contact. Healthline is a free, 24/7 service with interpreters available.

Common symptoms of COVID-19 are like those found with illnesses such as a cold or influenza. You may have one or more of the following:

- new or worsening cough
- sneezing and runny nose
- fever
- temporary loss of smell or altered sense of taste

- sore throat
- shortness of breath

Less common symptoms of COVID-19 may include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain, or confusion/irritability. These almost always occur with one or more of the common symptoms.

If the Close Contact has COVID-19 symptoms, all members of the household need to stay at home until the Close Contact (you or your child) returns a negative test result.

For more information on being a Close Contact, please see **www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19#factsheets**.

Please contact [insert school/kura contact details] if you have any questions.

[Noho ora mai,
School principal / Tumuaki / school name]

Template letter for Casual Plus Contacts

- *This message is to be sent in its entirety to the list of Casual Plus Contacts identified by the school or kura.*
- *Highlighted text needs to be edited with relevant information from Public Health.*

[Kia ora, Kia Orana, Bula Vinaka, Malo e lelei, Talofa lava, Fakafeiloaki, Fakaalofa lahi atu, Fakatalofa atu, Halo, Warm greetings]

This message contains important public health information for you. We have been working closely with the public health service and Ministry of Education officials to guide our response. Please read this letter carefully.

A [child/student/staff member] has been confirmed as having COVID-19. The person was infectious at [name of school/kura] from [dates when at school/kura].

[You have/your child has] been identified as a '**Casual Plus Contact'** and **need to follow the advice in the table below.**

What Casual Plus Contacts need to do: test and stay at home

For Casual Plus Contacts who have not been vaccinated or have only had one vaccination*

TESTING

- Stay at home and get tested **immediately**, AND
- On [date] (**day 5 Test**), and continue to stay at home until negative test result, AND
- Self-monitor for symptoms for **10 days**
- If symptoms develop at any time during the **10 days**, test and stay at home until negative test result AND until 24 hours after symptoms resolve

STAY AT HOME

- You must stay at home for **7 days** AND until you have received a **negative day 5 test result**
- You can go back to school on [date after last day of quarantine], after you have received a negative **day 5 test result**

For Casual Plus Contacts who are fully vaccinated*

- Self-monitor for symptoms for **10 days**
- Fully vaccinated Casual Plus Contacts can remain at school if symptom free
- If symptoms develop at any time during the **10 days**, test and stay at home until negative test result AND until 24 hours after symptoms resolve

How to get tested

Getting tested is free. When you go to get tested, you must tell them that you have been identified as a Casual Plus Contact.

- You can find your nearest testing centre at **www.healthpoint.co.nz/covid-19**. You can also call Healthline on 0800 358 5453 to find the nearest testing centre.

Stay at home

Aside from visiting a testing centre, please **stay at home** and do not have visitors. You can go outside, but you need to wear a face covering and limit your contact with others. It's okay to go for a walk, run or ride your bike, as long as you do not have any symptoms and you avoid other people by staying at least 2 metres away from them. **However, if you have any symptoms, please stay at home to reduce the risk of any spread.**

If you are the Casual Plus Contact, members of your household can continue their daily activities ie, go to work.

For more information on staying at home, please visit **www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-staying-home**.

Please get vaccinated

If you and your whānau have not yet been vaccinated, **please get vaccinated as soon as possible - but only after your isolation period has finished.**

- You can book online at **www.bookmyvaccine.covid19.health.nz**. There is information on this website about finding your closest walk-in vaccination centre
- You can also go to **www.healthpoint.co.nz/covid-19-vaccination** or **www.karawhiua.nz/all-clinics**.

Please watch for symptoms of COVID-19

If any of the following symptoms develop, ring Healthline on 0800 358 5453 or your doctor and tell them that you (or your child) are a Casual Plus Contact. Healthline is a free, 24/7 service with interpreters available.

Common symptoms of COVID-19 are like those found with illnesses such as a cold or influenza. You may have one or more of the following:

- new or worsening cough
- sneezing and runny nose
- fever
- temporary loss of smell or altered sense of taste
- sore throat
- shortness of breath

Less common symptoms of COVID-19 may include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain, or confusion/irritability. These almost always occur with one or more of the common symptoms.

For more information, please see **www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19#typesofcontacts**.

Please contact [insert school/kura contact details] if you have any questions.

