

COVID-19

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

7 December 2021

Purpose of this toolkit

This toolkit is intended to support the Ministry of Education to work with secondary schools and kura communities to support the management of COVID-19 contacts within their environments, when a case has been infectious while on-site.

It has been prepared by Manatū Hauora | the Ministry of Health and public health units, in consultation with Te Tāhuhu o te Mātauranga | the Ministry of Education.

This toolkit is intended to be used as a national tool for secondary 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.

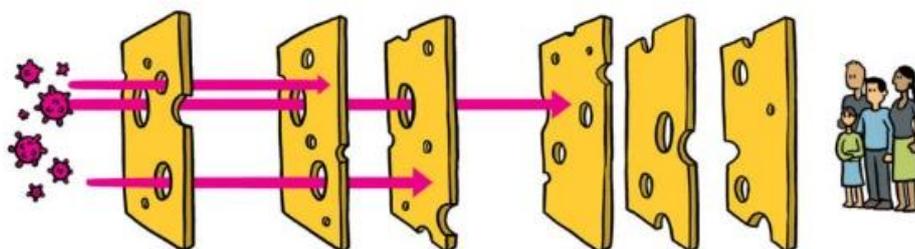
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Preparedness: How to reduce the risk of COVID-19

Based on international and local evidence and experience, the risk of COVID-19 transmission within secondary school and kura settings is considered relatively low. Widespread vaccination and wearing of face coverings are effective ways to reduce risk of transmission in these settings.

There are many things that schools and kura can do to further reduce the risk and impact of a COVID-19 case in their school. 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, vaccination, ventilation, face coverings 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:

- Keep occupied spaces well ventilated
- Create a culture where face covering wearing is normalised
- Support access to COVID-19 vaccinations for all staff and eligible students
- 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 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 students and staff
- Follow public health advice (testing, self-isolation) for any cases and contacts within your school or kura 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 students in each school should be strongly encouraged to get vaccinated.

On 11 October 2021 Government announced that all school and kura staff will need 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.

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. Aerosolised particles may build up if there is not enough 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.

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/.

Face coverings

At **Red**, 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 **Orange**, 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.

Secondary schools and kura in regions that moved from Alert Level 2 to Red are able to keep their alert level settings until the end of the school year. This means that they do not have to wear face coverings, but they are strongly encouraged to do so.

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: <i>fitted snugly and sealed well around facial contours</i>	NOT appropriate face coverings
Single use, disposable masks (medical masks)	Dust masks
Re-usable fabric masks with 3 layers	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/kura, including people who are unwell staying away, increasing rates of vaccination across the population (including mandated vaccinations for staff and volunteers), good ventilation, most students and staff 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/covid-19-protection-framework-advice-for-schools-and-kura/.

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

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 secondary school or kura

If someone with COVID-19 is at school or kura during their infectious period you will need to take steps to notify students, staff, whānau, and anyone else who may have been on your premises at the same time. You will be supported with this by the Ministry of Education Single Points of Contact.

The public health measures in place in secondary 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 secondary school or kura to immediately close** when a case has been identified as infectious while on-site.

Staff and many students will be vaccinated which reduces their risk of becoming infected with the virus or becoming seriously ill. Children/tamariki are at lower risk of severe illness if they are infected with the virus.

It is anticipated that many people in secondary schools or kura, particularly if they are following other public health measures, will be able to continue to attend school. However, they will be expected to watch for symptoms, and get a test if symptoms develop.

Guiding principles

- The public health measures in secondary school and kura mean that the risk of transmission of COVID-19 is reduced in these settings
- There are significant benefits for children/tamariki and young people/rangatahi to be in school - from educational, social and developmental perspectives
- A pragmatic approach to contact categorisation will be taken
- The approach aims to support the continuation of learning within 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 secondary schools and kura** to ensure actions and ownership is clear, as well as expected timeframes.

Advice for categorising contacts within a school/kura

People who have had contact with a case are considered 'contacts.' Depending on the type of interaction with the COVID-19 case, they may be categorised as Close, Casual Plus or Casual Contacts.

When someone is a COVID-19 positive case, their infectious period should be assumed to be from 48 hours before their symptoms started until medical clearance (at least 10 days of self-isolation for fully vaccinated people). If a case has no symptoms, they should generally be assumed infectious from 48 hours before the initial test.

When Contacts are identified, the last time that a Contact was near to the case during their infectious period is considered their 'last date of exposure'. This date is known as day 0, and used to calculate the days for isolation and testing. Public health will provide this information, including the infectious period, to the Ministry of Education Single Point of Contact.

Anyone onsite may be classified in any one of the below contact categories. This includes staff, students or any visitors. 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 of students to be able to complete the process outlined in this toolkit.

The interaction types (exposures) described in the table in Appendix Six have been developed on the assumption that schools/kura operating at Red do not have extracurricular activities onsite, including sports activities (indoors and outdoors).

While we recognise that schools and kura will not have full visibility of all interactions within their environments, the process outlined in the table in Appendix Six provides guidance on how to distinguish the risk in different settings, based on best public health advice. The scenarios outlined help to provide examples of how the categorisation is applied in practice.

