

COVID-19: Alert Level 2 - Guidance for School Based Health Services providers (19 May 2020)

This guidance aims to support safe decision-making and care delivery planning for School Based Health Service (SBHS) services while the New Zealand Alert Level 2 restrictions are in place.

The objectives of this guidance are to:

- support SBHS providers to safely re-introduce in-person care;
- protect the wellbeing of rangatahi and their whānau;
- focus on equity of health outcomes;
- limit the transmission of the COVID-19 virus; and
- maintain the safety of the workforce.

For further school focused public health advice and COVID-19 guidance, Iona Holstead, Secretary of Education, has been posting daily bulletins for school leaders. You can access the bulletins [here](#). Issues specific to your in school service delivery should be resolved through liaison with the schools in your region.

Main points

1. Health care services are expected to operate under Alert Level 2.
2. In-person SBHS care can resume in schools.
3. School nurses should be re-deployed to schools during Alert Level 2 to:
 - meet otherwise unattended health needs of students attending schools during Level 2. Health needs can include acute and chronic physical health conditions, sexual health, alcohol and other drug issues and mental health and wellbeing;
 - ensure students with health needs who are not on the school premises are aware of currently operating services to receive in-person help, eg primary care, and how they can contact the school nurse;
 - utilise school nurse's triage, brief intervention and case management skills to support students with mental health related issues, identify mental ill health and assist students when they are stressed;
 - support students to access further mental ill health services as the need requires and link them to the school counsellor or other services available;
 - support students with family and social issues, including family and sexual violence and link them to other services available;
 - connect students to health and support services available online. Links to online resources are provided below;
 - help teachers address COVID-19 related questions – will usually involve guidance to other public health resources, or practical guidance around hygiene etc.;
 - we recommend schools and SBHSs prioritise re-establishment of pastoral care team meetings to help identify concerns, at risk young people, attendance issues, anxiety etc.;
 - for schools with a recently established SBHS, we recommend ensuring the nurse's hours of availability are as consistent and reliable as possible available to allow relationship building and trust; and
 - Sore throats
 - Current Ministry of Health guidance indicates that children with sore throats should be tested for COVID-19. If this situation arises, children with a sore throat should be

isolated, collected from school and directed, with their caregiver, to a place where they can be tested for COVID-19 and have a bacterial throat swab done at the same time, if at high risk of Rheumatic fever.

- throat swabbing should not usually be done in the school setting under Alert Level 2 but empiric antibiotics can be provided in line with the National Heart Foundation guidelines or referred through to primary care or appropriate clinical testing setting. (Some specific schools may have a locally managed Rheumatic Fever prevention programme in which case they will have their own protocols for management of sore throat in COVID-19 context.).
- Note that the suspect [case definition](#) for COVID-19 and testing criteria may change, so it is important for SBHSs to familiarise themselves with the current guidance from the Ministry of Health of how to manage students with sore throats or other respiratory/influenza-like symptoms.

NB: In any case where high need or health risk has been identified AND attempts to contact the rangatahi have been unsuccessful, providers are expected to have a system in place for liaising with Oranga Tamariki, the Police or Civil Defence to ascertain the safety of the rangatahi / whānau.

4. DHBs are asked to develop a plan to catch up on delayed Year 9 psychosocial assessments that were not undertaken due to the COVID-19 Alert Levels 4 and 3. In practice, this may involve nurses making an effort to engage with every Year 9 student and make a point of undertaking more in-depth screening through to year 10 as time allows. An increased need and demand on SBHSs as a result of COVID-19 means the school based health services delivered by school nurses at this time may be prioritised based on nurse judgement of need, including focusing specific attention and resources on those experiencing inequitable health outcomes, in a culturally safe and appropriate way.
5. DHBs are asked to develop a plan to catch up on implementation of SBHS in Decile 5 Schools, if it was delayed due to COVID-19 Alert Levels 4 and 3. Implementation of SBHS in Decile 5 Schools should be completed by the end of the 2020 school year.
6. Immunisations
 - *This section is for information only, SBHSs are not expected to deliver school-based immunisation programmes.*
 - You may be aware school-based immunisation programmes were identified as being unable to continue as schools are closed and are unable to restart until schools fully reopen. Under alert level 2 school-based vaccination programmes should resume.
 - It is important to have plans in place to restart these programmes when majority of students are back in schools.
 - Please bear in mind the minimum gap between HPV vaccination dose one and dose two is 22 weeks.
 - Students who are unable to complete both of their vaccinations in 2020 should be referred to general practices to complete these in 2021. DHBs with large numbers of students unable to complete both doses in 2020 are requested to consider recalling these students in 2021 for a school based catch-up vaccination programme.

Resuming in-person services: COVID-19 screening

7. Providers are expected to implement a screening process to identify and manage any risk of COVID-19 infection, or COVID-19 infection transmission, for rangatahi - and staff.

8. In addition to usual health and safety considerations providers should conduct routine COVID-19 risk assessment (by phone call or SMS) prior to in-person engagement. If this is not practical then the risk assessment may be undertaken at a distance of 2 metres.
9. The main purposes of a virtual assessment prior to in-person care are to:
 - triage the needs of the rangatahi which could be well met over the phone in order to keep them and staff safe;
 - establish the safety of in-person meeting (by checking for any respiratory infection symptoms or COVID-19 contacts);
 - establish the rangatahi preference for in-person engagement;
 - reduce the time required in the in-person engagement; and
 - prioritise physical assessment of the rangatahi as the focus of the in-person engagement to limit time exposure to potentially infectious students.
10. A routine COVID-19 risk assessment includes asking rangatahi whether anyone in the household:
 - meets the [COVID-19 risk criteria](#);
 - has been unwell with a fever; and
 - has symptoms of an acute respiratory infection (e.g. shortness of breath, cough or sore throat) with or without fever (or whether anyone in their household has been unwell with a fever or cough).
11. The outcome of this screening should be documented in the health record.
12. When screening indicates the rangatahi is well and does not meet the COVID-19 risk criteria, then care may proceed ensuring service delivery is consistent with the most current infection control advice.
13. Where there is clinical concern for the health or wellbeing of the rangatahi **and** raised risk of transmitting COVID-19 then prior discussion is required with a clinical leader or manager to balance risks and plan a way of assessing the rangatahi in a way that keeps staff safe (e.g. planned primary care or hospital assessment, delayed assessment or other way of monitoring).
14. Any staff member who meets the [COVID-19 risk criteria](#) or has any symptom of a respiratory illness or who lives with anyone who meets the COVID-19 risk criteria or has any symptom of a respiratory illness must not be at work.
15. In general, when screening indicates no risk of transmission of COVID-19, and universal precautions are implemented, Personal Protective Equipment (PPE) is not required. In Alert Level 2, safe distancing is 1 metre of someone you know well, and 2 metres if the individual is not known.

Resuming in-person care: delivering care

16. When screening indicates the rangatahi is well and does not meet the COVID-19 risk criteria, in-person care may proceed, ensuring universal infection control precautions are in place.
17. While resuming services, providers may implement a system of combined virtual and in-person contacts with rangatahi.
18. DHBs are responsible for ensuring staff working in-person with rangatahi are supplied with products and equipment to practice universal precautions and infection control procedures when need is clinically indicated. If PPE is deemed required, DHBs are responsible for working

with Providers to ensure PPE is used and supplied in accordance with current [Ministry of Health guidelines](#).

19. This means DHBs should work with providers to ensure staff can practise:
 - physical distancing between people as far as possible during in-person contacts;
 - evidence-based hand hygiene (hand sanitiser or warm running water, soap and disposable hand towels); and
 - recommended cleaning of equipment and surfaces.
20. It is expected that some rangatahi may be anxious about resuming in-person care. They may need reassurance and information to enable them to make the decision to participate in in-person care.
21. Rangatahi may be provided with options for care:
 - In-person in school;
 - virtual contact only with limited in-person care;
 - virtual contact only; or
 - If they have high needs – panic attacks, chronic illness they may want to continue schooling from home and use general practice until the signal is given for back to normal service.
22. Rangatahi may need additional time in contacts to access the information and support they have missed out on while level 3 and 4 restrictions limited contact with services.
23. Staff should be mindful of promoting compliance with social distancing practices whilst undertaking care. If seen in-person support people should be limited to one only.

Online Resources:

COVID19 questions and answers for primary health care workers:

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

Information about NZ Pandemic Alert Levels

<https://covid19.govt.nz/alert-system/covid-19-alert-system/>

Telehealth, virtual technology consulting:

<https://www.health.govt.nz/our-work/diseases-and-conditions/COVID19-novel-coronavirus/COVID19-resources-health-professionals/managing-patients-and-reporting-using-telehealth-and-online-tools>

<https://www.telehealth.org.nz/health-provider/>