

Contact Tracing in Auckland Schools

Frequently asked Questions



What will happen if there is a confirmed case in a student or staff member at your school?

If a student or staff member at your school tests positive for COVID-19, Public Health will notify your Ministry of Education (MoE) SPOC.

Public Health will carry out the initial case investigation and determine key details your school and MoE SPOCs will need to know. This includes whether the person was infectious while at school.

The MoE SPOC will be your primary liaison point and will work with Public Health on your behalf.

What should you do if a staff member or parent/caregiver tells you that they or their child has COVID-19?

Contact your MoE SPOC, who will liaise with Public Health to confirm that the person has indeed tested positive for COVID-19.

If confirmed, your MoE SPOC will be your conduit with Public Health; they will provide you with the advice and materials you need to help you assess your school's level of risk, identify contacts and communicate with your school community. For example, you will be supplied template letters/emails and public health messaging.

It is *no longer necessary* to immediately close when a case is identified as infectious while at school.

How long is a case infectious for?

A person with COVID-19 is considered infectious from 48 hours before their symptoms started (or the date of their test if they had no symptoms). They must isolate for at least ten days from their symptom onset/positive test result, and until they have been symptom-free for 72 hours. They must also be cleared to leave self-isolation by Public Health.

How will you know which other students or staff may be at risk from the person with COVID-19?

Public Health will carry out an initial investigation to establish the case's infectious period and any details relevant to your school environment. Your MoE SPOC will then inform your school and advise you what to do next.

What information do you need to share with your school community (other staff/parents/caregivers)?

Your MoE SPOC will work with you to identify any Close or Casual Plus Contacts of the case at your school. They will also escalate any issues as required with the Public Health team.

Where there has been mask use, good ventilation and physical distancing – in combination with high levels of vaccination – it is expected there will be only small number of Close Contacts.

Your MoE SPOC will also provide you with the materials and templates you will need to respond to an exposure event in your school. You will need to send out information to those people identified as Close Contacts and Casual Plus Contacts. There will also be public health messaging for the wider school community on their level of risk and any actions required (e.g. watching for COVID-19 symptoms).

If all or some of our students are already fully vaccinated against COVID, do they still need to follow the public health advice provided?

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.

Will you have to close your school if there is a case there?

No. If your school has a high level of vaccination and other mitigation measures are in place, it is no longer necessary to immediately close your school if a case is identified there. Your MoE SPOC, in liaison with Public Health, will tell you if closure is necessary.

Will you have to do a 'deep clean' of your school if there is a case there?

There is no requirement to do a 'deep clean'. You can find advice and guidelines for cleaning during the COVID-19 pandemic [here: https://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](https://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).

What if more cases are identified at the school?

Public Health will complete additional risk assessments and work with your MoE SPOC to advise you on any further action needed.

How will we know if close contacts have been cleared to return to school?

Unvaccinated Close Contacts need to isolate at home for 10 days after they were last exposed to the person with COVID-19. They also need to get tested immediately, then five and eight days after they were exposed.

Vaccinated Close Contacts need to isolate at home for 7 days after they were last exposed to the person with COVID-19, and get tested immediately and on Day 5.

All close contacts will be released by public health – and provided with a release letter -after 10 days, if all tests have returned negative results and they remain well.

Can we ask for staff or students who have recovered from COVID to provide a negative test result before they return?

There is no value in testing people who have recovered from COVID-19 as they can continue to test positive for several weeks – despite no longer being infectious. This is because pieces of dead virus stay in the body long after someone has recovered from COVID.

As long as they have completed their isolation period and been cleared by public health, they are considered recovered and cannot spread the virus to people where they live or work.

International scientific studies have also found the virus cannot infect others after about a week in the body.

There has been a case at a neighbouring school attended by some of our students' siblings. Do we have to do anything?

No, not unless you are contacted by your MoE SPOC/Public Health. If a student or staff member at your school becomes a Close Contact because they live with a COVID-19 case, they will be required to self-

isolate, and will be communicated with directly.

Our school has a case whose siblings attend a neighbouring school. Do we or they need to do anything?

As noted above, your MoE SPOC will work with Public Health and your school to identify any Close or Casual Plus Contacts. You only need to consider the contacts at your school. This is for privacy reasons, as well as logistical ones.

We have a staff member or student who has told us they are a close or household contact. Do we need to do anything?