We expect that the 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) with inadequate 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

Additional risk assessment by public health may be required in some circumstances. Please notify your Ministry of Education Single Point of Contact if any of the following apply:

- 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/tamariki with disabilities or complex behavioural needs)
- Schools / kura with hostel settings
- If more than one case has been notified/identified in the school / kura. 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.

Note that a Medical Officer of Health may decide to manage cases, contacts and the associated public health risk differently to the process outlined in this guidance. It is important the Ministry of Education Single Point of Contact work closely with both public health and with the affected school or kura to ensure the approach is aligned.

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	Response
<p>Scenario 1 Case attended choir practice indoors OR case was sneezing/coughing forcefully indoors</p> <p><i>Close range contact within 1.5m of case</i></p>	<ul style="list-style-type: none"> Everyone in the same room as the choir practice or as sneezing/coughing case, in general: CLOSE CONTACT <ul style="list-style-type: none"> 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 <p><i>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</i></p>
<p>Scenario 2 A case had lunch with their friends indoors at lunchtime for more than 15 minutes</p> <p><i>Close range contact within 1.5m of case</i></p>	<ul style="list-style-type: none"> As they'll be eating, they won't be wearing a face covering. The friends they had lunch with: CLOSE CONTACT <p><i>See table for details: Indoor face to face contact for more than 15 minutes</i></p>
<p>Scenario 3 Friends hanging out together in a classroom for more than 15 minutes</p> <p><i>Close range contact within 1.5m of case</i></p>	<ul style="list-style-type: none"> If the case was wearing a face covering and time was less than 2 hours: friends would be CASUAL PLUS CONTACTS If the case was wearing a face covering and time was more than 2 hours: friends would be CLOSE CONTACTS If the case wasn't wearing a face covering: friends would be CLOSE CONTACTS <p><i>See table for details: Indoor face to face contact for more than 15 minutes</i></p>
<p>Scenario 4 A teacher-student interaction, or a parent-teacher conversation indoors for more than 15 minutes</p> <p><i>Close range contact within 1.5m of case</i></p>	<ul style="list-style-type: none"> If the case was wearing a face covering and time was less than 2 hours: contacts would be CASUAL PLUS CONTACTS If the case was wearing a face covering and time was more than 2 hours: contacts would be CLOSE CONTACTS If the case wasn't wearing a face covering: contacts would be CLOSE CONTACTS <p><i>See table for details: Indoor face to face contact for more than 15 minutes</i></p>

<p>Scenario 5</p> <p>People in the same indoor classroom as a case (classmates or staff) who were sitting nearby (within 1.5m) for more than 1 hour</p> <p><i>Close range contact within 1.5m of case</i></p>	<ul style="list-style-type: none"> • If the case was wearing a face covering AND the contact was in the class for less than 2 hours: Classmates would be CASUAL PLUS CONTACTS • If the case was wearing a face covering AND the contact was in the class for more than 2 hours: Classmates would be CLOSE CONTACTS • If the case wasn't wearing a face covering: Classmates would be CLOSE CONTACTS <p>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.</p> <p><i>See table for details: Non-face to face contact for more than 1 hour in an indoor space</i></p>
<p>Scenario 6</p> <p>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</p> <p><i>Indoor contact more than 1.5m from case</i></p>	<ul style="list-style-type: none"> • If the case was wearing a face covering AND the contact was in the room or bus for less than 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 more than 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 <p>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.</p> <p><i>See table for details: Indoor contact in a small space without good airflow/ventilation for more than 15 minutes</i></p>
<p>Scenario 7</p> <p>A case spent their free period (> 1 hour) in the hall OR attended school/kura in an innovative learning environment</p> <p><i>Indoor contact more than 1.5m from case</i></p>	<ul style="list-style-type: none"> • If the case was wearing a face covering AND the contact was in the space for less than 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 more than 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 <p>If an Innovative Learning Environment is a moderate sized space and is poorly ventilated, then they would be categorised according to this scenario.</p> <p><i>See table for details: Indoor contact in a moderate sized space without good airflow/ventilation for more than 1 hour</i></p>

<p>Scenario 8 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</p> <p><i>Low-risk contact</i></p>	<ul style="list-style-type: none"> • 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 <p><i>See table for details:</i> <i>Indoor contact in:</i></p> <ul style="list-style-type: none"> • A large space (> 300m²) OR • A smaller space (< 300m²) with good air flow/ventilation <p>FOR ANY DURATION OF TIME <i>/ Brief indoor contact within 1.5 meters of a case / Contact in outdoor spaces</i></p>
<p>Scenario 9 For education outside of the classroom (EOTC) activities where the activity is outdoors (eg, walking to the swimming pool)</p> <p><i>Low-risk contact</i></p>	<ul style="list-style-type: none"> • Any outdoor setting is considered low risk and any contacts are: CASUAL (no active management required) <p><i>See table for details:</i> <i>Contact in outdoor spaces</i></p> <p>FOR ANY DURATION OF TIME</p> <p>*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.</p>

