

Options for face to face school opening

1. This short note examines four options for face to face re-opening of schools in Level 3 areas (Annex 1). It also summarises the approaches taken to re-opening schools in other jurisdictions (Annex 2).
2. We are providing it to give background on the possible options that we could explore in time for a Cabinet report-back on 26 October.
3. The four options we examine are:
 - a. Enabling face to face schooling for year 11-13 students, and continuing learning from home for most other students (years 0-10). Early learning services would continue to operate as now, with bubble requirements.
 - b. Enabling face to face learning for all secondary school students, and retaining learning from home for most primary school students. Early learning would continue to operate as now, with bubble requirements.
 - c. Enabling all students to return to on-site schooling, using the safety measures adopted by other jurisdictions (vaccination and testing, distancing, ventilation and face coverings). All early learning students would also return where distancing and ventilation requirements are possible.
 - d. Enabling year 11-13 students to return to full-time on-site schooling, and enabling all other students to return to part-time, cohort-based learning for half of the week. Early learning would operate based on restricted capacity to ensure greater space per student and adequate ventilation.
4. These options reflect those that have been included in Monday's COVID-19 Alert Level Cabinet paper (options 1 and 2), and two options based on common international approaches to re-opening (options 3 and 4).
5. In addition to the summary of international approaches set out in Annex 2, this report [Model-driven mitigation measures for reopening schools during the COVID-19 pandemic | PNAS](#) includes the following summary of its recommended approach:
 - a. *"We find that a number of mitigation measures, alone or in concert, may reduce risk to acceptable levels. Student cohorting, in which students are divided into two separate populations that attend in-person classes on alternating schedules, can reduce both the likelihood and the size of outbreaks. Proactive testing of teachers and staff can help catch introductions early, before they spread widely through the school. In secondary schools, where the students are more susceptible to infection and have different patterns of social interaction, control is more difficult. Especially in these settings, planners should also consider testing students once or twice weekly. Vaccinating teachers and staff protects these individuals and may have a protective effect on students as well. Other mitigations, including mask wearing, social distancing, and increased ventilation, remain a crucial component of any reopening plan."*
6. From a New Zealand perspective, this blog [Urgent measures needed to allow the safe re-opening of Auckland schools – Public Health Expert, University of Otago, New Zealand](#) provides expert advice on the conditions that should accompany re-opening. These are consistent with those we have found in the international literature.

7. The authors advise that “Prolonged school absence due to lockdowns is harmful to the social, physical and emotional wellbeing of children and teenagers, especially for those living in households affected by poverty, unstable housing, food insecurity, family violence and parental stress”.
8. The authors advise that, at a minimum, the re-opening plan needs to include the following elements:
 - a) Staff vaccination, for teachers and all adults visiting school sites.
 - b) Regular surveillance testing of staff, as has already been implemented for many healthcare workers, regional border workers and other essential workers.
 - c) Guidance regarding unvaccinated staff, including requirements for strict adherence to mask wearing at all times, regular surveillance testing and avoidance of high-risk close-contact activities (eg, singing indoors, sharing confined office spaces). Where feasible, schools may prefer to deploy unvaccinated staff to non-child-facing duties.
 - d) Intensive efforts to improve vaccination uptake among families prior to the re-opening of schools via culturally responsive, accessible vaccination services.
 - e) Ventilation and physical distancing in schools.
 - f) Guidance regarding the safe resumption of sports, music, drama and other extra-curricular activities, and before and after school care programmes (OSCAR).
 - g) Guidance regarding masks / face coverings in schools for staff and students.
 - h) Clarification of public health responses and the approach to identification and management of COVID-19 contacts within schools, in the event that a student or adult is found to have COVID-19 or deemed to be a close contact of a confirmed case.
 - i) Additional financial support and employment protection for parents who need to take time off work when their children require COVID-19 testing and isolation.
 - j) Additional resources for schools to support children with health issues who may not return to on-site learning immediately, and for children who are required to stand down from school following exposure to COVID-19. Medical exemption certificates may be required.
9. Based on the analysis in Annex 1, options that minimise face to face schooling reduce transmission risks, but don't score well in addressing equity or disengagement impacts. In contrast, options that enable more face to face learning are better at addressing equity and engagement issues, but increase the risks of transmission.
10. In practical terms, we need to find a way to support distancing and ventilation to reduce transmission, while also enabling face to face learning to overcome equity and disengagement issues. A cohort based face to face option for school students other than those in years 11-13 would seem to be the most practical way to do this. While the pros and cons in Annex 1 relate to schooling, similar cohort based approaches could also be applied in both the early learning and tertiary sectors.
11. As face to face re-opening occurs, We will also need more detailed guidance for when COVID-19 cases occur within or close to schools. An initial draft of our guidance on this is included in Annex 3.

