

COVID-19

Managing COVID-19: A public health toolkit for tertiary providers

Version 3 – Released 22 February 2022

Purpose of this toolkit

This toolkit is intended to be used as a national tool for tertiary providers and education agencies operating under the COVID-19 Protection Framework.

Omicron is changing the approach to managing COVID-19 cases and contacts. The government announced a **three-phase approach to the Omicron response** on 26 January 2022.

This toolkit provides information to support tertiary providers to manage COVID-19 within their settings, including processes to identify Close Contacts when cases arise. It has been informed by international recommendations, which note the need for a pragmatic approach, balancing risks and the limited evidence about the options proposed.

The toolkit 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, the Tertiary Education Commission (TEC) and the New Zealand Qualifications Agency (NZQA).

As the COVID-19 situation develops, this toolkit may be amended or revised. This version of the toolkit does not include guidance on managing public health risk and contact categorisation in student accommodation as new guidance for this setting has been issued by the Ministry of Health. Tertiary education providers should, however, continue to use this toolkit for guidance on notifying Close Contacts of cases in student accommodation. For information about how to manage COVID-19 in student accommodation settings, please visit: **Resources for tertiary education providers – Education in New Zealand**.

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

Contents

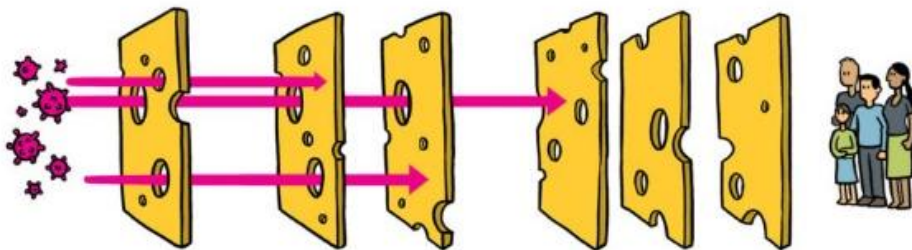
Managing COVID-19: A public health toolkit for tertiary providers	1
Purpose of this toolkit	1
Contents	2
Guiding principles	3
Preparedness: How to reduce the risk of COVID-19	4
The COVID-19 Protection Framework	5
Keep a track of who visits your sites	5
Vaccination	5
Ventilation	6
Mask use	6
Guidance for moving to online learning, if required	8
Additional information	8
Response: What will happen if a case is confirmed in a tertiary provider?	9
Advice for categorising contacts within a tertiary provider	13
Contact management	19
Information sharing and privacy	20
Appendix One: Template communications for students, staff/kaimahi and wider community	21
1. Template communications for the whole tertiary provider when there is a confirmed case	21
2. Phase 2 Template communications for Close Contacts who are students or staff	22
3. Phase 2 Template communications for Close Contacts who are secondary-tertiary students	25
4. Template communications for the rest of the tertiary community	28
Appendix Two: Social media template: Tertiary provider informing community about confirmed case	29
Appendix Three: Checklist for preparedness	31
Appendix Four: Contact categorisation table	33
Appendix Five: Frequently asked questions	35

Guiding principles

- The risk of COVID-19 in tertiary settings can be reduced through implementing public health measures. Following the process in this toolkit will help to lower the risk of COVID-19 disease spreading on tertiary sites. It also fulfils part of providers' health and safety obligations, and their obligations under the code of pastoral care for all students, including those students in student accommodation.
- In advance of cases being identified in their setting, tertiary education providers should undertake a thorough risk assessment of their wider premises and develop proposals for operating at each setting of the COVID-19 Protection Framework. Providers should continue to provide staff and students with information about actions they can take to reduce transmission of COVID-19 included in this toolkit, such as following mask requirements, physically distancing where possible, and ventilating spaces.
- Tertiary providers are strongly encouraged to undertake their best efforts at identifying those that may have been exposed to COVID-19 while on campus. Helping to identify and communicate with those that may have been in contact makes a very important contribution to controlling the spread of COVID-19 in our communities.
- There are significant benefits for people to be able to participate in tertiary education, from educational and social perspectives. This approach aims to support the continuation of learning within tertiary settings across the country.
- A pragmatic approach to contact categorisation will be taken. This means tertiary providers will be asked to identify known contacts within the tertiary setting, eg, people who attended classes or events onsite, where it is possible to record accurate attendance information. A tertiary provider is not expected to identify unknown contacts. Where there is an identified risk to be managed, the public 'location of interest' process may be used to identify any unknown contacts.
- As we progress through the phases, support for providers from public health will be reduced. We acknowledge that tertiary providers may need to take a pragmatic response to case and contact management, prioritising resources as necessary to best support the safety and wellbeing of their staff and student community as a whole.
- The process and timelines in this document are best practice suggested by Ministry of Health. Providers are encouraged to follow this process whenever possible, but acknowledge that when the outbreak spreads, the process may need to be adjusted.
- 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. The Ministry of Health is currently reviewing which settings will require additional public health support as we move through the phases. Settings with the highest risk of onwards transmission, such as hostel settings, and those at the greatest risk of illness will remain the priority for public health.

Preparedness: How to reduce the risk of COVID-19

There are many things that tertiary providers can do to further reduce the risk and impact of a COVID-19 case in their environments. It is useful to conceptualise this as having layers of preventative measures in place to protect staff and students, as the cheese model below explains. The more layers of protection in place (eg, vaccination, ventilation, masks 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

Tertiary education providers should have contact tracing systems in place for all staff, students, and visitors onsite. Providers should display the official NZ COVID Tracer QR code posters in prominent and accessible places at or near entrances and take steps to ensure that each person entering the facility scans the QR code or provides details to enable contact tracing.

To help reduce the risk of spreading COVID-19, we recommend that tertiary providers:

- Support access to COVID-19 vaccinations for all staff and students and encourage boosters as the best thing you can do to protect against Omicron
- Encourage the use of the Bluetooth function on the COVID-19 Tracer app
- Keep occupied spaces well ventilated
- Create a culture where wearing a mask is normalised
- Maintain physical distancing as much as possible
- Encourage good hygiene practices, including hand hygiene and cough and sneeze etiquette
- Maintain appropriate cleaning regimes, including cleaning and disinfecting high touch surfaces, as well as regular cleaning
- Advise students and staff members with COVID-19 symptoms to 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, staff and visitors
- Follow public health advice (testing, self-isolation) for any cases and contacts within your community.