Scenarios for household members of contacts

Scenarios	Response
<p>Scenario 10 What household members of Close Contacts should do</p>	<ul style="list-style-type: none"> • Unvaccinated household members of an unvaccinated Close Contact, including children/tamariki, 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

<p>Scenario 11 What household members of Casual Plus Contacts should do</p>	<ul style="list-style-type: none"> • If the Casual Plus Contact is a child, they should stay home with their primary caregiver, until the Casual Plus Contact receives a negative day 5 test result, or 7 days has passed since exposure, whichever is later • 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
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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
<p>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</p>	<ul style="list-style-type: none"> • 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?
<p>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</p>	<ul style="list-style-type: none"> • 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.

Close Contacts

All Close Contacts will be provided advice by the National Investigation and Tracing Centre (the NITC), including receiving a release communication once their final required negative test result has been returned.

Advice for Close Contacts	
Close Contacts – Unvaccinated or single dose only <u>must</u> :	<ul style="list-style-type: none"> • 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 AND 10 days has passed since exposure • Be advised by public health when they can return to school / kura, and return to normal life • 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/tamariki, stay at home until the Close Contact receives a negative day 5 test
Close Contacts – Vaccinated <u>must</u> :	<ul style="list-style-type: none"> • 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, AND 7 days has passed since exposure • Be advised by public health when they can return to school / kura, and return to normal life • 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

Note that household contacts are managed by public health, and they should follow the advice provided by public health rather than the school.

Casual Plus Contacts

Unvaccinated Casual Plus Contacts will be contacted by the NITC and receive a release communication via email when a negative day 5 test has been returned.

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.

Advice for Casual Plus Contacts	
Casual Plus Contacts – Unvaccinated or single dose only <u>must</u> :	<ul style="list-style-type: none"> • 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, AND 7 days has passed since exposure • 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 <u>must</u> :	<ul style="list-style-type: none"> • Self-monitor for symptoms for 10 days • Can continue to attend school/kura if symptom-free • 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

Casual Contacts / general advice

Advice for Casual Contacts / general advice for secondary schools or kura	
Casual Contacts <u>must</u> :	<ul style="list-style-type: none"> • Watch for symptoms and if any develop, get tested immediately and stay at home/keep child at home until 24 hours after symptoms resolve • If you do not have any COVID-19 symptoms, you can continue to attend school/kura

What does ‘fully vaccinated’ mean?

To be consider ‘fully vaccinated’, **seven days** need to have passed since an individual has had their final 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, COVID-19 vaccines 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 (eg, if access to transport is a barrier to 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.

The template spreadsheet can be downloaded from [here](#).

Bluetooth function of the NZ COVID Tracer App

If a someone 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 a specific Healthline number (not the general line) 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.

Appendix One: Spreadsheet for collecting contact information

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

The template spreadsheet can be downloaded from [here](#).

Appendix Two: Template letters for whānau, staff/kaimahi and community

1. Template letter for the whole school or kura when there is a confirmed case

[Kia ora/insert greeting]

The health and wellbeing of our children, staff and community is a top priority. You may have heard there's a confirmed COVID-19 case in our community.

What we're doing

- We're working to identify any **Close** or **Casual Plus** contacts of the confirmed Case
- We'll give you an update on what you need to do by [insert time *within 8 hours*] today
- We will [remain open / move to distance learning for xx classes or the full school] while we work through the list of contacts

What you need to do

- [If your child is in this class], stay home until we provide you with an update

Noho ora mai

[insert name, position and school/kura]

2a. Template letter for Close Contacts who are staff, parents or whānau

- *This message is to be sent to the list of Close Contacts identified by the school/kura who are staff, parents or whānau.*
- **Highlighted text** needs to be edited with relevant public health information.

[Kia ora/insert greeting]

The health and wellbeing of our children, staff and community is a top priority.

This letter contains information about what you and your whānau need to do. This depends on your vaccination status. Please read it carefully.

We're sending this letter as you have been identified as a **CLOSE CONTACT**. You had contact with a positive COVID-19 case at [school/kura] on [insert date of last exposure]. **This date is known as your DAY 0. Your DAY 1 starts the next day.**

Please get a COVID-19 test immediately. Note that in some instances, public health may advise testing on different days.

If you have questions, you can contact [insert details eg, name/role/number/email address].



A COVID-19 case has been confirmed in your school community. You have been identified as a **CLOSE CONTACT**

Please follow this Public Health guidance



How to get tested

- Find your nearest testing centre at www.healthpoint.co.nz/covid-19 or call Healthline on 0800 358 5453
- It's free
- Tell them you're a Close Contact

What it means to self-isolate

- Stay away from other household members if possible
- Don't leave your house for any reason
- You can't have any visitors

For more information, go to 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#whattodo

Symptoms of COVID-19

- A new or worsening cough
- Sneezing and runny nose
- A fever
- Temporary loss of smell or altered sense of taste
- Sore throat
- Shortness of breath

Less common symptoms include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain, or confusion/irritability.