12. For early learning, physical distancing is not practical or appropriate in terms of child development. So it is not possible to implement physical distancing between young children or between a young child and their key worker. However, increased distancing between bubbles is possible if attendance is more limited, which cohort based approaches would allow. One option could be to increase bubble sizes as part of a phased return to full service as long as health advice re ventilation and vaccination continues to be implemented.
13. Recent work by a team of researchers at Public Health Ontario in Canada compared the risk of transmission of SARS-CoV-2 to household members between younger and older children. The study, reported in Young children may be more likely to transmit the new coronavirus (medicalnewstoday.com) found that young children, especially those aged 0–3 years, were more likely to transmit the virus to household members than adolescents aged 14–17 years. So, while children generally have milder symptoms, vaccination will be particularly important for early childhood staff.
 - a. Regardless of which option is agreed, we would recommend a significant boost to initiatives to connect with whanau to re-engage tamariki and rangatahi in learning either at school or with Te Kura.
 - b. There is a demand for rapid antigen saliva testing to be available in school settings; where testing is required overseas this has generally been the means – allows for frequent non invasive testing and raises confidence in the health of the school population. We recommend that education be prioritised for rolling out this testing.
14. Regardless of the option chosen, distance learning will still be happening for a percentage of students. Continued provision of learning from home materials will therefore be needed, and we are receiving feedback that these need to be provided in a more timely way. We will therefore continue to work on this issue.

Annex 1: pros and cons of different face to face opening options

	Student and staff safety	Positive impact on learning programmes	Positive impact on Equity issues	Logistical challenge	Workforce considerations
Option 1: <ul style="list-style-type: none"> Years 11-13 return to face to face learning Years 0-10 continue distance education, except for where parents need to send students to enable them to work Years 0-10 would return to face to face instruction at Level 2 Early learning services would continue to operate as now, with bubbles, and return to standard face to face at Level 2. 	<ul style="list-style-type: none"> Lowest risk of transmission - this option provides the most time for workers and 12+ students who aren't in years 11-13 to be vaccinated before onsite learning resumes. Negative mental and social well-being impact on years 10 and below. 	<p>Low</p> <ul style="list-style-type: none"> While this would enable senior students to be present until exams begin on 22 November, it would mean all other students would continue to learn from home. While we didn't see the learning detriments that other countries have seen from learning at home, this is probably because our lockdowns have been shorter, we expect greater loss of learning following extended lockdown in Auckland. Other countries do not appear to have prioritised only senior students. Increases risk of further disengagement from schooling for almost all students. 	<p>Low</p> <ul style="list-style-type: none"> Principals are reporting that engagement in distance learning is dropping, particularly in areas with large households and overcrowding. The main reasons for students' inability to engage appear to be the need to share limited connectivity and devices, and family commitments. Schools and kura in areas of disadvantage are unlikely to be well prepared for a longer period of learning from home. 	<p>Low</p> <ul style="list-style-type: none"> While more learning from home will require more planning by schools, this probably presents less of a logistical challenge for schools than managing the return of students. Parental demand for schools to re-open for face to face learning is likely to grow, especially as vaccination rates increase. So this option is unlikely to be popular with many parents. Many families and whānau are likely to be relying on year 11-13 students to supervise younger siblings, so having years 11-13 return to school will be logistically challenging. 	<p>Low</p> <ul style="list-style-type: none"> Staff will not need to return to school with large numbers of unvaccinated students. Secondary schools would be able to manage staffing needs with a lesser number of students. Teachers report that teaching some years face to face and some online at the same time is difficult – “it just doesn't happen” Most staff would have more time to get vaccinated.
Option 2: <ul style="list-style-type: none"> Year 9-13 return to face to face learning Years 0 – 8 continue distance education, except for where parents need to send their children to school to go to work. Early learning would continue as now with bubbles 	<ul style="list-style-type: none"> Higher risk of transmission in secondary schooling. Could be mitigated by strong recommendation or direction to wear face coverings indoors as other countries have done. Low risk of transmission in primary schooling. Would address mental health concerns for secondary school students, but not primary and intermediate school students. 	<p>Moderate</p> <ul style="list-style-type: none"> Secondary school students would be able to return to face to face learning, including for years 9-10 while years 11-13 are doing exams. Given we know that many of our students begin secondary school below expected curriculum levels, more time face to face is likely to be beneficial for those who need to catch up prior to beginning NCEA. Primary school students would continue to miss out on face to face learning, which evidence says is more beneficial than distance learning. Risks of disengagement would increase, particularly for students who are transitioning to a new school next year. 	<p>Low</p> <ul style="list-style-type: none"> Would result in a further loss of learning time for disadvantaged year 0-8 students. This will exacerbate existing disengagement issues. However, would be better than option 1 for secondary school students. Issues of connectivity and device access would continue for disadvantaged primary and intermediate school students. 	<p>High for secondary, low for primary</p> <ul style="list-style-type: none"> Secondary schools would have all students on site at one time. This would be inconsistent with the cohort approach taken in many other jurisdictions. Secondary schools would face the logistical challenge of limiting student interaction in a full school. This may risk transmission before NCEA exams begin. Primary and intermediate schools would face the challenge of continuing online learning, which is probably not as great as the logistics of having students on-site. 	<p>Moderate</p> <ul style="list-style-type: none"> Face coverings are required indoors in Victoria (from year 3), NSW (year 7 and above and strongly recommended for younger). Some teachers may be reluctant to return to full secondary schools where distancing would be difficult. Secondary school staff with primary school aged students would need to send them to school to enable them to work – this may be of concern to them if the Government has determined that primary schools should largely be doing home based learning. Less impact on primary school staff – continuation of the status quo.
Option 3: <ul style="list-style-type: none"> 0-13 year students FULL-TIME face to face learning, using the safety measures adopted in other countries (vaccination and testing, face coverings, ventilation and distancing). 	<ul style="list-style-type: none"> Greatest risk of transmission, particularly with all schools being fully populated. Would achieve the mental health benefits of students connecting with others, although some families and whānau are likely to be concerned 	<p>High</p> <ul style="list-style-type: none"> A return to face to face learning would be beneficial for all students, and will encourage the re-engagement of those who have disengaged from their learning during lockdown. 	<p>High</p> <ul style="list-style-type: none"> A return to face to face learning has the potential to be of most benefit to disadvantaged learners, because their home 	<p>High</p> <ul style="list-style-type: none"> Achieving distancing and ventilation will be more difficult for schools if everyone is at school at the same time, 	<p>Moderate</p> <ul style="list-style-type: none"> All schools would need to ensure they have sufficient numbers of staff who are vaccinated or negative tested to provide a full on-site service, and this