No. But the staff member or student will need to follow the Public Health advice they receive and not return to school until they have completed their self-isolation period (and all testing), and been cleared to leave self-isolation by Public Health.

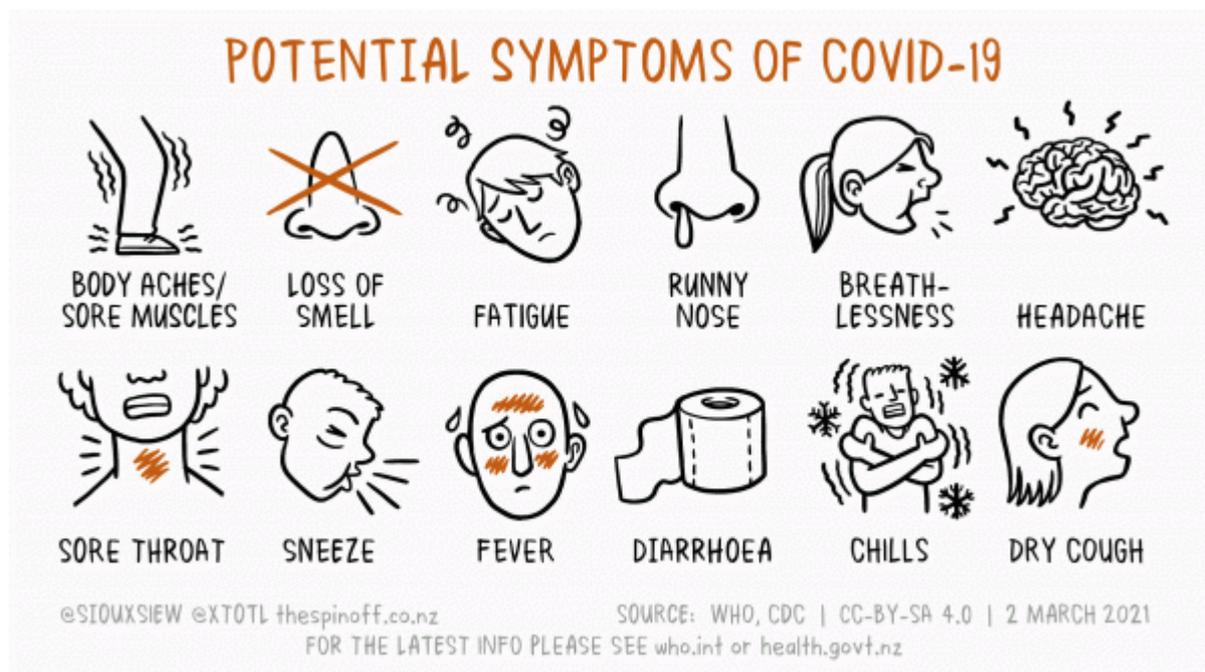
What should you do if an unwell student (or staff member) comes to school?

Anyone who is unwell with COVID-like symptoms should not be at a school. Students or staff who arrive at school with one or more of these symptoms (see below) should be sent home. Staff and caregivers should be advised to call Healthline on 0800 358 5453 (a 24/7 service with interpreters available).

While a child is awaiting collection by their parent or caregiver, they should be moved, if possible, to a room where they can be isolated behind a closed door. Provide them with a mask (if they are not already wearing one) and, ideally, open a window for ventilation. If it is not possible to isolate them, move them to a well-ventilated area that is at least 2 metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.

COVID-19 symptoms can include one or more of the following:



Who can you contact about the public health actions you need to take at your school?

Contact your MoE SPOC in the first instance and they can liaise with Public Health on your behalf.

Will on-site testing be needed if you have a case at your school?

No, not unless you have a significant number of students who are identified as Close or Casual Plus Contacts. Your MoE SPOC will liaise with Public Health and the Northern Region Health Co-ordination Centre (NRHCC) Testing Team about whether on-site testing is deemed necessary.

How long will test results take to come back? Can staff or students attend school while waiting for their 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 five days.

Contacts awaiting test results cannot attend school. Close Contacts must self-isolate for 10 days, have an Immediate, Day 5 and Day 8 test (and return negative results), *and* be cleared by Public Health before they can return.

If they are vaccinated, they need to self-isolate for 7 days, and have a test immediately and on Day 5.