For more information, go to covid19.govt.nz/health-and-wellbeing/about-covid-19/covid-19-symptoms/

For more information on being a Close Contact

www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19#factsheets

Noho ora mai

[insert name, position and school/kura]

2b. Template letter for Close Contacts who are students

- *This message is to be sent in its to the list of Close Contacts identified by the school/kura who are students.*
- *Highlighted text needs to be edited with relevant public health information.*

[Kia ora/insert greeting]

The health and wellbeing of our children, staff and community is a top priority.

This letter contains information about what you and your whānau need to do. Please read it carefully.

We're sending this letter as your child has been identified as a **CLOSE CONTACT**. They had contact with a positive COVID-19 case at [school/kura] on [insert date of last exposure]. **This date is known as their DAY 0. Their DAY 1 starts the next day.**

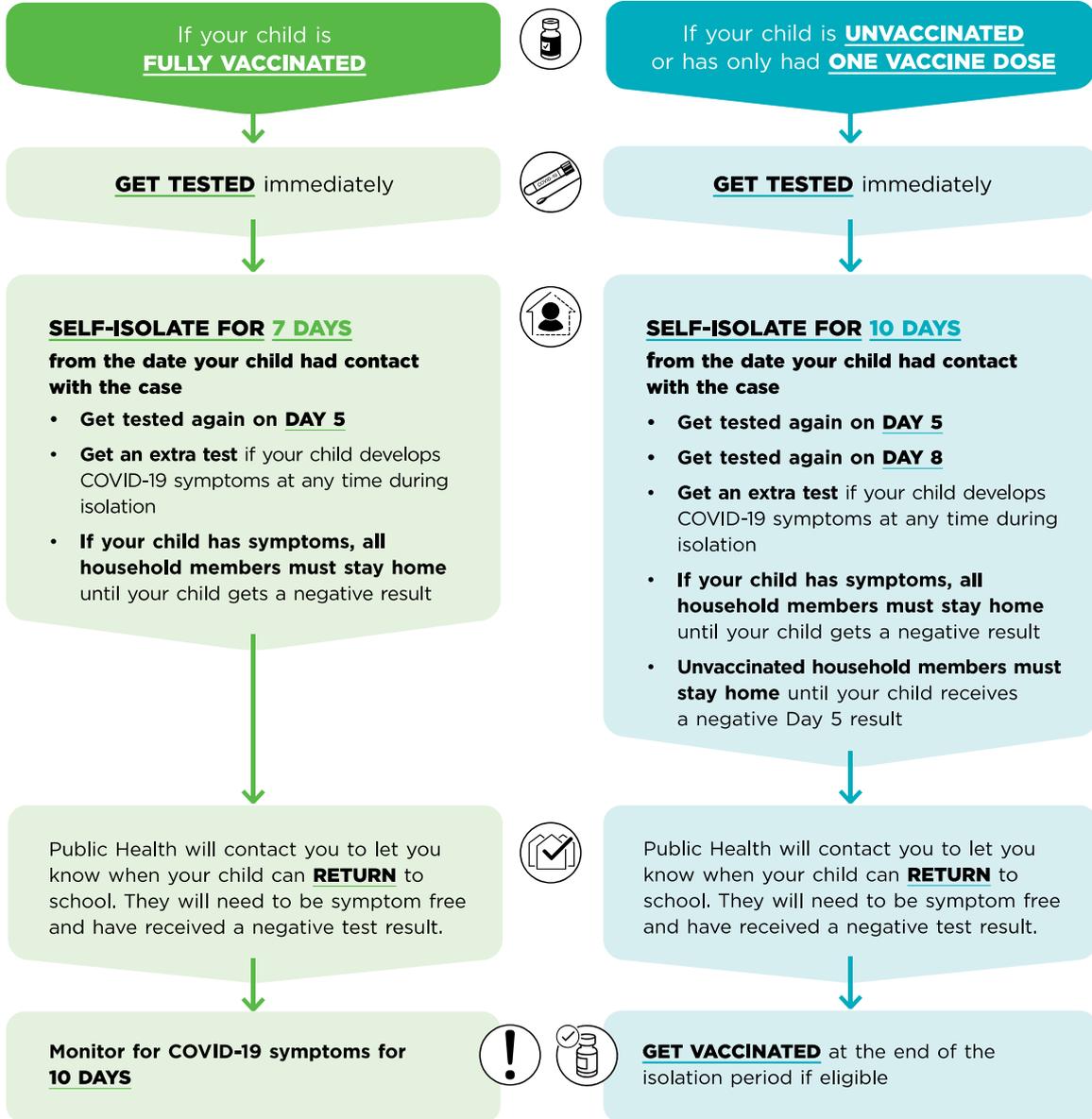
Please get your child tested for COVID-19 immediately. Note that in some instances, public health may advise testing on different days.

If you have questions, you can contact [insert details eg, name/role/number/email address].