	<p>about their children mixing with large numbers of other students.</p> <ul style="list-style-type: none"> • Unlike some other countries, would not utilise smaller cohorts to make distancing easier. • The large numbers of students moving around each day as a part of travelling to school may also increase risks of transmission. 	<ul style="list-style-type: none"> • 	<p>environments are less conducive to distance learning.</p> <ul style="list-style-type: none"> • Would avoid the difficulties under options 1 and 2 of older siblings returning to school so not able to look after younger siblings. 	<p>particularly on bad weather days.</p> <ul style="list-style-type: none"> • Would however avoid the need for teachers to provide both on-site and distance learning at the same time, except for cases where students are unable to return to school for health reasons. 	<p>will be more challenging for some schools and kura than others.</p> <ul style="list-style-type: none"> • Staff would need to be comfortable with managing distancing and ventilation on full school sites.
<p>Option 4:</p> <ul style="list-style-type: none"> • All 0-13 years PART-TIME, cohort-based, face to face learning, using the safety measures adopted in other countries (vaccination and testing, face coverings, ventilation and distancing). • Secondary schools could, for example, allow year 11-13 students back full-time, and could roster year 9 for half the week and year 10 for half the week. • Primary and intermediate schools could, for example, roster half of their year cohorts for half of the week and half of their year cohorts for the other half of the week. • Early learning would be allowed to operate at reduced capacity based on higher space per student and ventilation requirements. 	<p>Moderate risk</p> <ul style="list-style-type: none"> • Would have a greater risk of transmission than option 2, but less than option 3. • Would address the mental health risks associated with students not seeing their friends. • Would be consistent with the approach taken in several other jurisdictions. 	<p>Moderate to high</p> <ul style="list-style-type: none"> • Would achieve some of the benefits of face to face learning for all students, but not as well as option 3. • Would require most students to learn from home half of the week, but would enable tasks for this to be explained face to face. 	<p>Moderate to high</p> <ul style="list-style-type: none"> • Disadvantaged students would benefit from face to face instruction for half of the week. • However, this would not address the connectivity and device issues they face for the remainder of the week. • Would reduce the impact of long term disengagement from face to face schooling, but not as much as option 3. 	<p>Moderate</p> <ul style="list-style-type: none"> • Would make managing distancing and ventilation at school easier than option 3. • However, teachers would need to organise their learning programmes to enable face to face learning for half the week and at home learning for half the week. • Likely to be easier for parents to arrange care for younger children for half a week than a whole week 	<p>Moderate</p> <ul style="list-style-type: none"> • Compared to option 3, would reduce concerns about the number of students teachers are exposed to at any one time. • May add to planning workload for mixed mode of instruction across the week, but would avoid issue of having to teach some students in class and some at home at the same time (options 1 and 2). • Would provide more flexibility to manage testing and vaccination issues, because all staff would not need to be on-site all week.

Annex 2: Jurisdiction approaches to reopening education after COVID lockdowns

Jurisdiction	Status	Health measure	Implementation
Germany	Reopening most aspects of its economy and allowing all students back COVID response measures vary state by state	Vaccine	<ul style="list-style-type: none"> High vaccination rates nationally. Recently passed a law requiring staff in schools, kindergartens and care homes to disclose to their employers whether they have been vaccinated or recovered from a coronavirus infection (showing existence of natural immunity)
		Face coverings	<ul style="list-style-type: none"> Varies state by state, Hamburg requires mandatory masks in all education buildings. Schleswig-Holstein has compulsory masks indoors but not for schoolyards.
		Physical distancing and ventilation	<ul style="list-style-type: none"> In schooling class sizes cut in half, staggered breaks, 1-way hallways, students are separated into cohorts with specific assigned staff and mixing between cohorts prohibited. Some states have purchased air filters for classrooms. Higher education institutions primarily relying on digital distance teaching. Where justifiable for practical and experimental training face to face learning is used (laboratory activities, practical training etc), but in compliance with federal and state safety and hygiene measures. Students who do not feel safe to return to in person learning are able to continue to learn from home.
		Testing	<ul style="list-style-type: none"> implemented “lollipop” saliva tests nationwide at all primary and special schools. The testing is first done using sampling, and only when a group has tested positive are individual tests of the group’s members done. Schools will be closed where local incidences of COVID pass a threshold.
South Australia	Schools, preschools and early childhood services are open for children and staff	Vaccine	<ul style="list-style-type: none"> Teachers and pre-school staff have priority access to vaccine. Year 11 and 12 students were given priority access to the vaccine in September this year ahead of their exams.
		Face coverings	<ul style="list-style-type: none"> Face masks are required for <ul style="list-style-type: none"> students in year 8 should wear one indoors – and where congregating adults while indoors, except when teaching or engaging with students all adult visitors to sites, including Early Childhood Education. Masks are not required for <ul style="list-style-type: none"> ECE staff and children Adult learning environments but are strongly recommended
		Physical distancing and ventilation	<ul style="list-style-type: none"> General room density requirements of 1 person per 4sqm do not apply for education sites and services. However, adults must comply, wherever possible with 1.5m physical distancing The AHPPC (Australian Health Protection Principal Committee) does not believe that maintain a 1.5m density between students and the venue density rules are appropriate in classroom settings.
		Testing	<ul style="list-style-type: none"> No specific testing regime for education settings.
Denmark	Reopening - has lifted all COVID restrictions	Vaccine	<ul style="list-style-type: none"> High vaccination rate – approx. 80%
		Face coverings	<ul style="list-style-type: none"> Not required in education settings.
		Physical distancing and ventilation	<ul style="list-style-type: none"> Not required in education settings.
		Testing	<ul style="list-style-type: none"> Previously students who were close contacts with someone who tested positive for COVID were sent home. Currently students who are close contacts will be tested for COVID at their schools or nurseries, they may continue to attend while they wait for their test result.
UK	Restrictions and opening status vary between the Home Nations	Vaccine	<ul style="list-style-type: none"> No specific vaccine requirements for those in education settings. However, schools are venues for students to be vaccinated, and school staff are concerned about the overlap of health and educational roles.
		Face coverings	<ul style="list-style-type: none"> Face coverings are not mandatory for education settings (ECE to tertiary)
		Physical distancing and ventilation	<ul style="list-style-type: none"> It is no longer recommended that students adhere to “bubbles” Physical distancing is not required in ECE, schools or higher education. General workplace health and safety ventilation requirements apply to ECE, schools and universities. All schools are being provided with CO2 monitors to identify areas where ventilation can be improved.
		Testing	<ul style="list-style-type: none"> Students and staff at higher education settings are encouraged to test twice a week using home test kits or on-site testing facilities. This is not mandatory. School staff, secondary school students and staff at early childhood education settings are encouraged to test encouraged to test twice a week using home test kits. There is no need for children at year six and below to test.

Israel	Restrictions vary between “green, orange and red” municipalities categorised based off their COVID risk	Vaccine	<ul style="list-style-type: none"> Israel operates a “Green Pass” system entrance to University campuses is contingent on proof of vaccination or a negative COVID test taken no more than 72 hours previously. Vaccines are strongly encouraged for all education staff. Unvaccinated teachers and early childhood teachers must take twice weekly COVID tests and show a negative test result before being allowed into an educational facility.
		Face coverings	<ul style="list-style-type: none"> Students from first grade and above are required to wear masks during all indoor educational activities.
		Physical distancing and ventilation	<ul style="list-style-type: none"> There do not appear to be education specific physical distancing requirements in schools and kindergartens.
		Testing	<ul style="list-style-type: none"> Unvaccinated students from preschool through to grade 9 are required to show a COVID test before being allowed back into school.
Canada	Education and health requirements vary between provinces	Vaccine	<ul style="list-style-type: none"> Universities are free to create their own vaccine mandates for their campuses and property. Employees who decline must be reassigned to off-campus work or take a leave of absence. Students who decline must enrol in online classes or take the semester off. Nova Scotia has stated that everyone working in preschool or schools must be vaccinated by 30 November or be placed on unpaid leave and face eventual dismissal.
		Face coverings	<ul style="list-style-type: none"> Saskatchewan has mandated masks for all indoor public spaces including schools and universities. Quebec requires students in primary and secondary schools to wear masks at all times. British Columbia requires mask wearing for grade k-12 students (age 9-18).
		Physical distancing and ventilation	<ul style="list-style-type: none"> Ontario schools are required to maintain physical distancing requirements and will be separated into cohorts Universities are able to mandate their own mask and physical distancing requirements.
		Testing	<ul style="list-style-type: none"> There do not appear to be education specific testing requirements.
Taiwan	Schools reopened on 1 September. This was after a two-day delay from original reopening time to allow schools more time to comprehensively disinfect their premises. Approximately 20% of the population is fully vaccinated.	Vaccine	<ul style="list-style-type: none"> Vaccines are not mandatory for the education sector. Teachers and education providers are classified as essential public workers so are prioritised for vaccination. Students are able to be vaccinated in their school if they have not yet done so. Students are able to take up to 3 days of vaccination leave that will not be recorded against their attendance records.
		Face coverings	<ul style="list-style-type: none"> Face coverings are mandatory for kindergarten to senior high school students. the only exception is for eating.
		Physical distancing and ventilation	<ul style="list-style-type: none"> Students are required to eat at their desks with plastic partitions installed between desks.
		Testing	<ul style="list-style-type: none"> Unvaccinated teachers in Taiwan’s six special municipalities (Taipei, New Taipei, Taoyuan, Taichung, Tainan, and Kaohsiung) are required to produce a negative COVID test before entering schools, followed by additional tests every 7 days.
Hong Kong	Schools are open but can only offer full day in person classes if a 70% vaccination rate at the school is reached. Schools that do not meet this threshold can only offer half day classes	Vaccine	<ul style="list-style-type: none"> Teachers must be vaccinated. If not, they must undertake regular COVID tests. Vaccines are not mandatory for students. Schools and kindergartens that do not have a 70% vaccination rate are unable to offer full day in person classes. As children under 12 cannot be vaccinated full day sessions for kindergartens and primary school students are not currently planned to resume.
		Face coverings	<ul style="list-style-type: none"> The latest guidance on Health Protection Measures for Schools (applicable during periods when face-to-face classes are held in the 2021/22 school year) states that in general staff and students must wear masks at all times in school premises, in vehicles and in crowded environments.
		Physical distancing and ventilation	<ul style="list-style-type: none"> Schools and kindergartens are encouraged to arrange classrooms to ensure 1metre of space between students. Schools are encouraged to erect partitions between students where they eat their meals.
		Testing	<ul style="list-style-type: none"> Unvaccinated teachers are required to undergo regular testing.

