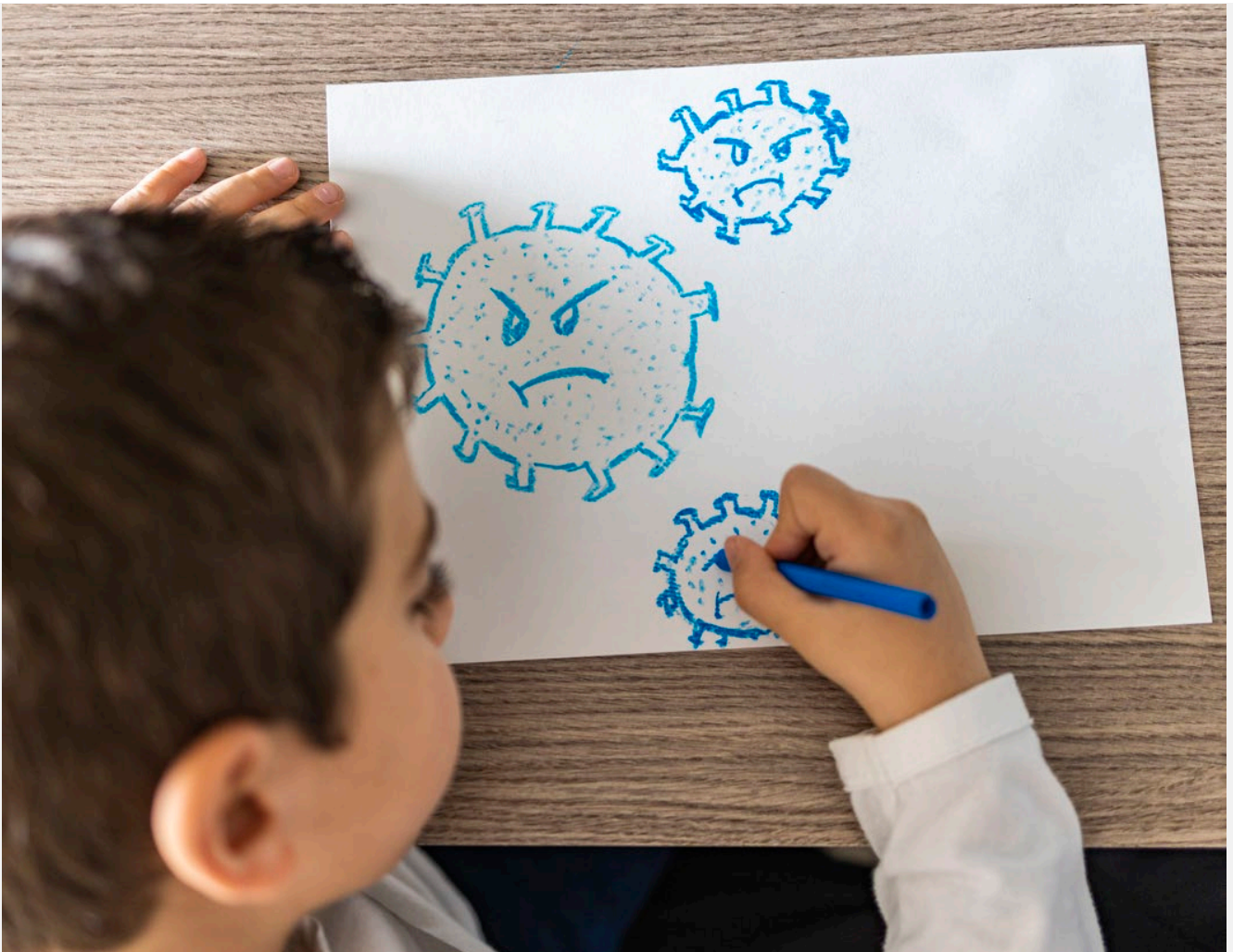




Capturing Kids' Minds
Building Brainpower



COVID-19 SAFE PLAN

Continuity management phase of the COVID-19 pandemic

AS COVID-19 RESTRICTIONS ARE GRADUALLY
RELAXED, SERVICES MUST CONTINUE TO
WORK TOGETHER WITH STAFF TO ADAPT AND
PROMOTE SAFE WORK PRACTICES,
CONSISTENT WITH ADVICE FROM HEALTH
AUTHORITIES TO ENSURE THE WORKPLACE
CAN IMPLEMENT PHYSICAL DISTANCING
MEASURES FOR ADULTS AND EXEMPLARY
HYGIENE MEASURES TO ENSURE THE HEALTH
AND SAFETY OF ALL STAFF.