The COVID-19 Protection Framework

For guidance about how Tertiary providers can operate safely in the different settings of the COVID-19 Protection Framework (the traffic light system), please visit:

- www.education.govt.nz/covid-19/advice-for-tertiary-providers/whare-wananga/covid-19-protection-framework-advice-for-tertiary-education-providers/

For general information about the COVID-19 Protection Framework, please visit:

- covid19.govt.nz/alert-levels-and-updates/covid-19-protection-framework/

The webpages above provide information on key public health measures, including vaccination, mask use, and capacity limits. Some more information about some of these public health measures is below.

Tertiary providers are expected to undertake a risk assessment of their teaching and learning environments and wider premises, and develop plans for operating at each setting of the COVID-19 Protection Framework, including implementing any additional public health measures that may be appropriate.

Keep a track of who visits your sites

Record keeping involves collecting the details of all staff, students and visitors who visit tertiary providers. If one of your students or staff becomes a COVID-19 case, this information will help identify other people who may have been exposed to COVID-19. This might include class attendance sheets or an electronic class sign in system, or timetable records.

When providers keep accurate records of who was at their site, it makes contact tracing faster and more efficient. Good record keeping and fast contact tracing will help stop the spread of COVID-19, and protect our communities and each other.

Tertiary education providers are encouraged to have contact tracing systems in place for all staff, students, and visitors onsite, including displaying the official NZ COVID Tracer QR code posters. Providers are encouraged to have systems and processes in place to ensure that each person entering the facility scans the QR code or provides details to enable contact tracing. Providers should consider having unique QR codes for specific locations onsite, for example a lecture theatre, library, staff room.

Providers should keep the contact details associated with their QR codes up to date, as public health may use these details to get in contact when a COVID case has been on site. For information on how to update the contact details associated with your QR code, please visit www.health.govt.nz/covid-19-novel-coronavirus/covid-19-resources-and-tools/nz-covid-tracer-app/nz-covid-tracer-qr-codes.

Vaccination

Vaccination is the leading public health prevention strategy in managing the COVID-19 pandemic. Promoting vaccination can help tertiary settings reduce the risks of outbreaks and potential closure. Getting a booster shot reduces the chance of more serious infection and the risk of transmitting it to others.

At Red, vaccinations are required for onsite teaching and learning on tertiary education premises. At this stage, boosters are not required for tertiary workers to be considered 'fully vaccinated', however they are encouraged to provide greater protection against severe disease from the Omicron variant.

Tertiary education providers may introduce additional vaccination requirements at Orange and Green.

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. Tertiary education providers should consider how ventilation can be used to reduce risk in their teaching and learning environments.

Transmission of COVID-19 is more common indoors, where there may be less space to physically distance, and where people may come into contact with droplets and aerosolised particles more easily. The virus that causes COVID-19 can be spread from person to person through contact with droplets, which are produced when a person sneezes or coughs, or through other small respiratory particles that are produced when people talk, sing or shout. These small particles can remain in the air for some time. Aerosolised particles may build up if there is not enough ventilation.

To help reduce the risk, it is important to take steps to improve ventilation in indoor settings so that any infectious particles that may be present in the air are more quickly removed. Providers should consider options for ensuring spaces are kept well ventilated, for example ventilating the space between classes or ensuring a space is ventilated every two hours.

For information on ventilation in school environments, please see www.education.govt.nz/school/property-and-transport/health-and-safety-management/ventilating-schools/. Much of this is applicable to tertiary settings also.

Mask use

Masks must be used indoors at tertiary education premises in areas that are open to the public, and during formal teaching and learning activities, unless an exemption applies.

It is also now recommended that masks be a medical-grade mask (for example, a Type IIR/Level 2 mask). The widely available 'blue' medical mask is an example of these. Providers should consider if there are particular staff roles for which particular types of masks should be worn. Cloth masks that fit well will continue to be an option for staff and students in tertiary settings.

There are some exceptions to the mask requirement. For example, those who have a physical or mental illness or condition or disability that makes wearing a mask unsuitable are exempt.

What is an appropriate mask?

Effective mask use by everyone can significantly reduce the risk of spreading COVID-19 to others, if you become a case.

A mask should fit securely covers the nose and mouth and needs to be an actual mask. This means scarves, bandannas, or t-shirts should not be used.

There are many types of masks available, including cloth and disposable. Masks work best if they are made with multiple layers and form a good fit around the face.

Appropriate mask: <i>fitted snugly and sealed well around facial contours</i>	NOT appropriate mask
Single use, disposable masks (medical masks)	Dust masks
Re-usable fabric masks with 3 layers	Bandanas (or similar, eg, scarves, t-shirts)

Cloth masks 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) masks so each person in your family can wear one and wash one.

More information about use of masks, including appropriate types of masks, 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 masks

The use of masks 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 mask. They may choose to wear a face shield instead, but this will not significantly reduce your risk of spreading COVID-19, if you later become a case.

If you have staff or students who are not wearing mask, it's reasonable for you to check whether they are exempt from doing so. It's not always obvious why a mask 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 mask 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 mask is unsuitable for them.

If a staff member or 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 tertiary settings, including people who are unwell staying away, increasing rates of vaccination across the population, good ventilation, most students and staff wearing masks, good cough and sneeze etiquette.

Therefore, where someone is exempted from wearing a mask, they should not be prevented from attending a tertiary education provider and nor should there be any additional measures imposed on the individual.

Guidance for moving to online learning, if required

At each phase of the case and contact management process, providers will need to determine for themselves the appropriate mix of online and in-person provision based on their risk assessments, health and safety obligations, and impacts on staff and students. Providers should notify their single point of contact (TEC or NZQA) if they are moving partially or fully online.

Public health may be involved in high-risk outbreaks, particularly in hostels or halls of residence. If public health advises a provider to move online, providers should follow this advice.

Providers may want to consider the following questions when deciding if they should move to full or partial online provision:

- Are there sufficient levels of staff able and willing to come on site to open and operate the campus? This may include tutors to deliver the courses, maintenance staff, student support and advisory staff, library staff, and administration staff.
- How many students are able to or willing to come on site? In COVID-19 outbreaks, there may be a high proportion of students who are isolating as close contacts and others may not feel safe to attend class in person. In these scenarios, it may be beneficial to deliver courses online, if possible.
- Are there courses that can't be delivered online, or students who can't access online delivery? What will the impacts be on the students that are affected? Can you mitigate these in some way, eg deliver some classes in person with public health measures?
- Are you meeting the health and safety obligations to workers and students when they are on site? Are Student Health Services available to all students? What is the risk profile of your staff and student community?
- How effective are the public health mitigations you have implemented on site? What other mitigations could you put in place to make it safer for people to be onsite (for example, improving ventilation)?
- Are your contact systems set up in a way that will allow you to effectively contact trace close contacts if there was a positive case on site?