A COVID-19 case has been confirmed in your school community. Your child has been identified as a **CLOSE CONTACT**

Please follow this Public Health guidance



How to get tested

- Find your nearest testing centre at www.healthpoint.co.nz/covid-19 or call Healthline on 0800 358 5453
- It's free

- Tell them you're a Close Contact

What it means to self-isolate

- Stay away from other household members if possible
- Don't leave your house for any reason
- You can't have any visitors

For more information, go to 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#whattodo

Symptoms of COVID-19

- A new or worsening cough
- Sneezing and runny nose
- A fever
- Temporary loss of smell or altered sense of taste
- Sore throat
- Shortness of breath

Less common symptoms include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain, or confusion/irritability.

For more information, go to covid19.govt.nz/health-and-wellbeing/about-covid-19/covid-19-symptoms/

For more information on being a Close Contact

www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19#factsheets

Noho ora mai

[insert name, position and school/kura]

3a. Template letter for Casual Plus Contacts who are staff, parents or whānau

- *This message is to be sent in its to the list of Casual Plus Contacts identified by the school/kura who are staff, parents or whānau*
- **Highlighted text** needs to be edited with relevant public health information.

[Kia ora/insert greeting]

The health and wellbeing of our children, staff and community is a top priority.

This letter contains information about what you and your whānau need to do. This depends on your vaccination status. Please read it carefully.

We're sending this letter as you have been identified as a **CASUAL PLUS CONTACT**. This means you have been in the same place, at the same time, as a positive COVID-19 case. But not for long enough to be a Close Contact.

You had contact with the case at [school/kura] on [insert date of last exposure]. **This date is known as your DAY 0. Your DAY 1 starts the next day.**

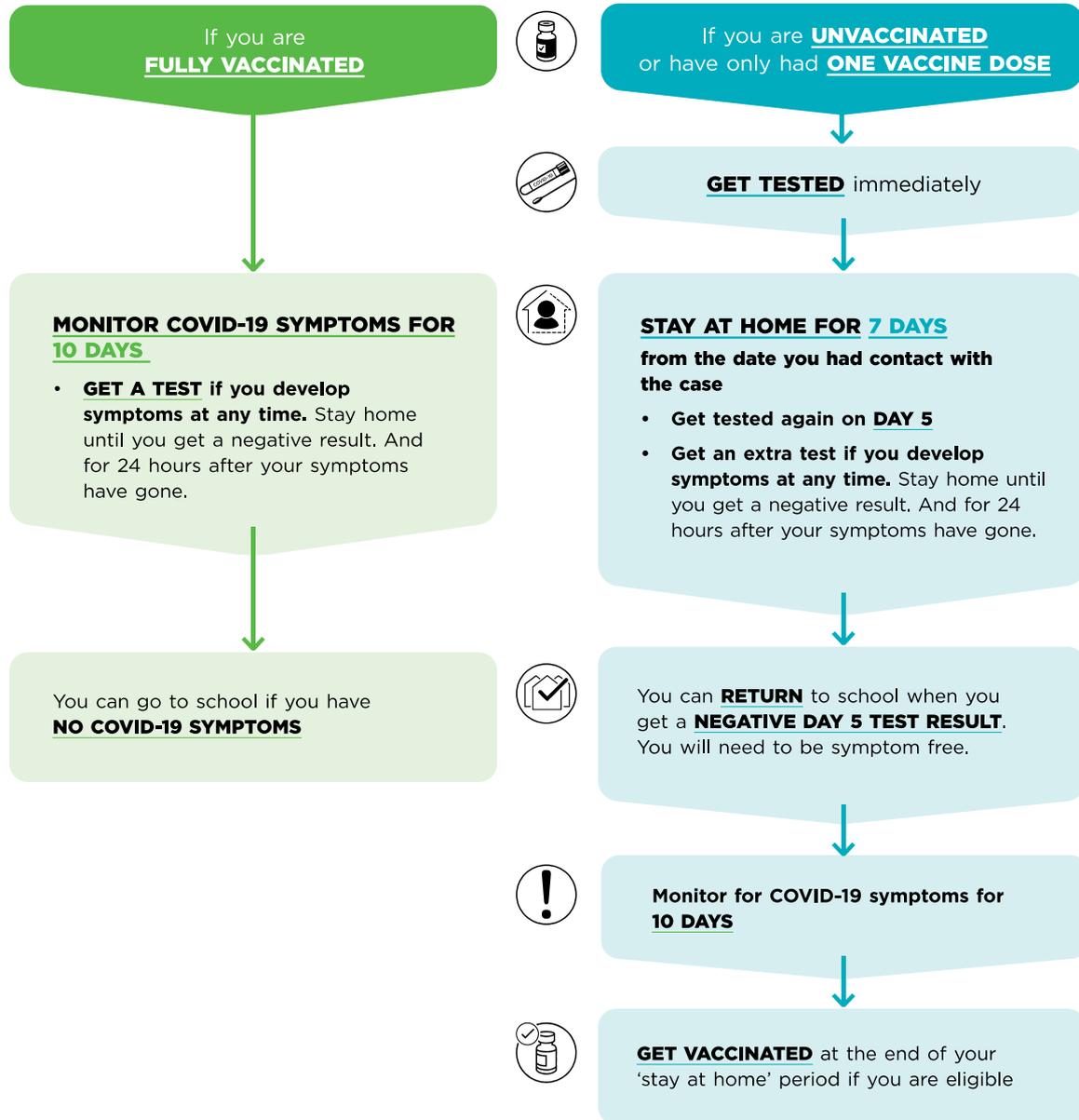
Please get a COVID-19 test immediately if you are unvaccinated or have only had one vaccine dose. Note that in some instances, public health may advise testing on different days.

