COVID-19 Policy and Procedures

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National Quality Standard	Quality Area 2: Children's Health and Safety Quality Area 6: Collaborative Partnerships with Families and Communities Quality Area 7: Governance and Leadership

Contents

Policy Statement, Trusted Authorities and COVID-19 Background	2
Policy Aims and Scope	
Rationale and Legislative Background	6
Summary of Key Responsibilities	
Strategies and Practices	. 11
Risk Assessment	
The Decision to Close	
Activating Standard Local Emergency Procedures	
Notification Requirements	
Re-opening Procedures	
COVID-19 Exposure Scenario Planning and Procedures	
Procedures for a Confirmed Case in Child/Staff Member/Visitor	
Procedures for Child/Staff Member/Visitor has been in contact with a confirmed case.	
Procedures for Child/Staff Member/Visitor with symptoms before entering service	
Procedures for Child/Staff Member/Visitor with symptoms while at service	
Procedures for Child/Staff Member/Visitor who has been overseas/to a restricted area	
Procedures for Child/Staff Member/Visitor who is asymptomatic	
Table of Protection Strategies	
Information Monitoring	
Vaccination (COVID-19 and Influenza)	
Restrictions on Entry into Heritage	
Visitors, Deliveries and Contractors	
Excursions and Incursions	
Staffing Arrangements/Working from Home	
Ventilation and Mixing of Cohorts/Rooms	
Supplies Check	
Attendance Records	
Hygiene and Environmental Cleaning	
Physical (Social) Distancing	
Modified Drop off/Pick up Procedures	25
Face Masks	
Social Events and Meetings	
Lockdown and Evacuation Arrangements	
Managing Medical Conditions and Children with a Disability	26
Curriculum and Educational Program	
Training and Professional Development	
Supporting Wellbeing	
Communication Strategies	
Managing the Service as COVID Restrictions Progressively Lift	
Rapid Antigen Testing	
Managing Enrolments	
Related Policies, References, Version Control and Change History	. 31



Policy Statement

- On 11 March 2020, The World Health Organization (WHO) declared the COVID-19 virus outbreak to be a "pandemic" (a Public Health Emergency of International Concern).
- On 12 March 2020, ACT Health confirmed the first case of COVID-19 in the ACT.
- On 16 March 2020, a Public Health Emergency was declared in the ACT.

Heritage Early Childhood Centre (Heritage) recognises it has a duty of care to provide a safe and healthy environment that minimises the risk of any person at the Heritage service being infected by or spreading the COVID-19 virus.

Heritage understands all early childhood education and care services (ECECs) are required to continue to meet their obligations under the National Quality Framework during the COVID-19 pandemic. This includes the requirement to have policies and procedures in relation to health, hygiene and infection control, and emergency risk management in place.¹ Heritage also recognises the need to employ additional risk mitigation strategies to meet the unique requirements of the COVID-19 pandemic in the context of the Heritage service.

In recognition of the rapid spread of the disease and the ongoing release of information from government authorities to meet the evolving circumstances of the pandemic, the Heritage Director will monitor and respond swiftly and correctly to changing advice from ACT Health and CECA (the ACT Regulatory Authority for ECECs) and adapt procedures accordingly.

From October 25 2021, the ACT Government removed restricted access to ECECs. A cautious approach is being taken to the return to face-to-face early education in order to minimise the need for future restrictions, taking into account the impact on educational, social, health and wellbeing outcomes, especially for vulnerable children.

Heritage is currently following the *Guidelines for Schools and Early Childhood Education and Care services (ECECs) from 25 October 2021*² and adhering to the Australian Health Protection Principles Committee's (AHPPC) updated advice on minimising the potential risk of COVID-19 transmission in ECECs as they re-open.³

If community transmission increases following the return of schools/ECECs, and an outbreak is rapidly escalating in the ACT with the potential for the health system to be significantly strained, Heritage will respond rapidly in accordance with ACT Government directions including any requirement to temporarily close.

Heritage understands the ACT Government has procedures in place to respond to a confirmed or suspected case in ECECs and to potential exposure (close, casual or secondary contact with a confirmed case) and will ensure, in all circumstances, directions given by ACT Health and CECA are followed, and communicated effectively to the Heritage community.

Heritage understands that COVID-19 is a notifiable condition under the ACT *Public Health Act* 1997 and will report confirmed cases to **ACT Health's Communicable Disease Control (CDC) unit** as soon as practicable on (**02) 5124 9213 (business hours) or (02) 9962 4155 (after hours).**

Heritage will continue to implement prevention practices to reduce the risk of transmission of COVID-19 and new variants at the service, using a multi-pronged approach. This includes enforcing the government mandate for all contact staff to be fully vaccinated by 29 November 2021; ensuring good indoor air quality and maximum ventilation at the service; complying with mask mandates; excluding any person (child, educator, other staff member, parent, contractor,

¹ Refer to: Illness and Infectious Diseases Policy; Hygiene and Infection Control Policy; Emergency and Evacuation Policy

² <u>https://www.covid19.act.gov.au/__data/assets/pdf_file/0007/1866031/Health-Guidelines-for-Schools-and-ECEC-including-OSHC_SWD-addendum_FINAL_300921-002.pdf</u>

³ Refer to: Appendix 1 and <u>https://www.health.gov.au/news/australian-health-protection-principal-</u> committee-ahppc-statement-on-covid-19-schools-and-reopening-australia

visitor or volunteer) that is suspected to have, or has tested positive for, COVID-19, or has been in contact with a positive case, overseas or to a COVID hotspot in the last 14 days; enforcing strict hand and respiratory hygiene practices; and increasing the frequency of environmental cleaning and disinfecting high-touch areas in line with Safe Work Australia recommendations.

Heritage will provide relevant up-to-date information regarding COVID-19 to parents, families and educators sourced from trusted authorities including ACT Health and CECA as it becomes available. The Heritage COVID-19 Policy and Procedures will be readily available on the premises and online at all times.

Trusted Authorities

National Coronavirus Health Information Line: 1800 020 080 (24 hrs a day, 7 days a week) Call 131 450 for translating and interpreting service ACT Government's COVID-19 Helpline: (02) 6207 7244 (8am and 8pm daily) CECA (at ACT Education Directorate): (02) 6207 1114 or email <u>ceca@act.gov.au</u> Health Direct: 1800 022 222

Australian Government Department of Health: <u>https://www.health.gov.au/</u> ACT Health – <u>https://www.covid19.act.gov.au</u>

- https://www.covid19.act.gov.au/restrictions/current-restrictions
- https://www.facebook.com/ACTHealthDirectorate/
- https://www.covid19.act.gov.au/#healthadviceforschoolsandchildcarecentres
- https://www.covid19.act.gov.au/signs-and-factsheets
- https://www.covid19.act.gov.au/travel/entering-the-act
- <u>https://www.covid19.act.gov.au/updates/act-covid-19-exposure-locations</u>
- <u>https://www.covid19.act.gov.au/news-articles/ensuring-staff-in-certain-education-settings-are-vaccinated</u>

Guidance for Cleaning Venues with Confirmed or Potential Case

https://www.covid19.act.gov.au/__data/assets/pdf_file/0007/1825351/Guidance-forcleaning-of-venues-with-a-confirmed-or-potential-case-COVID-19.pdf

Australian Health Protection Principal Committee

https://www.health.gov.au/committees-and-groups/australian-health-protection-principalcommittee-ahppc and https://www.health.gov.au/news/australian-health-protectionprincipal-committee-ahppc-statement-on-covid-19-schools-and-reopening-australia

CECA (at ACT Education Directorate) - <u>https://www.education.act.gov.au/early-childhood</u> <u>https://www.facebook.com/CECAACT/</u>

https://www.education.act.gov.au/about-us/all-news-and-news-alerts/news-items/october-2021/mandatory-vaccination-for-workers-in-certain-schools-and-early-childhood-settings

Safe Work Australia - <u>https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/industry-information/early-childhood-education</u>

Australian Government Department of Education Skills and Employment <u>https://www.dese.gov.au/covid-19</u> <u>https://www.dese.gov.au/covid-19/childcare</u>

ACECQA: https://www.acecqa.gov.au/latest-news/coronavirus-covid-19-informationaustralian-government

Health Direct:

https://www.healthdirect.gov.au/covid19-restriction-checker/education-and-childcare/act https://www.healthdirect.gov.au/coronavirus-covid-19-childcare-school-exclusions-faqs https://www.healthdirect.gov.au/symptom-checker/tool/basic-details



COVID-19 Background

What is COVID-19? What are the Symptoms? When to Test	 Coronaviruses are a group of viruses that can affect humans and animals. In humans, coronaviruses can cause mild illness (common cold and gastrointestinal infections), as well as more severe illness, such as that caused by SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome). 'COVID-19' or 'Novel Coronavirus is caused by a new strain of coronavirus that has not previously been detected in humans. The outbreak was detected in Hubei Province, China in late Dec 2019⁴ and has spread to many countries outside China. Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is the official name of the virus that causes COVID-19. Symptoms include, but are not limited to, fever, cough, sore throat, new loss of smell or taste and shortness of breath. Other symptoms can include fatigue, runny nose, chills, body aches and headache. The ACT Government currently advises individuals to get tested for COVID-19 if they any of the following symptoms, <u>no matter how mild:⁵</u>
for	
COVID-19?	• A fever of 37.5 degrees or higher , or recent history of fever such as
	 chills or night sweats. Symptoms of a respiratory infection, such as sore throat, cough,
	• Symptoms of a respiratory infection , such as sore throat, cough, runny or blocked nose, or shortness of breath.
	 Loss of sense of smell or taste.
	 Any person that has attended a listed exposure location at specific
	times ⁶ or has had contact with someone who has tested positive for
	COVID 19 whilst they were infectious should be tested.
	 To get tested, individuals can either visit a COVID-19 testing clinic or
	call their GP for advice. It is only necessary to visit the Emergency
	Department if symptoms are severe.
How is	• COVID-19 is transmitted from someone who is infected with the virus to
COVID-19	others in close contact through contaminated particles spread by
Transmitted?	coughing/sneezing or by contact with contaminated hands or surfaces.
Transmitted?	• These particles range from larger respiratory droplets to smaller aerosols (WHO, 2021).
	• Current evidence suggests that the virus spreads mainly between
	people who are in close contact with each other, typically within 1 metre (short-range).
	• A person can be infected when aerosols or droplets containing the virus
	are inhaled or come directly into contact with the eyes, nose, or mouth.
	• The virus can also spread in poorly ventilated and/or crowded indoor
	settings, where people tend to spend longer periods of time as aerosols
	remain suspended in the air or travel further than 1 metre (long-range).
	• People may abecome infected by touching surfaces that have been
	contaminated by the virus when touching their eyes, nose or mouth.
	• According to the WHO, data suggests that infected people appear to be
	most infectious just before they develop symptoms (namely 2 days
	before they develop symptoms) and early in their illness. People who
	develop severe disease can be infectious for longer.While asymptomatic people can pass the virus to others, it is not yet
	• While asymptomatic people can pass the virus to others, it is not yet clear how frequently this occurs.
	 The time of exposure to the virus and when symptoms first occur is
	• The time of exposure to the virus and when symptoms inst occur is anywhere from 2-14 days (Department of Health (2020).
	anywhere nom 2 11 days (Department of ficatin (2020).

⁴ World Health Organisation, 2019

⁵ <u>https://www.covid19.act.gov.au/stay-safe-and-healthy/symptoms-and-getting-tested/when-to-get-tested</u>

⁶ <u>https://www.covid19.act.gov.au/updates/act-covid-19-exposure-locations</u>



Transmission in Early Education	 The Delta variant is more transmissible across all age groups. (WHO, 2021).⁷ ECECs are more at risk of transmission because of the close contact between children.
and Care settings (ECECs)	 Most children who caught COVID-19 in NSW schools and ECECs had mild or no symptoms, despite Delta being more transmissible.⁸ Poor indoor air quality is associated with transmission of COVID-19. Good indoor air quality and ventilation is recommended to reduce the chance of COVID-19 transmission.⁹ The same principles of preventing incursion of the virus and preventing spread through personal, environmental, and organisational actions apply to reduce the likelihood of outbreaks of disease in ECEC settings. Rapid antigen testing may play a role in reducing transmission in ECECs in the future.¹⁰
How does Vaccination Help?	 Evidence shows that COVID-19 vaccines stop a person getting sick or substantially reduce the severity of symptoms. There is also evidence that vaccination reduces the chance of transmitting the virus to others as viral load is lower.¹¹ Vaccination greatly increases the opportunity to achieve some degree of population (herd) immunity, and a faster easing of social restrictions. Breaking chains of transmission within the community and limiting onward spread is critical to help protect people who may respond poorly to immunisation or may not be able to get vaccinated themselves, (ineligible children, immunocompromised people etc). Current vaccines are two-dose vaccines. After the first dose, a good immune response occurs about two weeks of the first dose. The second dose boosts that immune response within a shorter period of time. There is evidence that immunity wains after 6 months, however vaccines remain effective at preventing severe disease and death in most people over time.¹² Booster programs will commence in November 2021 with original priority groups being offered the booster first.¹³ Children under 12 are currently ineligible for vaccination and remain susceptible to the disease.¹⁴ Vaccination of adults around children is the most effective way to protect unvaccinated children from COVID-19. This process called cocooning is also used for other infectious diseases in infants.
How does Mask Wearing Help?	• Masks are effective in reducing the spread of COVID-19 from an infected person (source case) and, to a lesser extent, protect a person from inhaling the virus. ¹⁵

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¹² https://www.bmj.com/content/374/bmj.n2113

⁷ <u>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/science-in-5/episode-45---delta-variant?gclid=Cj0KCQjwap-</u>

⁸ <u>https://www.ncirs.org.au/covid-19-delta-variant-schools-and-early-childhood-education-and-care-services-nsw-australia-16</u>

⁹ https://www.safeworkaustralia.gov.au/doc/improving-ventilation-indoor-workplaces-covid-19

¹⁰ Murdoch Children's Research Institute Report (2021)

¹¹ <u>https://www.ncirs.org.au/covid-19/covid-19-vaccines-frequently-asked-questions</u>

¹³ <u>https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/tga-approval-for-pfizer-covid-19-vaccine-booster-dose-0</u>

¹⁴ <u>https://www.covid19.act.gov.au/stay-safe-and-healthy/vaccine/when-will-i-get-the-covid-19-vaccine</u>

¹⁵ Refer to: Appendix 1: AHPPC Statement



Policy Aims

The Heritage COVID-19 (Novel Coronavirus) Policy and Procedures aims to ensure best practice is implemented at the service based on current advice from Government authorities in order to protect all stakeholders who access the service during the COVID-19 pandemic. Specifically, the policy aims to:

- Ensure the service meets all legislative requirements.
- Ensure the roles and responsibilities of the Director, educators and Heritage community are clearly defined.
- Ensure public health information from government authorities is closely monitored and responded to rapidly and effectively.
- Detail the key protection strategies that minimise the risk of COVID-19 entering and spreading at the service.
- Detail the key communication strategies that must be implemented, and the actions required, should a case of COVID-19 infection or exposure occur within the Heritage community.
- Educate the Heritage community on COVID-19 with current and trusted information.

Scope

It is understood that there is a shared responsibility and accountability between all member of the Heritage community including the Director, Management Committee, educators, students, volunteers, families and all others involved in providing the Heritage service, to implement the COVID-19 Policy and Procedures as a matter of high priority due to the potential health risks of not doing so.

Rationale

Heritage recognises it has a duty of care to take all reasonable, practicable steps to provide the Heritage community with a safe and healthy work environment that protects their physical and emotional wellbeing *(Work Health and Safety Act 2011).* In addition, the Heritage COVID-19 (Coronavirus) Policy and Procedures has been *developed to comply with:*

- Public Health Act 1997 (ACT) Notifiable Conditions section.
- Education and Care Services National Law Act (ACT) 2010.
- Education and Care Services National Regulations (ACT) 2011.
- National Quality Standard for Early Childhood Education & Care 2011.
- Worksafe ACT requirement to report notifiable incidents, including serious illness.
- Latest federal and local government mandates and best practice recommendations.

Legislative Background

COVID-19 Public H	Health Directive Oct 2021
COVID-19 Vaccine Mandate for all contact staff	 The COVID-19 vaccination mandate in the ACT (announced October 13) applies to all staff in education and care settings who "work directly with children or are in regular contact with children". All permanent, temporary, casually employed, contracted staff, volunteers and people delivering extracurricular activities such as music programs must be fully vaccinated. (Note: The mandate does not apply to people on site with no interaction with children, eg, delivery drivers, tradespeople/construction/maintenance workers). The first vaccination is required by 1 November 2021, and a second dose by 29 November 2021. Proof of vaccination must be provided to the service provider. The ACT Chief Health Officer will consider exemptions for staff with medical grounds that would prevent them from being vaccinated.



Education and Care National Law	
Education and Ca	re National Law
Section 165	Offence to inadequately supervise children.
Section 167	Offence to fail to protect children from harm and hazard likely to cause
	injury.
Section 169	Offence to fail to have the number of appropriately qualified educators
	available for the children as prescribed under the national regulations.
Section 174(2)(c)	Offence to fail to notify regulatory authority of any circumstances at
	the service that pose a risk to the health, safety or wellbeing of a child
	attending the service.
Education and Ca	re National Regulations
Regulation	There must be policies and procedures in relation to health and safety
168(2)(h)	including providing a child safe environment, dealing with infectious
	diseases, and emergency and evacuation.
Regulation 77	The service must implement adequate health and hygiene practices
	and safe practices for handling, preparing and storing food.
Regulation 88	Reasonable steps must be taken to prevent the spread of the
	infectious disease at the service. In an event of an infectious disease at
	a service the parent/authorised emergency contact of each child being
Demilation 100	educated must be notified of the occurrence as soon as practicable.
Regulation 100	A risk assessment must be conducted before an excursion in accordance with regulation 101 and before an authorisation is sought
	under regulation 102, unless the excursion is a regular outing, and a
	risk assessment has been conducted.
Regulation 103	The premises and all equipment and furniture used in providing the
	education and care service must be safe, clean and in good repair .
Regulation 109	The service must ensure adequate , developmentally and age -
Ũ	appropriate toilet, washing and drying facilities are provided for use
	by children, and the location and design of the toilet, washing and
	drying facilities enable safe use and convenient access by the children.
Regulation 110	The service must ensure that the indoor spaces used by children at the
-	education and care service premises:
	• are well ventilated; and
	 have adequate natural light; and
	• are maintained at a temperature that ensures the safety and
	wellbeing of children.
Regulation 158	The service must ensure that a record of attendance is kept including
	the full name of each child attending the service; the date and time each
	child arrives and departs; and is signed by one of the following persons at the time that the child arrives and departs: The person who delivers
	and collects the child from the education and care service premises or
	the Nominated Supervisor or an educator.
Regulation	A notice must be displayed at the service where there is an occurrence
173(2)(g)	of an infectious disease at the premises.
Regulation	Notice must be given of any circumstances at the service that pose a
175(2)(c)	risk to the health, safety or wellbeing of a child attending the service
	within 7 days of the event.
National Quality S	Standard
Quality Area 2:	Standard 2.1: Each child's health and physical activity is supported
Children's	and promoted.
Health and	Element 2.1.2: Effective illness and injury management and hygiene
Safety	practices are promoted and implemented.
	Standard 2.2: Each child is protected. Element 2.2.1: At all times,
	reasonable precautions and adequate supervision ensure children are
	protected from harm and hazard. Element 2.2.2: Plans to effectively



	manage incidents and emergencies are developed in consultation with
	relevant authorities, practised and implemented.
Quality Area 6:	Standard 6.1: Respectful relationships with families are developed
Collaborative	and maintained and families are supported in their parenting role.
Partnerships	Element 6.1.3: Families are supported. Current information is available
with Families	to families about the service and relevant community services and
and	resources to support parenting and family wellbeing.
Communities	
Quality Area 7:	Standard 7.1: Governance supports the operation of a quality
Governance and	service. Element 7.1.2. Systems are in place to manage risk and enable
Leadership	the effective management and operation of a quality service.
	Element 7.1.3. Roles and responsibilities are clearly defined, understood
	and support effective decision making and operation of the service.

Summary of Key Responsibilities

Role	Responsible for:
Approved Provider (Management Committee)	 Ensuring there is a COVID-19 Policy in place that is easily accessible to families and educators, regularly reviewed, and meets all legislative requirements and best practice recommendations from government authorities. Ensuring the COVID-19 policy clearly defines the roles and responsibilities of the Director, educators and Heritage community to reduce the risk of COVID-19 entering or spreading at the service. Supporting the Director to ensure hand washing and sanitising facilities are provided, hygienic, adequately stocked and in good working order. Supporting the Director to ensure Personal Protective Equipment (PPE), including face masks and gloves is available. Where there is a confirmed case of COVID-19 or potential exposure in the Heritage community, supporting the Director to co-operate with directions from health authorities and maintaining confidentiality.
Nominated Supervisor (Director or Responsible Person in Charge)	 Ensuring the COVID-19 Policy and Procedures is up to date with the latest advice from government authorities and readily accessible to the Heritage community. Ensuring a thorough risk assessment is undertaken and continually reviewed to identify and mitigate the risks of introducing and transmitting the COVID-19 virus at the service in line with the latest advice from ACT Health and CECA. Keeping up to date with public health information from trusted authorities and rapidly applying government mandates and advice. Consulting with ANU Facilities and Services to discuss ventilation systems and maximise airflow at the service where possible. Adhering to exclusion and quarantine requirements¹⁶ and enforcing self-quarantine as directed by the ACT Health. Ensure all families and staff are aware they must report to the Director/ Responsible Person if they: Are experiencing any COVID-19 symptoms. Have been, or have potentially been, exposed to a person who has been diagnosed with COVID-19 or is suspected to have COVID-19 (even if have not yet been tested), Have undertaken, or are planning to undertake, any travel. Asking staff, children and visitors who are sick with respiratory illness to inform the service immediately via email or phone, stay home until recovered and seek prompt medical advice.

¹⁶ <u>https://www.education.act.gov.au/early-childhood/information-on-novel-coronavirus-covid-19-for-early-childhood</u>

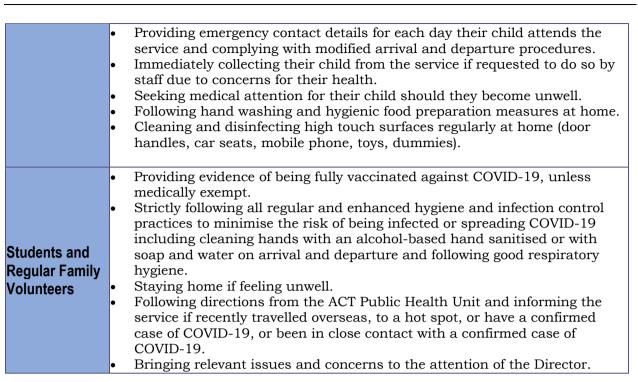


•	following the enhanced Illness and Infection Control Policy and Procedures to ensure they are isolated, appropriately supervised, and families
•	contacted immediately. If staff or visitors become unwell at the service with COVID-19 symptoms, following the enhanced Illness and Infection Control Policy and Procedures
	to ensure they are isolated until they are able to travel home or be picked up from the service.
•	Advising families of sick children and sick staff to seek medical advice promptly. If they are very unwell, calling an ambulance if required, according to the Illness and Infectious Diseases Policy.
•	
•	
•	
•	adequate hygiene and hand washing facilities.
•	Ensuring excursions, incursions and service events are risk assessed in line with current ACT Health guidelines such as limits on outdoor/indoor gatherings.
•	
•	
•	
•	If there is a confirmed COVID-19 case or potential exposure scenario, cooperating with all directions from ACT Health and CECA and maintaining confidentiality, including deep cleaning requirements in line with Safe Work Australia guidelines. ¹⁷
•	Notifying the Management Committee immediately if a member of the Heritage community needs to self-quarantine, has a confirmed case of COVID-19, or has recently travelled overseas or to a restricted area, or been in close contact with a confirmed case of COVID-19.
•	
•	stay at home.
•	times in accordance with NQF requirements.
•	is communicated to families and staff.
•	Being aware of the responsibility of the service for supporting the continuity of learning of children during periods of quarantine. Investing in wellbeing resources to support the Heritage community.

¹⁷ <u>https://www.covid19.act.gov.au/_data/assets/pdf_file/0007/1825351/Guidance-for-cleaning-of-venues-with-a-confirmed-or-potential-case-COVID-19.pdf</u>



	• Providing evidence of being fully vaccinated against COVID-19, unless
	medically exempt, and understanding this is part of their Terms of
	Employment.
	• Having the annual influenza vaccination, unless medically exempt.
	• Staying home if feeling unwell.
	• Notifying the Director immediately if required to self-quarantine, have a
	confirmed case of COVID-19, have recently overseas or to restricted area,
	or been in close contact with a confirmed case of COVID-19.
	• Complying with mask-mandates and maintaining physical distancing while
	interacting with other adults at the service.
	• Strictly following the service's regular and enhanced hygiene and infection
	control procedures and keeping the service clean and hygienic.
	• Assisting in regularly cleaning high-touch surfaces.
	• Following strict food preparation and handling procedures and avoiding
	food sharing.
	• Washing hands regularly throughout the day and supervising children
	while washing their hands.
	• Avoiding touching their face, handshakes or other close physical contact,
	cover coughs and sneezes with an elbow or tissue, and disposing of tissues
	appropriately.
	• Considering the setup of rooms and implementing small group play,
Educators	 staggered mealtimes and outdoor play opportunities whenever possible. Maintaining supervision levels and sun protection requirements when the
	• Maintaining supervision levels and sun protection requirements when the outdoor program is increased.
	 Ensuring high risk behaviours for generation of aerosols, eg, singing and
	playing wind instruments occur outdoors.
	 Being aware of activities and play practices that could spread germs such
	as play dough and clay play and will ensure children have their own
	portion and/or discard it after play.
	 Avoiding food sharing.
	 Including COVID-19 related experiences in the educational program
	including health and hygiene, wellbeing and belonging programs, and
	ensuring children voices are evident through jottings/observations.
	• If children become sick while at the service, following the enhanced illness
	procedures to ensure they are isolated, supervised, and families are
	contacted immediately.
	• Advising families of sick children to seek medical advice. If they are very
	unwell, calling an ambulance, in line with the Illness and Infectious
	Diseases Policy.
	Reporting to the Director/Responsible Person if they observe another staff
	member displaying any symptoms.
	• If there is a confirmed case of COVID-19, cooperating with directions from
	the health authorities and maintaining confidentiality.
	• Bringing relevant issues and concerns to the attention of the Director.
	• Being vaccinated against COVID-19 and influenza in line with ACT Health
	guidelines, unless medically exempt.
	• Strictly following all regular and enhanced hygiene and infection control
	practices to minimise the risk of being infected or spreading COVID-19
	including cleaning hands with an alcohol-based hand sanitised or with
	soap and water on arrival and departure and following good respiratory
F 11	hygiene when coughing or sneezing.
Families	• Following the Illness and Infectious Diseases Policy and keeping children
	home when they are unwell or have any COVID-related symptoms.
	• Following directions from the ACT Health (such as the need to self-
	quarantine or wearing a mask on entering Heritage) and informing the
	service if recently travelled overseas, to a hot spot, or have a confirmed
	case of COVID-19, or been in close contact with a confirmed case.
	Maintaining physical distancing while interacting with other adults at the
	service.



Strategies and Practices

Risk Assessment

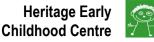
The Director/Responsible Person in Charge will ensure there is an effective and **systematic risk management process in** place regarding the COVID-19 virus. The risk assessment will identify possible risks and hazards in the service environment and eliminate/mitigate those risks as far as reasonably practicable (refer to: Heritage Risk Assessment: Appendix 2).

When undertaking the risk assessment, the Director/Responsible Person in Charge will:

- Consider the **hierarchy of control measures for infection control** that are relevant to mitigate the risks in the context of the COVID-19 pandemic and the Heritage service.
 - 1. <u>Elimination:</u> For example, instigating remote learning in some scenarios.
 - 2. <u>Substitution:</u> For example, excluding all persons displaying COVID-19 symptoms.
 - 3. <u>Engineering:</u> For example, enhancing ventilation, environmental cleaning and physical distancing.
 - 4. <u>Administrative:</u> For example, altering routines and groupings to be more COVID safe.
 - 5. <u>PPE:</u> For example, implementing mask mandates.
- Apply the three principles for minimising disease in ECECs.
 - 1. Reduce opportunities for introduction of the virus.
 - 2. Reduce transmission of the virus if it is introduced.
 - 3. Early use of containment measures if spread occurs.
- Focus on minimising the risk of exposure to COVID-19 as far as is reasonably practicable, recognising that most centre-based early childhood education and care workers are unable to perform their job from home.
- Incorporate the latest COVID-19 risk mitigation recommendations from **The Australian Health Protection Principal Committee** where relevant to Heritage.¹⁸ (Appendix 1).
- Incorporate the latest COVID-19 control measures suggested by CECA where relevant to Heritage.¹⁹
- **Consider each child's health, safety and wellbeing** when considering effective and practicable control measures and strategies, taking into account:
 - Ventilation requirements.

¹⁸ <u>https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-covid-19-schools-and-reopening-australia</u>

¹⁹ <u>https://www.education.act.gov.au/early-childhood/information-on-novel-coronavirus-covid-19-for-early-childhood</u> - Section on Risk Management.



- Health and safety of children, including adequate supervision and ratios.
- Children's social-emotional needs.
- Outcomes for children, eg, ensuring quality interactions with each child are not limited.
- Ensure control measures are evaluated for effect, cost-effectiveness, feasibility, sustainability, and adverse consequences.
- Recognise that due to the constant changes in managing the Heritage service during the pandemic, the approach to risk management must be **ongoing and fluid**.
- **Constantly re-evaluate priorities** in relation to COVID-19,²⁰ and strictly and consistently enforce the practices in this policy to minimise the risk of spreading COVID-19.
- Review control measures in consultation with staff members.

The Decision to Close

- The Director in consultation with the Heritage Management Committee may make the decision to close the service, or they may be directed by CECA via an **Emergency Action Notice (EAN)** to do so, for example there is confirmed case of COVID-19 in the Heritage community or wider community.
- **CECA** will determine closures on a case-by-case basis, including assessing any risks to the health, and welfare of staff and children. (See: Scenario Planning and Procedures.
- Following the closure the service must follow the Notification, Decision, Action and Recovery process (Appendix 3).
- If the service is advised/directed to close on public health advice as a result of COVID-19, normal fees will be charged and absent days added to families' total allowed days of CCS absences.

Activating Standard Local Emergency Procedures

From 13 July 2020, should the service be directed to close due to COVID-19 (or a fire, flood or other local emergency), standard local emergency procedures will be followed.

- Activating a period of local emergency allows families access to additional absences if the initial 42 absence days per child per financial year have been used.²¹
- Additional absence days claimed due to COVID-19 related reasons, do not require a medical certificate.

Notification Requirements

If a service is required to close under an Emergency Action Notice (EAN) from CECA

The service must submit a Notification of Incident under Reg 175(c) indicating closure using the <u>National Quality Agenda IT System (NQAITS</u>). Once this has been ticked it will open up section to confirm closure is due to Covid positive or suspected case.

- Notifications must be made within 24 hours.
- Information entered should clearly identify the closure is due to a case of COVID-19.

The Director must also notify:

- Work Safe ACT as soon as practicable and within 24 hours via phone: 6207 3000 or email: worksafe@act.gov.au
- The ACT Department of Education, Skills and Employment (DESE).
- Services Australia via the Provider Entry Point (PEP). <u>https://proda.humanservices.gov.au/prodalogin/pages/public/login.jsf?TAM_OP=login&E</u> RROR_CODE=0x0000000&URL=%2F&OLDSESSION=

²¹ https://www.dese.gov.au/child-care-package/ccp-resources-providers/help-emergency

²⁰ Refer to: Appendix: COVID-19 Priorities Checklist

Where the Director and Management Committee elects to close Heritage as a precaution

Such as due to a suspected case or potential exposure, CECA must be contacted immediately for advice and cleaning guidelines, the required notifications made (see above), and National Regulation 88 adhered to which requires education and care providers and services to:

- Ensure that reasonable steps are taken to prevent the spread of the infectious disease at the service.
- Ensure that a parent or an authorised emergency contact of each child being educated and cared for is notified of the occurrence as soon as practicable.

Where a child or staff member is diagnosed with COVID-19 and the family or staff member notifies the service, the Director must notify:

- ACT Health's Communicable Disease Control Unit as soon as practicable and within 24 hours on phone: 02 5124 9213 during business hours or by paging (02) 9962 4155 after hours.
- **CECA** as soon as practicable and within 7 days using the <u>National Quality Agenda IT</u> <u>System (NQAITS)</u> or through direct contact via phone: 02 6207 1114 or email: <u>ceca@act.gov.au.</u>
 - A confirmed case of COVID-19 is deemed to be a circumstance that poses a risk to the health, safety or wellbeing of a child or impacts on the day-to-day operation of the service, under Regulation 174 and is required to be notified to the Regulatory Authority within 7 days/²²
 - **Note:** CECA strongly encourage services to refer COVID-19 related notifications **as soon as possible** to ensure services receive appropriate support and advice.
- <u>Worksafe ACT</u> as soon as practicable and within 24 hours via phone: 6207 3000 or email: <u>worksafe@act.gov.au</u>

Re-opening Procedures

The service will re-open only after approval from the ACT Government has been given. If closed due to an Emergency Action Notice from CECA, this will be when the Director/Responsible Person in Charge has met the following conditions and there are no other risks preventing reopening:

- Provided evidence of meeting deep cleaning requirements of the service premises in line with the requirements identified by OMT.
- Provided advice to staff that they cannot return to the service until they have provided evidence that they have finished quarantines and/or cleared to work via negative Covid-19 test results.
- Sighted or collected evidence that all children/families that were required to test have received a negative Covid-19 test result (close and casual contacts) and have finished quarantine before they return to the service.
- Adhered to all internal policy and procedures in relation to Covid-19 including communication with families.
- Prepared communication to advise stakeholders of re-opening of the service and guidelines to follow.
- Demonstrated that adequate staffing arrangements and reasonable precautions have been taken to mitigate risks associated with COVID-19 transmission/spread.

Scenario Planning and Procedures

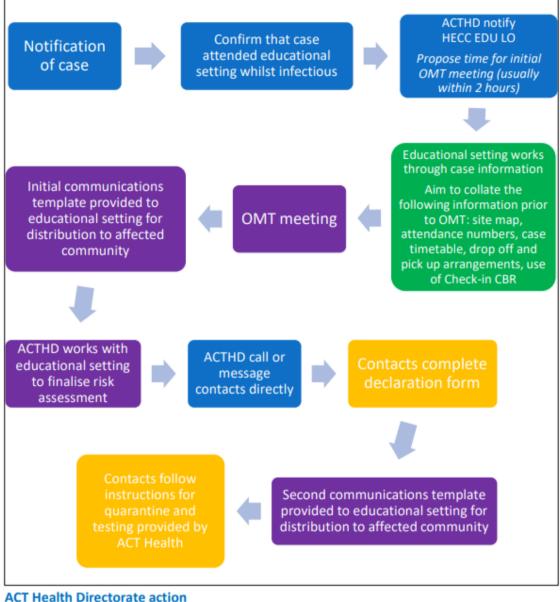
The Heritage service including the Management Committee, Director, Nominated Supervisors, Room Leaders and educators must be prepared for various COVID-related scenarios including the possible event where a child or staff member has a confirmed case of COVID-19.

²² https://www.acecga.gov.au/resources/applications/notification-types-and-timeframes

Scenario 1: Confirmed Case

When a child/staff member/other person tests positive to COVID-19 and may have attended the service while infectious, the Director will work with the Management Committee and **ACT Health's Outbreak Management Team (OMT) and CECA** to assess the risks.

Flowchart for Risk Assessment in Education Settings for a Case of COVID-19



ACT Health Directorate action Education (Directorate, setting and/or community) action Combined action

Procedure Overview:

- 1. If COVID testing identifies a child or adult attended Heritage while infectious, ACT Health will contact CECA via the Education Directorate's Liaison Officer (EDU LO).
- 2. CECA will contact the emergency contacts for Heritage and request the risk assessment information set out in **Appendix 4 and 5**.
- 3. ACT Health will schedule an Outbreak Management Team (OMT) meeting or phone call, and key staff from Heritage will be invited. The OMT will deliberate based on the information available.

- 4. CECA will assess the risk and operational viability of the service or parts of the service remaining open based upon the information and deliberations, and in consultation with Heritage.
- 5. ACT Health will directly contact anyone determined to be close contacts. Standard communication will be provided for send to families/staff who are not close contacts.
- 6. If required to fully or partially close, the service must complete cleaning in line with COVID recommendations and implement their service re-opening policies and procedures.
- 7. Checks must be in place to ensure that any close and casual contacts comply with ACT Health's testing and quarantine requirements before returning to the service.

Initial assessment

The provider and nominated service lead will:

- Be supplied with the name of the identified case/s
- Be required to supply OMT with information to complete a risk assessment to in line with the Early Childhood Education and Care Risk Actions Matrix (Appendix 4).

Information required will include but is not limited to:

- A site map of the service.
- The number of children, staff and visitors in attendance, in line with information requirements set out in Appendix 5.
 - This could be obtained through software reports on child attendance, staff rosters, visitor registers the Check In CBR app etc.
- Drop off and collection procedures for children.
- Details in relation to any extracurricular activities.
- Name of the Nominated Supervisor that ACT Health is to liaise with to complete the risk assessment and who will attend OMT meetings as required.

OMT direction

Under the direction of OMT the provider and nominated service lead will be required to:

- Engage with the Heritage community through the initial communication processes ACT Health will provide the information required to be distributed.
- Provide additional information to support ACT Health's, contact tracing and quarantine requirements.
- Implement the service full or partial closure if an **Emergency Action Notice (EAN)** is issued by CECA.
- Complete any cleaning requirements specified by OMT.
- Implement the service reopening policies and procedures if closed.
- Check that all close and casual contacts have complied with testing and quarantine requirements before returning to the service.

OMT will continue to communicate directly with all confirmed contacts providing direction on their contact status and quarantine requirements.

Communication with stakeholders

In line with advice and tailored information from the OMT²³, the provider/Nominated Supervisor will notify all stakeholders of the risk assessment status and when service operations are expected to recommence. Stakeholders include:

- Nominated Supervisors
- All staff and families
- Workplace unions
- Worksafe ACT
- Agencies/visitors/volunteers/External contractors
- Community hirers and allied health staff.

OMT will identify any further restrictions required and continue to provide direction to confirmed contacts about their contact status and quarantine requirements.

²³ Refer to: the Initial Communication Package at:

https://www.education.act.gov.au/ data/assets/word doc/0007/1647025/COVID-19-ACT-educationand-care-services-closures-inital-communication-package.docx



Scenario 2: Visitor/child/staff member has been in contact with a confirmed case of COVID-19 in the last 14 days.

- Ensure staff and families are aware that, if they have been a close or casual contact with a confirmed case of COVID-19, or visited an exposure site,²⁴ they must:
 - Inform the service by phone or email.
 - Not attend the service and seek immediate medical attention.
 - Follow quarantine requirements for close, casual and secondary contacts.²⁵
 - Complete an ACT Contact Declaration Form.
 - Not return to Heritage until ACT Health confirms it is safe for them to return, such as following quarantining for 14 days and returning a negative COVID-19 test.
- Refer to ACT Health and CECA for guidance prepare for a full or partial closure of the service.
- Implement a process to rapidly communicate with staff (including relief staff), visitors, families in line with the Privacy and Confidentiality Policy.
- Undertake deep cleaning of the premises in line with ACT Health guidelines.
- Be aware of the responsibility of the service for supporting the continuity of learning of children during periods of quarantine.

Scenario 3: Visitor/child/staff member has a high temperature/COVID-19 symptoms before entering Heritage.

- Ensure families and staff are aware of the procedure to notify the service if they have any COVID-19 symptoms by email or phone before entering the service.
- Ensure any visitor, child or staff member who has a fever or symptoms of COVID-19/acute respiratory infection (cough, sore throat, runny nose, shortness of breath, sudden loss of smell/taste), is not permitted to enter the service and is advised to seek immediate medical attention.
- Refer to ACT Health and CECA for guidance and prepare for a full or partial closure of the service.
- Undertake deep cleaning of the premises in line with ACT Health advice.

Scenario 4: Visitor/child/staff member has a high temperature or COVID-19 symptoms while at the service.

- Ensure all families and staff are aware they must report to the Director/Responsible Person if they:
 - Are experiencing any COVID-19 symptoms.
 - Have been, or have potentially been, exposed to a person who has been diagnosed with COVID-19 or is suspected to have COVID-19 (even if have not yet been tested),
 - Have undertaken, or are planning to undertake, any travel.
- Ensure all staff are aware they must report to the Director/Responsible Person if they observe another staff member displaying any symptoms.
- Ensure that when a visitor, child or staff member presents with COVID-19 symptoms while at the service, the policies and procedures relating to illness and infectious disease are followed. See below.
- Ensure educators follow the guidance for deep cleaning of venues with a confirmed or potential case of COVID-19.

Procedures for Children

- Where a child presents with COVID-19 symptoms while at the service, ensure the child's family is contacted and asked to collect them as soon as possible, and to call a General Practitioner or Healthdirect on 1800 022 222 for immediate medical advice.
- Ensure the child is cared for in an area that been identified as appropriate to isolate staff/children who may become sick and is separate from other children.

²⁴ <u>https://www.covid19.act.gov.au/updates/act-covid-19-exposure-locations</u>

²⁵ https://www.covid19.act.gov.au/stay-safe-and-healthy/quarantine-and-

isolation/quarantine/quarantine-for-secondary-contacts



- Ensure the child is supervised by a staff member wearing a mask and gloves.
- **Note:** There is no need for the supervising staff member to isolate unless they have symptoms themselves or the child is confirmed to have COVID-19.

Procedures for Staff and Visitors/Volunteers

- Ensure visitors or staff with symptoms are asked to stop work and sent home immediately, advised to travel directly home and encouraged to get tested at a COVID testing centre or to call a General Practitioner or call Healthdirect on 1800 022 222 for medical advice.
- Ensure sick staff and volunteers isolate in an appropriate space away from others, sanitise their hands and wear a mask while waiting to return home.

Note: Where staff or children have other medical reasons for recurrent symptoms that are similar to COVID-19, a letter from the GP is sufficient to allow return to Heritage without returning a negative COVID test.²⁶

Scenario 5: Visitor/child/staff member has returned from overseas or a restricted area in the last 14 days.

- Inform all families and staff they must report to the Director/Responsible Person if they have undertaken, or are planning to undertake, any travel.
- Ensure anyone returning from overseas/restricted areas in the last 14 days is not permitted to enter the service and is informed that if they develop COVID-19 symptoms, they must call their doctor or Health Direct on 1800 022 222 for advice or go directly to a COVID-19 clinic or emergency department.

Scenario 6: Visitor/child/staff member is incubating COVID-19 and not symptomatic.

• Ensure all protection strategies are strictly implemented at the service to minimise the spread of COVID-19. **Refer to:** Table of Protection Strategies over-page.

Protection Strategies

Heritage will utilise the following protection/mitigation strategies to minimise the risk of any person at the Heritage service being infected by or spreading the COVID-19 virus.

	Table of Heritage Protection Strategies
Public Health Information Monitoring	• In recognition of the rapid and consistent release of information related to COVID-19, the Director will refer to ACT Heath, CECA, Safe Work Australia and other trusted authorities for advice as required.
Vaccination (COVID-19 and Influenza)	 The Director/Responsible Person in Charge will: Encourage all families to be immunised against COVID-19 as soon as they are eligible, and in line with advice from their G.P.²⁷ Note: COVID-19 vaccines are free for all regardless of their Medicare or visa status. Enforce the COVID-19 vaccination directive in the ACT (October 2021) that applies to all staff in education and care settings who "work directly with children or are in regular contact with children". Refer to: Legislative Background. Ensure existing or new educators, support staff or volunteers provide proof of vaccination in the form of: An online Immunisation History Statement, or A COVID-19 digital certificate from the Australian Immunisations Register.

²⁶ <u>https://www.healthdirect.gov.au/coronavirus-covid-19-childcare-school-exclusions-faqs</u>

²⁷ https://www.covid19.act.gov.au/stay-safe-and-healthy/vaccine



	 Assist staff in the process by enabling staff, where practicable, to attend vaccination appointments during paid time. Note: Transport Canberra provides free transport on bus/light rail for anyone travelling to any ACT Government COVID-19 vaccination clinic.²⁸ Ensure that, if unable to meet the vaccination requirement, educators provide a certificate from a medical practitioner, in the form approved by the ACT Chief Health Officer, certifying that, because of specific and detailed medical contraindication, they cannot have a COVID-19 vaccination. Where educators do not comply with the requirements listed above, terminate their employment according to the Employment and Recruitment Policy.
	Influenza Vaccinations
	 The Director/Responsible Person in Charge will: Encourage all staff and families to obtain the seasonal flu vaccination as appropriate and advise them to leave a 7-day gap between having the COVID-19 vaccine.²⁹ Encourage all children to receive free flu vaccinations as per the
	National Immunisation Program. ³⁰
Restrictions on Entry into Heritage	 The Director/Responsible Person in Charge will encourage staff and families to: Follow the travel and quarantine restrictions imposed by the Australian Government in response to COVID-19.³¹ Keep up to date with information on COVID-19, including symptoms and testing procedures in the ACT.³²
	The following persons will not be permitted to enter the Heritage
	premises:
	 Those who have returned from overseas, or who have been in a geographical hot spot in the last 14 days, unless there is an arrangement in place allowing quarantine-free travel. Those who have been in contact with a confirmed case of COVID-19 in the last 14 days. (A contact is defined as anyone who has been in contact with a known case, including the 24 hours before the case became symptomatic).³³ Those with a fever or other COVID-19 symptoms. Note: Exclusion applies regardless of COVID-19 vaccination status. High risk people, including the elderly, during heightened COVID-19 risk periods.
	 Exclusion of Children, Staff and Visitors who are Unwell As per the Illness and Infectious Diseases Policy, children, staff, family members and visitors who are unwell and are reasonably suspected to have a communicable disease will be excluded from the service until they are cleared by a doctor to return.
	• Families must not bring their child to Heritage if:
	 They have COVID-19 symptoms.

²⁸ <u>https://www.covid19.act.gov.au/stay-safe-and-healthy/vaccine/book-a-vaccination-</u>

³³ <u>https://www.covid19.act.gov.au/updates/act-covid-19-exposure-locations</u>

appointment#Free-public-transport-to-ACT-Government-COVID-19-vaccination-clinics

²⁹ <u>https://www.health.gov.au/news/updated-atagi-advice-on-administering-seasonal-influenza-vaccines-in-2021</u>

³⁰ Refer to: Immunisation Policy

³¹ <u>https://www.covid19.act.gov.au/travel/entering-the-act</u>

³² https://www.covid19.act.gov.au/stay-safe-and-healthy/symptoms-and-getting-tested/symptoms-ofcovid-19



	 Have had a temperature/fever in the last 24 hours. (48 hours if there is more than one case at the service). Have had vomiting or diarrhoea in the last 36 hours (48 hours if there is more than one case at the service). Started a course of antibiotics in the last 24 hours. They have been given medication for a fever prior to arriving at Heritage. They appear unwell and unable to participate in normal activities or require additional attention.³⁴ 		
	The Director/Responsible Person in Charge reserves the right to refuse entry to staff, parents, family members or visitors if an instance of COVID-19 is suspected due to the symptoms being displayed.		
	Note: Children will not be excluded where they have a letter from their G.P. regarding an on-going, non-infectious, medical condition explaining the symptoms.		
Visitors, Deliveries and Contractors	 The Director/Responsible Person in Charge will ensure: During heightened COVID-19 risk periods, non-essential visits to Heritage will be cancelled or postponed. This includes non-essential staff training, incursions etc but does not include approved construction work that is required during the day. Ask contractors and delivery services to use electronic paperwork where possible and minimise physical interaction. 		
	 Educators must: Wash their hands or utilise hand sanitiser after touching deliveries. Visitors must: Comply with the public health measures in place at Heritage including wearing of masks, physical distancing, hand hygiene and use of the CBR Check in app. 		
Excursions and Incursions	 Excursions and incursions will be restricted during heightened COVID-19 risk periods and risk assessments will be conducted prior to any excursion/incursion, taking into account: The health, safety and wellbeing risks to children, educators, parents and members of the community, including those at high risk such as those with medical conditions. The latest advice from ACT Health and CECA including information about the use of public spaces, outdoor gatherings and excursions to indoor environments such as shopping centres and libraries.³⁵ 		
	 Excursions to Parks Where there is no limit on outdoor gatherings in the ACT and children may attend outdoor public spaces including parks, nature reserves and playgrounds, educators will: Implement additional health and hygiene practices including: Increased frequency of hand washing and/or hand sanitising. Disinfecting (wiping) touching points on equipment prior to playing, when children attend public playgrounds, as deemed necessary. Prepare hygiene kits to take on excursions that include antibacterial wipes for wiping equipment, and rubbish disposal options. 		

 ³⁴ Refer to: Illness and Infection Control Policy
 ³⁵ <u>https://www.covid19.act.gov.au/restrictions/current-restrictions</u>



	• Reflect on intentional teaching opportunities and ways that can support children to talk about appropriate risk management and hygiene prior to attending local parks and playgrounds, such as researching washroom facilitates in the area.
Staffing Arrangements and Working from Home	 Staffing Arrangements/Working from Home The Director/Responsible Person in Charge will: Where possible, encourage to work from home during heightened risk periods of COVID-19, e.g. bookkeeper, and organise appropriate working from home arrangements.³⁶ Ensure adequate supervision of children is maintained at all times as per legislative requirements and quality standards.³⁷ Ensure arrangements are in place to manage increased staff absences and for replacing those who may arrive at work sick. Apply for a temporary staffing waiver if unable to meet the legislated qualification requirements due to COVID-19. Contact the CECA by phone on (02) 6207 1114 or email ceca@act.gov.au for advice as required. Note: Existing regulations have provisions in place for the replacement of qualified staff and early childhood teachers if they are absent or not working directly with children (Regulations 264 and 265).³⁸
Ventilation and Mixing of Cohorts/Rooms	 The Director/Responsible Person in Charge will: Include ventilation in the service's COVID-19 Risk Assessment. Assess the service's current ventilation capacity and maximise fresh air as much as possible. Contact ANU Facilities and Services to discuss the building's ventilation systems and ensure that appropriate settings are in place to reduce transmission of COVID-19. Understand the use of portable HEPA filters and carbon dioxide (CO2) monitors in ACT ECECs is not supported at this time. Evidence for the additional public health benefit over maximising fresh air is currently limited. Limit or reduce the use of recirculated air conditioning, noting it may not always be reasonably practicable to avoid using the air-conditioning system, particularly in situations where higher temperatures could pose an added risk such as when children are sleeping.³⁹ Limit the use of fans if there is not adequate air exchange with the outdoors (such as through a window) and point them away from faces. Promote ventilation of kitchens and bathrooms through the continued use of exhaust ventilation systems and where possible have them on for two hours after children have left for the day.⁴⁰ Consider the effect on supervision levels and sun protection requirements when the outdoor program is increased. Educators will: Increase the use of outdoor play areas while ensuring the benefits are balanced against sun safety and temperature considerations. When indoors, ensure doors and windows are open where possible for maximum ventilation and to create a cross breeze.

³⁶ Refer to: Staffing Arrangements Checklist

³⁷ Refer to: Rationale

³⁸ Refer to: Employment and Recruitment Policy

³⁹ Refer to: Sleep, Rest and Relaxation Policy

⁴⁰ <u>https://www.education.act.gov.au/early-childhood/information-on-novel-coronavirus-covid-19-for-early-childhood</u>



	 Limit indoor time and gather only small groups indoors. Ask children across all rooms to bring bento box style lunches where possible to enable more picnic style lunches outdoors. Keep the combining of room groups to a minimum. (See also: Physical Distancing).
Supplies Check	 The Director/Responsible Person in Charge will: Comprehensively check supplies of all essential PPE and general hygiene supplies before opening each day. This includes, but is not limited to, facemasks, gloves, sanitiser, cleaning materials and disinfectant, thermometers, anti-bacterial cleaning products, disinfectant and detergent. When the service with inadequate supplies, seek advice from ACT Health and consider closing the service.
Attendance Records	 The Director/Responsible Person in Charge will: Ensure attendance records are maintained for all children, parents, staff, students, volunteers and visitors at all times, including a contact phone number. Ensure contact details of each child's parent/guardian/authorised emergency person, are recorded for every day a child is in attendance, to ensure that a person will be available to collect the child at any time across the period of care being provided. Ensure all visitors to the premises sign the Visitors Book using their own pen or a sanitised pen provided by Heritage and check in on the CBR check-in app. each time they arrive on the premises.
Hygiene and Environmental Cleaning	 Hand Washing Heritage recognises that enhanced personal hygiene for children, staff and parents, including regular hand washing is critical to protecting the health of the Heritage community. The Director/Responsible Person in Charge will: Ensure liquid soap and running water or alcohol-based hand sanitiser (with minimum alcohol content of 70%) is available on arrival and throughout the service, including near rubbish disposal. Families, children and visitors must: Wash their hands or use alcohol-based on arrival at the service. Staff and Children must: Wash their hands thoroughly and often during the day, for 20 seconds, or use alcohol-based hand sanitiser, including before and after consuming food and drink, after going to the bathroom, after cleaning children's faces, after rubbish disposal, touching deliveries etc. Ensure their hands are dried on a paper towel, if washed and the towel placed in the bin, or, in the case of sanitiser, allowed to air-dry.⁴¹ Educators must: Ensure children are supervised while washing their hands. Provide children with increased hand washing guidance. Store alcohol-based hand gel safely around children.

⁴¹ Refer to: Procedures in Hygiene and Infection Control Policy



Environmental Cleaning
The Director/Responsible Person in Charge will:
• Ensure all staff, families and children strictly follow the Hygiene and
Infection Control Policy to maintain a clean and hygienic environment
on the premises.
• Ensure amenities including staff room, communal areas, bathrooms
and showers are industrially cleaned by a professional service at least
daily.Ensure staff are provided with cleaning agents and trained to clean
down and disinfect equipment immediately after use.
 Staffing arrangements consider the need for increased cleaning and
hygiene practices.
• Additional staff, or staff deployed from other roles within the service,
are responsible for undertaking the cleaning requirements, <u>not those</u>
educators who are working directly with the children.
• Ensure staff are reminded to shower daily, wash their clothes daily,
avoid touching their face, handshakes or other close physical contact,
to dispose of tissues appropriately in a closed bin, and cover coughs and sneezes with an elbow or tissue.
 Ensure closed bins are provided for the hygienic disposal of waste and
rubbish, such as used tissues, immediately after use.
• Ensure staff are encouraged to regularly clean personal items such
as phones and glasses and ensure work-station equipment such as
keyboards are cleaned and wiped frequently using isopropyl alcohol
wipes.
• Reduce the number of touch points for staff. For example, by
removing any magazines from the centre staff room and keeping doors
open where possible.
• Continue to reflect with educators on ways that resources and
equipment can be stored, cleaned and provided to children to reduce the risk of cross contamination.
Educators must:
• Adhere to the NHMRC cleaning guidelines including cleaning and
disinfecting high touch surfaces at least twice daily, and regularly
washing and laundering play items and toys.
• Wash and launder play items and toys, including washable plush toys,
as per the Hygiene and Infection Policy, ensuring they are washed on the highest temperature setting according to the manufacturer's
the highest temperature setting according to the manufacturer's instructions and dried completely before use.
 Increase the frequency of routine environmental cleaning on high-
touch surfaces such as door handles, tables, light switches, in common
areas, hard-backed chairs, remote controls, play gyms, bathroom
areas.42
• Wear gloves when cleaning and wash their hands or use alcohol-based
hand sanitiser before and after wearing gloves.
• Ensure any surfaces which may have been mouthed or in contact
with bodily fluids are cleaned immediately with disinfectant and
 detergent as set out in the Hygiene and Infection Control Policy. In the Nursery, ensure mouthed toys are removed immediately
• In the Nursery, ensure mouthed toys are removed immediately when the child is no longer engaged with the item and cleaned with
disinfectant and detergent.

⁴² <u>https://www.health.gov.au/sites/default/files/documents/2020/03/environmental-cleaning-and-disinfection-principles-for-covid-19.pdf?fbclid=IwAR0odzMVRTQju6pET5BT81mkUEHXKK0nVxNBOz33-xZsFDa-5hXe1siWgf</u>



	 Cleaning where COVID-19 exposure is possible The Director/Responsible Person in Charge must ensure: Contact ACT Health for advice and ensure the service undertakes undertakes deep cleaning line with ACT Health guidelines. https://www.act.gov.au/data/assets/pdf_file/0009/1860417/Exposure-site-cleaning-checklist.pdf https://www.covid19.act.gov.au/data/assets/pdf_file/0007/1825_351/Guidance-for-cleaning-of-venues-with-a-confirmed-orpotential-case-COVID-19.pdf Educators will: Ensure all items/resources/surfaces touched by a child who becomes unwell at the service with a high temperature or other COVID-19 symptoms, are immediately cleaned and disinfected to avoid possible cross contamination. Wear disposable gloves and a face mask to avoid possible contamination while supervising the sick child and cleaning any touched items and surfaces.
	 Service of Food and Water The Director/Responsible Person in Charge will: Follow any directions from The ACT Health Communicable Disease Control Unit in relation to changes in food preparation procedures. Educators will: Follow strict food preparation and handling procedures in accordance with the Food Safety Policy. Encourage children across all rooms to bring bento box style lunches where possible to enable more picnic style lunches outdoors. Increase supervision of children's hygiene practices at mealtimes, both indoors and outdoors, to ensure correct handwashing before and after eating and that food is not shared. Avoid children self-serving food from a shared plate.
	 Cough and Sneeze Etiquette The Director/Responsible Person in Charge will: Ensure all staff and children are educated to avoid touching their eyes, nose and mouth with unwashed hands and to avoid close contact with others. Ensure all staff and children strictly follow the procedures for coughing and sneezing, i.e, cough or sneeze into their elbow or directly into a tissue, then throw the tissue in a bin and immediately wash their hands with soap and water or, if water is not available, use hand sanitiser. Use disposable tissues to wipe children's noses, eyes or mouths and dispose of them in the closed bin provided immediately after use and wash their hands immediately. If children have thick nasal discharge or a persistent runny nose that requires constant wiping from educators, ensure they are sent home until their nasal discharge has stopped and the child has returned to health. Note: Children will not be excluded where they have a letter from their G.P. regarding an on-going, non-infectious, medical condition explaining the symptoms (See also: Restrictions on Entry to Heritage).
Physical (Social) Distancing	• Heritage acknowledges that physical distancing between children and those interacting with children in the ECEC environment is not always



practicable, ⁴³ however it is important for limiting transmission of COVID-19 and unnecessary physical interaction in ECECs, should be minimised. ⁴⁴	
• It is critically important that adults undertake physical distancing	
when interacting with other adults at the service. This applies to	
both staff and parents in areas such as staff rooms and when picking	
up or dropping off children. ⁴⁵	
• The density quotients of 1 person per 4 square metres still applies in non-student areas, such as the staff room.	
Procedures for Staff and Visitors	
Heritage will ensure physical distancing is employed where reasonably	
practicable in relation to staff. The Director/Responsible Person in Charge	
will:	
• Direct staff to space an appropriate distance apart to perform their	
duties, acknowledging that staff will have to come into contact with	
children.	
• Limit gatherings in common social spaces and indoor communal areas	
such as corridors, entry and exit points, resources/staff rooms, entry/	
exits from rooms.	
• Encourage office staff, where reasonably practical, to use separate areas	
or separate themselves as much as possible from one another.	
• Encourage staff and visitors to physically distance themselves in break	
rooms and when using shared spaces through increased signage and	
information.	
• Require all staff to wear face coverings when not working directly with	
children in areas of the service. (See: Face Masks).	
• Encourage the use of outdoor space as much as possible. (See:	
Ventilation).	
• Restrict the number of educators using the staff room at any one time	
and stagger work breaks.	
 Limit the number of visitors to the service by cancelling incursions and 	
non-essential staff training etc. during heightened risk periods. (See:	
Visitors, Deliveries and Contractors; Excursions and Incursions).	
• Discourage the use of public transport by staff if possible, or if not	
feasible, recommending that staff:	
• Travel at off peak times.	
 Wash hands with soap and water for at least 20 seconds or sanitise 	
hands with an alcohol-based hand sanitiser before and after	
travelling on public transport.	
 Maintain physical distancing measures during any trip as far as 	
practicable and adhere to mask mandates.	
Procedures for Families	
Heritage will ensure physical distancing is employed where reasonably	
practicable in relation to families. The Director/Responsible Person in	
Charge will:	
Encourage parents not to come into the service.	
• Modify arrival and departure routines to encourage physical distancing	
and reduce contact with families/carers at pick up and drop off as far	
as practicable. (See: Term 4 procedures below).	

⁴³ The 'venue density rule' of no more than 1 person per 4 square metres is not appropriate or practical in ECECs, nor is maintaining 1.5m between children. This extends to rooms, corridors and outdoor play areas. (AHPPC May 2020).

 ⁴⁴ https://www.covid19.act.gov.au/ data/assets/pdf_file/0007/1866031/Health-Guidelines-for-Schoolsand-ECEC-including-OSHC_SWD-addendum_FINAL_300921-002.pdf
 ⁴⁵ Refer to: Appendix 1: AHPPC Statement (October 2021)



Procedures for Children
Heritage will encourage physical distancing where reasonably practicable in relation to children. Educators will:
• Spend more time outdoors or operate an indoor/outdoor program where practicable (See: Ventilation).
 Modify the setup of the rooms and the placement of the activities to ensure a greater range of activities that encourage children to spread out. (See: Curriculum and Program Planning) Limit the number of whole group activities and encourage small group
• Limit the number of whole group activities and encourage small group plays.
 Ensure cots, mats, cushions etc for rest and sleep are positioned well apart (at least 1.5 metres). Seat children at opposite ends of a table when playing and eating. Set up more individual activities throughout the rooms. For example, all books and blocks being on one shelf, setting them up in separate areas throughout the room, where possible. Avoid or mitigate the risk of activities involving higher transmission (eg using equipment, sharing play dough). Ensure high risk behaviours for generation of aerosols, such as singing and playing wind instruments occur outdoors. Avoid any situation when children are required to queue such as for bathrooms or using equipment. Undertake a risk assessment for performances and social events that
bring children together from different rooms and follow the advice of ACT Health. (See: Social Events and Meetings). Mixing of Cohorts/Rooms
 Where practicable, the Room Leaders will: Reduce the mixing of staff and children from different rooms. This does not include siblings).⁴⁶ It is acknowledged some staff are required to provide services/teaching across the rooms, but this will be minimised where possible. Stagger meal and play times.
Drop off and Pick-up Procedures: Return to Heritage, Oct 25, Term 4:
 Families must: Not enter the premises to drop off or collect children, except in the case of an emergency or to provide necessary supports for a child with additional needs, and in negotiation with the Director. Text the service on arrival using the Heritage mobile 0434435101. Drop children at the front entrance door or into the nursery garden area. Sanitise their hands, and their children's hands on arrival using the hand sanitiser provided. Check in on arrival and pick up using the CBR check in app and wear face masks (see also: Face Masks). Utilise the computer at the front entrance to sign in and out.
Educators must:
 Meet families on arrival/pick up while maintaining physical distancing.

⁴⁶ ACT Government, Term 4 Guide

Face Masks Social Events and Meetings	 Heritage recognises that wearing face masks can be difficult in ECECs where connection and relationships with children is vital to learning outcomes.⁴⁷ ACT Health does not require very young children to wear masks at ECECs as they are unlikely to be worn correctly may represent a choking hazard. Masks may also not be appropriate for children with a disability. The Director/Responsible Person in Charge will: Ensure face masks are worn by all persons at Heritage over the age of 12, including staff and parents/carers in accordance with the current mandate from ACT Health unless when eating or required to be removed for effective communication (of particular importance to learning in an educational setting). ⁴⁸ Staff and families are informed that: All masks are worn correctly to cover the nose and mouth with as few gaps as possible to maximise their protective benefits. Fabric masks worn by staff and children must be washed regularly. Disposable masks are single use and must be disposed of after using once. Older children are allowed to bring their own mask to wear during the day, however this is a choice and not a requirement. All children's masks must be clearly labelled with the child's name. The Director/Responsible Person in Charge will: Ensure social events and tours of the service by prospective families do not go ahead during a COVID-19 heightened risk period. Ensure cOVID-safe risk assessments are undertaken for group celebrations and the service will abide by any restrictions for groups size, square-metre allowance and other measures and communicate these to families. Ensure meetings will be restricted during heightened risk periods, taking into account the latest advice from authorities regarding physical distancing and limits on indoor gatherings of people. Utilise zoom as an option for Committee meetings to allow office holders and ordinary members to p
Lockdown and Evacuation Arrangements	 The Director/Responsible Person in Charge will: Adjust evacuation and lockdown rehearsals to accommodate social distancing where practicable during heightened COVID-19 risk periods. Consider rehearsals taking place in smaller groups or talking the procedure through with children as an interim measure. Document any adjustments to lockdown and evacuation rehearsals.
Managing Medical Conditions/ Children with a Disability	 Children Heritage recognises the same principles of preventing the spread of COVID-19 can reduce the likelihood of severe disease for children with a medical condition or disability. However, the measures may be more challenging to implement for those children.

 ⁴⁷ https://www.abc.net.au/abckids/early-education/reflective-journal/masks-in-early-education-andcare/13476116?fbclid=lwAR1aGQf3JaNJOwQ_JXoKqmvFWg6Zm4xEH7QqQYgyP0A4asR9d-S8D6QZSN4
 ⁴⁸ https://www.covid19.act.gov.au/stay-safe-and-healthy/protect-yourself#Face-masks



	The Director/Responsible Person in Charge will:	
	Advise parents/cares of children with a current Medical Condition	
	Management Plan or Asthma Action Plan to update this if needed during the COVID-19 pandemic in consultation with their child's health	
	care professional.	
	• Encourage parents/carers of children with complex medical needs or a	
	disability to consult their medical practitioner to determine if	
	reasonable adjustments are required to ensure they can safely return to	
	onsite learning during the COVID-19 pandemic.	
	• Where reasonable adjustments can be made based on the medical	
	practitioner's advice, Heritage will put those adjustments in place.	
	• Where providing education and care to a child with a disability involves	
	a greater risk of exposure to blood or body fluids, educators must wear PPE such as gloves and a disposable apron which must be removed and	
	disposed of safely ⁴⁹ after caring for each individual and hand hygiene	
	performed.	
	• Where reasonable adjustments cannot be made, children with complex	
	medical needs or a disability should be supported to learn from home.	
	Staff The Director (Deepengible Derson in Charge will)	
	The Director/Responsible Person in Charge will:Request staff with compromised immune systems seek medical advice	
	while working in early education and care during the pandemic.	
	 Based on medical advice, staff with complex medical conditions may be 	
	supported to work from home, where practicable.	
Curriculum and	• Educators will run Belonging Programs and focus on children's settling	
Educational	and reconnecting to our social and physical environments on returing	
Program	to Heritage from 25 October.	
-	Health and Hygiene Program will be run through all rooms and be revisited regularly, including keeping a healthy body and practicing	
	good hygiene and how hygiene practices for children is their best	
	defence against COVID-19.	
	• Posters to demonstrate correct handwashing methods will be referred to	
	and educators will model techniques.	
	Information provided to children about COVID-19 will be age	
	appropriate and sensitive to their emotional wellbeing. Educators will both acknowledge children's concerns and be open to discussions about	
	COVID-19.	
	 Educators will inform children about the virus and emphasise 	
	preventative measures such as handwashing, use of tissues, cough and	
	sneeze techniques and limiting touching other children's faces.	
	• Educators will initiate discussions with children about the importance	
	of hygiene throughout the day, particularly at mealtimes and other	
	transitions.	
	• Educators understand play practices that could spread germs such as	
	play dough and clay play and will ensure children have their own portion and/or discard it after play.	
	 Ensure high risk behaviours for generation of aerosols, such as singing 	
	and playing wind instruments occur outdoors. (See: Ventilation)	
	Children voices will be considered in evaluating programs and policies	
	and are evident through jottings/observations during the Health and	
	and are evident through jottings/observations during the Health and Hygiene Program.	
	and are evident through jottings/observations during the Health and Hygiene Program.Children's emotional well-being will be closely monitored by educators	
	and are evident through jottings/observations during the Health and Hygiene Program.	

⁴⁹ Refer to: Hygiene and Infection Control Policy



Training and Professional Development	 Educators will utilise a variety of resources to support children's understanding of COVID-19. Examples include The Department of Health's videos: Help Stop the Spread Social Distancing ABC Kids Playschool's Hello Friends (COVID-19 Special Little J and Big Cuz: Everybody Wash'em Now Ensure the health, safety and wellbeing of the children remains a priority. Safe Work Australia advises that any face-to-face training should only be held only with spacing requirements implemented and adequate ventilation. Heritage management will cancel non-essential training and explore online options. Refer to the information about renewing first-aid, anaphylaxis and asthma qualifications during the COVID-19 pandemic on the ACECQA website. Where it is not possible to complete a specific qualification, eg, a work placement is affected by COVID-19 control measures, ensure the qualification/placement is completed as soon as reasonably practicable. Heritage will consider educators undertaking the online infection control training module on the Department of Health website which covers the fundamentals of infection prevention and control for COVID-19 is also available. Although tailored for the health sector, this training is applicable to education and care settings.⁵⁰ Heritage educators will be supported in professional learning to help children deal with trauma related to COVID-19 through resources, webinars and online modules, eg Emerging Minds, Be You – see above. If unable to fulfill training requirements under the National Regulations, the Director will contact the Information and Enquiries team at the Early Childhood Directorate on 1800 619 113 for advice.
Supporting Wellbeing	 Heritage recognises that children, families and staff will experience the impacts of COVID-19 in their own way and that for some, this may include feelings of distress, anxiety, or confusion. Heritage management will utilise relevant resources and tools to recognise and support the mental health and wellbeing of the Heritage community. ACT Health website. https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-and-wellbeing-during-covid-19 and

⁵⁰ <u>https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-control-training</u>



• Staff working from home will be supported to take breaks regularly and to stretch. Refer to : <u>https:// headspace.org.au/headspace-centres/maitland/new-blog-post-3/</u> www.safework.nsw.gov.au/resource-library/six-simple-stretches
 Supporting children on returning to Heritage, Term 4 2021. The rooms will introduce their Belonging Programs which focus on children's settling and reconnecting to our social and physical environments. For children returning to Heritage, we ask families to try a predictable drop off routine using the front entrance and short days if necessary. Parents will be kept informed of how their child is coping during the first couple of weeks and short days/early pick up may be required. Educators will assess how children are going individually and discuss next steps with parents if the need arises. Heritage recognises that although our eduator:child ratios are adequate, there are many children that will require emotional support as they get back into their Heritage routine and ask families to work in partnership with us during this time. Educators will at all times be child focused.

Communication Strategies

Contact Details

The Director/Responsible Person in Charge will:

- Ensure that after-hours emergency contact details for the service in the NQAITS are up to date, including a name and mobile number that can be answered at nights and on weekends. Heritage understands that:
 - The emergency contacts for the service must have access to staff and children's attendance details and be able to respond to questions and directions from ACT Health.
 - These numbers will be used by ACT Health/CECA to contact the service in the event of a potential exposure at the service.
 - The ability to contact services directly supports minimising the risk of further exposure to children and staff, through faster response times and appropriate action
 - Unanswered phones cause delays and prevent CECA from interacting with services in a timely and critical manner.
- Ensure procedures are in place for **contact details of each child's parent/guardian/ authorised emergency person to be recorded for each day a child is in attendance**, to ensure that a person will be available to collect the child at any time across the period of care being provided. (See also: Attendance Records).
- Ensure contact details for ACT Health, CECA and emergency services are kept on hand in case of a critical situation.
- Ensure staff contact details are up to date as they may need to be contacted out of working hours.

Communication Plan

The Director/Responsible Person in Charge will:

- Ensure the **COVID-19 Policy and Procedures is kept up to date** and readily available to the Heritage community.
- In the event of the service being closed as a precaution to limit the spread of the COVID-19 virus, information will be rapidly provided to parents/families by phone/text and **email** to explain the situation and the restrictions, utilising the **Initial Communication Package** for ACT ECECs in case of a closure due to a confirmed case of COVID-19. https://www.education.act.gov.au/__data/assets/word_doc/0007/1647025/COVID-19-ACT-education-and-care-services-closures-inital-communication-package.docx
- Regularly communicate and check in with staff and educators, making sure they are aware

of COVID-19 symptoms, the processes which the service will follow if COVID-19 directly affects the service and understand their **roles and responsibilities** in line with the service risk assessment, policies and procedures, including appropriate hygiene measures and when they should not attend the service if unwell.

- Ensure staff are **consulted** on health and safety matters relating to COVID-19 and provided an opportunity to express views before decisions are made.
- Ensure staff are reminded of their duty of care to take reasonable care for their own health and safety and to not adversely affect the health and safety of others.
- Communicate **risk management/protection strategies** and the latest **advice, directions and guidance from government authorities** to staff and families⁵¹ immediately including through email, newsletters, factsheets, signs and posters. Information provided may include:
 - Symptoms of COVID-19.
 - How the virus is transmitted.
 - Self-isolation and exclusion requirements.
 - Protection strategies and procedures including vaccination, ventilation, hand hygiene, mask wearing and physical distancing.
 - Contact details for health advice.
 - Child Care Subsidy information.
 - Public Health orders/directives
- Rapidly inform staff and families of any changes in advice/directives notified by government authorities.
- Ensure **signs and posters are displayed** at the service on COVID-19 from trusted authorities such as:
 - <u>https://www.covid19.act.gov.au/signs-and-factsheets</u>
 - <u>https://health.act.gov.au/sites/default/files/2020-03/CV_Good%20hygiene_Poster_Accessible_0.pdf</u>
 - <u>https://health.act.gov.au/sites/default/files/2020-03/CV_Hand%20hygiene_Poster_Accessible.pdf</u>
 - o https://www.safeworkaustralia.gov.au/doc/signage-and-posters-covid-19
- Provide information on wellbeing to staff and families. (See: References).
- Ensure the **Privacy and Confidentiality Policy** is adhered to in any communication.

Managing the Service as COVID Restrictions Progressively Lift

- Heritage will re-evaluate the situation regularly and prioritise the health and safety of children, educators and families.
- Heritage will continue to communicate health and safety priorities and procedures to families on a regular basis and ensure all staff are aware of the vigilance to keep everyone safe on a daily basis.

Rapid Antigen Testing

- Heritage understands that, at the current time, ACT Health is not recommending routine COVID-19 testing of children and/or staff using rapid antigen testing.
- ACT Health will continue to monitor and review the national advice on routine testing for COVID-19.
- Home testing might be a future consideration, depending on the level of community transmission, noting that home testing kits are not currently registered for use in Australia at his time.

Managing Enrolments

• Heritage will continue to prioritise children of ANU families with an existing enrolment prior to the Early Childhood Education and Care Relief Package,⁵² and who are vulnerable or have parents who are essential workers.

⁵¹ Refer to: Appendix 3: Communication with Families Checklist

⁵² https://www.dese.gov.au/early-childhood/resources/early-childhood-education-and-care-reliefpackage-conditions



Name	Location
Creating Inclusion and Equity Policy	
First Aid for Incidents, Injury, Illness and Trauma Policy	Policy Manuals in Main Office, Staff Programming Room
Emergency and Evacuation Policy	
Excursions and Incursions Policy	Heritage Website, Members
Hygiene and Infection Control (incl. Toileting) Policy	Section
Illness and Infectious Diseases Policy	
Medical Conditions Policy	
Privacy and Confidentiality Policy	
Work Health and Safety Policy	

References and Further Reading

Legislative References

Australian Children's Education and Care Quality Authority (ACECQA). (2020). *Guide to the National Quality Framework*. <u>https://www.acecqa.gov.au/sites/default/files/2020-</u>09/Guide-to-the-NQF-September-2020.pdf

Australian Government Department of Education, Employment and Workplace Relations. (2009). Belonging, Being & Becoming, the Early Years Learning Framework for Australia. https://www.acecqa.gov.au/sites/default/files/2018-

02/belonging_being_and_becoming_the_early_years_learning_framework_for_australia.pdf Education and Care Services National Law Act 2011 (ACT).

http://www.legislation.act.gov.au/a/2011-42/current/pdf/2011-42.pdf

Education and Care Services National Regulations 2011 (ACT).

https://www.legislation.nsw.gov.au/#/view/regulation/2011/653

Other References

Australian Children's Education and Care Quality Authority (ACECQA). (2021).

COVID-19 Information from the Australian Government https://www.acecqa.gov.au/latest-news/coronavirus-covid-19-information-australiangovernment

Risk assessment and management information sheet.

https://www.acecqa.gov.au/sites/default/files/2021-

05/Risk_management_and_management.pdf

NQA ITS Portal Emergency Management Help Guide.

https://www.acecqa.gov.au/sites/default/files/2020-

07/NQA%20ITS%20Portal%20Emergency%20Management%20Help%20Guide.pdf ACT Government. (2021).

Information on novel coronavirus (COVID-19) for Early Childhood Services https://www.education.act.gov.au/early-childhood/information-on-novel-coronaviruscovid-19-for-early-childhood Signs and Factsheets

https://www.covid19.act.gov.au/signs-and-factsheets

Environmental Cleaning and Disinfecting Principles for COVID-19.

https://www.health.gov.au/sites/default/files/documents/2020/03/environmentalcleaning-and-disinfection-principles-for-covid-

19.pdf?fbclid=IwAR0odzMVRTQju6pET5BT81mkUEHXKK0nVxNBOz33-xZsFDa-5hXe1siWgf

Guidance for Cleaning Venues with a Confirmed or Potential Case of COVID-19. https://www.covid19.act.gov.au/__data/assets/pdf_file/0007/1825351/Guidance-forcleaning-of-venues-with-a-confirmed-or-potential-case-COVID-19.pdf

ACT Health. (2021).



Current Restrictions

https://www.covid19.act.gov.au/restrictions/current-restrictions

Updated Information about COVID 19

https://www.health.act.gov.au/public-health-alert/updated-information-about-covid-19

Disease Surveillance: ACT Communicable Diseases Surveillance Program. https://health.act.gov.au/about-our-health-system/population-health/diseasesurveillance

Exposure Site Cleaning Checklist

https://www.act.gov.au/__data/assets/pdf_file/0009/1860417/Exposure-sitecleaning-checklist.pdf

COVID-19 Infection Control Training

https://www.health.gov.au/resources/apps-and-tools/covid-19-infection-controltraining

Australian Health Protection Principal Committee (AHPPC). (2021). Statements on Early Childhood and Learning Centres. <u>https://www.health.gov.au/committees-and-</u>groups/australian-health-protection-principal-committee-ahppc

Community Early Learning Australia (CELA). (2020). COVID 19 – Sample Policy **CECA (ACT Education Directorate) (2021).**

Key Messages and Actions for COVID-19 Prevention and Control in Schools <u>https://www.education.act.gov.au/early-childhood/information-on-novel-coronavirus-covid-19-for-early-childhood</u>

Mandatory Vaccination for Workers in Certain Schools and ECEC settings https://www.education.act.gov.au/about-us/all-news-and-news-alerts/newsitems/october-2021/mandatory-vaccination-for-workers-in-certain-schools-and-earlychildhood-settings

Infection control during the COVID-19 pandemic model-policy.

https://www.education.act.gov.au/early-childhood/information-on-novel-coronaviruscovid-19-for-early-childhood

Initial Communication Package for ACT ECECs in case of a closure due to a confirmed case of COVID-19.

https://www.education.act.gov.au/__data/assets/word_doc/0007/1647025/COVID-19-ACT-education-and-care-services-closures-inital-communication-package.docx Early Childhood Australia (2021). COVID-19 Resources.

http://www.earlychildhoodaustralia.org.au/media/covid-19-resources-early-childhoodservices-families/

National Health Medical Research Council. (2013). Staying Healthy. Preventing infectious diseases in early childhood education and care services, 5th Edition.

https://www.nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch5 5-staying-healthy.pdf

Safe Work Australia. (2020). Early Childhood Education and Care Workers: Minimising the Risk of Exposure to COVID-19.

https://www.safeworkaustralia.gov.au/sites/default/files/2020-04/early-childhood-education-minimising-the-risk-of-exposure-to-covid-19_0.pdf

Safe Work Australia. (2021).

Signage and Posters/Cleaning, Physical Distancing, Health Hygiene and Facilities Checklists. https://www.safeworkaustralia.gov.au/taxonomy/term/749 COVID-19 for Workplaces Pack for the Employer in the ECEC Industry. https://www.safeworkaustralia.gov.au/covid-19-print-pack/750/733 COVID-19 for Workplaces Pack for the Small Business in the ECEC Industry https://www.safeworkaustralia.gov.au/covid-19-print-pack/750/735 COVID-19 for Workplaces Pack for the Worker in the ECEC Industry. https://www.safeworkaustralia.gov.au/covid-19-print-pack/750/734 Key considerations for undertaking a risk assessment – COVID-19 https://www.safeworkaustralia.gov.au/doc/key-considerations-undertaking-riskassessment-covid-19

World Health Organisation. (2020).

COVID-19 Health and Safety in the workplace. <u>https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-health-and-safety-in-the-workplace</u>



Online Training: COVID-19 Infodemic management: Risk Communication and Community Engagement Challenges. <u>https://openwho.org/courses/RCCE-COVID-19</u>

World Health Organisation. (2021).

COVID-19 Advice for the Public. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

Useful Websites for Families

HealthDirect. COVID-19 Childcare Exclusion FAQ and Symptom Checker

- https://www.healthdirect.gov.au/coronavirus-covid-19-childcare-school-exclusions-faqs
- https://www.healthdirect.gov.au/symptom-checker/tool/basic-details
- **ACT Human Rights Commission**. Supporting children's understanding of COVID-19 and lockdown. <u>https://hrc.act.gov.au/childrenyoungpeople/covid-info-for-kids/.</u> **Heath Direct.** Childcare, School Exclusions and COVID-19

https://www.healthdirect.gov.au/coronavirus-covid-19-childcare-school-exclusions-fags

Unicef Australia. How to talk to your children about coronavirus (COVID-19).

www.unicef.org.au/blog/news-and-insights/march-2020/how-to-talk-to-your- children-aboutcoronavirus

Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	March 2020	Director	New policy in response to COVID-19 pandemic including Risk Assessment
2	December 2020	Director	Updated references and procedures to reflect latest advice from relevant federal and local government authorities, including the AHPPC, ACT Health, CECA and Safework Australia. Updated all links. Added Appendices – Checklists. Created COVID-Safe Plan folder consisting of: COVID-19 Policy and Procedures and all attachments/checklists and links to relevant authorities.
3	June 30 2021	Director	 Updated in response to new mask mandate, 28 June 2021. Parents and visitors to an education and care service will be required to wear a mask when on the premises. Educators will be required to wear a face mask when on excursion. Educators will need to wear a face mask for face-to-face engagement with the community. Other updates:
			 Sumary of Responsibilities moved to beginning. Updated information from WHO on transmission via aerosols. Updated information from AMA on transmission in children of Delta virus. Added procedures for closing service. Added Heritage will ensure attendance records are maintained for all children, parents, staff, students, volunteers and visitors at all times, including a contact phone number. Visitors must sign the visitors book using their own pen or a sanitised pen provided by Heritage.



			 Added Heritage strongly recommends that all staff and families receive the COVID-19 vaccination as soon as eligible. Added activating a local emergency allows families access to additional absences if the initial 42 absence days per child per financial year have been used. Additional absence days claimed due to COVID-19 related reasons, do not require a medical certificate. Added if the service is advised or directed to close on public health advice as a result of COVID-19, out of pocket fees (Gap Fees) will be waived. (Effective 30 June 2021 until 31 December 2021). Added Health Direct COVID-19 FAQ, Restrictions Checker and Symptom Checker.
4	July 2021	Director	Updated information on mask mandates.
5	October 2021	Director	 Updated all links and references. Updated Risk Assessment. Updated to reflect: New procedure guidance provided for a Confirmed case of COVID-19, 12 November. Latest information from: https://www.education.act.gov.au/early-childhood/information-on-novel-coronavirus-covid-19-for-early-childhood New vaccination mandate for contact staff. CECA Guidelines for Schools and Early Childhood Education Services on returning to face-to-face learning for Term 4 2021. Australian Health Protection Principles Committee's updated advice on minimising the potential risk of COVID-19 transmission in schools/ECECs (October 2021). Cross checked policy with new model policy from CECA: https://www.education.act.gov.au/_data/assets/wo rd doc/0011/1867097/Infection-control-during-the-COVID-19-pandemic-model-policy.docx Expanded section on Communication to reflect latest advice from CECA (October 2021). Appendices: Added AHPPC statement (October update) Removed Scenario Planning Risk Assessment and replaced with Scenario Planning section at beginning of policy. Removed New Virus/Influenza Pandemic Emergency Plan and referred to it in the Emergency and Evacuation Policy. Moved checklists to COVID-Safe Plan folder and referred to them at end of Communication with Families Checklist.

Appendix 1: AHPPC Statement on schools and reopening, Australia, 1 October 2021.

• The position of AHPPC is that schools are an essential service and should open and remain open whenever possible. The committee recognises the wide-ranging benefits for students and the community when schools are open and face-to-face learning occurs.

- Evidence to date indicates that the Delta variant does not cause more severe disease in children than previous variants of COVID-19.
- In recent outbreaks, 98% of infected children have not developed severe disease.
- The Delta variant is however more infectious and easily spread.
- Whilst for the most part children do not develop severe disease, if the total number of COVID-19 infections in children is large, some may have severe disease. However, well controlled disease, with transmission potential around one, means there is less opportunity for students to become infected in the community.
- Multiple interventions can reduce the likelihood of infection in a school. All infection prevention and control rely on multiple layered interventions that can work synergistically to protect individuals in a hierarchy of controls.
- Schools already have instituted many of these control measures when there has been COVID-19 transmission in the community. Some examples for each are listed below.
 - Elimination Remote learning, permit only essential adults on site.
 - Substitution students and staff do not attend school if unwell, screening students for symptoms.
 - Engineering consider options to enhance ventilation, environmental cleaning, physical distancing.
 - Administrative altering routines to be more COVIDsafe, grouping of students.
 - PPE use of surgical masks by adults and some students.

The goal is to reduce transmission for the entire school community, protect the unimmunised population of students at school and maintain the ability of schools to remain open. Using actions from the hierarchy of controls, three specific principles apply to minimise disease in schools.

- 1. Reducing opportunities for introduction of the virus to schools.
- 2. Reducing transmission of the virus if it is introduced.
- 3. Early use of containment measures if spread occurs.

Each of these principles has actions that should be considered when planning re-opening of schools noting that multiple steps will need to be taken and that these will need to be tailored by individual schools to be most effective. Measures that are implemented should be evaluated for effect, cost-effectiveness, feasibility, sustainability and adverse consequences.

Principle 1. Reducing the opportunities for the virus to enter the school population

- Unwell students and teachers should not attend school regardless of vaccination status.
- Encouraging all vaccine-eligible adults who volunteer or are otherwise engaged by the school are fully vaccinated before they enter a school; and encouraging all vaccine-eligible adults who visit a school to be fully vaccinated.
- A vaccinated person is less likely to introduce COVID-19 to the school. For the most part this applies to adults, including teaching and non-teaching staff. However, as vaccination rates increase in those aged 12–17, this principle can be considered for this age group. It is possible in 2022 that younger students may also be able to be vaccinated.
- Reduce the chance of students being infected and introducing the virus to the school by vaccinating adults and siblings/students over the aged of 12 years old around them.
- Students cannot introduce the virus to the school environment if they do not become infected. Whilst children under 12, and those over 12 who are unvaccinated, remain susceptible to the disease, their opportunities to acquire infection are reduced if the adults around them are vaccinated. This is a process called cocooning that is also used for other infectious diseases in infants. High vaccination rates amongst school family units will be a key protective factor.
- Parents can reduce the chance of students being infected by reducing the size of their social group.
- The chances of a child becoming infected are further reduced if they have fewer contacts with unvaccinated persons/other children outside of their own school group in the short

term. This rationale has been used overseas to limit children's attendance in after school and inter-school activities.

- If community transmission is high, consider testing to screen students and teachers before attendance.
- Evidence shows that COVID-19 transmission occurs both from people with and without symptoms. If there is widespread community transmission of COVID-19 in the local community, health and education departments may consider instigating testing of students, staff and others entering a school to reduce the opportunity for introduction of the disease.

Principle 2. Reduce the opportunities for the virus to transmit if it is introduced to the school population

• Schools have already instituted COVID-safe measures to reduce transmission in their setting. These methods include personal infection prevention actions such as hand hygiene, respiratory hygiene, physical distancing and mask use alongside environmental cleaning.

Other actions can reduce the opportunities for transmission.

- Reduce total student numbers each day.
- Reducing the number of students on campus at any one time may reduce the risk as there are less students to interact with each other. Some areas are achieving this by different year levels attending on different days with remote learning on other days.
- Cohort (bubbles) groups of students and staff where feasible.
- Maintaining separate cohorts, such as year group 'bubbles', reduces the prospect for the virus to pass across the cohorts.
- Adults working in the school also need to stay in the planned bubble and restrict their contact with other adults. Maintaining separate staff groups is important as outbreaks in many work settings resulted from adults mingling in break rooms or tea rooms.
- To assist in maintaining 'bubbles' it may be possible to reorientate the school grounds, with dedicated year level entrances, play areas and staggered entry into and exit out of school, and staggered breaks.

Consider ventilation

- We know COVID-19 spreads in the air via small and larger particles. Larger particles can infect persons nearby which is the rationale behind physical distancing. Smaller aerosols can travel further and remain suspended in the air and then be inhaled. Addressing ventilation is recommended.
- As less transmission of COVID-19 occurs outdoors, using outdoor areas as learning spaces will also help in reducing spread. This needs to be balanced with available sun safety and temperature considerations.
- Maintain personal hand and respiratory hygiene and cleaning practices.

Consider mask use

- As with all measures, masks are one of the options to reduce the opportunity for transmission. Masks are effective in reducing spread from an infected person (source case) and, to a lesser extent, protect a person from inhaling the virus.
- If used, masks must be worn correctly to cover the nose and mouth unless when eating or required to be removed for effective communication (which is of particular importance to learning in an educational setting).

Principle 3. Cases at a school, respond to contain the spread

- Public health units will advise on the actions to take when cases occur in a school.
- However, when community transmission is widespread, large numbers of schools may have exposures to cases.
- Schools should be prepared to know the 'bubble' contacts of a student or staff member and arrange their management to be away from school for the quarantine period and advice to seek testing.
- To maintain learning, quarantining the bubble of the positive case is preferable if cohorts have been maintained as it will allow the rest of the school to remain open.



• If cases emerge across multiple bubbles, public health advice will be needed to consider action for the wider school.

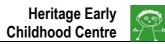
Specialist schools for specific purposes and early childhood settings

- Some school settings have students with greater risk of severe disease because of the vulnerabilities in the school population.
- Early childhood settings are more at risk of transmission because of the close contact between children. The same principles of preventing incursion of the virus and preventing spread through personal, environmental, and organisational actions can reduce the likelihood of outbreaks of disease in these settings.
- There is a stronger public health imperative to encourage vaccination of staff (and students) when the school caters for the needs of students with disability.

Conclusion

- When school transmission occurs in the future, the aim of a public health response is to reduce the number of children becoming infected. The aim is also to reduce the likelihood of needing to close a school.
- Communication that every school has a COVIDsafe plan and actions in place to reduce transmission will be important.
- In some situations, closures may occur.
- If an outbreak is rapidly escalating in a community, school closures may be required to allow some time to regain control of the outbreak.
- This is also the case when COVID-19 is newly introduced into an area and vaccination rates are not sufficient. If used, this is for the benefit of the entire community.
- The period of re-opening and return to school, if they have been closed, will be a large adjustment for those students who have been learning at home. All members of the school community will need to be aware of the stressors for students and staff with such a change.
- AHPPC acknowledges the benefits of education on-site at schools and also appreciates the apprehension some people hold about transmission of COVID-19 in schools.
- Most children who get COVID-19 have mild disease.
- Vaccination of all adults around children is the most effective way to protect children from disease.
- All members of a school community can help to prevent introduction of the virus to students. Routines in schools can reduce the breadth of spread when it occurs.

https://www.health.gov.au/committees-and-groups/australian-health-protection-principalcommittee-ahppcrevious Statement



	Appen	dix 2: Herita	ge COVID-19 R	ISK ASSESSMENT	
ldentified Hazard	Legal Requirements	Risk: COVID-19 entering and spreading in our Centre	Preliminary Risk Assessment Likelihood/ Consequences	 Measures in Place for: Reducing opportunities for introduction of the virus. Reducing transmission of the virus if it is introduced. Early containment if spread occurs. Manage Risks with Control Measures and Apply Government Directives and Updates 	Risk with measures in place L/M/H
COVID-19					
Potential to cause harm	Comply with Education and Care Services Law	A person/child can incubate	Potential to infect others in	Health and hygiene practices for staff, children and visitors enhanced and strictly implemented, including increasing	Potential to infect others in
What is COVID 19 (Coronavirus)?	2010 and Regulations	COVID-19 and	the service.	routine cleaning for high touch surfaces including door	the service.
• Coronaviruses are a group of viruses that can affect humans	2011 S165 – Offence to	spread the disease	Likelihood:	handles, and regularly disinfecting/sanitising surfaces including computer workstations and phones as stated in	Likelihood: Low
and animals. In humans,	inadequately supervise	through direct	Possible	our COVID-19 Policy and Procedures.	Consequences:
coronaviruses can cause mild	children	contact with	Consequences:		Moderate
illness, such as the common	S167 – Offence relating to	people and	Major	Resources and equipment stored, cleaned and provided to	Woderate
cold and gastrointestinal	protection of children	surfaces.		children to reduce the risk of cross contamination.	Risk: Low
infections, as well as more	from harm and hazards.		Risk: High	Outdoor equipment will be disinfected weekly.	
severe illness, such as that		Other people			Assessment
caused by SARS (Severe Acute	R77: Health, hygiene and	touch surfaces		Cleaning and disinfecting arrangements are consistent	Still possible
Respiratory Syndrome) and	safe food practices.	contaminated		with guidance provided by Safe Work Australia.	that a case may
MERS (Middle East Respiratory	R88: Infectious diseases	by the infected		Mashing hands for successly is	occur at
Syndrome).	R88: Infectious diseases	person and		Washing hands frequently is the single most effective way to reduce the spread of	Heritage
• There is an outbreak of a new	(1) steps are taken to	then touch		germs that cause respiratory disease. Alcohol-based hand	however with the COVID-19
strain of coronavirus called 'novel coronavirus' or 'COVID-	prevent the spread of the	eves, nose or		gel is a suitable alternative if used and stored safely	Policy supported
	infectious disease at the	mouth.		around children.	by the Heritage
19' that has not previously been detected in humans. The	service.	mouth.			Health and
outbreak of novel coronavirus		Poor indoor		All persons must wash or disinfect their hands with hand	Hygiene
was detected in Hubei	S174(2)(c) and R175(2)(c)	air quality and		sanitiser when entering the building.	program,
Province, China in late Dec	Notifying the regulatory	ventilation			Hygiene and
2019^{53} and has spread to	authority within 7 days of	increases risk		Educators must actively supervise children to ensure they	Infection Contro
many countries outside China.	circumstance that poses a			are adequately washing their hands regularly throughout	Policy and Illnes



		1		
COVID-19 is transmitted from	risk to health, safety and	of	the day as per the Health and Hygiene program which was	and Infectious
someone who is infected with	wellbeing	transmission -	run throughout the Centre at the peak of COVID-19.	Diseases Policy
the virus to others in close		Aerosolised		in place, as well
contact through contaminated	S174(2)(a) and	particles of	Comply with mask wearing requirements as advised by	as regularly
particles spread by	R176(2)(a).	the virus may	ACT Health, this includes parents and carers.	reviewing the
coughing/sneezing or by	Notifying the regulatory	build up in	Apply vaccination mandate – staff working directly with	COVID-19 Risk
contact with contaminated	authority within 24	indoor	children must be vaccinated for COVID-19.	Assessment, the
hands or surfaces. The	hours of becoming aware	environments		risk is
particles range from larger	of a serious incident	if there is not	Recommend that children, staff and parents be vaccinated	significantly
respiratory droplets to smaller		enough	for COVID-19 and influenza (in accordance with the latest	lowered and
aerosols.	R109 – appropriate toilet,	ventilation.	Health Department advice).	gives
• The length of time that a	washing and drying			Heritage the best chance at
person is infectious is not yet	facilities		Staff, parents or children infected with flu type symptoms	staying healthy
confirmed. There is emerging	R100 -102 - Risk		including acute respiratory infection, cough, sore throat,	and virus free
information that some people	assessment for excursions		shortness of breath must stay home from Heritage and	during the
may be infectious for a short	R103 - Premises, furniture		seek immediate medical attention. Adults, children and	COVID-19
period before they develop	and equipment to be		staff must not enter the premises while feeling unwell,	pandemic.
symptoms or have very	safe, clean and in good		regardless of vaccination status.	•
minimal symptoms.	repair			
• Symptoms include, but are not	R110 – indoor spaces		If children have thick nasal discharge or persistent runny	
limited to, fever, cough, sore	used by children are well		nose that requires constant wiping from educators, they	
throat, new loss of smell or	ventilated; temperature		will be sent home until their nasal discharge has stopped	
taste and shortness of breath.	ensure safety and		and the child has returned to health.	
Other symptoms can include	wellbeing			
fatigue, runny nose, chills,	R115 – Premises designed		Staff and families are informed that if they have symptoms	
body aches and headache.	to facilitate supervision		or are diagnosed with COVID-19, that they inform the	
• According to the WHO, the	R158 – Record of		service promptly by phone/ email.	
Delta variant is more	Attendance			
transmissible across all age	R168 (2) (h)-Providing a		Infected staff or children must be excluded and stay away	
groups.	safe environment		from Heritage until the public health authority confirms it	
 Early childhood settings are 	R173(2)(g) – A notice		is safe to return.	
more at risk of transmission	must be displayed of an			
because of the close contact	infectious disease		Staff and children will be required to provide evidence	
between children.	R168 (2)(h) – Policies and		they are clear of the virus before returning to Heritage.	
	procedures – dealing with			
	infectious diseases		Where there is a potential or confirmed case, premises are	
			deep cleaned in accordance with ACT Health guidance.	
		1		



Comply with Work Health	https://www.covid19.act.gov.au/ data/assets/pdf file/00
and Safety Act 2011	07/1825351/Guidance-for-cleaning-of-venues-with-a-
Division 1- consultation,	confirmed-or-potential-case-COVID-19.pdf
co-operation and co-	
ordination between duty	Physical distancing implemented between adults where
holders	practicable. Stagger break times and making use of other
Division 2 - Duty to	spaces for break times, including any free outdoor spaces.
consult workers	
Nature of consultation.	Parents and guardian's arrival and departure routines
When consolations	modified to maintain social distancing. Contact with
required.	families at arrival and departure times is reduced or
	eliminated (as far as possible).
Requirement to report	
notifiable incidents to	Contact details of each child's parent/guardian/authorised
Worksafe ACT	emergency person, recorded for each day a child is in
	attendance.
Comply with Public Health	
Act 1997 (ACT)	Consult with ANU Facilities and Services to discuss the
Notifiable conditions	building's ventilation systems and ensure that appropriate
	settings are in place to reduce transmission of COVID-19.
Comply with	
Government's updated	Windows opened during the day to promote air flow
regulations and	where possible.
recommendations.	
If you are sick stay home.	Limit or reduce use of recirculated air conditioning, noting
If over 12, wear a mask	it may not always be reasonably practicable to avoid using
outside home.	the air-conditioning system, particularly in situations
Vaccination Mandate	where higher temperatures could pose an added risk, eg,
October 13 – all staff	to sleeping children are sleeping.
working directing with	
children.	Limit the use of fans if there is not adequate air exchange
Physical distancing	with the outdoors (such as through a window) and point
implemented between	them away from faces.
adults.	
	Promote ventilation of kitchens and bathrooms through
	the continued use of exhaust ventilation systems.



	Consider ventilation during any transportation of children,
	eg, open windows and do not use air-conditioning in
	recirculated mode.
	Consider the effect on supervision levels and sun
	protection requirements when the outdoor program is
	increased.
	Ask children to bring bento box style lunches where
	possible to enable more picnic style lunches outdoors.
	Staff reminded to avoid touching their face, handshakes or
	other close physical contact, and to dispose of tissues
	appropriately, and cover coughs and sneezes with an
	elbow or tissue.
	Educators consider the setup of rooms and implement
	small group play, staggered mealtimes and outdoor play
	opportunities whenever possible.
	Ensure high risk behaviours for generation of aerosols, eg,
	singing and playing wind instruments occur outdoors.
	Educators are aware of activities and play practices that
	could spread germs such as play dough and clay play and
	will ensure children have their own portion and/or discard
	it after play. Food sharing will be avoided.
	Excursions, incursions, social events, meetings and service
	tours restricted during heightened risk period taking into
	account the latest advice from authorities regarding social
	distancing and limits on indoor gatherings of people.
	uistancing and innus on muoor gatherings of people.
	Regular communication with families and staff, making
	sure they are aware of the process which will follow if
	COVID-19 directly affects the service and understand their



	roles and responsibilities in line with risk assessments,	
	policies and procedures	
	Staff contact details are up to date to ensure can be	
	contacted out of working hours/	
	contacted out of working hours	
	Emergency after-hours contact information kept up to	
	date in NQAITS including after-hours contact numbers.	
	Invest in wellbeing resources for the Heritage community	
	included those listed at:	
	https://www.education.act.gov.au/early-	
	childhood/information-on-novel-coronavirus-covid-19-for-	
	early-childhood	
	Children's Voice	
	Health and Hygiene Program is run throughout the Centre	
	and revisited regularly – including keeping a healthy body	
	and practicing good hygiene. Education of healthy	
	practices for children is their best weapon against COVID-	
	19.	
	19.	
	Children voices are evident through jottings/observations	
	during this program.	
	Nominator Supervisor to keep up to date with daily	
	directives and recommended practices and any	
	government changes and pass on information, where	
	necessary, to stakeholders. This is to ensure that all staff,	
	families and where necessary, children are informed of the	
	most up to date information on COVID-19. Refer to:	
	Trusted Authorities List in COVID-19 Policy.	
	https://www.covid19.act.gov.au/restrictions/current-	
	restrictions	



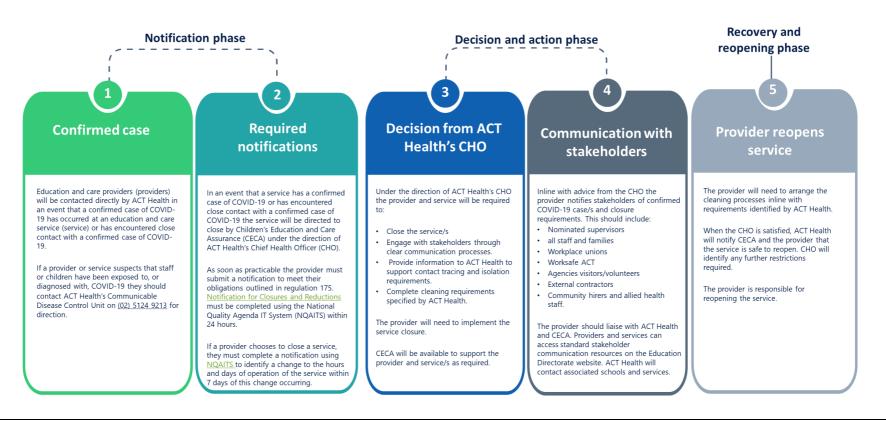
Risk Matrix

			Conse	equence		_
		Insignificant	Minor	Moderate	Major	Catastrophic
	Almost certain	Moderate	High	High	Extreme	Extreme
_	Likely	Moderate	Moderate	High	Extreme	Extreme
Likelihood	Possible	Low	Moderate	High	High	Extreme
	Unlikely	Low	Low	Moderate	High	High
	Rare	Low	Low	Low	Moderate	High





Notification, decision, action, and recovery flowchart for a confirmed case of COVID-19 ACT education and care services





Appendix 4: ECEC Action Matrix

	CONTACT TYPE			
Low Risk Scenario	High Ris	k Scenario		
All other interactions	High Risk Scenario ● Direct Physical contact ● e.g. shaking hands, hugging, kissing, playing directly with case OR ● Extended (>15 minutes) contact in the same enclosed space <95 m2 ● e.g. small office, staff room, medical room OR ● Prolonged contact in the same enclosed space >95-300 m <u>STUDENTS</u> : ≥30 minutes (cumulative time during the exposure window provided) <u>STAFF</u> : 260 minutes (cumulative time during the exposure window provided) ○ e.g. classroom, large staff room/office space OR ● Interactions through other high risk activities ● e.g. unmasked indoor sport, indoor choir, indoor group instrument playing			
LOW RISK CONTACT	CLOSE CONTACT			
	ACTIONS			
	Vaccinated (staff)	Unvaccinated		
No further action Monitor for symptoms, get tested if symptoms develop	 Quarantine for 7 days following last exposure PCR tests: Baseline (as soon as aware a close contact) and day 6 of quarantine; day 12-13 following last exposure May return after completion of 7 days quarantine⁴ AND negative day 6 PCR test; should not attend high risk settings for days 8-14⁵ 	 Quarantine for 14 days following last exposure PCR tests: Baseline (as soon as aware a close contact), day 6 and day 12-13 of quarantine Return after completion of 14 days quarantine AND negative day 12-13 PCR test 		

Appendix 5: COVID-19 Contact Information Template

Refer to: Spreadsheet in Policies and Procedures folder (via Dropbox).



Appendix 6: Communication with Families Checklist

Access trusted sources of information on a daily basis to keep informed and knowledgeable, including Australian Department of Health, ACT Regulatory Authority CECA, ACT Health and Safe Work ACT.
Consult with and communicate the latest information with educators from reliable sources of knowledge.
Develop a COVID-19 policy and communicate and implement this diligently.
Share up to date information with families consistently through various communication methods: Heritage website, email and notices.
Share COVID-related contact numbers and websites with families, including: The National Coronavirus Health Information Line (1800 020 080)
Reinforce exclusion guidelines in relation to COVID-19 frequently, particularly as they change, via different modes of communication: Heritage website, email and notices.
Set up a hand-sanitiser in the entry for families to use on arrival and request they wash their hands and their children's hands. Repeat at departure.
Through various communication channels, advise parents about the procedure for notifying Heritage if families fall into any of the exclusion categories.
Display signage informing families of the exclusion criteria in relation to COVID-19, and how to inform the service in a timely and confidential manner if they meet the criteria.
 Inform families about COVID risk management procedures including: Increased hand washing with the children, staff and visitors throughout the day as well as before and after eating and toileting, and when sneezing. Intentional teaching on wash hands effectively and cough and sneeze hygiene. Increased routine environmental cleaning, particularly on high touch surfaces. Diligent implementation of the latest advice and direction from relevant authorities. Strict food safety procedures that ensure hygienic standards are implemented. Enforcing required exclusion for families/children/staff in a confidential manner. Ensuring the service is well stocked with sanitiser, tissues, gloves and disinfectant.
Check on family's wellbeing, ask if there is anything you can do to help support them.
Provide families with contact numbers/referrals to support agencies if they require additional help relating to their mental wellbeing and access to basic necessities.
Work with families to share practices that they can also implement in their homes to maintain health and hygiene.
Be aware of children with medical conditions and provide support and consistent communication to work in partnership and respond to any changing health needs.
a lso to: COVID-19 Priorities Checklist; Checklist for Families; Physical Distancing Checklist; g Arrangements Checklist in COVIDSafe Plan Folder.