Annex 3: Guidance on response scenarios for COVID-19 (draft only)

The below scenarios should guide your response to illness or confirmed/probable cases of COVID-19 linked to your school or early learning service community.

Scenarios	Description	Response
Scenario 1	A child, young person or staff member is showing signs of illness (but is not known to have had contact with a confirmed/probable case)	<ul style="list-style-type: none"> • They should remain at home and seek medical advice if they are showing flu-like / COVID-like symptoms (and get tested for COVID-19 if advised to do so) • NB the school/early learning service will be advised by health authorities if the person tests positive for COVID-19 • If they begin to show signs of flu/COVID when at school/early learning, isolate them away from others until they can be safely taken home and they should seek medical advice through Healthline / GP • If they have had flu-like / COVID-like symptoms, they should not return to school/early learning until they have been symptom free for 48 hours • If the cause of the symptoms is non-infectious eg, asthma, hayfever or other condition, they can remain at or return to school/early learning (if not sure whether symptoms are from a condition such as asthma, have a conversation with the staff member or parent/caregiver to discuss) • If the person is seriously unwell follow your usual procedure and call 111 for an ambulance if needed
Scenario 2	When a child, young person, or staff member has had contact with someone who is a close contact of a confirmed/probable case	<ul style="list-style-type: none"> • No action by the school/service is required unless close contact tests positive for COVID-19 (see scenario 3) • Only the close contact(s) will need to self-isolate (they will be instructed to do so by health authorities) • Child, young person, or staff member does not need to self-isolate, unless the person they are in close contact with subsequently tests positive for COVID-19 or unless advised by the health authorities to do so
Scenario 3	When a child, young person, or staff member has no symptoms , but has had close contact with a confirmed case (eg, someone within their household)	<ul style="list-style-type: none"> • The Director of Education will be notified by the local Medical Officer of Health, and will talk to the Principal/ECE Service Provider and/or ECE Centre manager • Child/young person/staff member and family self-isolate • Testing of child/young person/staff member if recommended to do so by health authorities • Contact tracing for close contacts of the confirmed/probable case will be undertaken as a precaution • 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/service)
Scenario 4	When a child, young person, or staff member has symptoms , and has had close contact with a confirmed case (eg. within their household)	<ul style="list-style-type: none"> • The Director of Education will be notified by the local Medical Officer of Health, and will talk to the Principal/ECE Service Provider and/or ECE Centre manager • Child/young person and family self-isolate • Child/young person tested if recommended by medical practitioner / Healthline • Only if there is a delay in test results consider closing the school/ECE temporarily as a precaution • Contact tracing will occur for the person confirmed with COVID-19, with close contacts going into self-isolation and monitoring for symptoms • If the person in the school/service subsequently tests positive, the school/service will close for a minimum of 72 hours to undertake contact tracing and cleaning • NB if the person has <u>not</u> been in school/early learning while they are considered to be infectious, there is very low risk and the school/service will likely remain open (health authorities will make the decision about closure) • Provide information and resources to the parent community and enable opportunities to ask questions.
Scenario 5	When a child, young person or staff member tests positive and has been at school or ECE when considered to be infectious	<ul style="list-style-type: none"> • The Director of Education will be notified by the local Medical Officer of Health, and will talk to the Principal/ECE Service Provider and/or ECE Centre manager • It is likely health authorities will close the school/centre for at least 72 hours to enable contact tracing and cleaning • NB the school/service may be required to close for a further period of up to 14 days (likely to occur if there are large numbers of confirmed cases linked to school/service or very large numbers of close contacts in the school/service) – local health authorities will make this decision • Child, young person or staff member self-isolates • Contact trace with close contacts going into self-isolation • Cleaning and disinfecting according to health specifications • Assess if other programmes can continue to operate (e.g. after school care)

		<ul style="list-style-type: none"> • Provide information and resources to the parent community and enable opportunities to ask questions.
Scenario 6	When a case is suspected or confirmed in a boarding hostel	<ul style="list-style-type: none"> • While the person is waiting to be tested, or waiting for results, they will need to be isolated in a separate room. Those they share a dormitory or bathroom with do not need to be in self-isolation; they can participate in school and hostel life as usual. (unless advised otherwise by local health authorities) • 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 continue self- isolation. • Health professionals may discuss moving the confirmed case into a quarantine facility to reduce risk of the virus spreading • They must stay in self-isolation until health authorities advise it is safe to return to usual activities • 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