If you have questions, you can contact [insert details eg, name/role/number/email address].



A COVID-19 case has been confirmed in your school community. You have been identified as a **CASUAL PLUS CONTACT**

Please follow this Public Health guidance



How to get tested

- Find your nearest testing centre at www.healthpoint.co.nz/covid-19 or call Healthline on 0800 358 5453
- It's free
- Tell them you're a Casual Plus Contact

What staying at home means

- You can't have any visitors
- You can go outside but you need to wear a face covering
- You can go for a walk, run or bike ride if you don't have any symptoms
- Keep 2-metres away from others
- Household members can continue their daily activities

For more information, go to <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-staying-home>

Symptoms of COVID-19

- A new or worsening cough
- Sneezing and runny nose
- A fever
- Temporary loss of smell or altered sense of taste
- Sore throat
- Shortness of breath

Less common symptoms include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain, or confusion/irritability.

For more information, go to <https://covid19.govt.nz/health-and-wellbeing/about-covid-19/covid-19-symptoms/>

For more information on being a Casual Plus Contact

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19#factsheets>

Noho ora mai

[insert name, position and school/kura]

3b. Template letter for Casual Plus Contacts who are students

- *This message is to be sent in its to the list of Casual Plus Contacts identified by the school/kura who are students*
- **Highlighted text** needs to be edited with relevant public health information.

[Kia ora/insert greeting]

The health and wellbeing of our children, staff and community is a top priority.

This letter contains information about what you and your whānau need to do. Please read it carefully.

We're sending this letter as your child has been identified as a **CASUAL PLUS CONTACT**. This means they have been in the same place, at the same time, as a positive COVID-19 case. But not for long enough to be a Close Contact.

They had contact with the case at [school/kura] on [insert date of last exposure]. **This date is known as their DAY 0. Their DAY 1 starts the next day.**

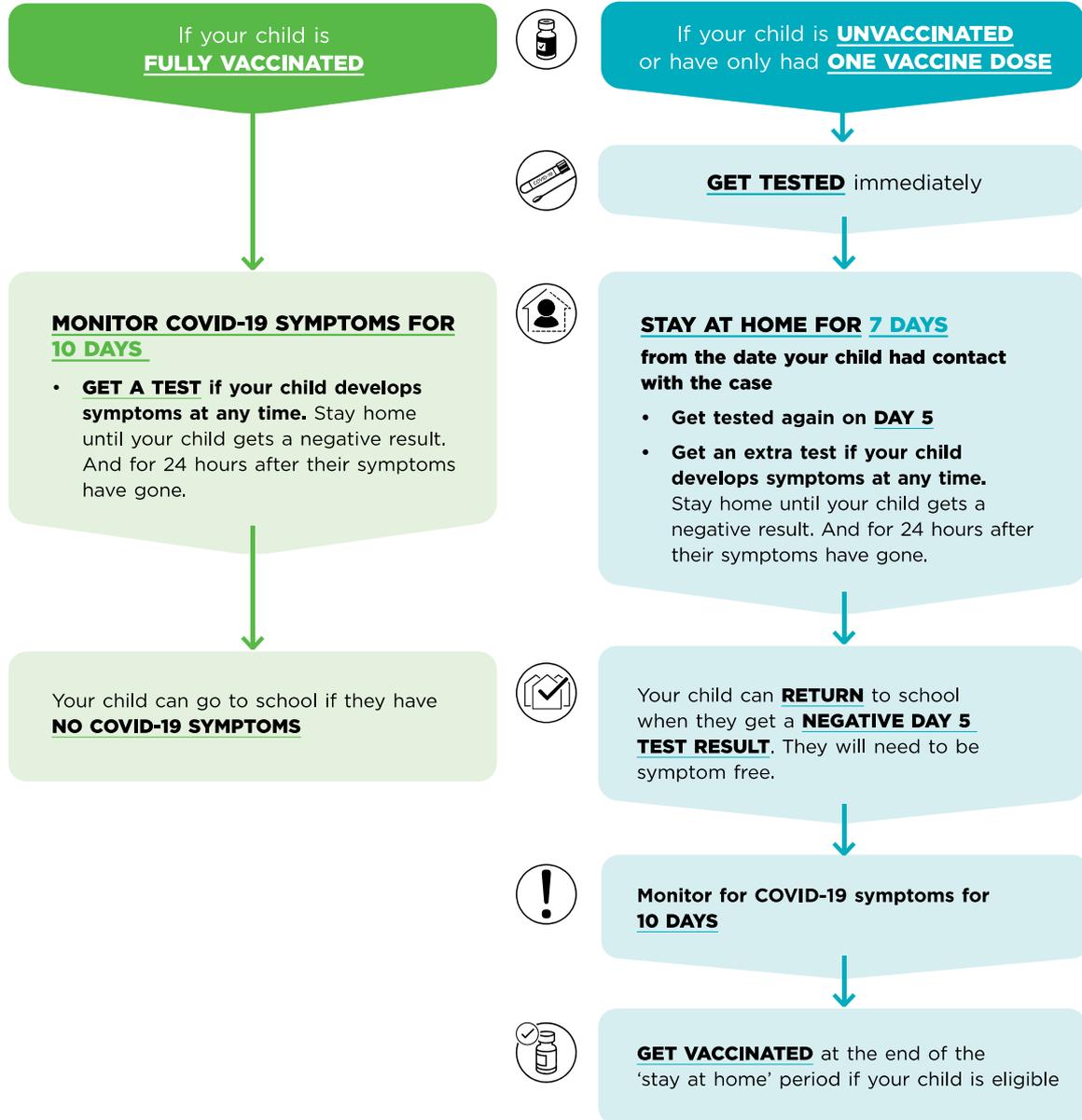
Please get your child tested for COVID-19 immediately if they are unvaccinated or have only had one vaccine dose. Note that in some instances, public health may advise testing on different days.