[Noho ora mai,
School principal / Tumuaki / school name]

Template letter for the rest of the school community

- *This message is to be sent to the rest of the school community, not identified as Close or Casual Plus Contacts*
- *Highlighted text needs to be edited with relevant information from Public Health.*

[Kia ora, Kia Orana, Bula Vinaka, Malo e lelei, Talofa lava, Fakafeiloaki, Fakaalofa lahi atu, Fakatalofa atu, Halo, Warm greetings]

This message contains important public health information for you. We have been working closely with the public health service and Ministry of Education officials to guide our response. Please read this letter carefully.

A [child/student/staff member] has been confirmed as having COVID-19. The person was infectious at [name of school/kura] from [dates when at school/kura]. Those that were in close contact with the case have been provided the appropriate public health advice including testing and isolation requirements.

What you need to do

- Please **watch for symptoms and if any develop, get tested immediately and stay at home**
- If you do not have any COVID-19 symptoms, you can still come to school/kura

Our school is staying open

Based on international and local evidence and experience, the risk of COVID-19 transmission within school settings is considered **low**. This means that it is no longer necessary for the school to immediately close when a case has been identified as infectious while at school. [Insert school/kura name] is staying open at this time.

Please get vaccinated

If you and your whānau have not yet been vaccinated, please get vaccinated as soon as possible. If you have been identified as a Contact of the case, please wait until your isolation period has finished to get vaccinated.

- You can book online at **www.bookmyvaccine.covid19.health.nz**. There is information on this website about finding your closest walk-in vaccination centre
- You can also go to **www.healthpoint.co.nz/covid-19-vaccination** or **www.karawhiua.nz/all-clinics**.

Please watch for symptoms of COVID-19

If you develop any of the following symptoms, no matter how mild, ring Healthline on 0800 358 5453 or your doctor, and get tested. Healthline is a free, 24/7 service with interpreters available.

Common symptoms of COVID-19 are like those found with illnesses such as a cold or influenza. You may have one or more of the following:

- new or worsening cough
- sneezing and runny nose
- fever
- temporary loss of smell or altered sense of taste
- sore throat
- shortness of breath

Less common symptoms of COVID-19 may include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain, or confusion/irritability. These almost always occur with one or more of the common symptoms.

For more information about COVID-19, see **www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/about-covid-19**.

Please contact [insert school/kura contact details] if you have any questions.

[Noho ora mai,
School principal / Tumuaki / school name]

Appendix Four: Checklist for school preparedness

Actions to take now	Answers
Have you supported all students (12 year +) and their families to have their COVID vaccination?	
Have you supported all your staff and contractors (and their families) to have their COVID vaccination, ensuring that they understand the requirements of the government mandate?	
Have you supported your regular visitors (and their families) to have their COVID vaccination?	
Have you contacted your DHB to see how they can help you support non-vaccinated people to access vaccine information or to get vaccinated? For example, pop-up vaccination clinics are being offered in some schools, or school nurses can help facilitate vaccination.	
Have you established a vaccine register to record staff and student vaccinations with clear processes in place to collect this information?	
What processes do you have in place to ensure that unwell staff and students stay home?	
How do you ensure that your staff and students (years 4 and above) wear face coverings? More information about use of face coverings, including appropriate types of masks and face coverings can be found on www.health.govt.nz/covid-19-health-advice-public/covid-19-use-masks-and-face-coverings-community#types.	
Has your school embedded good hygiene procedures? • Washing hands before and after eating and toileting • Avoiding hand-to-face activities where possible	
Do you have sufficient hand hygiene supplies? • Hand sanitiser or soap/water and paper towels	
Has your school maximised opportunities for fresh air? • Eating outside on fine days	

• Ventilating classrooms • Outdoor learning spaces	
Do you have safe lunchtime and eating processes? • Eating outside on fine days • Social distancing when face coverings are off to eat • If eating inside, staggered lunch times for different groups and eating within bubbles	
Have you considered how to minimise interactions with other year groups? • Assemblies, class bubbles, staggered timing or movement restrictions to manage corridor congestion	
Do you have QR codes in place for staff, contractors, visitors etc. to scan in? How do you ensure that everyone scans in, every time?	
Do you have the contact details for staff and students, and regular visitors, in a form that you could pass on to public health if needed? Do you have contactless visitor or contractor register?	
Have you checked in with staff and students who are medically vulnerable (eg. significant health conditions and unvaccinated, or vaccinated but immunocompromised), to see how the school can support them to avoid exposure?	
How are you configurating your learning spaces to minimise contacts?	
How will you rapidly identify contacts for contact tracing purposes if there is a case in the school?	
Have you encouraged staff and students to turn on Bluetooth on the NZ COVID Tracer App? This will help to identify Close Contacts if a case allows a case investigator to access their records during the case investigation.	

Appendix Four: Actions for schools / kura

The school or kura should act when there is a case in the school community. These three scenarios speak to how the school / kura may learn of this case and how they should respond.