Additional information

The Ministry of Education website has resources on preparedness activity at www.education.govt.nz/covid-19/advice-for-tertiary-providerswhare-wananga/. 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 tertiary provider?

If someone with COVID-19 is on-site during their infectious period you will need to take steps to notify staff and students if they have been identified as a Close Contact, and anyone else who may have been on your premises at the same time. You will be supported with this by the relevant Single Point of Contact for your tertiary education provider.

Single points of contact (SPOC) for tertiary providers (including private student accommodation providers) are as follows:

- NZQA: Private Training Establishments
- Tertiary Education Commission: Tertiary Education Institutions

SPOCs can be reached between 8am to 6pm, 7 days a week, via phone or email. Contact details are as follows:

NZQA:

- Email: SPOC@nzqa.govt.nz
- Phone: (04) 463 4393

TEC:

- Email: SPOC@tec.govt.nz
- Phone: 0800 222 410

The public health measures in place on tertiary education premises mean that approaches to case and contact management can be refined to better reflect the infection risk. **It is no longer necessary for a tertiary provider to immediately close** when a case has been identified as infectious while on-site.

Many staff and students will be vaccinated with two doses of the vaccine, and boosters are encouraged to provide greater protection against severe disease from the Omicron variant.

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

A three-phase response

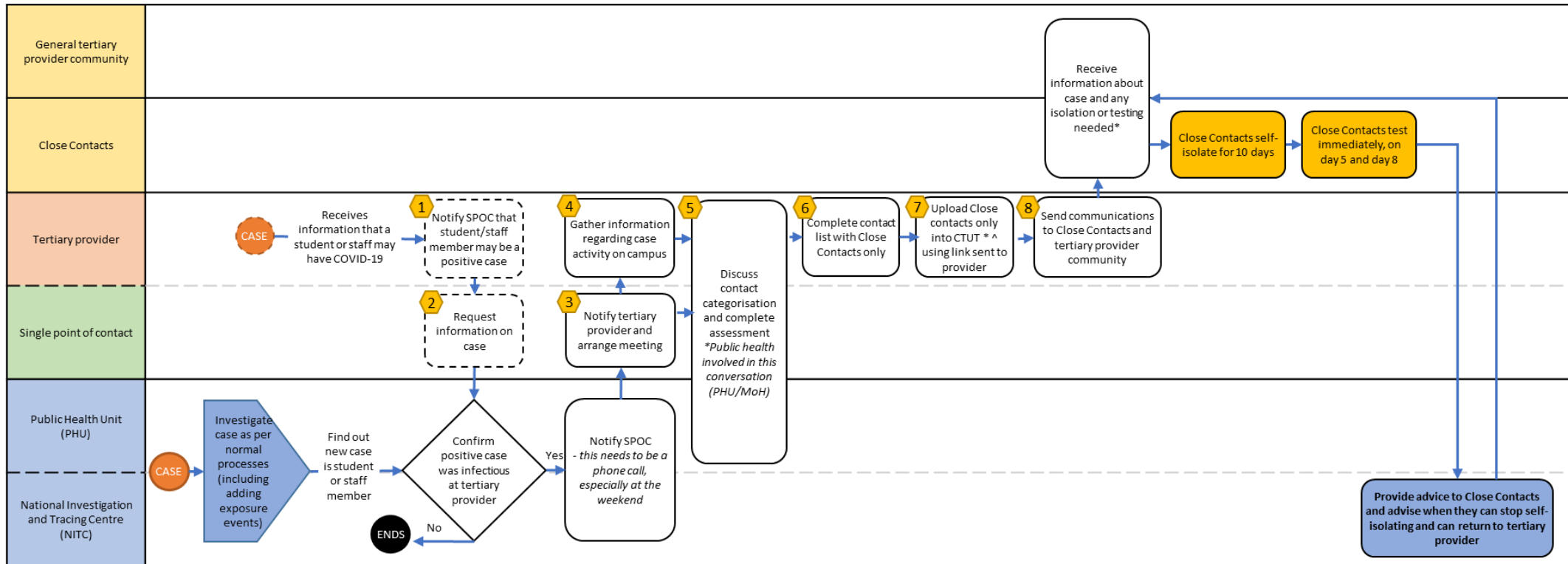
The Omicron variant has meant that a new strategy has been developed to deal with COVID-19 in Aotearoa New Zealand. There are three phases to the public health response, which will also mean changes for the tertiary setting in each of the phases.

Each stage will have different public health measures and requirements in place. Outlined in the next three pages are the processes for each phase. The shift between each phase requires a public health risk assessment, and the shift will then be communicated publicly.

COVID-19

Process flow chart for Phase 1

Under Phase 1, SPOCs and providers will be supported in the contact identification by public health units and the National Investigation and Tracing Centre. Providers receive a link to the CTUT from public health for uploading those identified as Close Contacts.



SPOC Key
 Private Training Establishments – NZQA
 Tertiary Education Institutions – TEC