If you have questions, you can contact [insert details eg, name/role/number/email address].



A COVID-19 case has been confirmed in your school community. Your child has been identified as a **CASUAL PLUS CONTACT**

Please follow this Public Health guidance



How to get tested

- Find your nearest testing centre at www.healthpoint.co.nz/covid-19 or call Healthline on 0800 358 5453
- It's free
- Tell them you're a Casual Plus Contact

What staying at home means

- You can't have any visitors
- You can go outside but you need to wear a face covering
- You can go for a walk, run or bike ride if you don't have any symptoms
- Keep 2-metres away from others
- Household members can continue their daily activities

For more information, go to <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-staying-home>

Symptoms of COVID-19

- A new or worsening cough
- Sneezing and runny nose
- A fever
- Temporary loss of smell or altered sense of taste
- Sore throat
- Shortness of breath

Less common symptoms include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain, or confusion/irritability.

For more information, go to <https://covid19.govt.nz/health-and-wellbeing/about-covid-19/covid-19-symptoms/>

For more information on being a Casual Plus Contact

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19#factsheets>

Noho ora mai

[insert name, position and school/kura]

4. Template letter for the rest of the secondary school or kura community

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

[Kia ora/insert greeting]

The health and wellbeing of our children, staff and community is a top priority.

We're sending this letter as there is a confirmed case of COVID-19 in our community. The [student/staff member] was at [school/kura] from [insert relevant dates].

[You haven't/your child hasn't] been identified as a contact. You can still come to [school/kura].

What you need to do

- You and your whānau should watch for symptoms
- If any develop, get tested immediately
- Then, stay at home until you receive the result
- If your whānau hasn't been vaccinated, please do so as soon as possible. You can book on-line at bookmyvaccine.nz or by calling 0800 28 29 26. It's free.

What we're doing

- [school/kura] will stay open
- We have appropriate public health measures and cleaning procedures in place

Symptoms of COVID-19

- A new or worsening cough
- Sneezing and runny nose
- A fever
- Temporary loss of smell or altered sense of taste
- Sore throat
- Shortness of breath

Less common symptoms include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain, or confusion/irritability.

For more information, go to <https://covid19.govt.nz/health-and-wellbeing/about-covid-19/covid-19-symptoms/>

Please contact [insert details eg, name/role/number/email address] if you have any questions.

Noho ora mai

[insert name, position and school/kura]

Appendix Three: Social media template: School / kura informing community about confirmed case

1. General heads-up – **choose one** from the two options/scenarios

a. **Scenario 1** – Only specific classes will move to distance learning, the rest of the school is still open onsite

Text	IMAGE
<p>There's a confirmed COVID-19 case in our community.</p> <p>We're working to identify any close or casual plus contacts of the confirmed case. We'll move to distance learning for [insert relevant classes] while we work through the list of contacts. We will update this page by [insert time within 8 hours] today.</p> <p>In the meantime: If your child is in one of those classes, please stay home until we provide you with an update.</p>	

b. **Scenario 2** – the whole school moves to distance learning

Text	IMAGE
<p>There's a confirmed COVID-19 case in our community.</p> <p>We're working to identify any close or casual plus contacts of the confirmed case. All classes in our school / kura will move to distance learning while we work through the list of contacts. We will update this page by [insert time within 8 hours] today.</p> <p>In the meantime: Please stay home until we provide you with an update.</p>	

2. Social update within 8 hours - After contact identification is completed

Text	IMAGE
<p>We have completed our contact tracing process for the confirmed COVID-19 case in our community.</p> <p>To our parents and whānau – you will receive an email from us letting you know whether you and your child are a close contact, casual plus, or not a contact of the confirmed case. This email also includes what this means for your whānau, and what you need to do next.</p> <p>The health and wellbeing of our children, staff and community is our top priority. We will keep you posted on any new developments.</p>	 <p>The image shows a graphic with a yellow and black diagonal striped header. Below the header, the text 'COVID-19' is written in yellow, 'Community' in black, and 'update' in black.</p>

OPTIONAL VERSION #2 FOR SECONDARY SCHOOLS – who may have student emails in their contacts database and will be emailing them about their case status

2. Social update within 8 hours - After contact identification is completed

Text	IMAGE
<p>We have completed our contact tracing process for the confirmed COVID-19 case in our community.</p> <p>To our students, parents and whānau – you will receive an email from us letting you know whether you are a close contact, casual plus, or not a contact of the confirmed case. This email also includes what this means for your whānau, and what you need to do next.</p> <p>The health and wellbeing of our children, staff and community is our top priority. We will keep you posted on any new developments.</p>	 <p>The image shows a graphic with a yellow and black diagonal striped header. Below the header, the text 'COVID-19' is written in yellow, 'Community' in black, and 'update' in black.</p>

Appendix Four: Checklist for school / kura 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, reminding them about the government mandate?	
Have you supported your regular visitors (and their families) to have their COVID vaccination?	
<p>Have you contacted your DHB to see how they can help you support non-vaccinated people to access vaccine information or to get vaccinated?</p> <p>For example, pop-up vaccination clinics are being offered in some schools, or school nurses can help facilitate vaccination.</p>	
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?	
<p>How do you ensure that your staff and students (age 12+ years) wear face coverings?</p> <p>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.</p>	
<p>Has your school embedded good hygiene procedures?</p> <ul style="list-style-type: none"> • Washing hands before and after eating and toileting • Avoiding hand-to-face activities where possible 	
<p>Do you have sufficient hand hygiene supplies?</p> <ul style="list-style-type: none"> • Hand sanitiser or soap/water and paper towels 	

<p>Has your school maximised opportunities for fresh air?</p> <ul style="list-style-type: none"> • Eating outside on fine days • Ventilating classrooms • Outdoor learning spaces 	
<p>Do you have safe lunchtime and eating processes?</p> <ul style="list-style-type: none"> • 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 	
<p>Have you considered how to minimise interactions with other year groups?</p> <ul style="list-style-type: none"> • Assemblies, class bubbles, staggered timing or movement restrictions to manage corridor congestion 	
<p>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?</p>	
<p>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?</p> <p>Do you have a contactless visitors or contractors register?</p>	
<p>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?</p>	
<p>How are you configuring your learning spaces to minimise contacts?</p>	
<p>How will you rapidly identify contacts for contact tracing purposes if there is a case in the school?</p>	
<p>Have you encouraged staff and students to turn on Bluetooth on the NZ COVID Tracer App?</p> <p>This will help to identify Close Contacts if a case allows a case investigator to access their records during the case investigation.</p>	

Appendix Five: 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	Response
<p>Scenario 12 When a child, young person, or staff member has had contact with someone who is a Close Contact of a confirmed case</p>	<ul style="list-style-type: none"> • 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.
<p>Scenario 13 When a child, young person, or staff member receives a positive result but was not at school or kura while infectious</p>	<ul style="list-style-type: none"> • 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
<p>Scenario 14 When a child, young person or staff member tests positive and has been at school or kura when considered to be infectious</p>	<ul style="list-style-type: none"> • When a case has been confirmed at school / kura, consider moving to distance learning for affected classes while the situation is clarified • Public Health will undertake the case investigation, at which time they may identify Close Contacts within the secondary school/kura • 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: <ul style="list-style-type: none"> ○ Name of case ○ Name of school ○ Infectious period of the case ○ Isolation end date and testing advice for contacts (note that this may need to be reviewed if there are subsequent cases)

	<ul style="list-style-type: none">○ 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/kura will provide Contacts with letters containing public health advice to self-isolate and test• The National Investigation and Tracing Centre (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 NITC will check vaccination status of Contacts to inform the advice provided• 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)•
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Appendix Six: 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	Response
<p>Scenario 15 When contacts are in a boarding hostel</p>	<ul style="list-style-type: none"> • 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)
<p>Scenario 16 If a contact in a boarding hostel becomes a case</p>	<ul style="list-style-type: none"> • 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 Seven: Contact categorising

This table provides the public health risk assessment for categorising contacts.

	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, hongis, 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	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	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)	Casual	Casual
	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	Casual	Casual
*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 face covering provides protection from infection when a contact is in close-range contact with a case or is present in the same indoor spaces. Therefore, face covering 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 Eight: Frequently asked questions

All or some of our students and staff 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. There will also be regular checks by health agencies and other providers on Close Contacts, 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 is 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 Contact 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 is 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 Nine: 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:

