## Advice to clarify Should Fruitvale school have a COVID case



The following statement has been lifted from MOE publications this week. MOE and MOH are working very closely to ensure best practice is shared efficiently to all schools across the country.

From international evidence, we know there is little risk of children/students who get COVID-19 becoming seriously ill from the virus. The greatest risk is adult-to-adult transmission, and adult-to-child transmission, but this is significantly reduced in settings where vaccination levels are high and there are other measures in place, such as mask wearing.

Where hand hygiene, mask use, physical distancing, student and staff vaccination, and good classroom ventilation has been in place, the risk of COVID-19 transmission in school settings is considered low. This means it is no longer necessary for a school to immediately close when a case has been identified who has attended while infectious

Contact tracing in this lower risk environment will be pragmatic. The highest risk is where contacts are close together in an indoor space like a classroom or staffroom.

### What we are doing at Fruitvale

I am aware that parents are assessing the safety that is created at Fruitvale School in this heightened COVID context. On the basis of this and their own understanding of what's best you're deciding to front up or not.

To make that decision easier for you I can assure you all that we are observing all the layers of mitigation that are quoted above.

We are distancing in the classroom and playground, All staff are mask wearing, All staff are vaccinated. Most students are mask wearing all day, all of them at the opening and close of the day. All parents are being asked to remain in their cars and we are bringing their children to them(This is very efficient) We have all classroom windows and doors open and are refreshing classes often. All teachers have the freedom to move lessons outside when it is fine. All children are encouraged to wash and dry their hands. Juniors have separate lunch times to the Seniors. All couriers are asked to place items in a special postbox and not to enter the site. All tradespeople must show evidence of vaccinations and recent swabs. All of these layers of mitigation make a huge difference to any COVID infection that might enter the school.

What was 14 days of isolation can become near zero or zero days of isolation as a, "casual + case".

Of course what periods need to be observed, by which groups of people, will be negotiated at the time with enhanced MOH guidance.

I do not anticipate any COVID cases at Fruitvale and feel very reassured, by the science, that the precautions and mitigations we have in place will serve the staff, children and whanau very well. Please see the Chart below to understand for yourself the Situation for you and your family. Please go here for the link to the MOH/MOE guidelines we are following.

Advice and guidance to clarify what results should there be a COVID case at school(20/11/21@4.23pm)

https://assets.education.govt.nz/public/Documents/School/SchoolsBulletin/2021-Bulletins/2021COVID/Nov-COVID-docs/19NOV-Managing-COVID-19-A-public-health-toolkit-for-primary-and-intermediate-schools-and-kura.pdf

# COVID-19

### Appendix Six: Contact categorisation table

This table provides the public health risk assessment for categorising contacts. **Note** that as years 3 and below will not be wearing face coverings in Alert Level 3 settings, the 'No or unknown' face covering worn by case column should be used.

Close range contact within 1.5m of case	Type of interaction	Examples	Face covering worn by case <sup>1</sup>	
			Yes	No or unknown
	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</b> <b>REGARDLESS OF FACE COVERING USE</b>	Kissing, spitting, hongi, 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, playing closely together	Casual plus if < 2 hours Close if > 2 hours	Close
	Non-face to face contact for more than 1 hour in an indoor space	Sitting near someone in class or assembly but not having a conversation	Casual plus if < 2 hours Close if > 2 hours	Close
Higher risk indoor contact more than 1.5m away from case and no close- range contact	Indoor contact in a small space without good airflow/ventilation* for more than 15 minutes	Classroom, staff rooms, office, sick bay, toilets, school bus	Casual Plus if < 2 hours Close if > 2 hours	Close
	Indoor contact in a moderate sized space without good airflow/ventilation for more than <b>1 hour</b>	Gymnasium, hall, train, innovative learning environment (ILE)	Casual Plus if < 2 hours Close if > 2 hours	Close
Low risk contact (no close-range contact or higher risk indoor contact)	Large indoor settings (bigger than 300m²) if none of the criteria above are present	Auditorium		
	Smaller indoor venues (less than 300m²) with good air flow-ventilation for up to 2 hours	Well ventilated classrooms/offices (e.g., windows open)	Casual	Casual
	Brief indoor contact regardless of distance from case	Passing each other in the corridor, sharing an elevator	Casual	Casual
	Contact in outdoor spaces  FOR ANY DURATION OF TIME  Ventilation is required to prevent virus particles	Walking outside with friends Non-contact sports Playground activities		

<sup>&</sup>quot;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.

<sup>&</sup>lt;sup>1</sup> It is unclear how long a mask provides protection from infection when a contact is in close-range contact with a case or is present in the same indoor spaces. Therefore, mask use should only be used to down-categorise contacts when the close-range contact is for less than 2 hours. This advice may change as more evidence becomes available.