

## Covid-19 Exposure Event Process

### Term 1, 2022

The following guidance shows how we will deal with Covid-19 exposure events in school. This comes directly from the ARPHS (Public Health).

There is a more extensive guide with lots of letter templates sitting in the background too. The key people for managing the process are:

Alex Reed – co-ordination, communication with health authorities, media and parents  
Lisa Jones – student vaccination data / student testing  
Nicki Williams – communications

Everyone, though, has a role. You will notice that the structures here build on those we already have in place for Crisis Management.

Kieran Verryt / Sian Coxon – College / Primary student-level data and communications  
Jon Horne – logistics, support for/work alongside Alex Reed  
John Wilson – cleaning, site / property issues  
Nicole Chen / Sylvia Lum – parent communications / WeChat management  
Michelle Thomson – staff communications / management / staff testing  
Grant Saul – communications support / systems and ICT  
Anna Shaver – internal medical support / advice  
Sally Smith – attendance register management / referral to Alex/Nicki in case of enquiries  
Debbie Stanaway – emotional support and liaison with potentially vulnerable children

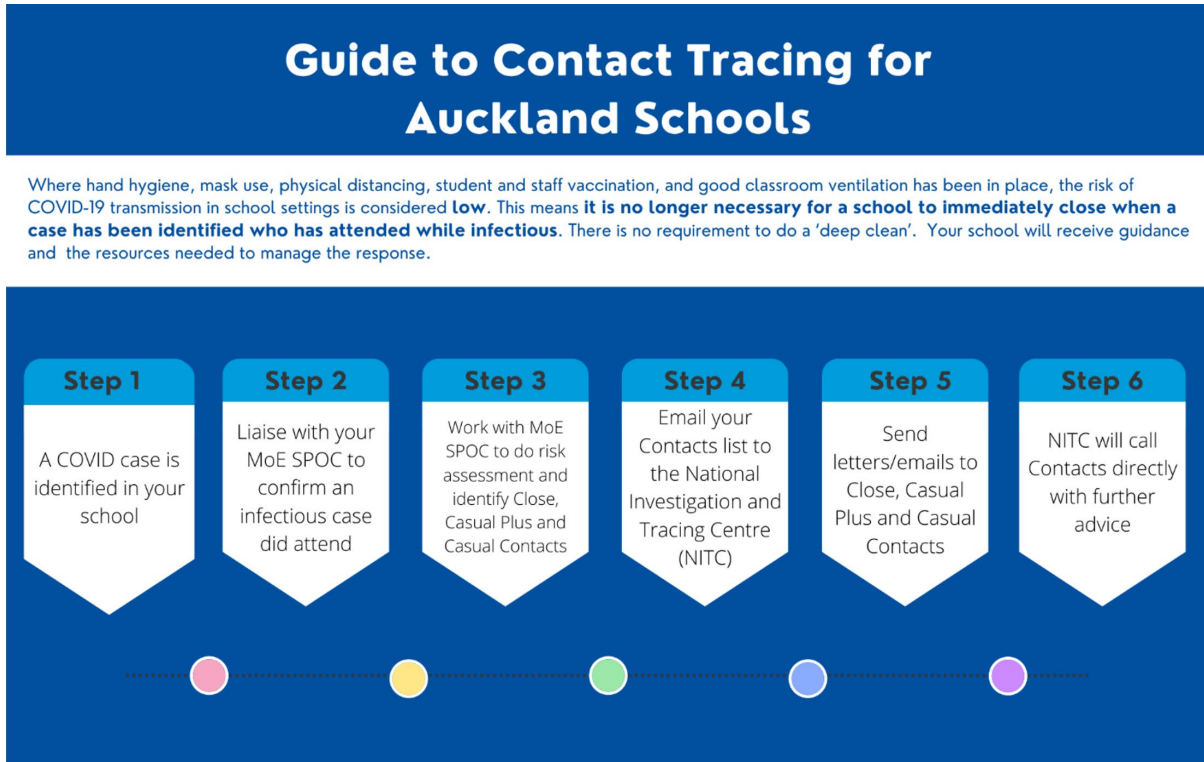
**This paper will not cover everything that will happen if a case emerges, and we will all continue to solve problems and manage processes and people as we always do. 😊**

### RAT procedures

Please note that these procedures were put in place before the wider availability of Rapid Antigen Tests (RAT). These enable us to test people in a less invasive way, with results generally taking just 15 minutes to arrive. RAT are quite expensive, but we expect them to form part of our response should there be a case in school. We have purchased some tests, but we're currently awaiting further guidance on their use.

## Steps 1 and 2: Notification

The basic system is:



The information at Step 1 could come from the MoE 'SPOC', from Health directly, or from a student / parent.

**Our SPOC is Tanya Harvey, [Tanya.Harvey@education.govt.nz](mailto:Tanya.Harvey@education.govt.nz)**

At Steps 1 and 2, Alex and Sally, working with Kieran and/or Sian, will need to confirm attendance. At Steps 1 and 2, Alex and Nicki will be communicating with external agencies, and there may be a need to manage communications within the school and within the community.

**At all stages, media communications must, in all circumstances, come to Alex.**

And, of course, there will be a host of additional work going on in the background with the whole team, largely around communications. For this reason, we are likely to have a brief team meeting as soon as possible.

## Steps 3, 4 and 5: Contact

There are two tables here for us to consider.

**Table 1** categorises the degree of ‘contact’ and places students and staff into one of three categories:

- “close”,
- “casual plus”
- “casual”.

So, for example, if a confirmed case has been in a Year 1-6 class, with our usual arrangements, other students in the class would likely be a “close” contact because there would be shared indoor space for more than 2 hours. If the case is a Year 7-13 student in the Year 9 bubble, other students in the year group would either be a “close” contact or a “casual plus” one, dependant on timetables. Students in different year groups are likely to be “casual” contacts.

For staff, this is a little more complicated. A class teacher or TA in a Year 1-6 bubble is highly likely to be a close contact; a teacher who has been in the class with a Covid-positive student for a limited period of time is likely to be “casual plus”; and I would expect this generally to be the case for Year 7-13 teachers too. There will, though, be exceptions and, should the case be a member of staff, we would have to do some careful examination of levels of contact with other staff.

You will notice that nearly all outdoor contact takes us to “casual”.

**Table 2** gives us a “Management Pathway” for “close” contacts; **Table 3** gives us one for “casual plus” contacts. There is no need for one for “casual” contacts, who are required only to self-monitor.

You will notice that the advice is at the level of individuals, and is differentiated between vaccinated and unvaccinated people. **Schools are not expected to close.**

It is up to us how we handle things like cleaning, and our response will be to a deep clean where necessary, as well as to take additional measures such as disinfecting play equipment, as well as possibly impose short-term stand-downs of specific classrooms, and so on. **We will do more than we are obliged to keep children safe, in other words.** But we are highly unlikely (unless there are, perhaps, multiple infections in more than one place, or too many staff are considered close or casual plus contacts) to close the school for any period of time.

The rest is self-explanatory. It’s just worth noting that vaccinated casual plus people do not need to self-isolate.

At Steps 3, 4 and 5, Alex, Michelle, Lisa and Nicki, supported by the whole team, will gather data and communicate it to the community

At Steps 3, 4 and 5, Alex and Nicki will be communicating with external agencies.

At Steps 3, 4 and 5, John and Jon will ensure that all cleaning and other site precautions are taken.

**Table 1**

	Type of interaction	Examples	Face covering worn by case <sup>1</sup>	
			Yes	No or unknown
<b>Close range contact within 1.5m of case</b>	Direct contact with respiratory secretions or saliva (indoors or outdoors) <b>OR</b> Face to face contact with a case who is forcefully expelling air/secretions <b>FOR ANY DURATION OF TIME REGARDLESS OF FACE COVERING USE</b>	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 <b>15 minutes</b>	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 <b>1 hour</b> 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
<b>Higher risk indoor contact more than 1.5m away from case and no close-range contact</b>	Indoor contact in a small space without good airflow/ventilation* for more than <b>15 minutes</b>	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 <b>1 hour</b>	Gymnasium, hall, train	Casual Plus if < 2 hours Close if > 2 hours	Close
<b>Low risk contact (no close-range contact or higher risk indoor contact)</b>	Large indoor settings (bigger than 300m <sup>2</sup> ) if none of the criteria above are present	Auditorium	Casual	Casual
	Smaller indoor venues (less than 300m <sup>2</sup> ) 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 <b>FOR ANY DURATION OF TIME</b>	Walking outside with friends Non-contact sports Playground activities		
*Good air flow and ventilation is required to prevent virus particles accumulating in an indoor space. Good ventilation/airflow can be achieved by keeping windows open. Please refer to page 4 for guidance on ventilation.				

**Table 2**

Advice for Close Contacts	
Close Contacts – Unvaccinated or single dose only <u>must</u> :	<ul style="list-style-type: none"> <li>• <b>Self-isolate at home for 10 days</b> post exposure, <b>test immediately</b> and on <b>days 5 and 8</b> post exposure</li> <li>• Continue to isolate at home until <b>negative day 8 test result</b> received or 10 days has passed since exposure, whichever is later</li> <li>• Be advised by public health when they can return to school / kura</li> <li>• 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</li> <li>• Ensure that unvaccinated household members, including children, stay at home until the Close Contact receives a negative day 5 test</li> </ul>
Close Contacts – Vaccinated <u>must</u> :	<ul style="list-style-type: none"> <li>• <b>Self-isolate at home for 7 days</b> post exposure, <b>test immediately</b> and on <b>day 5</b> after last exposure</li> <li>• Continue to isolate at home until <b>negative day 5 test result</b> received, or 7 days has passed since exposure, whichever is later</li> <li>• Be advised by public health when they can return to school / kura</li> <li>• Self-monitor for symptoms for 10 days (7 days isolation + 3 days)</li> <li>• 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</li> </ul>

**Table 3**

Advice for Casual Plus Contacts	
Casual Plus Contacts – Unvaccinated or single dose only <u>must</u> :	<ul style="list-style-type: none"> <li>• <b>Stay at home for 7 days</b> post exposure, <b>test immediately</b> and on <b>day 5</b> after last exposure</li> <li>• Continue to isolate at home until <b>negative day 5 test result</b> received, or 7 days has passed since exposure, whichever is later</li> <li>• Self-monitor for symptoms for 10 days (7 days isolation + 3 days)</li> <li>• 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</li> </ul>
Casual-Plus Contact – Vaccinated <u>must</u> :	<ul style="list-style-type: none"> <li>• Self-monitor for symptoms for 10 days</li> <li>• 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</li> </ul>

## Step 6: ongoing management

There's no need for specific actions to be listed here, except to note that we should expect to continue to work actively with staff, students and the community during and after we deal with the immediate management issues.

We should also expect to have to do some very careful "return to school" work with families. This will involve maintaining an accurate register of all students involved. Lisa will have oversight of this, working with Alex and Grant to ensure that the register is both secure and up-to-date. We will continue with our current practice of keeping all records connected with vaccination status, testing and, now, contact status separate from the central database. All records will be kept in the Covid Team, managed by Grant.

Alex Reed  
January 10<sup>th</sup>, 2022