



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

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Policy Statement

- Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is the official name of the virus that causes COVID-19 (also known as Novel Coronavirus)
- COVID-19 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 2019 and has spread to many countries outside China (WHO, 2019).
- 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).
- 12 March 2020, ACT Health confirmed the first case of COVID-19 in the ACT.
- 16 March 2020, a Public Health Emergency was declared in the ACT.
- 10 Feb 2022, the ACT Government extended the Territory’s Public Health Emergency Declaration (PHED) for a further 90 days.
- 30 Sept 2022, the ACT’s Public Health Emergency Declaration was revoked and replaced with the [COVID-19 Management Declaration and associated Directions](#) with aim of providing ongoing surveillance and management of the virus as the transition to “living with COVID-19” continues.

As government restrictions ease and the community transitions to a living with COVID context, Heritage Early Childhood Centre (Heritage) recognises that high levels of vaccination and COVID-safe behaviours are the best protections against COVID-19 in 2023. Currently, the broader community is being encouraged to follow the [COVID Smart behaviours](#) to minimise their own risk and assist in protecting vulnerable people in the community. Similarly, workplaces are being asked to take on the responsibility for managing the risk of COVID-19 as part of their work health and safety obligations.

Heritage recognises it has a duty of care and legal responsibility under the [Work Health and Safety Act 2011](#) to provide a safe and healthy environment that minimises the risk of any person at the service being infected by or spreading the COVID-19 virus. In addition, 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 and to prioritise the [National Quality Standard Area 2: Children’s Health and Safety](#). Under the [National Law and National Regulations](#), the service must protect children from harms and hazards likely to cause injury and ensure policies and procedures are in place in relation to health and safety, hygiene and infection control, and emergency risk (r168). Heritage will regularly update its COVID-19 risk assessment to preserve the health of the Heritage community, minimise transmission of COVID and avoid further centre closures. The service will follow ACT Health and CECA operational [guidelines in response to confirmed cases](#). Relevant up-to-date information regarding COVID-19 will be passed on to parents, families and educators as it becomes available, and the COVID-19 Policy and Procedures and COVID Safe Plan will be easily accessible on the premises and online ([Members Area of website](#)) at all times.

Heritage recognises that the chances of infection/re-infection by COVID-19 is currently high due to the Omicron subvariants better evading immunity from vaccination and people’s immunity after their last vaccine or infection waning with time. New variants will likely create further periodic surges/waves of infection, however recent surges in infection in the community have resulted in fewer cases of severe illness as increasing numbers of the population have hybrid immunity (from both vaccination and infection) and early evidence suggests that the newer Omicron subvariants do not cause more severe disease.¹

Heritage recognises that positive cases may be infectious for up to 10 days. The most infectious period is the 2 days before symptoms start and while acute symptoms are present such as a runny nose, sore throat, fever, cough.² Our policy is to strongly encourage members of the Heritage community who test positive to isolate and stay at home until acute symptoms have resolved and they are well. Anyone who is unwell and reasonably suspected to have a communicable disease will be excluded from Heritage until they no longer display symptoms.

¹ <https://www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance/clinical-features>

² Refer to: [NSW Health Factsheet, February 2023](#)



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 ACT Health and CECA in order to protect the health and safety of all stakeholders who access the service during the COVID-19 pandemic. Specifically, the policy aims to:

- Ensure the service meets all legislative requirements and government mandates.
- Ensure public health information from government authorities is closely monitored and responded to rapidly and effectively.
- Detail the key protection strategies being implemented by Heritage to minimise the risk of COVID-19 entering and spreading at the service.
- Ensure the roles and responsibilities of the Director, educators and Heritage community are clearly defined.
- Detail the key communication strategies that must be implemented, and the actions required, should a case of COVID-19 infection 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 this policy as a matter of high priority due to the potential health risks of not doing so.

Definitions

Acute COVID-19 Symptoms. In relation to this policy, this is defined as symptoms including runny nose, sore throat, cough and fever.

Isolation. A period of time that a person who has been diagnosed with COVID-19 stays away from other people.

Quarantine. A period of time that people who have been in contact with someone with COVID-19 have to stay away from others, such as by staying at home, even if they are well.

Pandemic. A Public Health Emergency of International Concern involving a disease that has spread around an entire country or the world.

Polymerase Chain Reaction (PCR) test. A highly accurate test for diagnosing COVID-19 that consists of a nose and throat swab and is taken at a testing clinic. Recommended for young children under 2 years of age.

Rapid Antigen Test (RAT). A COVID test that can be utilised at home. It is not as accurate in those with no symptoms and can produce either false negative or positive results. RATs are also not recommended for children under 2 years of age.

Up to Date Vaccination Status. In order to have a COVID vaccination status of “[up to date](#)”, people are required to have received all doses of the COVID-19 vaccine as recommended for their age and health needs. For those over 16, this means receiving a booster within six months of their primary two vaccine course, unless they are medically exempt.

Variant. A form of COVID-19 that is different from the original virus. It is normal for a virus to mutate and new variants to emerge over time.

Trusted Sources

In order to respond rapidly and effectively to changes in the public health information, the Director/Nominated Supervisor will check the [ACT Health Directorate](#) website regularly.

In addition, other trusted sources of information on COVID-19 include:

- **National Coronavirus Health Information Line:** 1800 020 080 (24 hrs, 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 ceca@act.gov.au
- **Health Direct:** 1800 022 222
- [CECA](#) (at the ACT Education Directorate)
 - [Information for ECECs in the ACT](#)
 - [Managing a Confirmed Case in ECEC](#)



- [ACT Government](#) > [Current Restrictions](#)
- [ACT Health - Information about COVID-19](#)
- [Australian Health Protection Principal Committee](#)
- [Safe Work Australia](#)
- [Australian Government Department of Health](#)
- [Australian Government Department of Education Skills and Employment](#)
- [ACECQA](#) > COVID-19 Information for the children’s education and care sector and families.
- [Health Direct](#) > Symptom Checker

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 2011 \(ACT\)](#).
- [Education and Care Services National Regulations 2011 \(ACT\)](#).
- 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.
- [ICEG](#) COVID-19 Cleaning Guidelines for ECECs

Legislative Background

Relevant Education and Care National Law	
S 165	Offence to inadequately supervise children.
S 167	Offence to fail to protect children from harm and hazard likely to cause injury.
S 169	Offence to fail to have the number of appropriately qualified educators available for the children as prescribed under the national regulations.
S 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.
Relevant Education and Care National Regulations	
R 168(2)(h)	There must be policies and procedures in relation to health and safety including providing a child safe environment, dealing with infectious diseases, and emergency and evacuation.
R 77	The service must implement adequate health and hygiene practices and safe practices for handling, preparing and storing food.
R 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 educated must be notified of the occurrence as soon as practicable.
R 100	A risk assessment must be conducted before an excursion in accordance with R101 before an authorisation is sought under R102, unless the excursion is a regular outing, and a risk assessment has been conducted.
R 103	The premises and all equipment and furniture used in providing the education and care service must be safe, clean and in good repair.
R 109	The service must ensure adequate, developmentally, and age-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.



R 110	The service must ensure that the indoor spaces used by children are: well ventilated; and have adequate natural light; and are maintained at a temperature that ensures the safety and wellbeing of children.
R 158	The service must ensure that a record of attendance is kept, including the full name of each child attending; 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/collects the child from the ECEC premises or the Nominated Supervisor or an educator.
R 173(2)(g)	A notice must be displayed at the service where there is an occurrence of an infectious disease at the premises.
R 175(2)	Notice must be given of any circumstances at the service (b) requires the approved provider to close or reduce the number of children attending the service for a period. (c) that pose a risk to the health, safety or wellbeing of a child attending the service within 7 days of the event.
R 176	The Regulatory Authority must be notified: (ii) in the case of any other serious incident, within 24 hours of the incident or the time that the person becomes aware of the incident.
R 264(5)(6)	General qualifications for educators - centre-based services: (5) The approved provider has taken into account the best interests of children (including provision of adequate supervision) in relation to replacement of qualified educators. (6) This regulation does not apply if the qualified educator is absent from the centre-based service: (a) in case of an unexpected absence, for more than 5 consecutive days; or (b) in case of pre-arranged leave for recreation, illness or other personal leave, for any period.
Relevant National Quality Standards	
QA 2: Children’s Health and Safety	Standard 2.1: Each child’s health and physical activity is supported and promoted. Element 2.1.2: Effective illness and injury management and hygiene 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/emergencies are developed in consultation with relevant authorities, practised and implemented.
QA 6: Collaborative Partnerships	Standard 6.1: Respectful relationships with families are developed and maintained and families are supported in their parenting role. Element 6.1.3: Families are supported. Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
QA 7: Governance and Leadership	Standard 7.1: Governance supports the operation of a quality service. Element 7.1.2. Systems are in place to manage risk and enable 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 ensuring:
Management Committee	<ul style="list-style-type: none"> • There is a COVID-19 Policy and Procedures document in place that is easily accessible to families and educators. • There is a process in place to regularly review this policy to ensure it reflects legislative requirements and best practice recommendations from recognised authorities.³ • The COVID-19 policy and procedures document clearly defines the responsibilities and roles of the Director, educators and families to reduce the risk of COVID-19 entering/spreading at the service and to manage a positive case/outbreak at the service. • The Director is supported to ensure hand washing and sanitising facilities are provided, hygienic, adequately stocked and in good working order. • The Director is supported to ensure Personal Protective Equipment (PPE), including face masks and gloves is available. • Where there is a confirmed case of COVID-19, the Director is supported to co-operate with ACT Health directions and maintain confidentiality.
Director/ Nominated Supervisor	<ul style="list-style-type: none"> • The COVID-19 Policy is up to date, readily accessible and reflects legislative requirements and the latest advice from government authorities. • Public health information from trusted authorities is regularly checked and any current government restrictions/Public Health Orders are applied. • They work with the Management Committee to ensure current and reliable information on the COVID-19 pandemic is communicated to families/staff. • A thorough risk assessment is undertaken to 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 (Attachment 1). • The risk assessment is continually reviewed, and control strategies implemented and reviewed in consultation with staff. • Training/induction sessions are adapted to ensure all stakeholders understand their roles and responsibilities in relation to COVID-19. • Staff working directly with children provide evidence of being-double-vaccinated against COVID-19, unless medically exempt, and are informed this is part of their Terms of Employment. • Staff working with children are strongly encouraged to be up to date⁴ with their COVID-19 and influenza vaccinations, unless medically exempt. • Families are strongly encouraged to be up to date with their COVID vaccinations and to receive the free flu vaccinations for their children as per the National Immunisation Program, in line with advice from their G.P. • Families of at risk children aged 6 months to under 5 years are strongly encouraged to receive the free COVID-19 vaccination for their child, in line with advice from their G.P. • The service is clean and hygienic and reminding the community of hygiene procedures such as through posters on handwashing/respiratory hygiene. • Educators follow COVID-safe regular and enhanced cleaning in line with the ICEG guidelines. • Tissues, hand sanitiser, PPE and cleaning products are in stock and available. • Any maintenance or ordering of supplies is undertaken to ensure there are adequate hygiene and hand washing facilities. • ANU Facilities and Services is consulted with to discuss ventilation systems and maximising airflow at the service where possible. • Educators, families, and visitors are strongly encouraged to wear masks while inside the Heritage building.

³ Refer to: Policy and Procedures Development and Review Policy.

⁴ Refer to: Definitions



- Physical distancing measures are implemented where practicable and staff are supported to follow these while at the service.
- Arrival and departure routines are modified to minimise contact and support physical distancing during heightened COVID-19 risk periods.
- Educators consider the setup of rooms and implement small group play, staggered mealtimes, and outdoor play whenever possible.
- Attendance and emergency contact information details are recorded for each child whenever they attend the service.
- A small stock of Rapid Antigen Tests (RATs) is held and provided to staff on an as needed basis and in response to increased cases.
- Staff, families and visitors are aware they must inform the Director/ Nominated Supervisor as soon as practicable if they:
 - Experience [COVID-19 symptoms](#)
 - [Test positive for COVID-19](#)
 - Are a [household/high-risk contact](#).
- Staff are informed they must inform the service immediately by phone or email if they test positive to COVID-19.
- Staff who test positive to COVID-19 are strongly encouraged to isolate and not return to Heritage until acute symptoms are gone and they are well.
- Where staff are well enough to return before the infectious period passes (10 days from the positive test), they are informed to take extra precautions and to strictly adhere to hygiene procedures during this time and are strongly encouraged to wear a mask inside the premises.
- Families are informed that if their child tests positive for COVID-19, they must inform the service immediately by phone or email.
- Families whose child tests positive to COVID-19 are strongly encouraged to keep their child at home until acute symptoms have gone and they are well.
- Where children are well enough to return before the infectious period passes (10 days from the positive test), educators take extra precautions including monitoring for symptoms, and strictly following hygiene procedures.
- Where there are two or more cases of COVID-19 at the service in a week, the exclusion period is increased to 5 days from the positive test and until acute symptoms resolve.
- If staff/visitors display COVID-19 symptoms while at the service, they are isolated in an appropriate area of the service until able to travel home safely/be picked up from the service and are asked to take a RAT test.
- If staff/visitors test negative and still have symptoms, asking them to stay at home until symptoms resolve.
- If children display COVID-19 symptoms while at the service, they follow the illness procedures,⁵ are isolated in an appropriate area of the service, appropriately supervised, families are contacted immediately to take them home and they are encouraged to take a COVID test (preferably a PCR test for those under 2).
- If a child tests negative on a RAT test and still has symptoms, the family is encouraged to take them for a PCR test to rule out COVID-19 and to stay at home until a negative result is received, and symptoms resolve.
- **Note:** This requirement will not apply where the family have a letter from their G.P explaining the symptoms (such as a persistent cough or runny nose) as an on-going, non-infectious, medical condition. In this case, they are monitored for new symptoms.
- Staff who are household contacts of a positive case, are encouraged to regularly test for COVID-19, strictly follow hygiene procedures, and stay at home if they develop symptoms, no matter how mild.
- Families are informed that if a member of their household tests positive to COVID-19, they are asked to closely monitor their child for symptoms, and keep them at home if they develop symptoms, no matter how mild.

⁵ Refer to: Illness and Infectious Diseases Policy and Procedures



	<ul style="list-style-type: none"> • Staff, families and visitors are encouraged to seek medical advice if concerned about any symptoms. • If there is a confirmed case at the service, the current advice from CECA for a confirmed case is followed including maintaining confidentiality and carrying out thorough cleaning in line with current ICEG guidelines. • The Management Committee, families and staff are notified immediately if a member of the Heritage community tests positive to COVID-19 and exposure days and times are advised. • Appropriate arrangements are made, on a case-by-case basis, so that staff who test positive with COVID-19, are supported to stay at home in line with this policy. • Supervision and qualification requirements are maintained at all times in accordance with NQF requirements. • There are plans in place, as far as practicable, for increased levels of staff absences and for those who may arrive at work unwell. • They are aware of their responsibility to support the continuity of learning of enrolled children during periods of exclusion due to COVID-19. • Excursions, in-house extra activities and service events are risk assessed in line with current ACT Health guidelines on outdoor/indoor gatherings. • Wellbeing resources are invested in to support the Heritage community. • All details including emergency after-hours contact information for the service is kept up to date via NQA ITS. • Required notifications are made to all relevant authorities within the defined timeframes.
Educators	<p>Responsible for:</p> <ul style="list-style-type: none"> • Ensuring the procedures outlined in this policy are strictly implemented to reduce the risk of COVID-19 entering or spreading at the service. • Providing evidence of being double-vaccinated against COVID-19, unless medically exempt, and understanding this is part of their Terms of Employment. • Being aware of their duty of care to support health and safety at the service and providing evidence of their up-to-date COVID vaccination status.⁶ • Being aware of their duty of care to support health and safety at the service and having an annual influenza vaccination, unless medically exempt. • Washing hands regularly throughout the day and supervising children while washing their hands. • Following the service’s COVID safe cleaning, hygiene and infection control procedures. • Avoiding touching their face, handshakes, covering coughs and sneezes with an elbow/tissue, and disposing of tissues appropriately. • Following covid-safe food preparation and handling procedures and avoiding food sharing. • Being strongly encouraged to wear a mask while inside the Heritage building, in line with this policy. • Maintaining physical distancing as far as practicable with other adults while at the service. • Notifying the Director as soon as practicable if they: <ul style="list-style-type: none"> ○ Experience symptoms of COVID-19 ○ Have a confirmed case of COVID-19 ○ Are a household contact of a positive case • If they test positive to COVID-19, informing the service immediately by email or phone and not returning to the service until acute symptoms⁷ resolve and they are well.

⁶ Refer to: Definitions

⁷ Refer to: Definitions



	<ul style="list-style-type: none"> • If well enough to return to the service before the infectious period passes (10 days from the positive test), taking extra precautions and strictly adhering to the hygiene procedures and mask-wearing advice during this time. • Staying home if have any COVID symptoms, taking a RAT test and remaining at home until acute symptoms resolve. • If a negative RAT test is received and COVID symptoms are still present, remaining at home until acute symptoms resolve. • Note: Staff will not be excluded if they a negative COVID test and a letter from their G.P. regarding an on-going, non-infectious, medical condition explaining their symptoms. • If become unwell at the service with COVID-19 symptoms, immediately sanitising their hands and isolating away from others in an appropriate area of the service, until they can travel safely home or be picked up.⁸ • If become an asymptomatic household contact, regularly testing, strictly adhering to hygiene procedures, and staying at home if develop symptoms, no matter how mild. • If notice children displaying COVID symptoms while at the service, ensuring they are isolated in an appropriate area of the service, supervised, and families are contacted immediately to take them home and to test for COVID-19 (preferably a PCR test for those under 2) • Advising families that if their child tests negative on at RAT test and still has symptoms, they should stay at home until acute symptoms resolve. Note: This requirement will not apply where the family have a letter from their G.P explaining the symptoms (such as a persistent cough or runny nose) as an on-going, non-infectious, medical condition. In this case, ensuring they are monitored for new symptoms. • 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 Director and health authorities and maintaining confidentiality. • Considering the setup of rooms and implementing small group play, staggered mealtimes, and outdoor play opportunities whenever possible. • Maintaining supervision levels and sun protection requirements when the outdoor program is increased during heightened COVID-19 risk periods. • Being aware of activities and play practices that could spread germs such as play dough and clay play and ensuring hygiene standards are maintained including hand washing and replacing the dough regularly. • Ensuring high risk behaviours for generation of aerosols, e.g., singing and playing wind instruments occur outdoors during heightened COVID-19 risk periods. • 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. • Bringing relevant issues and concerns to the attention of the Director.
<p>Families</p>	<ul style="list-style-type: none"> • Considering their duty of care to the community and the health and safety benefits of being up to date with their COVID-19 vaccinations⁹ and having an annual influenza vaccination in line with advice from their G.P. • Following COVID Smart behaviours at home to reduce the chance of being infected and spreading COVID-19 at Heritage, including regular hand washing, hygienic food preparation measures and cleaning high touch surfaces regularly (door handles, car seats, mobile phone, toys, dummies etc). • Providing emergency contact details for each day their child attends the service and complying with modified arrival and departure procedures during heightened COVID-19 risk periods. • Being strongly encouraged to wear a mask when entering the Heritage building.

⁸ Refer to: Illness and Infection Control Policy

⁹ Refer to: Definitions



	<ul style="list-style-type: none"> • Maintaining physical distancing between other adults, and following the direction of educators regarding covid-safe procedures as far as practicable. • Informing the service by phone or email immediately if they or their child: <ul style="list-style-type: none"> ○ Experience symptoms of COVID-19 ○ Have a confirmed case of COVID-19 ○ Are a household contact of a positive case • Complying with this policy if they test positive to COVID-19 and not entering the service until acute symptoms¹⁰ resolve and they are well. • If their child is well enough to attend the service before the infectious period passes (10 days from when they receive a positive test), taking extra precautions, monitoring for symptoms and adhering to hygiene procedures. • Keeping their child/ren at home if they are unwell with symptoms of COVID-19 and consider taking a COVID test (PCR tests are recommended for those under 2 years). • If their child tests negative on at RAT test and still has symptoms, consider taking a PCR test to rule out COVID-19 and staying at home until acute symptoms resolve. • If family members are asymptomatic household contacts and need to attend the service, taking a RAT test and ensuring it is negative before entering the building, being strongly encouraged to wear a mask, and staying at home if they develop symptoms, no matter how mild. • If their child is a household contact of a person diagnosed with COVID-19 taking extra precautions including monitoring for symptoms and strictly following hygiene procedures until the infectious period passes (10 days after the positive household case received their positive test result). • Immediately collecting their child from the service if asked to do so due to concerns for their health as per the Illness and Infectious Diseases Policy. • Understanding that if children test negative for COVID-19 but still have symptoms of an infectious illness such as a persistent cough or runny nose that requires constant wiping or thick nasal discharge, they will be sent home until their cough or nasal discharge has ceased and the child has returned to health in line with the Illness and Infectious Diseases Policy and Procedures. • Note: Children will not be excluded if they have a letter from their G.P. regarding an on-going, non-infectious, medical condition explaining their symptoms, however they will be monitored for any new symptoms.
<p>Students and Regular Family Volunteers</p>	<ul style="list-style-type: none"> • Providing evidence of being-double-vaccinated against COVID-19, unless medically exempt and understand this a condition of their employment. • Considering their duty of care to the health and safety of the Heritage community and being up to date with their COVID vaccinations¹¹ and having the annual influenza vaccination, unless medically exempt. • Following directions from educators regarding the covid safe hygiene, food safety and infection control practices outlined in this policy including washing hands regularly with an alcohol-based hand sanitised or with soap and water, following good respiratory hygiene when coughing or sneezing and cleaning frequently touched surfaces. • Wearing a mask when inside the premises in line with this policy, as strongly encouraged by the service, in line with this policy. • Maintaining physical distancing between other adults as far as practicable • Notifying the Director as soon as practicable if they <ul style="list-style-type: none"> ○ Experience symptoms of COVID-19 ○ Have a confirmed case of COVID-19 ○ Are a high-risk/household contact. <p>Staying home if experiencing any COVID symptoms, taking a COVID test and not returning to the service until acute symptoms¹² resolve and they are well.</p>

¹⁰ Refer to: Definitions

¹¹ Refer to: Definitions

¹² Refer to: Definitions



- Complying with this policy if they test positive to COVID-19 and not entering the service acute symptoms¹³ resolve and they are well.
- If well enough to return to the service before the infectious period passes (10 days from the positive test), taking extra precautions and strictly adhering to hygiene procedures and mask-wearing advice during this time.
- If become unwell with COVID-19 symptoms while at the service, immediately sanitising their hands and isolating in an appropriate area of the service until they are able to travel safely home or be picked up.
- If an asymptomatic high-risk/household contact, regularly testing, strictly adhering to hygiene procedures, and staying at home if they develop symptoms, no matter how mild.
- Bringing relevant issues and concerns to the attention of the Director.

Strategies and Practices

Risk Assessment

- The Director/Nominated Supervisor will ensure there is an effective and **systematic risk management process** in place regarding COVID-19. The risk assessment (Attachment 1) will identify possible risks and hazards in the service environment and mitigate those risks as far as reasonably practicable, as required under National Law 167.
- It is recognized that ECECs are associated with a different risk of COVID-19 transmission than schools due to the high level of contact required with and between children.

When undertaking the risk assessment, the Director/Nominated Supervisor 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. Elimination: e.g.: instigating remote learning in some scenarios. **Note:** In the context of community transmission risk cannot be eliminated and exposures will occur.
 2. Substitution: e.g.: excluding all persons displaying COVID-19 symptoms.
 3. Engineering: e.g.: enhancing ventilation, cleaning and physical distancing.
 4. Administrative: e.g.: altering routines and groupings to be more COVID safe.
 5. PPE: e.g.: 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 reasonably practicable, recognising that most centre-based ECEC workers are unable to work from home.
- **Incorporate the latest COVID-19 guidelines and risk mitigation recommendations** from [The Australian Health Protection Principal Committee](#) and [CECA](#) where relevant to Heritage.
- **Consider each child's health, safety and wellbeing** when considering effective and practicable control measures and strategies, taking into account:
 - Ventilation requirements.
 - 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 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.**

¹³ Refer to: Definitions



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	<ul style="list-style-type: none"> The Director/Nominated Supervisor will monitor and refer to ACT Health, CECA, ICEG, Safe Work Australia and other trusted authorities (see above) for up-to-date information and advice as required.
Vaccination (COVID and Influenza)	<p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> Ensure existing/new educators, support staff and regular family volunteers provide proof of being double vaccinated against COVID-19 in the form of: <ul style="list-style-type: none"> An online Immunisation History Statement, or A COVID-19 digital certificate from the AIR. Ensure that, if unable to meet this requirement-they 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, volunteers and students do not comply with the requirements listed above, terminate their employment/placement according to the Terms of their Employment and the Employment and Recruitment Policy. Assist staff in the process by enabling them, where practicable, to attend vaccination appointments during paid time. Encourage all staff and families to be up to date with their COVID-19 vaccination status and receive booster shots as soon as they are eligible, in line with advice from their G.P. Encourage families of <u>at risk children aged 6 months-5 years</u> to receive their free COVID-19 vaccination, in line with advice from their G.P. <p>Influenza Vaccination Program</p> <p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> Strongly encourage all staff and families to receive the seasonal flu vaccination in line with advice from their G.P., and advise them they may have it on the same day as their COVID vaccine. Encourage all families to immunise their children against to influenza as per the National Immunisation Program.¹⁴
Rapid Antigen Testing (RATs)	<p>The Director/Responsible Person in Charge will ensure:</p> <ul style="list-style-type: none"> RATs for educators are provided by CECA to Heritage on a needs basis. CECA is contacted by email at ceca@act.gov.au with the title “RAT distribution” if a further consignment of RATs is needed, detailing the number of RATs the service needs and for what purpose. Information on the scheme is clearly communicated to the Heritage community and they understand how they can access tests. Educators are able to collect a test from the main office. If they are not attending at that time they may make alternative arrangements to collect RATs such as through an emergency contact. Educators are aware that positive tests must be reported to Heritage. The impact of timing when using RATs is considered. For example, timing must enable rosters to be amended to reduce unnecessary staffing shortages. Testing just prior to attending a shift may not allow for this planning to take place. The adequate supervision of children is prioritised in the face of staff absences and the Director/Nominated Supervisor exercises regulation

¹⁴ Refer to: Immunisation Policy



<p>Restrictions on Entry into Heritage</p>	<p>provisions for the replacement of qualified staff and early childhood teachers wherever possible (Refer to: Staffing Arrangements).</p> <ul style="list-style-type: none"> • The Director/Nominated Supervisor 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. • Exclusions apply regardless of COVID-19 vaccination status. <p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • Ensure current restrictions imposed by the Commonwealth and ACT Governments are followed in response to COVID-19. • Ensure the following persons are excluded from the Heritage premises: <ul style="list-style-type: none"> ◊ 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, until they are symptom-free. ○ Any person who has a confirmed case of COVID-19 until acute symptoms resolve and they are well. ○ Those with a fever or other COVID-19/respiratory virus symptoms, such as a persistent cough or nasal discharge, until the symptoms resolve, unless they have a letter from a G.P explaining the symptoms as due to non-infectious on-going medical condition. In this case, they must be carefully monitored for new symptoms. ○ Those who have returned from interstate or overseas in line with any current restrictions. ○ High risk people, including the elderly, during heightened COVID-19 risk periods. <p><u>Where there are two or more cases of COVID-19 at the service in a week</u> The exclusion period will be increased to 5 days from the positive test and until acute symptoms resolve.</p> <p><u>Families must not bring their child to Heritage if they have:</u></p> <ul style="list-style-type: none"> • Had a temperature/fever in the last 24 hours (48 hours if there is more than one case at the service). • Received paracetamol/other medication for a fever in the last 24 hours. • 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. • Appear unwell and are unable to participate in normal activities or require additional attention.¹⁵
<p>Modified Drop off/Pick-up Procedures</p>	<p>During heightened COVID-19 risk periods:</p> <p>Families must:</p> <ul style="list-style-type: none"> • Not to 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 043 443 5101. • 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. <p>Educators must:</p> <ul style="list-style-type: none"> • Meet families on arrival/pick up while maintaining physical distancing. • Share each child’s Communication Sheet with families on pick-up as required. <p>Current Procedures</p>

¹⁵ Refer to: Illness and Infection Control Policy



	<ul style="list-style-type: none"> As transmission of COVID-19 in the community is currently low, families are currently able to enter the premises to collect their children, however, are encouraged to wear a mask. When entering the premises, families are asked to sanitise their hands, maintain physical distancing and mask wearing is encouraged. Note: Procedures will be constantly reviewed as part of the risk assessment as mandatory isolation and mask wearing has been removed.
<p>Managing a Positive Case</p>	<ul style="list-style-type: none"> If a child, staff member, family member or visitor has a confirmed case of COVID-19 and attended the service during their infectious period (from 48 hours before their symptoms developed until 10 days after they tested positive) the Director/Nominated Supervisor will: <ol style="list-style-type: none"> Refer to the ECEC Operational Guidance for a Positive Case, and notify and work in collaboration with CECA and ACT Health as required. Provide advice to the Heritage community including exposure days and times, and provide a link to the ACT Health information for those exposed. Ensure the service follows the ICEG recommendations for cleaning following a positive case (see below). Ensure staff, children, family members or visitors who display COVID-19 symptoms or test positive do not enter the until acute symptoms resolve and they are well.
<p>Managing Persons with COVID Symptoms at the Service</p>	<p>Procedures for staff or visitors who display COVID symptoms while at the service.</p> <p>The Director/Nominated Supervisor/Room Leader will ensure:</p> <ul style="list-style-type: none"> They are asked to stop work and sent home immediately. They isolate in the appropriate area at the service for those who are sick, away from others while waiting to return home, sanitise their hands and wear a mask, and are advised to travel directly home. They are advised to take a COVID test and call their G.P. or Healthdirect on 1800 022 222 for medical advice if symptoms are concerning. If they test negative on a RAT test and still have symptoms, they are advised to take a PCR test to exclude COVID-19 and remain at home until this result is negative and their symptoms resolve. If they return a positive test, they are excluded until acute symptoms¹⁶ resolve and they are well. Where they are well enough to return before the infectious period passes (10 days from receiving the positive test), they are asked to take extra precautions, strictly follow the hygiene procedures and are strongly encouraged to wear a mask. <p>Procedure for children display COVID symptoms while at the service.</p> <p>The Director/Nominated Supervisor/Educators will:</p> <ul style="list-style-type: none"> Ensure the child’s family is contacted and asked to collect them as soon as possible. Ensure the child is cared for in an area of the service that been identified as appropriate to isolate staff/children who are sick and is separate from other children. 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.

¹⁶ Refer to: Definitions



	<ul style="list-style-type: none"> • Advise the family to have the child tested for COVID-19 test, and to call their G.P. or Healthdirect on 1800 022 222 for medical advice if symptoms are concerning. Note: PCR tests are recommended for under those under 2. • If a child tests negative on a RAT test but still has symptoms, advise the family to keep their child at home until acute symptoms resolve and they are well. • If a child returns a positive test, ensure the child is excluded until acute symptoms resolve and they are well. • Where a child is well enough to return before the infectious period passes (10 days from receiving the positive test), ensure educators strictly follow the hygiene procedures and monitor the child for symptoms.
<p>Visitors, Deliveries and Contractors</p>	<p>The Director/Nominated Supervisor will ensure that:</p> <ul style="list-style-type: none"> • During heightened COVID-19 risk periods, non-essential visits to Heritage are risk-assessed and cancelled or postponed if deemed necessary. This includes non-essential staff training, in-house extra activities etc. but does not include approved construction work that is required during the day. • Contractors and delivery services use electronic paperwork where possible and minimise physical interaction. <p>Educators must:</p> <ul style="list-style-type: none"> • Wash their hands or utilise hand sanitiser after touching deliveries. <p>Visitors into the Heritage building must:</p> <ul style="list-style-type: none"> • Comply with the health measures in place at Heritage including being strongly encouraged to wear masks inside the building, physical distancing and hand and respiratory hygiene.
<p>Excursions and In-house Extra Activities</p>	<p>Excursions and in-house extra activities will be restricted during heightened COVID-19 risk periods and risk assessments will be conducted prior to any excursion/incursion, taking into account:</p> <ul style="list-style-type: none"> • The health, safety and wellbeing risks to children, educators, parents and members of the community, including those at high risk of becoming seriously ill with COVID-19 such as those with medical conditions. • The latest advice from ACT Health and CECA. <p>Excursions to Parks</p> <p>During heightened COVID-19 risk periods, educators will:</p> <ul style="list-style-type: none"> • Implement additional health and hygiene practices including: <ul style="list-style-type: none"> ◦ 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. • 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 facilities in the area.
<p>Staffing Arrangements and Working from Home</p>	<p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • During extreme high-risk periods, and where possible, encourage staff who do not work directly with children to work from home (eg bookkeeper), and organise appropriate working from home arrangements.¹⁷ • Ensure adequate supervision of children is maintained at all times as per legislative requirements and quality standards.

¹⁷ Refer to: Staffing Arrangements Checklist in Dropbox > Forms > COVID-19



	<ul style="list-style-type: none"> • Ensure arrangements are in place to manage increased staff absences and for replacing those who arrive to work sick or test positive. • Make appropriate arrangements, on a case-by-case basis, so that staff who test positive with COVID-19, are supported to stay at home for 5 days and until they receive a negative test and acute symptoms resolve. • Apply for a temporary staffing waiver if unable to meet the legislated qualification requirements due to COVID-19. Refer to: Legislative Background and regulatory 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).¹⁸ • Contact CECA by phone on (02) 6207 1114 or email ceca@act.gov.au for staffing advice as required.
<p>Ventilation and Mixing of Cohorts/ Rooms</p>	<p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • Include ventilation in the service’s COVID-19 Risk Assessment, taking in the advice from CECA. • 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. • Ensure air purifiers are utilised where possible in each room. • Limit or reduce the use of recirculated air conditioning. Note: 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.¹⁹ • 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. • Consider ventilation during any transportation of children, eg, open windows and do not use air-conditioning in recirculated mode during heightened risk periods. • Consider the effect on supervision levels and sun protection requirements when the outdoor program is increased. <p>During heightened COVID-19 risk periods, educators will:</p> <ul style="list-style-type: none"> • 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. • 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: Physical Distancing). • Ensure high-risk behaviours for generation of aerosols, such as singing and playing wind instruments occur outdoors. (See: Curriculum and Program Planning).
<p>Supplies Check</p>	<p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • Comprehensively check supplies of all essential PPE and general hygiene supplies before opening each day.

¹⁸ Refer to: Employment and Recruitment Policy

¹⁹ Refer to: Sleep, Rest and Relaxation Policy



	<ul style="list-style-type: none"> ○ 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 has inadequate supplies, seek advice from ACT Health and consider closing the service.
<p>Attendance Records</p>	<p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> ● 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 visitors sign the Visitors Book using their own pen or a sanitised pen provided by Heritage.
<p>Hand Washing and Personal Hygiene</p>	<p><u>Hand Washing</u> 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.</p> <p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> ● 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. <p>Families, children and visitors must:</p> <ul style="list-style-type: none"> ● Wash their hands or use alcohol-based sanitiser on arrival at the service. <p>Staff and children must:</p> <ul style="list-style-type: none"> ● 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.²⁰ <p>Educators must:</p> <ul style="list-style-type: none"> ● Ensure children are supervised while washing their hands. ● Provide children with increased hand washing guidance. ● Store alcohol-based hand gel safely around children. <p><u>Personal Hygiene</u> The Director/Nominated Supervisor must:</p> <ul style="list-style-type: none"> ● 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. <p><u>Respiratory Hygiene</u> The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> ● Ensure all staff and children are educated to avoid touching their eyes, nose and mouth with unwashed hands and to physically distance. ● Ensure all staff and children strictly follow the procedures for coughing and sneezing.²¹

²⁰ Refer to: Procedures in Hygiene and Infection Control Policy

²¹ Refer to: Hygiene and Infection Control Policy



	<ul style="list-style-type: none"> • 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 cough, or runny nose that requires constant wiping from educators, ensure they are sent home until the cough or discharge has-resolved and the child has returned to health. Refer to: Exclusion Requirements. 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, however, they must be monitored for new symptoms.
<p>Environmental Cleaning</p>	<p>Heritage recognises:</p> <ul style="list-style-type: none"> • COVID-19 can survive on surfaces for many hours, however cleaning and disinfecting will kill the virus. • It is important to clean before disinfecting because dirt can reduce the ability of disinfectant to kill germs. • Cleaning and disinfecting can be achieved by using a combined detergent and hospital-grade disinfectant or physical cleaning with detergent followed by disinfecting with a hospital-grade disinfectant or disinfecting wipes. Refer to: ICEG Recommendations. <p>The Director/Nominated Supervisor will ensure:</p> <ul style="list-style-type: none"> • The Hygiene and Infection Control Policy is strictly followed at all times. • A COVID-safe Cleaning Plan is in place (below) to ensure: <ul style="list-style-type: none"> ○ Routine COVID-safe daily cleaning procedures occur during the COVID pandemic including more frequent cleaning and disinfecting high touch surfaces, frequently used objects, common areas, toilets and play equipment. ○ This is escalated to enhanced COVID-safe cleaning where confirmed cases have been identified at the service, in line with ICEG recommendations. <p>COVID-Safe Cleaning Plan</p> <p><u>Routine COVID-safe Cleaning</u></p> <p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • Ensure amenities, eg, staff room, communal areas, bathrooms and showers are industrially cleaned at least daily by a professional service. • Ensure all staff, families and children strictly follow the Hygiene and Infection Control Policy to maintain hygienic premises. • Ensure staff are provided with cleaning agents and trained to frequently clean and disinfect high-touch surfaces and equipment after use. • 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 e.g., phones and glasses and ensure work-station equipment and keyboards are cleaned and wiped frequently using isopropyl alcohol wipes. • Reduce the number of touch points for staff. E.g., by removing any magazines from the 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. • Ensure staffing arrangements consider the need for COVID-safe cleaning and hygiene practices during heightened COVID-19 risk periods with additional staff, or staff deployed from other roles within the service, being responsible for undertaking the cleaning requirements, <u>not those educators working directly with the children.</u>



	<p><u>Educators must:</u> Adhere to the COVID-safe Cleaning Plan and:</p> <ul style="list-style-type: none"> • Increasing the frequency of cleaning high-touch surfaces such as door handles, tables, light switches, telephones in common areas, shared equipment and tools, hard-backed chairs, desks, keyboards, cupboard handles, kitchen surfaces and equipment, sinks and basins, remote controls, play gyms, bathroom areas including toilets. • Cleaning and disinfecting high touch surfaces at least twice daily, using detergent solution and disinfection (as per manufacturer instructions) or detergent and disinfectant wipes (either method requires use of manual friction). • Ensuring any surfaces that are visibly dirty, have a spill, may have been mouthed or in contact with bodily fluids are cleaned immediately with detergent and disinfectant set out in the Hygiene and Infection Control Policy, regardless of when they were last cleaned. • Regularly washing and laundering play items and toys, including washable plush toys, ensuring they are washed on the highest temperature setting according to the manufacturer’s instructions and dried completely before use. • In the Nursery, ensuring mouthed toys are removed immediately when the child is no longer engaged with the item and cleaned with detergent and disinfectant. • Wearing gloves when cleaning. • Washing their hands or use alcohol-based hand sanitiser before and after wearing gloves. <p><u>Cleaning for a Confirmed or Suspected Case of COVID-19 at the service:</u> <u>Enhanced COVID-safe Cleaning:</u></p> <ul style="list-style-type: none"> • Enhanced cleaning provides a 25% increase in routine COVID-safe cleaning in terms of cleaning hours targeting high traffic areas, with a focus on touchpoints and surfaces. <p>The Director/Nominated Supervisor must:</p> <ul style="list-style-type: none"> • Ensure the service undertakes enhanced cleaning and disinfecting in line with ICEG guidelines. • Notify the daily professional cleaning service provider following a confirmed COVID-19 case. <p>Educators will:</p> <ul style="list-style-type: none"> • Ensure all items/resources/surfaces touched by a person/child who is diagnosed with COVID-19 or becomes unwell at the service with a high temperature or other COVID-19 symptoms, are immediately and thoroughly cleaned and disinfected to avoid possible cross contamination.
<p>Service of Food and Water</p>	<p>Heritage will follow the risk mitigation guidelines from CECA in relation to food preparation procedures during heightened COVID-19 risk periods.</p> <p>Educators will:</p> <ul style="list-style-type: none"> • 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.



<p>Physical (Social) Distancing</p>	<ul style="list-style-type: none"> • The Director/Nominated Supervisor will ensure physical distancing is employed where reasonably practicable at the service. • Heritage acknowledges that physical distancing between children and those interacting with children in an ECEC environment is not practicable, however it is important for limiting the transmission of COVID-19. <p>During Heightened Risk Periods:</p> <p><u>Procedures for Staff and Visitors</u> The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • Direct staff to space an appropriate distance apart to perform their duties, acknowledging that staff must 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. • 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 in-house extra activities and non-essential staff training etc. • Discourage the use of public transport by staff if possible, or if not feasible, recommending that staff: <ul style="list-style-type: none"> ○ Travel at off peak times if possible. ○ Wash hands thoroughly 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 wear a mask on or public transport as strongly recommended by ACT Health. <p><u>Procedures for Families</u> The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • 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 also: Modified Pick-up/Drop off. <p><u>Procedures for Children</u> Educators will:</p> <ul style="list-style-type: none"> • Spend more time outdoors or operate an indoor/outdoor program where practicable (See also: 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 also: Curriculum and Program Planning) • 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). • Consider seating 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.
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	<ul style="list-style-type: none"> • Mitigate the risk of activities involving higher transmission (eg sharing play dough and ensure hygiene is maintained including hand washing and replacing playdough regularly). • 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 risk assessments for performances and social events that bring children together from different rooms and follow current advice from CECA/ACT Health. (See also: Social Events and Meetings). <p><u>Mixing of Cohorts/Rooms</u> Where practicable, Room Leaders will:</p> <ul style="list-style-type: none"> • Reduce the mixing of staff and children from different rooms. This does not include siblings). • 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.
<p>Face Masks</p>	<p>Heritage recognises that:</p> <ul style="list-style-type: none"> • Wearing face masks can be difficult in early childhood education and care centres (ECECs) where connection and relationships with children is vital to learning outcomes. • Face masks are not appropriate for young children in ECEC as they are likely to be worn incorrectly, may represent a choking hazard, and may not be appropriate for children with additional needs. • While face mask restrictions have eased in the general community, the wearing of face masks on the Heritage premises by adults and those over 12 is encouraged, but not mandatory, except in heightened risk periods identified as part of the service COVID-19 risk mitigation plan. • With the removal of compulsory quarantine and the emergence of variants that can better evade immunity, the risk of transmission of COVID-19 will increase and therefore strongly encourages adults to wear masks inside the premises. <p><u>The Director/Nominated Supervisor will ensure that staff and families are informed that:</u></p> <ul style="list-style-type: none"> • Any adults accessing the outside areas of Heritage (such as parents doing pick up and drop off) are not required to wear masks. • Face masks are strongly encouraged to be worn by staff, parents/guardians, and visitors in all indoor spaces at Heritage, particularly if they are entering the service within 10 days of returning a positive test for COVID-19 or are a household contact of a positive case. <ul style="list-style-type: none"> ○ This does not apply when eating or where masks prevent effective communication (of particular importance to learning in an educational setting), or where physical distancing of 1.5 metres between each person can be achieved. • During heightened-risk periods, Heritage will require: <ul style="list-style-type: none"> ○ Masks to be 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 are washed regularly. ○ Disposable single-use masks to be disposed of after using once. ○ All children’s masks must be clearly labelled with the child’s name. ○ Note: Older children may bring their own mask to wear during the day, however this is a choice and not a requirement.



<p>Social Events and Meetings</p>	<p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • Ensure risk assessments are undertaken during heightened risk periods for social events, tours of the service and group celebrations, and these are communicated to families. • Ensure meetings are risk-assessed during heightened risk periods, and zoom is utilised as an option for Committee meetings to allow office holders and ordinary members to participate remotely.
<p>Lockdown and Evacuation</p>	<p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • 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.
<p>Managing Medical Conditions/ Children with a Disability</p>	<p><u>Procedure for Children</u></p> <ul style="list-style-type: none"> • 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. <p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • Advise parents/carers 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 participate in onsite learning during the COVID-19 pandemic. • Where reasonable adjustments can be made based on the medical practitioner’s advice, ensure those adjustments are put in place. • Where providing education and care to a child with a disability involves a greater risk of exposure to blood or body fluids, ensure educators wear PPE such as gloves and a disposable apron. Ensure this is removed and disposed of safely²² after caring for each child and wash hands. • Where reasonable adjustments cannot be made, ensure children with complex medical needs/a disability are supported to learn from home. <p><u>Procedure for Staff Members</u></p> <p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • 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.
<p>Curriculum and Educational Program</p>	<p>Educators will:</p> <ul style="list-style-type: none"> • Ensure the Health and Hygiene Program is run through all rooms and revisited regularly, including keeping a healthy body and practising good hygiene and how hygiene practices for children is their best defence against COVID-19. • Run the Belonging Program in rooms as required and focus on children’s settling and reconnecting to their social and physical environments on returning to Heritage after periods of quarantine/closure. • Provide age-appropriate information to children about COVID-19 and be sensitive to their emotional wellbeing. • Acknowledge children’s concerns and be open to discussions about COVID-19.

²² Refer to: Hygiene and Infection Control Policy



	<ul style="list-style-type: none"> • 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. • Initiate discussions with children about the importance of hygiene throughout the day, particularly at mealtimes and other transitions. • Refer children to posters to demonstrate correct handwashing methods and model techniques. • Be aware of play practices that could spread germs such as shared equipment, play dough and clay play and ensure hygiene standards are maintained including hand washing and replacing play dough regularly. • Ensure high risk behaviours for generation of aerosols, such as singing and playing wind instruments occur outdoors. (See: Ventilation) • Consider children’s voices in evaluating programs and policies and record these through jottings/observations. • Monitor children’s emotional well-being, respect their questions and communicate any concerns with parents and families. See: Supporting Wellbeing). • Utilise a variety of resources to support children’s understanding of COVID-19 such as: <ul style="list-style-type: none"> ○ Help Stop the Spread ○ Social Distancing ○ ABC Kids Playschool’s Hello Friends (COVID-19 Special ○ Little J and Big Cuz: Everybody Wash'em Now ○ Covid information for kids including RAT Tests
<p>Training and Professional Development</p>	<p>The Director/Nominated Supervisor will:</p> <ul style="list-style-type: none"> • Ensure the health, safety and wellbeing of the children remains a priority and follow the guidance of Safe Work Australia during heightened COVID-19 risk periods that advises face-to-face training should be held only with spacing requirements implemented and adequate ventilation. • Cancel non-essential training and explore on-line options during COVID-19 heightened risk periods. • Refer to the ACECQA information about renewing first-aid, anaphylaxis and asthma qualifications during the COVID-19 pandemic. • 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. Note: Although tailored for the health sector, this training is applicable to education and care settings. • Where it is not possible to complete a specific qualification, e.g., a work placement is affected by COVID-19 control measures, ensure the qualification/placement is completed as soon as reasonably practicable. • Support Heritage educators 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 also: Sections on Educational Program and Supporting Wellbeing). • If unable to fulfill training requirements under the National Regulations, contact the Information and Enquiries team at the Early Childhood Directorate on 1800 619 113 for advice.
<p>Supporting Wellbeing</p>	<ul style="list-style-type: none"> • 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. • The Director/Nominated Supervisor and educators will utilise relevant resources and tools to recognise and support the mental health and wellbeing of the Heritage community such as: <ul style="list-style-type: none"> ○ CECA website: Mental Health and Wellbeing resources for ECECs ○ ACT Health website. Mental Health and Wellbeing during COVID ○ Australian Government website: Head to Health ○ Be You Website: Be You Early Learning



- Emerging Minds Website: [Emerging Minds](#)
 - [Talking to children about the COVID-19 Pandemic](#)
 - [Talking about traumatic events or worries about the future](#)
- [Beyond Blue](#)
- [Australian Childhood Foundation](#)
- Staff working from home will be supported to take breaks regularly and to stretch. **Refer to:** [Headspace blog](#) and [Safework Australia](#)

Supporting children on returning to Heritage after isolation or closure of a room/the service.

- The rooms will run Belonging Programs as required which focus on children’s settling and reconnecting to our social and physical environments.
- For children returning to Heritage after a break, we ask families try a predictable drop off routine and shorter days.
- Parents will be kept informed of how their child is coping as required.
- Educators will assess how children are coping individually and discuss next steps with parents if the need arises.
- Heritage recognises that although our educator-to-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.

The Decision to Close

- In line with the [National Framework for Schools and ECECs](#), closure and return to offsite learning will only be considered as a last resort and in the context of the level of absenteeism, workforce concerns and the number of vulnerable students affected.
- The Director/Nominated Supervisor, in consultation with the Heritage Management Committee, may make the decision to fully or partially close the service, or they may be directed by CECA via an Emergency Action Notice (EAN) to do so, for example there is significant transmission of COVID-19 in the Heritage community or workforce impacts have occurred.
- CECA will determine full or partial closures on a case-by-case basis, including assessing any risks to the health, and welfare of staff and children.
- The Director/Nominated Supervisor may apply for a Community Child Care Fund (CCCF) Special Circumstances grant if the service has had to close, or partially close, due to COVID-19, including in the absence of stay-at-home orders.

Fees, Child Care Subsidy (CCS) and Allowable Absences

- The Director/Nominated Supervisor will ensure all contact details are up to date in the Child Care Subsidy System and stay up to date with [important announcements](#) via the Provider Entry Point (PEP).
- If the Heritage service or a room is advised/directed to close on public health advice as a result of COVID-19, the service will waive the Gap fee for families.
- If a child is excluded due to being diagnosed with COVID-19, normal fees will be charged.

Addition Absences following Activation of Standard Local Emergency Procedures

- As 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 allowable absence days per child per financial year have been used. **Note:** An extra [10 allowable absences](#) are currently being provided during the 2021-22 financial year, bringing the total of allowable absences from 42 to 52.
- Additional absence days claimed due to COVID-19 related reasons, do not require a medical certificate.



Absences at the Start or End of Enrolment

- From 1 January to 28 February 2022, the Department of Education will pay Child Care Subsidy for any absences prior to a child's first day, or after their last day for enrolments that begin or end during this period. The absences can be taken for any reason.
- From 1 to 31 December 2021 and 1 March to 30 June 2022, the Department of Education will also pay CCS for any absences in the 7 days prior to a child's first, or after their last day, if the child or a member of their immediate household must isolate due to COVID-19.

Re-opening Procedures for the Service or Rooms

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/Nominated Supervisor has met the certain conditions and there are no other risks preventing reopening such as:

- Provided evidence of meeting thorough cleaning requirements of the service premises in line with the requirements identified by ACT Health.
- Provided advice to staff that they cannot return to the service until they have provided evidence that they have finished quarantines and/or been cleared to work via negative Covid-19 test results.
- Sighted or collected evidence that all children/families who were required to test have received a negative COVID-19 test result and have finished isolation 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.
- The Director/Nominated Supervisor, in consultation with the Management Committee, has made a notification of reopening on the NQAITS portal.

Notification Requirements

Confirmed Case

Where a child, staff member or other person is diagnosed with COVID-19, the family or staff member or other person notifies the service, and the confirmed case has attended the service while infectious (including two days before symptoms developed) the Director/Nominated Supervisor will make the following notifications.

ACT Health's Communicable Disease Control Unit	A notification will be made as soon as practicable and within 24 hours on phone: 02 5124 9213 (business hours (or by paging (02) 9962 4155 (after hours).
CECA	A notification to CECA will be made within 24 hours via the NQAITS portal if the confirmed case at the service was a child and they needed urgent medical attention Regulation 176(2)(a)(ii) , or where the operation of the service is restricted (for example a room closure due to staff absences) under regulation 175(2)(b) within 7 days.
Worksafe ACT	A notification will be made as soon as practicable and within 24 hours via phone: 6207 3000 or email: worksafe@act.gov.au
Other Heritage Stakeholders	All relevant stakeholders will be notified as soon as practicable of confirmed cases at the service and any closures or re-opening of the service. Relevant stakeholders include staff and families, contractors such as the service's cleaning provider and allied health workers that attend the service.

Note: Under National Regulation 88, in relation to infectious diseases, the service must also:

- 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.
- Ensure reasonable steps are taken to prevent the spread of the infectious disease.



Full or Partial Closure

Where Heritage is required to close (full or partially) under an Emergency Action Notice (EAN) from CECA or due to staff absences, the Director/Nominated Supervisor must notify:

CECA	<ul style="list-style-type: none"> The Director/Nominated Supervisor must submit a Notification of Incident under Regulation 175(b) indicating closure using the NQAITS portal, ensuring the notification is made within 7 days and preferably within 24 hours. The Director/Nominated Supervisor will ensure the information entered clearly identifies the closure is due to a case of COVID-19. Note: Once this option has been ticked the system will open up section to confirm closure is due to positive Covid-19 case.
Worksafe ACT	<ul style="list-style-type: none"> The Director/Nominated Supervisor will notify WorkSafe ACT as soon as practicable and within 24 hours via phone: 6207 3000 or email: worksafe@act.gov.au
Department of Education	<ul style="list-style-type: none"> The Director/Nominated Supervisor will notify Services Australia via the Provider Entry Point (PEP).

Communication Strategies

Contact Details

The Director/Nominated Supervisor 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/weekends.
- Ensure the emergency contacts for the service have access to staff and children’s attendance details and are able to respond to questions and directions from ACT Health.
- 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. (Refer to: 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/Nominated Supervisor 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 or a room being closed** as a precaution to limit the spread of the COVID-19 virus or due to staffing shortages, provide information rapidly to parents/families by phone/text and email to explain the situation and the restrictions, and utilise the communication templates provided by ACT Health and CECA as needed. All other stakeholders will also be informed promptly including visitors, contractors, outside agencies as required.
- 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 risk assessment and policies and procedures, including appropriate hygiene measures and not attending the service if unwell with COVID symptoms.
- 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 families including through email, newsletters, factsheets, signs and posters. Information provided may include:
 - Symptoms of COVID-19.
 - How the virus is transmitted.



- Testing, quarantine, 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:
 - ACT Government [Business Resources Hub](#)
 - Safework Australia [COVID signage](#)
 - ACT Health [COVID poster](#)
- **Provide information on wellbeing** to staff and families. (Refer to: 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 as required under the *Work Health and Safety Act 2011*
- 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 required to keep everyone in the Heritage community safe on a daily basis.

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](#), and who are vulnerable or have parents who are essential workers.

Related Policies and Documents

Name of Policy and Procedures Document	Location
COVID Safe Plan	
Creating Inclusion and Equity	
First Aid for Incidents, Injury, Illness and Trauma	Policy Manuals in Main Office, Staff Programming Room
Emergency and Evacuation	
Excursions and In-house Extra Activities	
Food Safety	
Hygiene and Infection Control (incl. Toileting)	Heritage Website, Members
Illness and Infectious Diseases	Section
Medical Conditions	
Privacy and Confidentiality	
Work Health and Safety	



References and Further Reading

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

[Information, support and guidance for the children’s education and care sector and families \(2022\)](#)

[Risk assessment and management information sheet \(2021\)](#)

[NQA ITS Portal Emergency Management Help Guide \(2020\)](#)

ACT Government (2022)

[National Framework for Managing COVID-19 in Schools and Early Childhood Education and Care January 2022.](#)

[Current Restrictions](#)

[About COVID-19 Testing](#)

[Information for People Exposed to COVID-19](#)

[Information on novel coronavirus \(COVID-19\) for ECECs](#)

ACT Health (2022)

[COVID-19 information and advice in the ACT](#)

[COVID-19 Infection Control Training](#)

[ICEG COVID-19 Cleaning and Disinfecting Guidelines update, March 2022](#)

Australian Health Protection Principal Committee (AHPPC). (2022).

[Statements on Early Childhood and Learning Centres.](#)

Community Early Learning Australia (CELA). (2022). *COVID-19 Sample Policy*

CECA at The ACT Education Directorate (2022):

[COVID-19 Risk Mitigation in ECECs](#)

[Information about Novel Coronavirus \(COVID-19\) for ECECs](#)

[Managing a Confirmed Case of COVID-19 in ECECs.](#)

[Vaccination for Staff in ECECs](#)

[FAQs for ECECs](#)

[Mental Health and Wellbeing Resources](#)

Early Childhood Australia (2021). [COVID-19 Resources.](#)

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

Safe Work Australia. (2022).

[ECEC Cleaning](#)

[Information for ECECS.](#)

[COVID-19 for Workplaces Pack for the Employer in the ECEC Industry.](#)

World Health Organisation. (2021).

[Ventilation and Air-conditioning](#)

[COVID-19 Advice for the Public](#)

Useful Factsheet and Websites for Families

ACT Human Rights Commission Videos. [COVID Information for Kids](#)

CECA: [Mental Health and Wellbeing Resources;](#)

HealthDirect: [COVID-19 Childcare Exclusion FAQ and Symptom Checker](#)

NSW Health: [Testing Positive to COVID-19 and Managing COVID Safely at Home](#)

Starting Blocks: [Information for Families on COVID-19](#)

Unicef Australia. [How to talk to your children about coronavirus \(COVID-19\)](#)

Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	March 2020	Director	Julia Charters New policy in response to COVID-19 pandemic including Risk Assessment
2	December 2020	Director	Julia Charters 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.



3	June 30 2021	Director	<p>Created COVID-Safe Plan folder consisting of: Policy and attachments/checklists.</p> <p>Julia Charters</p> <p>Updated: New mask mandate, 28 June 2021.</p> <ul style="list-style-type: none"> 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. <p><u>Other updates:</u></p> <ul style="list-style-type: none"> Summary 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	<p>Updated information on mask mandates.</p>
5	October 2021	Director	<p>Julia Charters</p> <p>Updated all links and references. Updated Risk Assessment. Updated to reflect:</p> <ul style="list-style-type: none"> New procedure guidance provided for a Confirmed case of COVID-19, 12 November. Latest CECA information. 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). <p>Cross checked policy with new CECA model policy. Expanded section on Communication to reflect latest advice from CECA (October 2021).</p> <p><u>Appendices:</u></p> <p>Added AHPPC statement (October update)</p>



			<p>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.</p> <p>Moved checklists to COVID-Safe Plan folder.</p>
6	February 2022	Director	<p>Julia Charters</p> <p>Updated to reflect National Strategy transition to the “living with COVID” context; the response of government authorities to the rapid spread of the new Omicron variant; and the Plan for Term 1 2022 for Schools and ECECs.</p> <ul style="list-style-type: none"> • Exposure sites are no longer being reported. • Services must take the lead in identifying who has been exposed, identifying moderate to high-risk scenarios and communicating this to families. <p>Added Timeline of COVID-19 updates for ECECs. Updated information to include Omicron variant. Updated Risk Assessment and created separate document (Attachment 1). Updated information on “Up to Date” vaccinations status definition and Booster Program including priority COVID-19 boosters for ECEC staff. Updated procedures for a positive case or potential exposure at the service, and COVID-19 Exposure Risk Assessment, to reflect new CECA operation guidance (9 February 2022) and ACT Health updated information on people exposed to COVID. Added RAT surveillance process introduced for Term 1 2022 to Table of Preventative Strategies. Updated procedures for full or partial closure. Updated all attachments and links. Added Factsheet for Parents on RATs:</p>
7	March 2022	Director	<p>Julia Charters</p> <p>Updated in response to March updates:</p> <p>Health and Safety Guidelines for ECECs update: Managing a Confirmed Case in ECECs update: COVID-19 Cleaning and Disinfecting Guidelines update - from the Infection Control Expert Group (ICEG).</p> <p>Note: Deep cleaning should now only be conducted on a case-by-case basis on advice from CECA/ACT Health as it can lead to 2 day shut down.</p>
8	7 April 2022	Director	<p>Julia Charters</p> <p>Added Critical Worker Exemption from Isolation Option for Household Contact – Under Scenario 2.</p>
9	8 May 2022	Director	<p>Julia Charters</p> <p>Updated and condensed Policy Statement and procedures to reflect new CECA guidelines as at 22 April 2022. This requires services to move to managing COVID-19 as part of risk assessment requirements under WHS law.</p> <p>As such, in this policy update Heritage:</p> <ul style="list-style-type: none"> • Notes the removal of vaccination mandate for educators from 13 May 2022, however requires staff working with children, students and volunteers to be double-vaccinated to meet WHS requirements and is part of Employment part of Terms of Employment.



			<ul style="list-style-type: none"> Require masks to be worn indoors for adults on the premises. Keeps the outdoor drop off and pick during the winter/flu months. <p>Removed section on Scenario Planning and integrated procedures for managing a positive case and those with symptoms on the premises into the Protection Strategies Table. Moved COVID-19 Background and Timeline of Updates to Appendices.</p>
10	October 2022	Director	<p>Author: Julia Charters</p> <p>Adjusted pick up procedure to allow parents access to the building as lower transmission in community. Updated that from 1 Sept, COVID-19 vaccine bookings opened for at risk children aged from 6 months to under 5 years.</p> <p>Updated to reflect that quarantine requirements are no longer mandatory from October - Heritage will keep the requirement for positive cases to be excluded from the service for 5 days and until a negative test is received and acute symptoms resolve, in line with current Risk Assessment that reflects removing quarantine and mask wearing mandates in community increases risk of transmission at the service.</p> <p>Updated that from 30 Sept 2022, the ACT's Public Health Emergency Declaration was revoked, and moved to the COVID-19 Management Declaration and associated Directions to provide ongoing surveillance and management of the virus as the community transition to "living with COVID-19" continues. In response, Heritage policy is to:</p> <ul style="list-style-type: none"> Maintain an up-to-date COVID-19 Policy and Procedures document and COVID-19 Safety Plan to manage the risks of transmission at the service. Maintain the requirement for staff to be double vaccinated and wear a mask while inside the premises in line with this policy. Change requirement for families to wear a mask while inside the premises to "strongly encourage".
11	April 2023	Director and Chair of Committee	<p>Author: Julia Charters</p> <p>Removed the 5-day compulsory exclusion period for positive COVID-19 cases in line with community expectations and the continued transition to "living with COVID-19".</p> <p>Replaced with "Our policy is to strongly encourage members of the Heritage community who test positive to isolate and stay at home until acute symptoms have resolved and they are well. Anyone who is unwell and reasonably suspected to have a communicable disease will be excluded from Heritage until they no longer display symptoms."</p> <p>Added to Policy Statement that "Heritage recognises that positive cases may be infectious for up to 10 days. The most infectious period is the 2 days before symptoms start and while acute symptoms are present such as a runny nose, sore throat, fever, cough."</p> <p>Added that where two or more cases of COVID-19 are recorded at the service in a week, the exclusion period will be re-instated to 5 days and until acute symptoms have resolved and the person/child is well.</p>



Appendix 1: COVID-19 Background

COVID-19 Background	
What is COVID-19?	<ul style="list-style-type: none"> • Coronaviruses can affect humans and animals. In humans, they can cause mild illness (common cold and gastrointestinal infections) or 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 2019 and has spread to many countries outside China (WHO, 2019). • Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is the official name of the virus that causes COVID-19.
What are the Symptoms?	<ul style="list-style-type: none"> • Symptoms include, but are not limited to, fever/chills, cough, sore throat, new loss of smell/taste, shortness of breath, runny nose. • Other symptoms can include muscle pain, joint pain, diarrhoea, nausea, headache, vomiting, loss of appetite, fatigue, unexplained chest pain, conjunctivitis (eye infection). Refer to: Health Direct
When and How to Test for COVID-19?	<p>The ACT Government advises individuals to test for COVID-19 if they:</p> <ul style="list-style-type: none"> • Have any COVID symptoms, no matter how mild. • Have had a high-risk/household exposure • Are travelling domestically to a state or territory where it is a requirement or are travelling overseas or have returned from overseas. • A Polymerase Chain Reaction (PCR) test is a highly accurate test. It is recommended young children get a PCR test. • A Rapid Antigen Test (RAT) can be utilised at home to confirm if a person is positive for COVID-19. RATs are not recommended for children under 2 years of age. <ul style="list-style-type: none"> ○ A positive RAT result must be reported using the ACT Health Positive RAT Registration Form and the person must immediately isolate. ○ A RAT is not as accurate in those who do not have symptoms and can produce either false negative or false positive results.²³ ○ If a RAT is negative despite a person having symptoms, it is recommended to take another RAT in 24 hours or take a PCR test.
How is COVID-19 Transmitted?	<ul style="list-style-type: none"> • COVID-19 is transmitted from someone who is infected to others in close contact through contaminated particles (ranging from larger respiratory droplets to smaller aerosols) spread by coughing/ sneezing or by contact with contaminated hands or surfaces (WHO, 2021). • The person becomes infected when they inhale aerosols or droplets containing the virus or the particles contact their eyes, nose, or mouth. • Evidence suggests that the virus spreads mainly between people who are in close contact, typically within 1 metre (short-range). • The virus can spread more easily in poorly ventilated and/or crowded indoor settings, where people spend longer periods of time as aerosols remain suspended in the air or travel further than 1 metre (long-range). • 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 clear how frequently this occurs. • The time of exposure to the virus and when symptoms first occur is 2-14 days (Department of Health (2020). Most people (3 in 4) who develop COVID-19 will do so in the first 7 days after exposure.

²³ <https://www.healthdirect.gov.au/blog/what-are-covid-19-rapid-antigen-tests>



<p>Breaking Transmission in ECECs</p>	<ul style="list-style-type: none"> ECECs are more at risk of transmission because of the close contact with, and between, young children. Evidence indicates the Omicron variant is substantially more transmissible than the Delta variant and more easily evades the current vaccinations. Reports suggest it is less severe, however vulnerable populations are still at increased risk of severe disease. The same principles of preventing incursion of the Omicron variant through personal, environmental, and organisational actions apply to reduce the likelihood of outbreaks of disease in ECEC settings. The ACT Government provides RATs for staff working directly with children in ECECs to help reduce transmission and to identify anyone who is symptomatic as soon as possible. (See Prevention Strategies).
<p>How does the COVID Vaccination Program Help?</p>	<ul style="list-style-type: none"> 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). The vaccination program increases the opportunity to achieve some degree of population (herd) immunity, and a faster easing of restrictions. There is also evidence that COVID-19 vaccination reduces the chance of transmission as viral load is lower. Vaccines that provide short-term protection require booster doses, making herd immunity harder to achieve.²⁴ The initial recommended program consists of two-doses of vaccine. Evidence suggests immunity wains after 6 months and the Omicron variant has the ability to escape the protection from infection that two vaccine doses offer (due to several mutations within its' spike protein). The booster program commenced in November 2021 and is currently available 3 months after the second dose for those over 16 years of age. Boosters are not mandatory except for the aged-care sector. People are required to have all COVID-19 vaccine doses recommended for their age and health needs in order to be “up to date”. For those over 16, this means having a booster within 6 months of their 2-vaccine course unless medically exempt. Refer to: Definitions. Emerging evidence suggests protection from symptomatic Omicron infection is restored to 60-75% two to four weeks after a Pfizer or Moderna booster dose. However, third-dose protection also wanes, down to 30-40% against Omicron infection after 15 weeks. The BA.4 and BA.5 subvariants are more infectious than previous COVID variants, and are better able to evade immunity. This increases the chance of reinfection after 12 weeks from the original infection when natural immunity wains. Two doses of the vaccine remain effective at providing protection against severe disease, hospitalisation, and death in most people over time, although unlikely to provide protection from infection. Second-generation vaccines are currently in clinical trials. Moderna is trialling a vaccine containing mRNA against the original Wuhan strain and Omicron BA.1. Early results are promising and likely to give much better protection against BA.4/5. Note: COVID-19 vaccines are free for all regardless of their Medicare or visa status.
<p>Does Mask Wearing Help?</p>	<ul style="list-style-type: none"> 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.

²⁴ <https://www.ncirs.org.au/covid-19/covid-19-vaccines-frequently-asked-questions>



Appendix 2: Timeline of Updates

October 2021 – Returning to face-to-face Early Learning

From October 25, 2021, the ACT Government removed restricted access to ECECs reflecting achieving critical community vaccination rates and the easing of restrictions in the community. Heritage followed the [Guidelines for Schools and Early Childhood Education and Care services \(ECECs\) from 25 October 2021](#) and continues to adhere to the [Australian Health Protection Principles Committee](#)'s advice on minimising the risk of COVID-19 transmission in ECECs.

December 2021: National Opening Strategy: The “Living with COVID” Context

From the end of December 2021, Australia moved from a national strategy of suppression with a goal of no community transmission, to a 'living with COVID-19' context, with the aim to minimise the disruptions to society and the community. The health goals shifted to controlling transmission in order to prevent serious illness, hospitalisation and death.

Emergence of the Omicron Variant

Community transmission rapidly increased following this transition with infections spreading faster than authorities could detect them due to the emergence of the more transmissible and milder [Omicron variant](#). In response, authorities moved to prioritising vaccinations over containing the outbreak. The definitions of close/casual contacts were updated, and the public asked to assess their risk to others/themselves, rather than government tracking the disease.

14 January 2022: The National Framework for Schools and ECECs

Announced on 14 January 2022, the [Framework](#) included six national guiding principles:

1. ECECs and schools are essential and should be the first to open and the last to close wherever possible in outbreak situations, with face-to-face learning prioritised.
2. Baseline public health measures continue to apply.
3. No vulnerable child or child of an essential worker is turned away.
4. Responses to be proportionate and health risk based.
5. Equip ECEC services and schools to respond on the basis of public health advice and with support from public health authorities where required.
6. Wellbeing of children and education staff to be supported.

21 January 2022: ACT Health Guidelines for Schools and ECECs Term 1 Plan 2022

In response to the National Framework, the ACT Government published new *Health Guidelines for Schools and Early Childhood Education and Care* - updated 4 February and March 11. The public health objective for ACT schools and ECECs services moved to support the overall health and wellbeing of children. This reflected the [AHPCC's acknowledgement](#) that schools and ECEC services are an essential service and should open and remain open wherever possible due to the significant overall health and wellbeing benefits to on campus face to face learning for children and young people. It was acknowledged that ECECs are associated with a different risk of COVID-19 transmission than schools due to the high level of contact required with and between children.

Summary of Measures for [ECECs Term 1 2022](#):

- Provision of rapid antigen tests: Two per week provided to staff working directly with children from the end of the first week of February for 8 weeks. To be taken voluntarily prior to attending the service. Positive tests must be reported to employer and ACT Health.
- Compulsory use of masks indoors for all adults attending and working in ECECs.
- Cohorting of children and staff and staggered programs to allow for this.
- Maximising outdoor learning and ventilation.
- Enhanced cleaning including high touch surfaces.
- Restrictions on excursions – only essential excursions/core component of the program.²⁵
- Priority booster vaccinations available to ECEC educators (January 17).



10 February: COVID-19 Vaccination Status Definition Update

National Cabinet changed the definition of COVID-19 vaccine status from “fully vaccinated” to “[up to date](#)”. People will be required to have all doses of the COVID-19 Vaccine as recommended for their age and health needs. For those over 16, this means they will be required to get a booster within six months of their primary two vaccine course to be considered “up to date, unless they are medically exempt.”

25 February: Facemask Update

While there will be a relaxation of mandatory face mask requirements across the ACT community, the mask requirements for early childhood education and care services remain unchanged. Face masks must continue to be worn by staff and visitors in all indoor spaces at early childhood education and care settings.

March/April 2022 Update

- From 15 March, ECECs are no longer required to conduct a detailed risk assessment following a staff member/child/visitor being exposed to a case of COVID-19 at the service.
- ECECs no longer need to report cases to CECA via the CECA email address (they must still report cases via the NQAITS).
- Staff and children who have a COVID-19 exposure while at Heritage and are asymptomatic will be able to attend once they have received a negative PCR/RAT result provided:
 - They do not have any COVID-19 symptoms.
 - They are not currently in quarantine as a household/high-risk contact.
- If subsequent cases in the same cohort within 7 days, additional testing will be needed.
- Services are no longer required to check that testing/quarantine guidelines have been met.
- From 23 March, RATs for educators to be provided to ECECs on an as needed basis.
- From 4 April 2022, services must contact CECA if a further consignment of RATs is needed.
- Services must have processes in place to ensure staff have access to RATs if needed.

April 22 2022 Update

- The ACT Health Guidelines for Schools and ECEC are no longer applicable.
- Services are no longer required to distribute COVID-19 exposure letters to staff/families.
- Daily reporting of COVID cases is no longer required, however service leaders **must continue to communicate positive cases of COVID-19 to their community.**
- Services must continue to take every reasonable precaution to prevent the spread of COVID-19 and follow the advice in the COVID-19 Infection Control Model Policy to develop relevant policies and procedures for their service.
- Household contacts will not be legally obliged to quarantine if they have no COVID-19 symptoms. Asymptomatic household contacts will be required to minimise their movement in the community and comply with risk mitigation requirements including:
 - Notifying their employer, school or ECEC service that they are a household contact.
 - Having regular COVID-19 tests during this time; and
 - Minimising unnecessary movement in the community.
- Services must develop their own policy on attendance of staff and children who are asymptomatic household contacts.
- Services must continue to:
 - Review, update accordingly and implement their COVID-19 plans, policies, and procedures.
 - Where appropriate, ensure that the [COVID-19 Infection Control Model Policy](#) is implemented and adapted for use in the context of the ECEC setting.
 - Ensure that legislative requirements for existing risk assessments for emergencies include a response to COVID-19.
 - Continue to have established processes in place to ensure that service leaders are up to date with the latest health advice and directions from ACT Health.
 - Follow the advice from ACT Health for people potentially [exposed to COVID-19](#), available on the ACT Health website.
- Services are now only required to notify CECA of a positive COVID-19 case via [NQ AITS](#)
 - A child needs urgent medical attention under R176(2)(a)(ii) within 24 hrs.
 - Where the operation of the service is restricted (for example a room closure due to staff absences) under R175(2)(b) within 7 days.



25 April 2022 - Mask Mandate update

- The Public Health (Mandatory Face Masks) Emergency Direction 2022 (the Public Health Direction) has been amended to remove the requirement for face masks to be worn in indoor spaces at schools and early childhood education and care (ECEC) settings from 11:59pm, 25 April 2022.
- This reflects “the improved understanding of the severity of the Omicron variant, our community vaccination coverage and broader mask wearing requirements across other settings in the ACT.” (Chief Health Officer).
- **It is still strongly recommended that masks be worn by adults and students when in small indoor settings where physical distancing is not achievable.** “Staff and students are encouraged to continue wearing masks if they choose to do so, particularly if it helps them to feel more protected. Wearing a mask is a simple COVID Smart action that we all can take – a simple way to take personal responsibility for own health and protection.” (Chief Health Officer).

13 May 2022 - Vaccination Mandate Expired for ECEC educators

- The Public Health Order relating to vaccination of education and care workers expired on 13 May 2022.

1 Sept - COVID-19 vaccine bookings open for at risk children aged from 6 months to under 5 years

- Following Australian Technical Advisory Group advice, the ACT Government made the Moderna (Spikevax) COVID-19 vaccine available for at risk children from 5 Sept 2022.

30 Sept 2022 - The ACT’s Public Health Emergency Declaration Revoked

- ACT moved to the COVID-19 Management Declaration and associated Directions that recognizes the need to provide ongoing surveillance and management of the virus as the transition to living with COVID-19 continues.
 - Face masks no longer need to be worn on public and shared transport such as buses, light rail, taxis and ride share. However, ACT Health continues to recommend people wear a mask if it isn’t possible to physically distance.
 - Household contacts no longer need to report their status to ACT Health.
 - ACT Health recommends businesses maintain an up-to-date COVID-19 safety plan to help manage the risk for their settings.
 - Employers must consider whether they wish to implement their own vaccination requirements in their employment policy.

The following requirements remain unchanged:

- People that test positive to a rapid antigen test must report this test result to ACT Health, as soon as possible.
- People that are diagnosed with COVID-19 must:
 - Self-isolate for 5 days and report their positive status to their household members as well as their workplace, childcare centre or school, hospital, aged care or disability care facility if they were present onsite in any of these settings when they may have been infectious.
 - Not attend a high-risk setting on days 6 and 7 after their last positive COVID-19 test (unless to receive care or approved by the facility).
 - Wear a face mask when in indoor public spaces on days 6 and 7 after their positive COVID-19 test (if aged 12 years and older)
 - Household contacts must quarantine for 7 days from the last time someone in their household tested positive for COVID-19, unless they are able to comply with specific risk mitigation strategies.

14 October 2022 – Quarantine mandate removed nationally if test positive to COVID-19.

ACT Health strongly recommends:

- Staying at home if have any COVID-19 symptoms (including runny nose, sore throat, cough, fever) and getting tested for COVID-19.
- Minimising contact with others until symptoms have gone and the person is feeling much better.



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:
 - Rapid Antigen Tests availability to reduce transmission.
 - 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.

Refer also to: COVID-19 Priorities Checklist; Checklist for Families; Physical Distancing Checklist; Staffing Arrangements Checklist in COVID Safe Plan Folder in Dropbox.



Attachment:

Testing children for COVID-19 using a rapid antigen test



Information for parents and carers

Rapid antigen tests (RATs) are a quick way to test your child for COVID-19.

PCR testing is also available free of charge at a number of facilities across the ACT. Testing centre locations can be found on the ACT Government's COVID-19 website.

What is a Rapid Antigen Test (RAT)?

RATs involve taking either a saliva sample or nasal swab that is placed into a chemical solution. The result usually takes 10 to 30 minutes.

RATs are not recommended for children under 2 years of age. It is recommended young children instead get a PCR test.

If you test positive with a RAT you must isolate immediately and follow guidance on the [COVID-19 website](#).

Using a RAT

A RAT can be used to test your child if they have had a COVID-19 exposure, or if they have symptoms. If the test is positive, your child has COVID. You should register the test and follow the advice online.

If the test is negative, then your child should stay home from school until their symptoms have gone away. If the first test that was negative was a RAT and your child continues to have symptoms, they should take another RAT in 24 hours, or have a PCR test.

If your child has a COVID-19 exposure, a RAT is a useful screening tool, even if your child doesn't have COVID-19 symptoms.

If your child has symptoms of COVID-19, they should not attend school.

If your child has recovered from COVID-19 in the past 4 weeks, COVID-19 testing is not recommended, unless they have developed new COVID-19 symptoms after a period of being well.

It is important to note that you may still test positive to COVID-19 without displaying any symptoms. It is not compulsory for students or staff to do a RAT.



covid19.act.gov.au





How do I do a RAT with my child?

Each RAT comes with a set of instructions. Please read and follow these instructions closely. Many test manufacturers have instructional videos online that you can also watch.

Reporting positive results

Parents should report a positive RAT to ACT Health via the [COVID-19 website](https://www.covid19.act.gov.au).

You should also notify your child's school via email or phone call. You **do not** need to report a negative RAT.

What if a RAT is not suited to my child?

If they have had a COVID exposure or have symptoms then you can take your child for a PCR test.

Remember to practise COVID-safe behaviours, monitor for symptoms and stay home if unwell.

We know this is a stressful time for your child. You may wish to reach out to your school for support or visit the www.education.act.gov.au for handy links to additional support resources.

My child is scared/unsure about taking a RAT. What can I do?

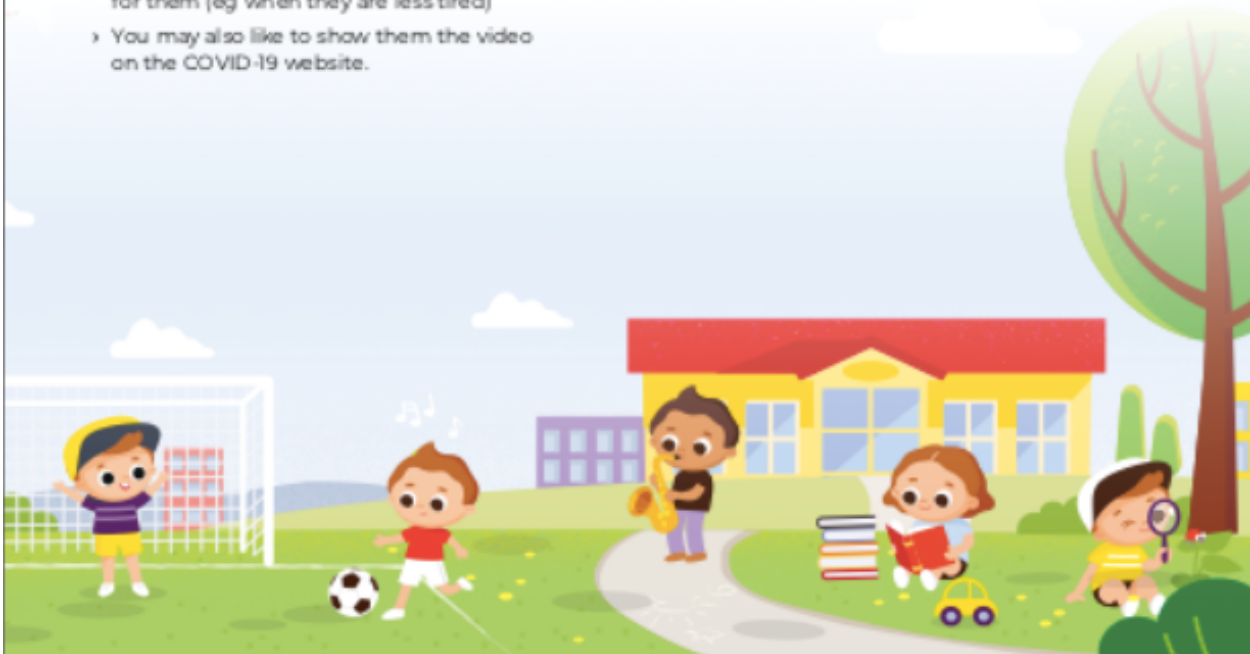
We know that some children may find the idea of having a RAT scary or daunting.

There are a number of things you can do to help your child:

- › Talk to your child – explain the process ahead of time
- › Let them watch you when you next take a test
- › Do the test at a time of day that works best for them (eg when they are less tired)
- › You may also like to show them the video on the COVID-19 website.

Handy links

- › For more information about how to use RAT tests (including registering positive results), testing facilities and general COVID-19 information visit: www.covid19.act.gov.au
- › For more information on the ACT Government's Back to School Plan for Term 1 visit: www.education.act.gov.au or talk with your school.



[covid19.act.gov.au](https://www.covid19.act.gov.au)