Scenarios	Description	Response
Scenario 12	When a child, young person, or staff member has had **contact with someone who is a Close Contact of a confirmed case**	• **No action is required by the school at this stage** • These people are considered secondary contacts (they have no direct contact with the case) • Only Close Contact(s) need to self-isolate (they will be instructed to do so by health authorities) • If the Close Contact subsequently tests positive, a case investigation will be undertaken, and their Close Contacts will be advised to isolate.
Scenario 13	When a child, young person, or staff member **receives a positive result but was not at school or kura while infectious**	• Provide information and resources to the parent community and enable opportunities to ask questions. Reassure that there is low risk for the school/service for the community (this assumes the confirmed case is not directly linked to the school/kura). • The MoE Single Point of Contact will be notified by public health • Child/young person/staff member and family self-isolate and are tested

Scenario 14	When a child, young person or staff member **tests positive and has been at school or kura when considered to be infectious**	• Public Health will undertake the case investigation, at which time they may identify Close Contacts within the school
		• The case will be provided public health advice including testing and isolation
		• Public Health will inform the relevant single point of contact within the MoE:
		  ○ Name of case
		  ○ Name of school
		  ○ Infectious period of the case OR information that they were not infectious at school
		  ○ Isolation end date and testing advice for contacts (note that this may need to be reviewed if there are subsequent cases)
		  ○ Any Close Contacts within the school
		• The MoE Single Point of Contact and school/kura will follow the flow chart in the response section to identify any further Close and Casual Plus Contacts
		• The school will provide Contacts with letters containing public health advice to self-isolate and test

		• The NITC will follow up with identified Contacts to ensure that advice is understood and followed and will advise them when they can return to school. • The school/kura will clean and disinfect according to health specifications • The school/kura will assess if other programmes can continue to operate (eg, after school care) • Provide information and resources to the school/kura community and enable opportunities to ask questions.

Appendix Five: Specific scenarios for boarding hostels

Public health will provide assistance if there is a case in a hostel setting, as contacts may be classified differently based on the similarity to a household setting. When communicating with the Ministry of Education Single Point of Contact, ensure that you highlight that there is a hostel involved to be able to escalate the risk to public health.

Scenarios	Description	Response
Scenario 15	When contacts are **in a boarding hostel**	• If a Close Contact resides within a boarding school, they should be isolated in a separate room • If a Close or Casual Plus Contact develops symptoms, while the person is waiting to be tested, or waiting for results, they should be isolated in a separate room • Boarders who share a dormitory or bathroom with the contact do not need to be in self-isolation unless they become symptomatic. They can participate in school and hostel life as usual (unless advised otherwise by local health authorities)
Scenario 16	If a contact in a **boarding hostel becomes a case**	• If a boarder or staff member tests positive for COVID-19 or is considered by health authorities to be a probable case, they need to follow public health advice, including self-isolation • They must stay in self-isolation until health authorities advise it is safe to return to usual activities • Health professionals may discuss moving the confirmed case to another location (ie. their home) to reduce risk of the virus spreading • All Close Contacts (sharing kitchen or bathroom) will need to isolate and be tested • If given approval to do so by health authorities, boarders may also be able to go home if they can safely self-isolate away from other members of their household. The boarder can only travel home via private transport.

Appendix Six: Contact categorisation table

This table provides the public health risk assessment for categorising contacts. **Note** that as years 3 and below will not be wearing face coverings in Alert Level 3 settings, the 'No or unknown' face covering worn by case column should be used.

	Type of interaction	Examples	Face covering worn by case[1]	
			Yes	No or unknown
Close range contact within 1.5m of case	Direct contact with respiratory secretions or saliva (indoors or outdoors) **OR** Face to face contact with a case who is forcefully expelling air/secretions **FOR ANY DURATION OF TIME REGARDLESS OF FACE COVERING USE**	Kissing, spitting, hongi, sharing cigarettes or vapes Singing, shouting, coughing, sneezing Contact sports (heavy breathing related to exertion)	Close	Close
	Indoor face to face contact for more than **15 minutes**	Having a conversation, sitting across a table from someone, playing closely together	Casual plus if < 2 hours Close if > 2 hours	Close
	Non-face to face contact for more than **1 hour** in an indoor space	Sitting near someone in class or assembly but not having a conversation	Casual plus if < 2 hours Close if > 2 hours	Close
Higher risk indoor contact more than 1.5m away from case and no close-range contact	Indoor contact in a small space without good airflow/ventilation* for more than **15 minutes**	Classroom, staff rooms, office, sick bay, toilets, school bus	Casual Plus if < 2 hours Close if > 2 hours	Close
	Indoor contact in a moderate sized space without good airflow/ventilation for more than **1 hour**	Gymnasium, hall, train, innovative learning environment (ILE)	Casual Plus if < 2 hours Close if > 2 hours	Close
Low risk contact (no close-range contact or higher risk indoor contact)	Large indoor settings (bigger than 300m^2) if none of the criteria above are present	Auditorium	Casual	Casual
	Smaller indoor venues (less than 300m^2) with good air flow-ventilation for up to 2 hours	Well ventilated classrooms/offices (e.g., windows open)		
	Brief indoor contact regardless of distance from case	Passing each other in the corridor, sharing an elevator	Casual	Casual
	Contact in outdoor spaces **FOR ANY DURATION OF TIME**	Walking outside with friends Non-contact sports Playground activities		
*Good air flow and ventilation is required to prevent virus particles accumulating in an indoor space. Good ventilation/airflow can be achieved by keeping windows open. Please refer to page 4 for guidance on ventilation.				