1 Corresponding step in Step-by-step guide

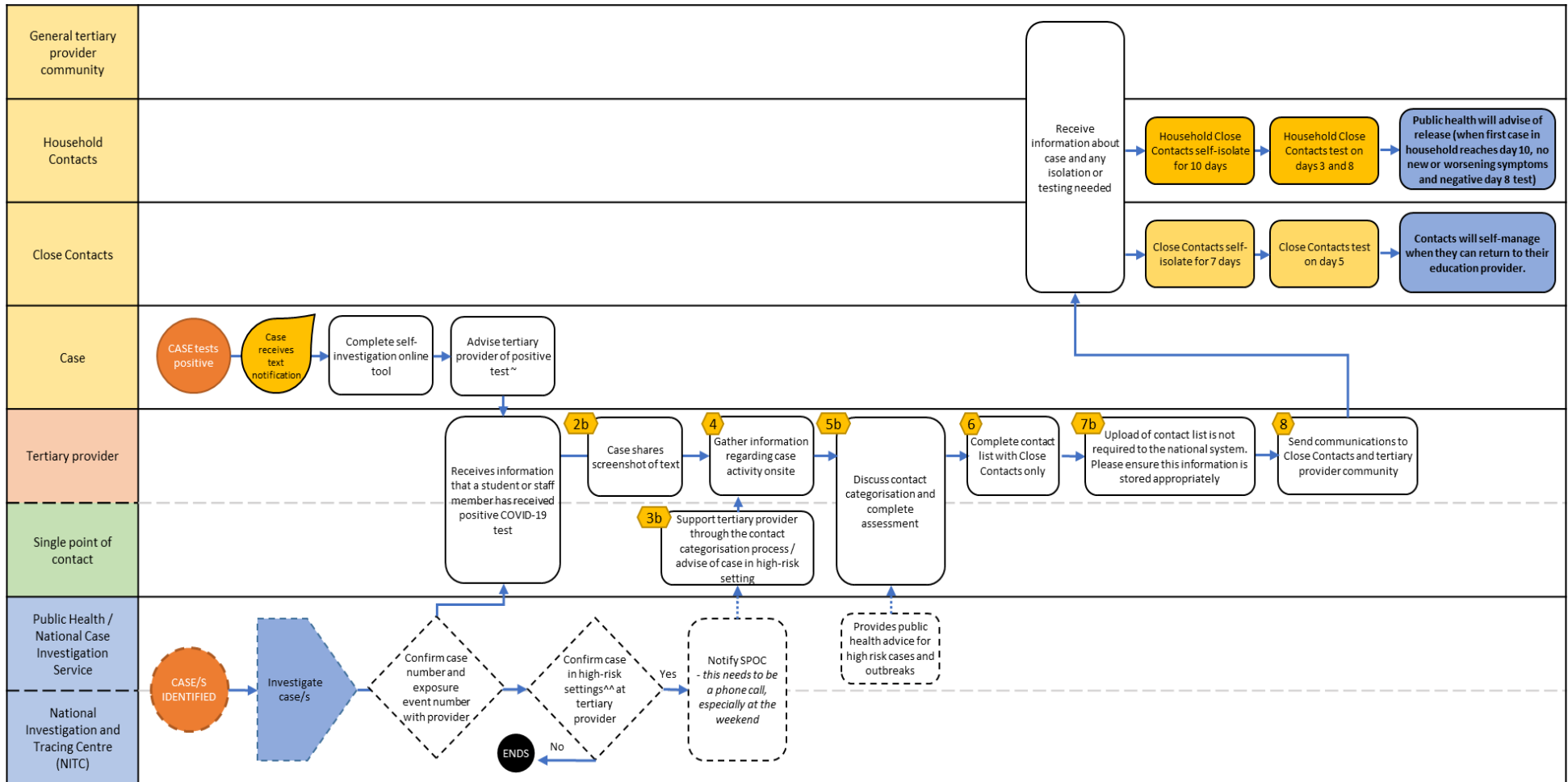
* CTUT: Contact Tracing Upload Tool

^ Where there are any issues, NITC may be able to assist with uploading lists of Close Contacts

COVID-19

Process flow chart for Phase 2

Under Phase 2, cases will be notified by text message and where possible complete an online investigation. SPOCs will support providers with contact identification, and public health units will provide support for cases and outbreaks in high-risk cases and settings only. Providers are expected to maintain their records of contacts identified, but are not required to upload the contacts into the national system.



SPOC Key
 Private Training Establishments – NZQA
 Tertiary Education Institutions – TEC

3 Corresponding step in Step-by-step guide

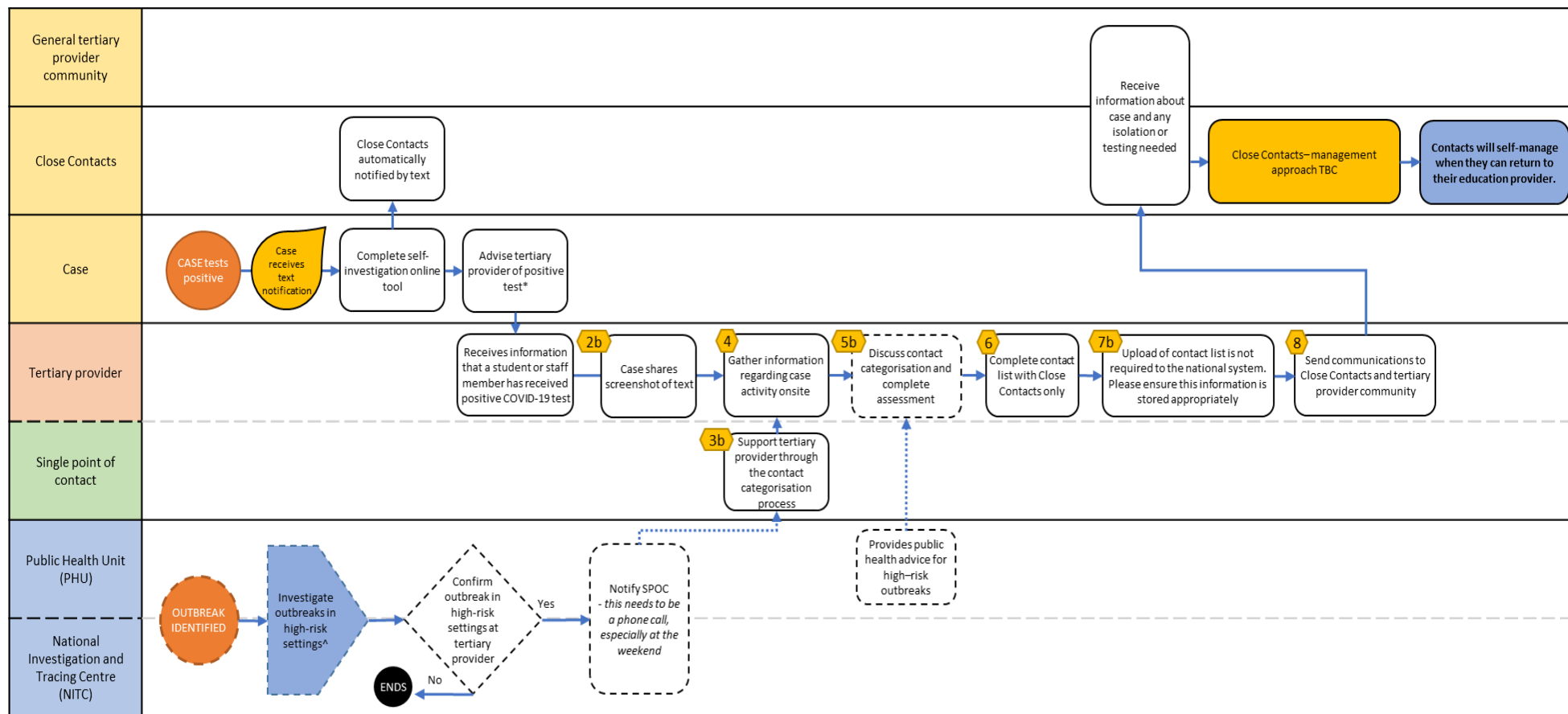
~ Avenues for communication with provider need to be communicated with students and staff

^^ High-risk settings for the tertiary sector are Hostel / residential settings

COVID-19

Process flow chart for Phase 3

Under Phase 3, cases will be notified by text message and where possible complete an online investigation. Contacts are advised they are contacts via text. SPOCs will support providers with contact identification, and public health units will provide support for outbreaks in high-risk settings only.



SPOC Key

Private Training Establishments – NZQA
Tertiary Education Institutions – TEC

3 Corresponding step in Step-by-step guide

* Avenues for communication with provider need to be communicated with students and staff

^ High-risk settings for the tertiary sector are Hostel / residential settings

Advice for categorising contacts within a tertiary provider

People who have come into contact with a case are considered 'Contacts.' Contacts are categorised based on their exposure, depending on the type of interaction they may have had with the COVID-19 case, and whether the case was wearing a mask at the time.

When someone is a COVID-19 positive case, their infectious period should be assumed to be from 48 hours before onset of symptoms until medical clearance. If a case is asymptomatic, 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.

Staff, students, or any visitors onsite may be classified as a Close Contact, a Casual Contact, or not a contact. 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 mask. If someone has been identified as a Casual Contact, they can receive the letter for the general tertiary community (template letter 4).

Some people may also be identified as Household Close Contacts, when they live with someone who has tested positive for COVID-19. Household Close Contacts need to isolate for longer than Close Contacts, and should follow the advice here: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-information-close-contacts#what.

While we recognise that tertiary providers will not have full visibility of all interactions within their environments, the process outlined in the table in Appendix Four provides guidance on how to distinguish the risk in different settings, based on public health advice. The scenarios outlined below 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 and where a mask may not have been worn. 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).

Providers are not expected to facilitate contact tracing for people that are not staff or students, for events or situations that are not under the provider's control. Providers will also not be expected to identify contacts from a case's activity outside of the tertiary site.

Circumstances that may require additional public health advice

Phase Two

While in Phase Two, specific risk assessment by public health may be required in some high-risk settings. Under Phase Two, a high-risk setting includes outbreaks within hostel or residential boarding settings.

When a tertiary provider should act

The tertiary provider should act when there is a case in their community. These three scenarios speak to how the provider may learn of this case and how they should respond.

Scenarios	Response
<p>Scenario 1 When a student, 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 tertiary provider 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 • If the Close Contact subsequently tests positive, see scenarios 2 and 3
<p>Scenario 2 When a student, or staff member tests positive but was not at the tertiary provider while infectious</p>	<ul style="list-style-type: none"> • Provide information and resources to the community and enable opportunities to ask questions. Reassure the community that there is low risk. • Student or staff member (and household if required) self-isolate and are tested • Contact identification does not need to happen.
<p>Scenario 3 When a student or staff member tests positive and has been at the tertiary provider while infectious</p>	<ul style="list-style-type: none"> • When a case has been confirmed at a provider, consider moving to online learning for affected classes/groups where there are likely to be Contacts while the situation is clarified. Principles to help guide a Provider's decision on when to move learning on-line can be found on page 8. • The process outlined on pages 11, 12 or 13 will be followed, depending on which phase of the Omicron response we are in • The provider will clean and disinfect according to health specifications. For cleaning information, please 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. • The provider will assess if other programmes can continue to operate (eg, different courses, study hubs, research labs)

Scenarios to support contact categorisation

These scenarios should help assist with correctly categorising contacts once they have been identified. Note that contact categorisation changes if the COVID-19 case was wearing a mask while infectious. For additional information to support the scenarios below, please refer to the public health risk assessment table in Appendix Four.

Scenario	Contact Categorisation
<p>Scenario 4 A case was working in a research lab, indoors, with 5 other people all day. They maintained 1.5m distancing all day.</p>	<p><i>NO MASKS USED</i></p> <ul style="list-style-type: none"> If the case wasn't wearing a mask: others in the lab would be CLOSE CONTACTS <p><i>MASKS USED</i></p> <ul style="list-style-type: none"> If the case was wearing a mask: others in the lab would be CASUAL CONTACTS <p><i>See Appendix Four: Higher risk indoor contact more than 1.5m away from case and no close-range contact</i></p>
<p>Scenario 5 A case was working between a research lab and a computer lab all day, with other staff/students coming in and out of both throughout the day.</p>	<p><i>NO MASKS USED</i></p> <ul style="list-style-type: none"> If the case wasn't wearing a mask: others in the lab for any period of time would be CLOSE CONTACTS <p><i>MASKS USED</i></p> <ul style="list-style-type: none"> If the case was wearing a mask: others in the labs would be CASUAL CONTACTS <p><i>See Appendix Four: Close range contact within 1.5m of case</i></p>
<p>Scenario 6 A case attended a trip offsite to undertake research field work. The field work was mostly outdoors but they travelled to the site with other researchers.</p>	<p>Contact in outdoor spaces is considered to be low-risk contact. For the time spent travelling in a vehicle with other researchers:</p> <p><i>NO MASKS USED</i></p> <ul style="list-style-type: none"> If the case wasn't wearing a mask: others who travelled together in the same vehicle with the case would be CLOSE CONTACTS <p><i>MASKS USED</i></p> <ul style="list-style-type: none"> If the case was wearing a mask: others in the research group would be CASUAL CONTACTS <p><i>See Appendix Four: Higher risk indoor contact more than 1.5m away from case and no close-range contact</i></p>
<p>Scenario 7 A case attended an outdoor practical class (eg horticulture) with their tutor and 10 other students. They all make their own way to the class and eat lunch outside.</p>	<p>Contact in outdoor spaces is considered to be low-risk contact. All students and the tutor would be: CASUAL CONTACTS</p> <p><i>See Appendix Four: Low risk contact (no close-range contact or higher risk indoor contact)</i></p> <p>Other things that may be important to consider:</p> <ul style="list-style-type: none"> how did the students and tutor get to the class? did they share transport?

<p>Scenario 8 A case attended a large lecture (100+) indoors for 50 minutes.</p>	<p>If the case is either a student or the lecturer, for those that were within 1.5m of the case:</p> <p><i>NO MASKS USED</i></p> <ul style="list-style-type: none"> If the case wasn't wearing a mask: others within 1.5m for any period of time would be CLOSE CONTACTS <p><i>MASKS USED</i></p> <ul style="list-style-type: none"> If the case was wearing a mask: others in the room would be CASUAL CONTACTS <p><i>See Appendix Four: Close range contact within 1.5m of case</i></p> <hr/> <p>For the rest of the people in the lecture more than 1.5m away from the case, if the room had poor airflow/ventilation:</p> <p><i>NO MASKS USED</i></p> <ul style="list-style-type: none"> If the case wasn't wearing a mask: others would be CLOSE CONTACTS <p><i>MASKS USED</i></p> <ul style="list-style-type: none"> If the case was wearing a mask: others in the room would be CASUAL CONTACTS <p><i>See Appendix Four: Higher risk indoor contact more than 1.5m away from case and no close-range contact</i></p> <hr/> <p>If the room had good airflow/ventilation: This is considered to be low-risk contact. The rest of the people in the lecture would be: CASUAL CONTACTS</p> <p><i>See Appendix Four: Low risk contact (no close-range contact or higher risk indoor contact)</i></p>
<p>Scenario 9 A case attended a small workshop (30 people) indoors for 2 hours.</p>	<p><i>NO MASKS USED</i></p> <ul style="list-style-type: none"> If the case wasn't wearing a mask: others would be CLOSE CONTACTS <p><i>MASKS USED</i></p> <ul style="list-style-type: none"> If the case was wearing a mask: others in the room would be CASUAL CONTACTS <p><i>See Appendix Four: Close range contact within 1.5m of case</i></p>
<p>Scenario 10 A case studied in the library all day, moving between study areas and the computer lab (multi-level library, 300+ seats)</p>	<p>If none of the high-risk criteria from the contact categorising table are present, contact in large indoor areas is considered to be low-risk contact. All students and staff at the library at the same time as the case would be: CASUAL CONTACTS</p> <p><i>See Appendix Four: Low risk contact (no close-range contact or higher risk indoor contact)</i></p>

<p>Scenario 11 A case hung out with their friends in a large indoor study hub for less than one hour.</p>	<p><i>NO MASKS USED</i></p> <ul style="list-style-type: none"> If the case wasn't wearing a mask: friends within 1.5m for any period of time would be CLOSE CONTACTS <p><i>MASKS USED</i></p> <ul style="list-style-type: none"> If the case was wearing a mask: friends would be CASUAL CONTACTS <p><i>See Appendix Four: Close range contact within 1.5m of case</i></p>
<p>Scenario 12 A case attended office hours with a lecturer in a small office, one on one. Another student went into the office to talk to the lecturer directly after the case.</p>	<p><i>NO MASKS USED</i></p> <ul style="list-style-type: none"> If the case wasn't wearing a mask: the lecturer would be a CLOSE CONTACT <p><i>MASKS USED</i></p> <ul style="list-style-type: none"> If the case was wearing a mask: the lecturer would be a CASUAL CONTACT <p><i>See Appendix Five: Close range contact within 1.5m of case</i></p>
<p>Scenario 13 A case (a member of the public) got a haircut from a student at a polytech run hair salon. The appointment was 45 minutes.</p>	<p><i>NO MASKS USED</i></p> <ul style="list-style-type: none"> If the case wasn't wearing a mask: the student and others in the hair salon would be CLOSE CONTACTS <p><i>MASKS USED</i></p> <ul style="list-style-type: none"> If the case was wearing a mask: student and others in the salon would be CASUAL CONTACTS <p><i>See Appendix Four for details: Indoor face to face contact for more than 15 minutes OR Indoor contact in a small space without good airflow/ventilation* for more than 15 minutes</i></p>
<p>Scenario 14 A case worked in their office alone all day with the door closed, with short breaks in the communal kitchen (less than 15 mins).</p>	<p>Any contacts in the kitchen that didn't meet any of the high-risk criteria in the contact categorising table, any brief contacts would be: CASUAL CONTACTS</p> <p><i>See Appendix Four: Brief indoor contact regardless of distance from case</i></p>
<p>Scenario 15 A case went to the gym to work out for 45 minutes and maintained physical distancing</p>	<p>As masks are not required in gyms, and working out means there is likely to be heavy breathing, anyone at the gym at the same time as the case would be: CLOSE CONTACTS</p>

<p>where possible. They were not wearing a mask.</p>	
<p>Scenario 16 A case played a game of basketball at an indoor sport facility for 1.5 hours, with spectators.</p>	<p>Everyone playing basketball will be a: CLOSE CONTACT</p> <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 mask or not <p><i>See Appendix Four 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>Depending on the size of the indoor sport facility and if there is good ventilation, the spectators may be categorised differently.</p> <p><u>For a moderate sized space without good airflow/ventilation:</u></p> <p>NO MASKS USED</p> <ul style="list-style-type: none"> • If the case wasn't wearing a mask: spectators would be CLOSE CONTACTS <p>MASKS USED</p> <ul style="list-style-type: none"> • If the case was wearing a mask: spectators would be CASUAL CONTACTS <p><u>If the indoor sport facility is a large space (bigger than 300m²) or is a smaller space with good airflow and ventilation:</u></p> <ul style="list-style-type: none"> • Spectators would be: CASUAL CONTACTS
<p>Scenario 17 A case was onsite and indoors at a business for one day to compete the practical component of their study. They had interactions with other workers in the business but no customers. They were within 1.5m at various times throughout the day and were not required to wear masks.</p>	<p>As no mask were worn, and there were close interactions over the course of a day indoors, anyone at the business at the same time as the case would be: CLOSE CONTACTS</p> <p><i>See Appendix Four for details: Indoor face to face contact for more than 15 minutes OR Indoor contact in a small space without good airflow/ventilation* for more than 15 minutes</i></p> <p>As the contact with the case happened at a business not at a tertiary provider, the contact tracing process would need to be undertaken by the business. If the case had also been at the tertiary provider while infectious, then the provider would need to identify contacts in their setting.</p>

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 class/es, labs, study spaces, shops, hospitality businesses etc with the case? (Staff, students or visitors) • Who was sitting or working near to the case in class, labs, study spaces? • What other class/es, labs, events did the case attend? • Who shared a meal with the case? • Any other staff members they have had close contact with? • Any other students or visitors they have had close contact with?
<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 class/es, labs, study spaces, offices, workplace etc with the case? • Who was in meetings with the case? • Who was in the staffroom 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 on **student accommodation**, please refer to the separate guidance on student accommodation available at **Resources for tertiary education providers – Education in New Zealand**.

Contact management

Each contact category has a specific set of management requirements including length of isolation and testing.

To find the most up-to-date guidance on what Close Contacts and Casual Contacts should do, please see www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/contact-tracing-covid-19#actions.

For what **Household Close Contacts** need to do, please visit the same page above. A household could be considered family members who live together in the same house, flatmates who live together in the same house. For guidance on household close contacts in student accommodation, please see the **Guide for managing self-isolation in tertiary student accommodation**.

If someone you identify as a Close Contact, tells you they have had COVID-19 themselves in the last month (28 days), then they are NOT a Close Contact and are not required to isolate again. If it was more than a month since their infection, they are a Close Contact and are required to isolate again.

Spreadsheet to assist with contact categorisation

Ministry of Health have developed a spreadsheet for education settings with an embedded algorithm that can assist with contact categorisation.

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

Bluetooth function of the NZ COVID Tracer App

If a student or a staff member receives a Bluetooth notification from the NZ COVID Tracer App indicating that they are a contact of a case (see image), they automatically are categorised as a Close Contact. If this occurs, an education provider 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.

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

The Ministry of Health strongly encourages the use of the Bluetooth function of the NZ COVID Tracer App. Providers should consider how to encourage staff and students to use the Bluetooth function when on site.



Information sharing and privacy

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: Template communications for students, staff/kaimahi and wider community

Providers should use these template communications to connect with students, staff/kaimahi and the wider community, through whatever medium the provider considers to be most appropriate.

1. Template communications for the whole tertiary provider when there is a confirmed case

[Kia ora/insert greeting]

The health and wellbeing of our students, 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 Contacts** of the confirmed Case
- We'll give you an update on what you need to do by [insert time, recommended within 8 hours] today
- We will [remain open / move to distance learning for xx classes or the whole provider] while we work through the list of contacts

What you need to do

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

Noho ora mai

[insert name, position and tertiary provider]

2. Phase 2 Template communications for Close Contacts who are students or staff

- *This message is to be sent to the list of Close Contacts identified by the tertiary provider who are students or staff*
- **Highlighted text** needs to be edited with relevant public health information, or provider details

[Kia ora/insert greeting]

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

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

We're sending this message as you have been identified as a **CLOSE CONTACT**. You had contact with a positive COVID-19 case at [tertiary provider] on [insert date of last exposure]. **This date is known as your DAY 0. Your DAY 1 starts the next day.** If you have received different advice to that below, (e.g. through a text or Bluetooth notification), please follow that advice.

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

A COVID-19 case has been confirmed in your tertiary education community.

YOU have been identified as a **CLOSE CONTACT**

Please follow this Public Health guidance.

YOU MUST SELF-ISOLATE FOR 7 DAYS from the date you had contact with the case

- Get tested again on **DAY 5**



HOW TO GET TESTED

- Find your nearest testing centre at www.healthpoint.co.nz/covid19 or call healthline on **0800 358 5453**
- It's **FREE**
- Tell them you're a **CLOSE CONTACT**

- ↓
- You can stop isolating and **RETURN** to normal life once you have received a negative day 5 test AND once 7 days have passed (ie, on day 8).
 - Follow public health advice on the Ministry of Health website: www.health.govt.nz/covid-19-



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



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 tertiary provider]

3. Phase 2 Template communications for Close Contacts who are secondary-tertiary students

- *This message is to be sent in its to the whānau members of the list of Close Contacts identified by the tertiary provider who are children.*
- **Highlighted text** needs to be edited with relevant public health information or provider details.

[Kia ora/insert greeting]

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

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

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

If you have received different advice to that below (e.g. through a text), please follow that advice.

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

A COVID-19 case has been confirmed in your tertiary education community.

YOUR CHILD has been identified as a **CLOSE CONTACT**

Please follow this Public Health guidance.

THEY MUST SELF-ISOLATE FOR **7 DAYS** from the date they had contact with the case

- They must get tested again on **DAY 5**



HOW TO GET TESTED

- Find your nearest testing centre at www.healthpoint.co.nz/covid19 or call healthline on **0800 358 5453**
- It's **FREE**
- Tell them you're a **CLOSE CONTACT**

Your child can stop isolating and **RETURN** to normal life once they have received a negative day 5 test AND once 7 days have passed (ie, on day 8).

- Follow public health advice on the Ministry of Health website: www.health.govt.nz/covid-19-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



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

COVID-19

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 tertiary provider]

4. Template communications for the rest of the tertiary community

- *This message is to be sent to the rest of the tertiary provider community, not identified as Close Contacts. It should also be sent to anyone identified as a Casual Contact. It is up to the tertiary provider to determine who should receive a community wide letter.*
- **Highlighted text** needs to be edited with relevant public health information and provider details.

[Kia ora/insert greeting]

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

We're sending this message as there is a confirmed case of COVID-19 in our community. The [student/staff member] was at [tertiary provider] from [insert relevant dates]. You haven't been identified as a contact. You can still come to [tertiary provider].

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 you or your whānau haven't had their booster yet, please do so as soon as possible. You can book online at bookmyvaccine.nz or by calling 0800 28 29 26. It's free.

What we're doing

- [Tertiary provider] 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 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 tertiary provider]


Appendix Two: Social media template: Tertiary provider 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 provider 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 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 you are in one of those classes, please stay home until we provide you with an update.</p>	 <p>The image shows a social media notice template. At the top, there are five yellow diagonal stripes. Below them, the text reads 'COVID-19 Community notice' in a large, bold, sans-serif font. 'COVID-19' is in yellow, and 'Community notice' is in black.</p>

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


<p>There's a confirmed COVID-19 case in our community.</p> <p>We're working to identify any contacts of the confirmed case. All classes in our provider 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>	 <p>The image shows a social media notice template. At the top, there are five yellow diagonal stripes. Below them, the text reads 'COVID-19 Community notice' in a large, bold, sans-serif font. 'COVID-19' is in yellow, and 'Community notice' is in black.</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 students and staff – if you are a close contact of the confirmed case, you will receive an email from us letting you know. This email also includes what this means for you and your whānau, and what you need to do next.</p> <p>The health and wellbeing of our students, 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 large yellow font, and 'Community update' is written in large black font below it.</p>

OPTIONAL VERSION #2 FOR TERTIARY PROVIDERS WHO MAY HAVE CHILDREN ONSITE

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 – if you or your child is a close contact of the confirmed case you will receive an email from us letting you know. 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, students, 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 large yellow font, and 'Community update' is written in large black font below it.</p>

Appendix Three: Checklist for preparedness

Further guidance will be released shortly to guide provider preparations for Phases 2 and 3 of the Omicron Response strategy.

Actions to take now	Answers
Have you supported all students to have their COVID vaccination, and encouraged them to get boosters when they are eligible?	
Have you supported all your staff and contractors (and their families) to have their COVID vaccination, including boosters, reminding them about the requirement to be vaccinated to be onsite at Red?	
Have you supported your regular visitors (and their families) to have their COVID vaccination, including boosters?	
Have you contacted your DHB to see how they can help you support non-vaccinated people to access vaccine information or to get vaccinated?	
Have you considered establishing a vaccine register to record staff 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?	
Have you identified staff willing and able to be redeployed to undertake immediately mission critical work?	
What processes do you have in place to ensure that staff and students can work or study from home if they are required to isolate?	
How do you ensure that your staff and students wear masks? More information about use of masks, including appropriate types of masks can be found on www.health.govt.nz/covid-19-health-advice-public/covid-19-use-masks-and-face-coverings-community#types .	

<p>Do you promote good hygiene procedures?</p> <ul style="list-style-type: none"> • Washing hands before and after eating and toileting • Hand sanitiser or soap/water and paper towels available • Avoiding hand-to-face activities where possible 	
<p>Have you maximised opportunities for fresh air?</p> <ul style="list-style-type: none"> • Ventilating indoor spaces • Outdoor learning spaces 	
<p>Have you considered how to minimise interactions between students?</p> <ul style="list-style-type: none"> • Class bubbles, staggered timing or movement restrictions to manage corridor congestion 	
<p>Have you considered how residents or staff could self-isolate in their hall of residence?</p>	
<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? Are the contact details in the QR code up to date?</p> <p>See www.health.govt.nz/covid-19-novel-coronavirus/covid-19-resources-and-tools/nz-covid-tracer-app/nz-covid-tracer-qr-codes for information on how to update contact details if needed.</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 provider can support them to avoid exposure?</p>	
<p>How are you configuring your teaching and learning spaces to minimise contacts?</p>	
<p>How will you rapidly identify contacts for contact tracing purposes if there is a case on-site?</p>	
<p>Have you encouraged staff and students to turn on Bluetooth on the NZ COVID Tracer App? This will help to identify Close Contacts.</p>	

Appendix Four: Contact categorisation table

The table on the following page provides the public health risk assessment for categorising contacts.

Key notes:

- The use of a mask may change the contact categorisation - consistent use of a mask by a case will minimise the likelihood that other staff or students are Close Contacts. Wearing a mask for the entire day is very difficult. Short time periods without wearing a mask (less than 15 minutes) will not change the categorisation of other contacts in the same space, unless the case was coughing, sneezing or shouting at the time (see first box).
- Whether someone is vaccinated or not will not change someone's contact category.
- Casual contacts should receive the general advice for the rest of the tertiary community (template letter 4).

	Type of interaction	Examples	Mask 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 MASK 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	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	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	Class or tutorial room, staff rooms, office, sick bay, toilets, minivan or bus (provided by the provider)	Casual	Close
	Indoor contact in a moderate sized space without good airflow/ventilation for more than 1 hour	Lecture theatre, research lab, gymnasium, hall, train	Casual	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, study hubs or large libraries	Casual	Casual
	Smaller indoor venues (less than 300m ²) with good air flow-ventilation for up to 2 hours	Well ventilated classrooms/offices (e.g., windows open)		
	Brief indoor contact regardless of distance from case	Passing each other in the corridor, sharing an elevator	Casual	Casual
	Contact in outdoor spaces FOR ANY DURATION OF TIME	Walking outside with friends Non-contact sports		
*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 7 for guidance on ventilation.				

¹ For masks to be effective, it is important they are of sufficient quality (medical or multilayer cloth masks) are worn. Mask breaks are recommended to improve compliance over a workday. Masks should be changed if they become wet or dirty.

Appendix Five: 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.

Boosters are now encouraged for all those eligible to receive them. While a 2-dose course provides some protection against severe disease from the Omicron variant, a booster is likely offer greater protection by reducing the chance of more serious infection and the risk of transmitting it to others.

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

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

If you need extra support, see [covid19.govt.nz/isolation-and-care/getting-extra-support-if-you-have-covid-19-or-are-self-isolating/](https://www.health.govt.nz/isolation-and-care/getting-extra-support-if-you-have-covid-19-or-are-self-isolating/).

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-19. If people are concerned, they should seek the advice of their health professional or call Healthline on 0800 358 5453.

Do we need to undertake a deep clean of our site?

The cleaning requirements are 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 entities 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 is the infectious period?

The infectious period of a case is calculated as 2 days before symptoms started, or two days before their positive test (if they did not have any symptoms) until ten (10) days after this date.

What is an exposure date?

The start of a contact isolation period is the date that they were last exposed to the case at work – this becomes day zero and their isolation period is counted from this date.

For example, Liko and Maria had a tutorial together on 25 September. Maria tested positive for COVID-19 on 26 September. Liko had his last contact with Maria on 25 September at the tutorial – this is his day zero. He will isolate for 7 or 10 days from 25 September.

What if the case was smoking/vaping?

When smoking or vaping, people tend to blow air and particulates out of their lungs more forcefully than during normal breathing, which may increase the risk of COVID-19 transmission. They also will have removed their mask to smoke/vape, so people near them (indoors) are likely to be Close Contacts.

What if there are more cases at the tertiary provider?

A provider will need to identify contacts for each positive case onsite. Your SPOC can assist you with this.

Who can we contact about the public health actions at our tertiary education provider?

The relevant Single Point of Contact is your first port of call.

How long do test results take, and can staff/students come to our campuses 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.

The tertiary education provider and the relevant single point of contact 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.

Note: for those who have not had a Day 5 test result back by Day 10, if they are asymptomatic, they can leave self-isolation.

When can someone who has been self-isolating return to site?

Under Phases Two and Three, with self-management being used, cases and contacts will need to comply with public health advice, and will be able to return to their normal activities once they are well and their period of isolation or quarantine is complete.

Can casual contacts be onsite?

Yes, casual contacts can be onsite. Ministry of Health consider that casual contacts are lower risk, and therefore there are no additional isolation or testing requirements for someone who has been identified as a casual contact. Providers should pass on the general information for their community to anyone who has been identified as a casual contact. This informs them to watch out for symptoms and get tested if any develop.

What should providers do if a close contact disagrees with how they have been categorised?

The contact categorisation process has moved to a simplified model, with only Close Contacts being identified. Contacts may challenge their categorisation for a number of reasons and it is important to think about the rationale for the challenge. If individuals do not agree with their categorisation, it is important that they are reminded of the risk of exposure to a COVID-19 case, and that testing and isolation are essential parts of the public health response to reduce further spread of the virus.

To manage the public health risk, and the risk within education settings, it is expected that providers ensure those they have identified as Close Contacts do not return to on-site learning until they have completed their isolation period and returned a negative Day 5 test result. Otherwise, the responsibility of a Close Contact to fulfil isolation and testing requirements lies with that individual.

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

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