Unvaccinated Casual Plus Contacts must stay at home for 7 days and return a negative Day 5 test before returning to daily life. They do not need to be cleared by Public Health. Vaccinated Casual Plus Contacts need only watch for symptoms.

Do we need to take special steps for staff or students at our school who may be at greater risk due to other health conditions?

Some people, such as pregnant women or those who are immune-compromised, may be at higher risk of illness from COVID. These people should seek the advice of their health professional or call Healthline on 0800 358 5453.

If we are at 90% vaccinated how is the risk of COVID any greater than the flu which people die of every year?

Compared to influenza, COVID-19 can cause more serious illness, people can be contagious for longer, and some people can go on to develop post-COVID conditions such as multi-system inflammatory Syndrome (MIS) and Long COVID.

One French study has shown that people admitted to hospital with COVID-19 have a higher rate of respiratory complications and a 2.9 times higher risk of death compared to people admitted with influenza.

It is expected that COVID – similar to influenza - will become endemic to New Zealand, but it is important to slow the spread and do what we can to reduce the rates of serious illness and death. Vaccination will play a big part in achieving this, alongside measures such as masking and good hand and respiratory hygiene.

We have not yet reached the target of 90% of people being fully vaccinated. People are considered fully vaccinated when they have received two doses of the vaccine, *and* it is seven days since they had their second dose. You can find information on New Zealand's vaccination coverage here:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines>.

More vaccination information is available here:

- <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines>
- <https://covid19.govt.nz/covid-19-vaccines/>
- <https://www.immune.org.nz/vaccines/available-vaccines/comirnaty>

Do students need a negative test if they are sent home unwell or have been away unwell?

No. But if you're aware they are experiencing COVID-like symptoms, they should be required to get a test before they return to school. And they shouldn't return to school until they have been symptom-free for at least 24 hours.

In Year 7-13 schools, with up to 300 students not required to wear masks, how would that be safe?

Students in Years 4-13 will be required to wear masks in most cases. Masks, or other face coverings, are a protective measure against the spread of COVID-19, but are only one of the mitigations. Other measures such as vaccination, ventilation, hand and respiratory hygiene, limiting student numbers and keeping school groups separated are also important. Having all of these measures offers the best levels of protection.

Can relievers/part timers go across bubbles?

Ideally, staff would not work across more than one bubble as this would significantly increase the number of contacts the person would have if they were diagnosed with COVID-19.

At the very least, people should avoid working across more than one bubble in a single day.

How do classes separate in MLEs?

Schools with MLEs will need to take a pragmatic approach to managing classes in these environments - for example, by having staggered or part-time attendance. There is potentially an increased risk where bubbles are sharing air inside. This can be mitigated by spacing bubbles, having good ventilation and wearing masks. Ideally, break times would be spent outside. If a staff or child in one of these spaces tests positive for COVID-19, there are likely to be more contacts identified than in a single-cell classroom.

In a Y7-13 school, staff bubbles can not really able to be created as they teach a range of classes?

The movement of teaching staff across classes will mean that if a teacher tests positive for COVID-19, the students in all of the classes they have taught will become contacts. However, schools can only take a pragmatic approach, and ensure that all other mitigation measures – mask wearing, hand hygiene, vaccination (where possible) are in place to reduce the risk of transmission.

Limit staff and student movement: how might we do this in secondary school? Is that the expectation?

The movement of teaching staff across classes will mean that if a teacher tests positive for COVID-19, the students in all of the classes they have taught will become contacts. However, schools can only take a pragmatic approach, and ensure that all other mitigation measures – mask wearing, hand hygiene, vaccination (where possible) are in place to reduce the risk of transmission.

What about drop-off and pick-up with parents on site? It's impossible to know who was here, and it's not always parents who do the drop-offs and pick-ups.

There will be no expectation from Public Health that schools will be able to track the movement of parents coming to and from school for pick-ups and drop-offs. Given the higher rates of vaccination in the community now, and the expectation that parents/caregivers wear masks, there is also less risk from these types of interactions than there was at the start of the outbreak. Schools may also wish to consider staggered or limited drop-offs and pick-ups, and asking parents not to enter school grounds.

There is varying advice around masks. Is a mask of any description and specification better than no mask at all?

The Delta variant is highly transmissible so wearing a face covering over the nose and mouth is an important form of protection. In general, a face covering such as a disposable or washable mask should be worn whenever people leave their homes.

Face coverings can protect against the spread of infectious droplets and particles when an infected person speaks, laughs, coughs, sneezes or breathes.

Guidance on using a suitable reusable or disposable mask or face covering is available [here](#) on the Ministry of Health website and [here](#) on the Unite Against COVID website.

What if a child is away sick and the parent refuses to get them tested for COVID-19 before they return?

The child should not return to school until they have been symptom-free for at least 24 hours.

How do we monitor interaction in bathrooms during breaks?

There will be no expectation from Public Health that schools will be able to track the movements and interactions of students in settings like toilets. Schools will be asked for information for contact tracing that can be known, such as the classrooms staff and students were in, with whom and when. However, you may wish to think about how your school manages this setting – and communicate this to your staff and students. For example, making sure masks are worn, not congregating in bathrooms/toilets, and limiting the number of people in a bathroom/toilet at any one time.

If we limit one bubble at a time on our outdoor playgrounds, would this be acceptable?

Outdoor interactions are of less risk due to the continuous air flow and, with playgrounds, children being 'on the move', which also limits their exposure. Mask use also reduces the risk. Limiting playground use to one bubble at a time is likely to further reduce exposure, but may not be practical for some schools.

With up to 85% of our students on school buses, and these buses shared with other schools, there is difficulty in tracing these students. School bus lists are not particularly accurate, and lots of students are on public buses. Advice?

It is not expected that schools will be able to provide full and comprehensive bus lists. Any lists your school has may be useful, but there are other means available for contact tracing on buses, such as AT Hop cards and liaison between Public Health and the transport provider.

In school playgrounds, outside, large numbers of students mix. Is this high or low risk, i.e. should we segregate outside break times?

Outdoor interactions are of less risk due to the continuous air flow and, with playgrounds, children being 'on the move', which also limits their exposure. Mask use also reduce the risk. Staggering break times and limiting playground use to one bubble at a time is likely to further reduce exposure, but may not be practical for some schools. For secondary school students, the priority mitigations will be mask wearing and physical distancing, alongside vaccination.

If we organise single cell bubbles for during the school day, are we allowed to open up before and after school care on the site which would mix the bubbles?

If you have mixed and single-cell bubbles, you just need to be aware that if a child tests positive for COVID-19 after being part of both, everyone in the single and mixed bubbles will become a contact.

It sounds like ILEs are more at risk than single cell - is this a concern for ILE schools?

There is potentially an increased risk where bubbles are sharing air inside. This can be mitigated by spacing bubbles, good ventilation and mask use. Ideally, break times would be spent outside. If a staff or child in one of these spaces tests positive for COVID-19, there are likely to be more contacts identified than in a single-cell classroom.

What about play-based classes for the juniors? Are they considered the same as an ILE? Do they need to stay inside at lunchtime then or can they move around the school at break times?

See above.

How long is a typical stand down?

Unvaccinated Close Contacts must self-isolate for 10 days, have an Immediate, Day 5 and Day 8 test (and return negative results), *and* be cleared by Public Health before they can return.

If they are vaccinated, they need to self-isolate for 7 days, and have a test immediately and on Day 5.

Unvaccinated Casual Plus Contacts must stay at home for 7 days and return a negative Day 5 test before returning to daily life. They do not need to be cleared by Public Health.

Vaccinated Casual Plus Contacts need only watch for symptoms.

Cases must isolate for at least ten days AND until they have been symptom-free for at least 72 hours AND they have been cleared to leave isolation by Public Health.

Can students get Long COVID?

There is still no standard definition of long COVID, and the syndrome itself is quite variable. Children can experience it, but it appears to be less common than in adults and they tend to recover quicker. Read more [here](#).

In addition, children are less likely to catch COVID-19 due to having fewer 'receptors', and are also less likely to transmit it. Figures on the incidence of COVID-19 in New Zealand children are available [here](#).

Are you able to cite the studies that show the risk of transmission is lower among younger children? Where these studies conducted while schools were open and with Delta in the community?

https://www.ncirs.org.au/sites/default/files/2021-09/NCIRS%20NSW%20Schools%20COVID_Summary_8%20September%2021_Final.pdf

Where can you find more information and resources?

For more information, please visit:

- www.health.govt.nz/covid-19
- www.covid19.govt.nz
- <https://www.arphs.health.nz/>
- www.immune.org.nz
- Healthline on 0800 358 5453. Healthline is a free, 24/7 service with interpreters available.