[1] It is unclear how long a mask provides protection from infection when a contact is in close-range contact with a case or is present in the same indoor spaces. Therefore, mask use should only be used to down-categorise contacts when the close-range contact is for less than 2 hours. This advice may change as more evidence becomes available.

Appendix Seven: Frequently asked questions

All staff and some of our students are already fully vaccinated. Do they still need to follow your advice?

Yes. The vaccine is a good protective measure, but no vaccine is 100% effective. You may still get ill or pass the virus to others even if you don't have symptoms. It's important to follow the public health advice given.

What welfare support will be available for staff or families who need to isolate?

As people who need to isolate cannot get groceries or other essentials, support is available and can be accessed by those called by public health. There will also be regular checks by health agencies and other providers, through phone calls or texts, to make sure those isolating are safe.

Some of our students or staff are at higher risk of illness. What should we do?

Some people, such as pregnant women or those who are medically vulnerable (eg**,** with significant health conditions and unvaccinated, or vaccinated but immunocompromised), may be at higher risk of serious illness from COVID. If people are concerned, they should seek the advice of their health professional or call Healthline on 0800 358 5453. Public health advice remains available to advise on specific circumstances- you can access this through the Ministry of Education Single Point of Contact.

Do we need to undertake a deep clean of the school/kura?

You are not required to do any additional cleaning beyond the usual requirements outlined on the Ministry of Health website **www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-general-cleaning-and-disinfection-advice**. There is also specific advice for businesses and education centres on this page.

Current evidence suggests that catching COVID-19 from surfaces not common, but it is still important to clean surfaces to reduce the risk. The length of time the virus can survive on surfaces depends on many factors including temperature, humidity and UV or sunlight.

For some frequently asked cleaning questions, see **www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-general-cleaning-and-disinfection-advice/covid-19-cleaning-frequently-asked-questions**.

What if there are more cases at the school/kura?

Public health will complete additional risk assessments and liaise with Ministry of Education Single Point of Contacts to advise on further action required.

Who can we contact about the public health actions at our school/kura?

The Ministry of Education Single Point of Contact is your first point of contact.

How long do test results take, and can staff/students come to school/kura while they wait for the result?

If the result it positive, they should hear back in around 48 hours. Negative tests can take a bit longer to return. Please contact your doctor or testing centre if you do not have your result within 5 days.

Schools / kura and the Ministry of Education will ensure that different groups of students/staff know whether they need to stand down or can keep working, based on the type of contact they had with the confirmed case.

Where can we find more COVID-19 information and resources?

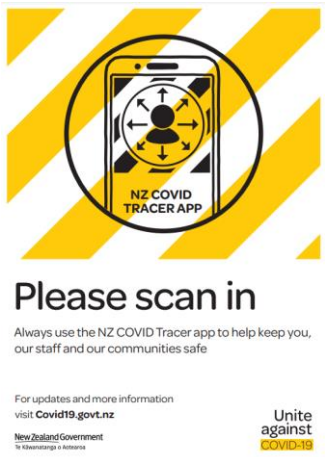
For more information please visit:

- **www.education.govt.nz/covid-19**
- **www.health.govt.nz/covid-19**
- **www.covid19.govt.nz**
- **www.immune.org.nz**

If you or someone in your family develops symptoms, please call Healthline on 0800 358 5453. Healthline is a free and 24/7 service and has interpreters available.

Appendix Eight: Posters

Please visit **www.covid19.govt.nz/posters** to download the most recent versions of COVID-19 posters.

For posters in other languages, please visit **www.covid19.govt.nz/iwi-and-communities/translations**.

Examples of posters available include: