**Phase 3: Guide for managing self-isolation in tertiary student accommodation**

## Purpose

This guide provides information to tertiary education providers and tertiary student accommodation providers (as defined in section 5B of the Residential Tenancies Act 1986) on:

* proactive steps that can be taken to ensure that tertiary student accommodation facilities are safe for residents and staff, and
* how Cases and Contacts should be managed at Phase 3 of the Omicron response.

Tertiary accommodation providers have established excellent processes to support learner wellbeing and manage COVID-19 risk thus far in their facilities. This guidance is intended to support providers’ ongoing efforts towards protecting their resident communities, in the context of the COVID-19 Protection Framework and in light of the Omicron variant.

The Omicron variant has meant that a new strategy has been developed to deal with COVID-19 in Aotearoa New Zealand and means that the public health response and support will change through the phases of the Omicron strategy.

This guide has been prepared by Manatū Hauora | the Ministry of Health in consultation with Te Tāhuhu o te Mātauranga | the Ministry of Education, the Tertiary Education Commission (TEC), New Zealand Qualifications Authority, and public health units.

As the COVID-19 situation develops, this guide may be amended or revised. As the situation is rapidly developing changes may occur and we recommend you check with the Ministry of Health website for the latest advice.

For any additional information, please visit <http://health.govt.nz> or [http:/covid19.govt.nz/](http://covid19.govt.nz/).

You can also visit the Tertiary and International COVID-19 bulletin for the latest education specific updates and guidance at <https://bulletins.education.govt.nz/>.

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## Scope

This document provides Phase 3 guidance for tertiary education providers and tertiary student accommodation providers to support the management and welfare needs of COVID-19 cases who live in student accommodation.

### Application of this guidance to tertiary student accommodation

This guidance applies to student accommodation that is exempt under s 5B of the Residential Tenancies Act 1986 (the Act). This includes accommodation provided exclusively for tertiary students by tertiary education providers, or private providers who have agreements with tertiary education providers as described in s 5B(5) of the Act. These may be halls of residence, residential colleges, hostels, apartments, houses or flats.

### Case and contact management

At Phase 3 of the Omicron response, only confirmed COVID-19 Cases and Household Contacts are required to self-isolate. Although other Close Contacts are not required to self-isolate (unless directed to do so by a Medical Officer of Health), they remain at high risk of developing COVID-19 and should be vigilant for symptoms. Close Contacts must self-isolate and get tested if symptoms develop.

Tertiary education providers and tertiary accommodation providers are not required to undertake Close Contact identification at Phase 3, but they may still wish to undertake this process to help slow the spread of COVID-19 through their community.

### Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021

The [Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.education.govt.nz%2Fpublic%2FDocuments%2FPastoral-Care-of-Domestic-Tertiary-Education-Students%2FEducation-Pastoral-Care-of-Tertiary-and-International-Learners-Code-of-Practice-Nov-2021.docx&wdOrigin=BROWSELINK) (the Code) sets out the expectations that tertiary education providers and schools enrolling international students must meet for tertiary and international learners’ wellbeing and safety, including in student accommodation. The Code came into force on 1 January 2022.

Where relevant, this guidance should be read in light of the Code. Under the Code, tertiary education providers must:

* Take a whole-of-provider approach to maintain a strategic and transparent learner wellbeing and safety system that responds to the diverse needs of their learners. This includes having plans for assisting learners, and responding effectively, in emergency situations in the learning or residential community
* Respond to diverse learner voices and wellbeing and safety needs in a way that upholds learners’ mana and autonomy. While providers may need to make rapid decisions in the COVID-19 environment, providers should consider past feedback from their learner communities, and ensure learners are involved in decision-making as much as practicable in the circumstances
* Ensure that student accommodation promotes and fosters a supportive and inclusive community which supports the wellbeing and safety of residents. This includes providing residents with information and advice on what action to take in an emergency and the mechanisms for reporting incidents and raising concerns, and having plans for residents when it becomes unsuitable or unsafe for them to remain in student accommodation in an emergency
* Ensure that student accommodation plans, practices, and policies are transparent, reasonable, and responsive to the wellbeing and safety needs of residents
* Ensure that student accommodation facilities and services are maintained to a standard sufficient to support residents’ wellbeing and safety and educational success.

The Code also sets expectations for tertiary student accommodation managers caring for international tertiary learners, including effective communications with their parents or caregivers on their wellbeing and, ensuring at least one staff member is designated to proactively monitor and address concerns for students under 18.

## More information

The following links and contact details provide further information on requirements and resources for the education sector:

General:

* [Resources for businesses to help them operate safely at each of the traffic light settings](https://covid19.govt.nz/traffic-lights/resources-for-businesses/)
* [Ministry of health guidelines for businesses and services](https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/guidelines-businesses-and-services)
* [Household COVID-19 readiness checklist](https://covid19.govt.nz/assets/resources/posters/COVID-19-Readiness-Checklist.pdf)
* [The COVID-19 Health Hub](https://covid19.health.nz/advice/)

Tertiary sector guidance:

* [Ministry of Education COVID-19 guidance for the tertiary education sector](https://www.education.govt.nz/covid-19/advice-for-tertiary-providerswhare-wananga/)
* [Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021](https://www.nzqa.govt.nz/providers-partners/tertiary-and-international-learners-code/)

A public health toolkit for tertiary providers:

* [COVID-19 Case and Contact management: Tertiary education – Education in New Zealand](https://temahau.govt.nz/covid-19/advice-tertiary-providers-international-students/resources-tertiary-education-providers#tertiary-toolkit)

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

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

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| --- |
| From Tuesday 12 April 2022, SPOCs can be reached workdays between 10am to 4pm, via email. Contact details are as follows: |
| NZQA: SPOC@nzqa.govt.nz | TEC: SPOC@tec.govt.nz |
|  |
|  |  |

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. For providers choosing to undertake Contact identification at Phase 3 of the Omicron response, or where a Medical Officer of Health requires it, information relating to identified contacts will be held by the education agency Single Point of Contact, Public Health and the Ministry of Health. **Personal information will not be disclosed by these agencies.**

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.

Tertiary education providers and accommodation providers will support Public Health in this work. Providers are expected to act where possible in line with their existing privacy policies, and the information-sharing enabled by their contracts with students and residents.

# Principles for managing COVID-19 in tertiary student accommodation

* Student accommodation providers should develop and implement detailed case management plans to protect the health and safety of staff and residents from COVID-19, and provide information on these plans to staff, residents and families. These plans should address additional health, disability and wider wellbeing needs identified for individual residents as part of the provider’s existing proactive monitoring of wellbeing and safety.
* Student accommodation providers should implement robust infection prevention measures to minimise risk as cases COVID-19 arise.
* Student accommodation providers should familiarise themselves with the contact categorisation criteria and seek to minimise instances of Close Contact within accommodation.
* At Phase 3 of the Omicron response, only Cases and Household Contacts are required to self-isolate, though others may choose to do so.
* Residents and live-in staff should be considered Household Contacts (and therefore are required to follow the testing and isolation advice for Household Contacts) if they:
	+ Share a bedroom with a Case, **OR**
	+ Are in house or flat-style self-contained tertiary accommodation with a Case, where the Case uses a kitchen, bathroom, or laundry, **AND**
	+ The contact has spent at least one night or day (more than 8 hours) in that residence while the case was infectious.
* Residents and live-in staff are generally not likely to be considered Household Contacts if they are living in single rooms in group accommodation including:
	+ Halls of residences,
	+ Residential colleges, and
	+ Hostels.
* Most people living in a single room within a halls of residence, residential college, or hostel will not be considered Household Contacts; occasionally sharing bathroom, kitchen, or laundry facilities are low risk activities (unless the person had very prolonged contact with the Case).
* Cases or Household Contacts who wish to self-isolate offsite – for example, at their parents’ home – are encouraged to do so, so long as their alternative accommodation is suitable for self-isolation and they are able to access it in line with the transportation rules.
* Where Cases or Household Contacts self-isolate at the facility:
	+ Cases who are self-isolating should be separated as much as is practicable from others, including their Household Contacts (if they live in a house of flat-style accommodation).
	+ Cases may self-isolate with other Cases if their symptoms allow.
	+ Household Contacts, who are self-isolating, should be separated as much as is practicable from others who are not Household Contacts.
	+ Household Contacts may self-isolate with other Household Contacts*.*
* Additional infection prevention measures – for example, restricting contact between residents in bedrooms, bathrooms and dining rooms generally, including through ‘student bubbles’ – should be implemented to minimise transmission risk.
* When Cases and Household Contacts are confirmed at accommodation facilities, providers should discuss the risks of different self-isolation options with relevant residents to allow them to make informed decisions about how they will self-isolate.
* Tertiary education providers should communicate to their current and prospective residents, staff and their families the particular challenges of COVID-19 within student accommodation, and their consequences – including, if relevant, the possibility of sharing a bathroom with a Case, isolation periods for residents if they become a Case or Household Contacts, and that they will not be able undertake interisland or overnight travel to go home if they are a Case or Household Contact.
* Protecting residents’ overall wellbeing continues to be providers’ number one priority:
	+ Providers must support cases to ensure their health and welfare needs are met. If symptoms worsen, do not hesitate to seek medical attention.
	+ If providers have reasons to believe that COVID-related measures are seriously threatening the overall wellbeing and safety of a student, they should act as appropriate to protect that student’s overall wellbeing.

# Preparing for COVID-19 in student accommodation

Develop and implement a case management plan

You will continue to be responsible for the health and safety of your students and their ability to safely self-isolate when there are confirmed COVID-19 Cases or Household Contacts at your facility. This is primarily important in consideration of students that do not have alternative accommodation and cannot self-isolate in a separate location. Having Cases and Household Contacts self-isolate in a separate location may not be an option as the outbreak progresses. It is your responsibility to have a plan in place for the health and safety of your residents and staff when Cases or Household Contacts are identified and living at your facility.

When a COVID-19 case is identified as being associated with a residential facility, as the number of cases increases, public health capacity will be limited, and immediate or ongoing support from public health officials cannot be guaranteed. It is therefore strongly recommended that you base your case management plan on a scenario where public health support is not possible.

The checklist in Appendix Four is a useful reference point for your case management plan. Your case management plan should include plans for:

* Initial response, including isolating Cases and Household Contacts, communications with your tertiary provider COVID-19 contact, staff and residents and their families, restricting access to the facility, and implementing additional infection control measures
* Ongoing isolation of residents in the event an outbreak grows
* Ongoing two-way communication with staff, residents and their families; and with the tertiary provider
* Ongoing service provision to address isolating residents’ needs
* Monitoring health and wellbeing of affected residents and staff, particularly those at-risk
* Minimising mental and physical health impacts for affected residents and staff
* Business continuity planning in the event that staff become unwell or are also required to self-isolate.

Providers should provide information on their case management plans to staff, residents and families.

COVID-19 Liaison

Residential facilities should appoint a COVID-19 liaison person or team onsite at the facility to work with your tertiary provider COVID-19 contact person. Your tertiary provider COVID-19 contact person will liaise with their education agency Single Point of Contact (SPOC) and, if possible, public health. The facility COVID-19 liaison person or team may be a conduit between the Case or Cases and the tertiary provider COVID-19 contact person if required and would work with the Case on how best to support them during their isolation.

Communication

Provide staff and students that live or work in student accommodation with information on what they can do to be prepared if they or others become a Case or Household Contact, who they should seek support from within the facility and what they can expect. This information should also be provided to students’ families. Particular consideration should be given to communications with the families of students under 18 and international students.

It is also important that residents know who to advise at the first sign of feeling unwell. If there are concerns someone may be showing symptoms of COVID-19, call Healthline’s dedicated COVID-19 enquiries which is available 24/7 – 0800 358 5453.

For information regarding self-isolation requirements and testing please see [www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/advice-people-covid-19](https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/advice-people-covid-19)

Emergencies

In the event of an emergency, normal emergency evacuation protocols should be followed, and all residents should be wearing a face mask if they need to evacuate their rooms.

Keep a supply of emergency face masks available near the building’s emergency assembly point in case residents have not been able to evacuate with their own.

Infection prevention and control precautions

In addition to the precautions recommended in the tertiary public health toolkits, considerations for student accommodation include:

### Contact tracing

Tertiary education providers and tertiary accommodation providers:

* are not required to undertake Close Contact identification at Phase 3, but they may still wish to undertake this process to help slow the spread of COVID-19 through their community.
* are no longer required to enable people to record their visit (for example through displaying COVID Tracer QR codes) at any of the COVID-19 Protection Framework settings.
* should retain capability to swiftly reinstall COVID Tracer QR codes in case these are required again in future.
* should also continue to encourage residents to scan and turn on the Bluetooth function of NZ COVID Tracer App. The Bluetooth functionality will still be used at Phase 3, and will let Close Contacts know that they have been exposed to COVID-19.

### Mask wearing

Masks are not required to be worn by residents when inside their rooms but are strongly encouraged elsewhere onsite, especially in communal areas. Wearing a mask can help to slow the spread of COVID-19 through the tertiary community, and providers may choose to implement their own mask requirements, following a health and safety risk assessment.

All workers (paid and unpaid) are strongly recommended to wear a mask at the facility.

[Wear a face mask | Unite against COVID-19 (covid19.govt.nz)](https://covid19.govt.nz/prepare-and-stay-safe/keep-up-healthy-habits/wear-a-face-mask/)

### Physical distancing

Physical distancing is not a requirement in the traffic light system but can help to slow the spread of COVID-19 through the tertiary community.

### Student bubbles

Providers may choose to designate ‘student bubbles’ within their facility to help slow the spread of COVID-19. A student bubble could include all or some of the rooms on one floor of a halls or residence who may share a bathroom, kitchen, or lounge area.

Providers should note that being part of a student bubble with a Confirmed Case does not necessarily mean that others in that bubble would be considered Household Contacts or even Close Contacts – it will depend on their interactions with the Case.

### Shared bedrooms

If facilities include shared bedrooms, residents and live-in staff should be considered Household Contacts if they share a bedroom with a Case (and are therefore required to follow the testing and isolation advice for Household Contacts).

### Shared bathrooms

Providers should prepare for Cases self-isolating to have their own bathroom, where this is possible. Accommodation providers should ensure there are adequate hygiene supplies and regular cleaning.

### Shared dining spaces and kitchens

If possible, spaces should be reserved so that the same student bubble(s) use the dining space for specified times with no contact with other residents unless they are wearing a mask.

In large dining halls, capacity limits and staggered, short mealtimes should be implemented to minimise risk. Residents should wear masks except when seated and eating. If a resident who had dinner in a dining hall is later found to be a Case, the fewer the people in the dining hall and the less time the Case spent there, the lower the risk of transmission.

Ensure that items such as dishes, drinking glasses, cups and eating utensils are washed in the dishwasher (you should use a commercial cleaner if you have one) or use soap/detergent and water to wash them thoroughly.

While residents and staff living in group accommodation such as halls of residences, boarding houses, and hostels are generally not considered Household Contacts (even if they share a dining space or kitchen) taking the precautionary measures outlined above can help to slow the spread of COVID-19 through the tertiary community.

### Building exit and entry points

Setting up separate exit and entry points in and out of the building to minimise contact where possible. Physical barriers and dedicated pathways can be used to reduce or eliminate exposure of others in the building.

### Foyer and waiting areas

Physical distancing of 1.5 metres should be encouraged for entry foyer and waiting areas. Removal of seats from lobbies or waiting areas to discourage people from congregating may be useful. Where seating is required, space it at least 1.5 metres apart.

### Lifts and stairwells

Residents should be encouraged to use stairwells when available and if capable of doing so, as there is a larger air space and greater ability to maintain physical distancing than in lifts. In the event of using a lift, residents should be encouraged to maintain a minimum of 1.5 metre physical distancing while waiting for a lift where possible and once in the lift and limit the use of the lift to one person at a time.

The use of floor markings at lift entrances to prompt users to maintain physical distancing while waiting for the lift and encourage one-way flow to avoid bottlenecks occurring near lift entrance points is recommended.

### Windows

If opening windows are present, residents should be advised to close their window prior to opening door to bedroom to exit. This is to prevent a draught (including viral particles) from entering shared corridors.

### Ventilation

If possible, increase ventilation of common areas within the building to reduce the risk of COVID-19 transmission by opening windows or leaving doors open (where safe to do so).

### Other common areas

Where common areas such as gyms, recreational areas, lounges are kept open, resident safety can be supported by clearly signposting capacity limits and requiring them to scan in using the NZ COVID Tracer app. Signage that encourages mask wearing is also recommended.

Providers may choose to allot specific common areas to different student bubbles, to help slow the spread of COVID-19 through the tertiary community. Ensure the provision of adequate hygiene facilities and supplies, including soap, running water and hand sanitiser.

### Management of waste disposal

It is recommended that rubbish be double-bagged – especially where rubbish contains cleaning items, tissues or food waste.

### Laundry

Do not shake dirty laundry to minimise the possibility of dispersing the virus. Use clothing detergent – wash items using the warmest water temperature the clothing and bed linen can withstand.

[How to safely clean your home after a COVID-19 diagnosis | Ministry of Health NZ](https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/advice-people-covid-19/how-safely-clean-your-home-after-covid-19-diagnosis)

### Cleaning

Effective cleaning and decontamination procedures are important to ensure removal of pathogens from the environment. There should be processes in place to ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.

Any surfaces that are frequently touched should be prioritised for regular cleaning with disinfectant, such as door handles, handrails, light switches, horizontal surfaces such as counter tops and tables, EFTPOS machines, touch screens, lift buttons taps, sinks and toilets.

Clean surfaces like kitchen benches and sink tops. Air out shared spaces and keep them well ventilated.

[COVID-19: General cleaning and disinfection advice | Ministry of Health NZ](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)

### Maintenance

Tradespeople must wear the appropriate PPE; scan using the NZ COVID Tracer app and maintain good hygiene.

What to do if there is a symptomatic person within the facility

If there are concerns that someone may be showing symptoms of COVID-19, call Healthline’s dedicated COVID-19 enquiries which is available 24/7 – 0800 358 5453.

Support the unwell person to get tested. Healthline or their doctor will provide advice around testing. Some health centres may request they wait in the car or a specific waiting area. It is strongly recommended they wear a mask when they go for a test and if they receive a PRC test, they should self-isolate while waiting for the results.

# Managing your response to a COVID-19 Case and Household Contacts

### How will I know if a staff member/resident tests positive?

All people who test positive for COVID-19 will complete an online self-investigation form, about their infectious period and where they have been during this time. In some circumstances public health officials may call the Case for the case investigation. The Case should also receive advice about self-isolating and testing requirements; and, in Phase 3, the expectation that the Case themselves notifies tertiary providers and accommodation providers. Accommodation providers may hear directly from the Case or from the tertiary provider.

If an accommodation provider needs support with managing an outbreak in their setting, they should reach out to their tertiary provider COVID-19 contact, who can seek input from the relevant education agency single point of contact (SPOC) for COVID-19. The SPOC can support the tertiary provider COVID-19 contact to manage outbreaks in tertiary student accommodation, and if required can reach out to the local public health unit for further advice. The public health unit will advise of their capacity to provide additional support.

Contact your tertiary provider COVID-19 contact if you hear of a case from other channels, including the Case directly.

### Who is required to isolate at Phase 3?

At Phase 3 of the Omicron response, only Cases and Household Contacts are required to self-isolate.

### Who is considered a Household Contact in tertiary student accommodation?

Residents and live-in staff should be considered Household Contacts (and therefore are required to follow the testing and isolation advice for Household Contacts) if they:

* Share a bedroom with a Case; **OR**
* Are in house or flat-style self-contained tertiary accommodation with a Case, where the Case uses a kitchen, bathroom, or laundry; **AND**
* The contact has spent at least one night or day (more than 8 hours) in that residence while the case was infectious.

Residents and live-in staff are generally not likely to be considered Household Contacts if they are living in single rooms in group accommodation including:

* Halls of residences,
* Residential colleges, and
* Hostels.

Most people living in a single room within a halls of residence, residential college, or hostel will not be considered Household Contacts; occasionally sharing bathroom, kitchen, or laundry facilities are low risk activities (unless the person had very prolonged contact with the Case).

### Can a Case or Household Contact leave student accommodation to return home or self-isolate elsewhere?

Cases or Household Contacts that wish to self-isolate offsite – for example, at their parents’ home can do so, so long as they are able to access their alternative accommodation in line with the transport rules for people in self-isolation.

Cases or Household Contacts are able to leave the facility to return home or self-isolate elsewhere if they take a private vehicle and drive directly to their destination with minimal stopping. They must not take public transport.

If the Case or Household Contacts cannot transport themselves by private vehicle, to minimise contact only one individual (driver) should transport the case. Masks must be worn by both parties and the Case or Household Contact should sit in the back of the car behind the passenger seat to physically distance as much as possible. If possible, windows should be open to allow for ventilation. A Case or Household Contact cannot travel home if they will be required to stay somewhere overnight on route. Cases or Household Contacts must not use public transport.

People travelling home to self-isolate need to make as few stops as possible, so they should think about:

* The route they will take,
* How they would get fuel – if a fuel stop is needed, they should only stop at a contactless petrol station, and
* Supplies they might need for the journey home to reduce the number of stops made, including supplies to treat COVID-19 symptoms.

### Will people still receive Bluetooth notifications?

If a student or a staff member receives a Bluetooth notification from the NZ COVID Tracer App, they should follow the directions in the App notification.

You will also be able to find up-to-date guidance on what contacts need to do, including isolation periods, on the [COVID-19 Health Hub](https://covid19.health.nz/advice) website.

### What do I tell other residents/staff/families?

Advise residents and staff of the general situation. In some situations, it is unavoidable that the person with COVID-19 will be identifiable through the contact tracing or isolation process. In this situation, always remind other staff that the privacy and confidentiality of the person who tested positive for COVID-19 should be maintained as much as is reasonably practicable. Providers should follow their usual processes for sharing health information with residents’ emergency contacts.

# Managing self-isolation of COVID-19 Cases and Household Contacts

Cases and Household Contacts should be supported to ensure their health and welfare needs are met. If symptoms of a Case worsen do not hesitate to seek medical attention. Advise emergency services that the person requiring treatment is a COVID-19 case. Ensure that you are aware of wider wellbeing needs for the Case and any vulnerabilities the Case has or develops during their illness and isolation.

When Cases and Household Contacts do not self-isolate offsite, you will need to put in place your self-isolation plans for residents.

Ideally, a Case should self-isolate away from other residents with their own bathroom. However, this will often not be possible or practicable, especially as case numbers rise.

If separate rooms are not available, facilities can choose how best to configure case and contact self-isolation, taking into account their accommodation setting, staff capacity and numbers of residents isolating.

The provider may attempt to segment areas of the facility for Cases and Household Contacts to self-isolate in cohorts. This can include:

* Household Contacts: the Case and their Household Contacts may self-isolate together (i.e. if they live in a house or flat-style tertiary accommodation). However, the Case should still try to minimise their contact with others in the household as much as is practicable.
* Case cohorts: confirmed Cases may be moved to self-isolate together with other Cases (i.e. share bathroom or bedroom with other cases).
* Household Contact cohorts separate from Case: those who are Household Contacts of a Case may be moved to self-isolate together away from the Case.

### Helping residents make informed decisions about self-isolation

Further to the Guiding Principles on page 6, when Cases and Household Contacts are confirmed at accommodation facilities, providers should discuss the risks of different self-isolation options with relevant residents to allow them to make informed decisions about how they want to self-isolate.

In house or flat-style self-contained tertiary accommodation or in shared bedrooms, if a Case and their Household Contacts choose to self-isolate together, then the Household Contacts must self-isolate for the same period as the Case. Household Contacts may end their self-isolation on the same day as the first case in the household, providing they (the Household Contact) have no new or worsening symptoms and their tests were negative.

Household Contacts who leave to isolate in a separate Household Contact cohort or at home will avoid continued exposure to the Case. However, they should be aware that, unlike those Household Contacts who remain in isolation with the Case, they will have to restart their self-isolation period if someone they are isolating with tests positive.

See the COVID-19 Health Hub website for further information on isolation and testing requirements <https://covid19.health.nz/advice>.

### Contactless delivery

Medicine and other essential items can be provided to Cases and Household Contacts who are isolating.

If a Case or Household Contact needs to receive medicines, food or other deliveries, goods should be placed outside their door, and only collected by the Case or Household Contact when the delivery person has left, and there is no one passing by.

It is important that corridors are clear, and doors of other rooms are closed when the case opens their door. This is to reduce the risk of a vacuum being created and generating air flow to move droplets in the environment.

### Meal service and kitchen use

Food should be delivered to Cases and Household Contacts in a contactless way. Cases should not use shared kitchens or dining spaces while in self-isolation.

However, if the Case is isolating with Household Contacts in a house or flat-style self-contained tertiary accommodation, the Case may use the kitchen to prepare meals but should avoid contact with others in the household and should not share food, dishes or cutlery.

A strict cleaning regime should be implemented, including wiping down all high-touch surfaces in the kitchens. This includes benches, taps, door handles, cupboards, drawers etc. Facilities should ensure cleaning products are stocked and available.

### Balconies

Balconies have various layouts, and the use of the balcony by a case is dependent on others not being on the balcony at the same time. Balconies may be accessed if they are at least 1.5 metres distanced from other balconies.

For a Case or Household Contact who is isolating, where it is generally safe to do so, it may be possible to have the doors to the balcony open to allow the circulation of air into the room.

Common areas

Cases and Household Contacts should not use common areas such as gyms, recreational areas, lounges etc, unless those spaces are designated exclusively for use by either Cases or Household Contacts respectively.

### Laundry

Cases and Household Contacts should not leave their room to do their laundry (unless they live in a house or flat-style accommodation with their own laundry which is not accessible to others outside their household).

Providers should have processes in place to support Cases and Household contracts to do their laundry. Fore example:

* The Case or Household Contact will need to double bag laundry and wear a mask place when placing it outside their door when there is no one present in the hallway or corridor.
* Only when they are back inside with the door closed should someone collect it.
* The person collecting the laundry should wear single use gloves and a mask and thoroughly wash and dry their hands afterwards.
* Dirty laundry that has been in contact with a sick person can be washed with other people’s items. Do not shake dirty laundry to minimise the possibility of dispersing the virus.
* Use clothing detergent – wash items using the warmest water temperature the clothing and bed linen can withstand.

[How to safely clean your home after a COVID-19 diagnosis | Ministry of Health NZ](https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/advice-people-covid-19/how-safely-clean-your-home-after-covid-19-diagnosis)

### Management of waste disposal

Cases and Household Contacts should not leave their room (or house) to dispose of rubbish. Providers should have processes in place to support them with this.

The Case or Household Contact will need to double bag their rubbish and wear a mask when placing it outside their door when there is no one present in the hallway or corridor. Only when they are back inside with the door closed should someone collect it and take it directly to the building’s shared waste disposal area.

### Maintenance

In rooms where a person with COVID-19 is isolating, only emergency work is to be carried out. Use of PPE by tradespeople is mandatory when carrying out the work in the room of a Case who is isolating. The Case in the room must use a face covering and maintain physical distance from the tradesperson whilst they are in the unit.

Workers may enter other rooms, as well as common property areas of the building, to carry out work. If possible, the rooms or common areas of the building should be unoccupied while the work is being carried out. Where multiple areas of work need to occur, it is ideal to work in areas where students are not isolating and work in areas where isolation is occurring last. This helps to ensure they separate the workspace requirements and completely remove PPE at the end of the work event before exiting the site.

# Managing manaaki/welfare for residents and staff

Resident wellbeing

Many of your residents or staff may be in isolation at any one time. You will continue to be responsible for ensuring students have access to health care and other wellbeing support services. It’s important that you plan to not only look after their physical health but also their mental health and wellbeing.

If there is any indication that the health of an isolating resident or live-in staff member is deteriorating, do not hesitate to take action and seek medical attention urgently.

Here are some things you can do to support residents and live-in staff during an outbreak at your facility.

* Ensure isolating residents, live-in staff, and their families know how to contact their COVID-19 liaison at the facility for assistance.
* Ensure isolating residents and live-in staff have the tools and resources they need to connect with family and friends either online or over the phone.
* Ensure isolating residents have the tools and resources they need to continue to access their learning.
* Undertake daily health and wellbeing checks with isolating residents and live-in staff. This should be over the phone but can be in-person if staff consider an isolating resident is at-risk. Staff conducting welfare checks with Cases and Household Contacts should wear a medical-grade mask and maintain 2m physical distance if practicable. Ensure your staff responsible for checking in with an isolating resident know of any pre-existing challenges or vulnerabilities for the person.
* If possible, organise outdoor access for Cases and Household Contacts on your premises. Provide notice to non-isolating residents and block off the outdoor space and relevant entranceways when doing so.
* Use your existing knowledge of your residents to organise activities to allow isolating residents to connect with each other virtually – for example, online games, workshops and competitions.
* Work with your tertiary provider COVID-19 contact to facilitate access to mental health services and resources. This may be online, or over the phone.
* Seek feedback from residents about what is and isn’t working for them, and use this to tailor what you do next, where possible.
* Ensure that you are aware of external services and support options available. The Ministry of Social Development has information on where you can get help: [COVID-19 - Where to go for services and support - Ministry of Social Development (msd.govt.nz)](https://www.msd.govt.nz/about-msd-and-our-work/newsroom/2020/covid-19/where-to-go-for-services-and-support.html)

Staff wellbeing

While much of the material in this guide relates to students, it is important that providers consider the wellbeing impacts of the outbreak on staff, including live-in staff.

Providers should:

* Work with staff in the development of case management plans and ensure they have been appropriately informed and trained on relevant health and safety processes and procedures, including those that will be implemented when there are Cases onsite.
* Identify critical roles and functions, and plan for how you will temporarily fill staff roles when permanent staff are unwell or isolating.
* Work with at-risk staff to agree arrangements to manage and mitigate risks.
* Provide guidance to staff on preventative measures they can take at work and at home to keep themselves and their families safe.
* Encourage staff to speak with their manager if they are feeling stressed or fatigued or notice signs of stress and fatigue in others.

Testing for Household Contacts

You can find up-to-date information on testing requirements, on the [COVID-19 Health Hub](https://covid19.health.nz/advice/).

In Phase 3 Household contacts, or a nominee, can order their Rapid Antigen Tests [online](https://requestrats.covid19.health.nz/) and pick these up from a collection site. For more information on testing, visit [Unite Against COVID-19 website](https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-information-close-contacts) and to find your nearest testing centre or RAT collection site visit [Healthpoint](https://www.healthpoint.co.nz/covid-19/?covidTesting).

### Close Contact Exemption Scheme

Tertiary accommodation providers can register as critical services to access the Close Contact Exemption Scheme to ensure they can continue to function as the Omicron outbreak progresses. At Phase 3 of the Omicron response, workers at registered critical services who are vaccinated and asymptomatic Household Contacts of a COVID-19 Case will be able to continue to work, as long as they return a negative rapid antigen test (RAT) prior to each day/shift they are at work during the isolation period, and follow specific health protocols. They will only be allowed to go to work – not anywhere else. Workers who are participating in the scheme will be able to collect free RAT kits from a collection site.

If there is an alternative option for delivering critical services, such as another staff member taking over the on-site duties, then this may be preferable as RATs are not 100% accurate (and this depends on whether they are administered correctly), so Household Contacts who return to work after providing a negative test could still potentially be spreading COVID-19 around the facility.

You can find more information on the business.govt.nz website. [**Testing and isolation requirements for businesses during Omicron — business.govt.nz**](https://www.business.govt.nz/covid-19/close-contact-exemption-scheme/)

# Managing Case and Household Contact self-isolation periods

How do Case and Household Contact self-isolation periods work?

At Phase 3 of the Omicron response, only Cases and their Household Contacts must self-isolate.

For households where someone has COVID-19, the Ministry of Health recommends you apply the following guidance.

If someone becomes a confirmed COVID-19 case, then that case and all other people in their household **must isolate for 7 days**.

* If **someone else** in the household tests positive for COVID-19 during those 7 days:
	+ the isolation period for**that person only** re-sets. So that person must isolate for an additional 7 days from the day they test positive, or symptoms begin.
	+ other household contacts who do not test positive are still able to leave isolation after the original case has completed their 7 days isolation
* For the next 10 days after a household completes 7 days isolation, evidence shows that due to their exposure to COVID-19 they are less likely to catch or transmit the virus.
	+ This means if someone else in the household tests positive **within those 10 days**, the whole household **will not** have to re-isolate, only the positive case.
	+ If someone else in the household tests positive and it has been **more than 10 days** since the household completed isolation, household contacts **should** re-isolate along with the new case for seven days.
* However, any person who has had COVID-19 within the last 90 days/three months **will not** **need to isolate** as a household contact unless they become symptomatic and test positive again. This is because reinfection rates for people who have had COVID-19 are low for the three months after they have the virus.

Day 0 for isolation is the day symptoms began or the day the positive test was taken (whichever came first). You should then count your 7 days from there.

You will be able to find up-to-date guidance on isolation periods for Cases and Household Contacts on the [**COVID-19 Health Hub**](https://covid19.health.nz/advice/) website.

What do Close Contacts need to do?

At Phase 3 of the Omicron response, there is no requirement for tertiary education providers or tertiary accommodation providers to undertake Close Contact identification, and there is no requirement for those who are identified as Close Contacts to self-isolate or test. However, Cases are asked to inform their Close Contacts and providers may still undertake the process to identify Close Contacts and may ask whether Close Contacts are willing to learn or work remotely for a period of time to help slow the spread of COVID-19 in the tertiary community.

General advice for those classified as a Close Contact:

* Close Contacts are not required to isolate but are at a higher level of risk. All Close Contacts should be advised to be careful and vigilant for symptoms. They must self-isolate and get tested if symptoms develop.
* Close Contacts may choose to stay away from others and/or consider what settings they go into during the 10 days following exposure. For example, they may choose not to visit people more vulnerable to COVID-19 or to go to a crowded location.

More information is available at [**the COVID-19 Health Hub**](https://covid19.health.nz/advice/)**.**

# Appendix One: Identifying Close Contacts in student accommodation

The below scenarios can help providers to identify Close Contacts, if they choose to undertake the Close Contact identification process.

|  |  |
| --- | --- |
| **Scenario** | **Response** |
| **Scenario 1**A case had dinner at a student accommodation dining room during dinnertime with 150 other students.  | **If the case was in the dining hall for one hour:*** As they’ll be eating, they won’t be wearing a mask.
* The others with 1.5 metres of the case: **CLOSE** **CONTACTS**
* It is not reasonable to classify everyone as a **CLOSE CONTACT** in this scenario unless certain risk indicators are present: shouting, yelling, case intermingling across multiple tables without mask use. Best practice is to communicate directly with the case to investigate who they sat next to and clarify who they remember coming in close contact with.
* Other considerations are the ventilation the size of the room (if small, poorly ventilated room the risk of exposure is much higher)
 |
| **If the case was in the dining hall for half an hour:*** As they’ll be eating, they won’t be wearing a mask.
* People within 1.5m of the case for any period of time would be **CLOSE CONTACTS.**
* People outside of 1.5m of the case, or within 1.5m of the case while the case was wearing a mask, would be **CASUAL CONTACTS.**
 |
| **Scenario 2**A case spent time in small spaces in the hall of residence during their infectious period, eg, the laundry, an office or another student’s room. | *NO FACE COVERING** If the case wasn’t wearing a face covering: the others in the small space at the same time would be **CLOSE CONTACTS**

*FACE COVERING USED** If the case was wearing a face covering: the others in the small space at the same time would be **CASUAL CONTACTS**
 |

For more information on the definition of Close Contact please visit <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-information-household-and-close-contacts#closecontacts>

# Appendix Two: Contact categorisation table

At Phase 3 of the Omicron response, there is no requirement for tertiary education providers or tertiary accommodation providers to undertake Close Contact identification, and there is no requirement for those who are identified as Close Contacts to self-isolate. However, providers may still undertake this process to identify Close Contacts and may ask whether Close Contacts are willing to learn or work remotely for a period of time to help slow the spread of COVID-19 in the tertiary community.

The table below 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.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type of interaction** | **Examples** | **Mask worn by case[[1]](#footnote-2)** |
| **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, hongi, sharing cigarettes or vapesSinging, shouting, coughing, sneezing Contact sports (heavy breathing related to exertion) | Close | Close |
| Indoor face to face contact for more than **15 minutes**  | Having a conversationSitting 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 300m2) if none of the criteria above are present  | Auditorium, study hubs or large libraries | Casual | Casual  |
| Smaller indoor venues (less than 300m²) 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 friendsNon-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. |

# Appendix Three: Symptoms of COVID-19

Common symptoms of COVID-19 are like those found with illnesses such as a cold or influenza. You may have one or more of the following:

* new or worsening cough
* sneezing and runny nose
* fever
* temporary loss of smell or altered sense of taste
* sore throat
* shortness of breath

Less common symptoms of COVID-19 may include diarrhoea, headache, muscle aches, nausea, vomiting, fatigue, chest pain, abdominal pain, joint pain or confusion/irritability. These almost always occur with one or more of the common symptoms.

Symptoms tend to arise around two to five days after a person has been infected but can take up to 14 days to show. The virus can be passed onto others before they know they have it – from up to two days before symptoms develop or two days before they have a positive test (if they have no symptoms).

Shortness of breath, or trouble breathing, is a sign of possible pneumonia so you should call 111 and tell

them that you have been in contact with someone who has COVID-19.

For more information visit <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/about-covid-19#symptoms>

### Where to get help

If you or someone you know experience symptoms of COVID-19, they should talk to their doctor/GP or call Healthline on 0800 358 5453 – Healthline is available 24 hours a day, seven days a week and interpreters are available.

Before seeking care, **always** tell the health care professional if you have been in close contact with someone who is positive for COVID-19. This will help them take steps to keep you and other people safe. Clean your hands with hand sanitiser and put on a face mask before you enter any healthcare facility.

**You can find your nearest testing centre at** [www.healthpoint.co.nz/covid-19](http://www.healthpoint.co.nz/covid-19)**. You can also call Healthline on 0800 358 5453 to find the nearest testing centre.**

# Appendix Four – Checklist to Prepare for a COVID-19 case

|  |  |
| --- | --- |
| Information to Prepare | Answers |
| Total number of residents, students, and staff at your property |  |
| Do you have the contact details of residents, students, and staff at your property in an easy to share format (e.g., excel spreadsheet)? |  |
| Do you have the contact details for visitors regularly at your facility (e.g., contractors, parents, support services for residents)?  |  |
| What is the layout of your facility? Are all student housing blocks/hostel rooms self-contained? How many facilities are communal? Are there shared lifts, corridors, or stairwells? |  |
| How many floors does the facility have? How many blocks are there? |  |
| Can you provide access to support services for any staff, students or residents who are isolating and cannot leave the property?  |  |
| Who would be the most appropriate contact person if there was a medical emergency?  |  |
| Do you know where the nearest testing centre is for staff, students, and residents? |  |
| Do you have adequate supplies of Personal Protective Equipment (PPE) for staff (mass, gloves and hand sanitiser)?  |  |
| Do you have sufficient Infection Prevention Control measures?This should include: Cleaning Products (especially for shared areas)Cleaning Processes (especially for shared areas).Personal Protect Equipment (PPE), including: Masks, Gloves and Hand Sanitiser |  |

1. For masks to be effective, it is important they are of sufficient quality (medical or multilayer cloth masks). Mask breaks are recommended to improve compliance over a workday. Masks should be changed if they become wet or dirty. [↑](#footnote-ref-2)