Additionally, the Service must be prepared for
the possibility of cases of COVID-19 in the
workplace and be able to respond immediately,
appropriately and efficiently, and consistently
with advice from health authorities and the
regulatory authority. (*SafeWork Australia*)

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RISK ASSESSMENT



We have undertaken a thorough risk assessment in consultation with staff members and identified possible risks and hazards to our learning environment and practices.

Where possible, we have eliminated or minimised all risks as is reasonably practicable. We will continue to review control measures and address those risks. We have kept all staff and families informed on the changing risks at our workplace and the control measures being implemented to minimise these risks.

We have identified children and adults with compromised immunity or complex health care needs. We have identified and established a suitable area separate from sick bay for children who are displaying symptoms of cold and flu to await pick up by parents/carer.

STAFF PRE-SCREENING

- Staff have completed a health declaration indicating they have not:
 - returned from a state or territory where border measures are in place and self-isolation orders are imposed
 - have not been in close contact with anyone who has a positive COVID-19 diagnosis
- Staff will have their health monitored through administering temperature checks upon arrival at service
- If a staff member registers a temperature above **37.5°C** and this is related to an illness they are not able to remain in the workplace [NSW Health and Victoria Health suggest anyone with a temperature above 37.5°C should be tested for COVID-19]
- If a staff member is feeling unwell and has cold or flu symptoms, (persistent cough, difficulty breathing, fever) they are not permitted to attend work
- We encourage all staff to be tested for COVID-19 if they have any cold or flu like symptoms

STAFF ARRIVAL AND ON-SHIFT PROTOCOLS

- Staff travelling to work
 - travelling in their own car is preferable
 - requested to avoid stopping at shops/petrol station on way to work
 - if using public transport, adhere to social distancing measures at all times and bring their work clothes and shoes in a separate bag to change into upon arrival at the service
 - wear face covering if mandated to do so by Public Health orders
 - car-pooling is not encouraged. If there is no alternative, only have 2 people in a car, passenger should sit in the back, open windows to allow fresh air to circulate or use external airflow rather than recirculation mode on air-conditioning, car should be cleaned more frequently- wipe down seat belts, door handles, steering wheel etc with disinfectant wipes
- are requested to wash uniform/clothes each day
- must maintain strict personal hygiene measures- hand washing, showering, physical distancing from others in public
- must wash hands thoroughly upon arrival at service with soap and water
- rosters are staggered for start, finish and break times to reduce number of adults gathered together
- staff are reminded to avoid touching their mouth, nose and eyes
- staff to bring as little objects as possible into workspace (backpacks, handbags, lunch boxes)
- clean and disinfect objects that are touched often- mobile phones, keys, wallets, work passes
- use alcohol-based hand sanitisers if soap and water are not available
- limit adult groupings/interactions where possible
- as so far as reasonably practicable, ensure staff maintain a physical distance of 1.5 metres between each adult in the service
- times for staff to utilise staff only facilities are staggered - e.g.: lunchroom, kitchen area, office

PARENT PRE-SCREENING

- parents are required to complete a health declaration form indicating that they have not
 - returned from a state or territory where border measures are in place and self-isolation orders are imposed
 - been in close contact with a person who has a confirmed case of COVID-19 or has been directed to self-isolate
- families are not permitted to enter the service unless this is prearranged with the Approved Provider/Nominated Supervisor (e.g. collection of a sick child; interview for enrolment)

PARENT / CHILDREN ARRIVAL AND SIGN-IN PROTOCOLS

Staff sign children in and out of the service

-
- end of the day communication with families is minimised. Other methods of communication with families should be used- communication books, phone messages, emails or apps.
- if families require face to face communication ensure physical distancing measures are implemented and limit the time of the interaction/discussion where possible.

VISITOR

- visitors to the Service reduced to an absolute minimum

EXCLUSION GUIDELINES



Any staff member, child or visitor to the service who presents with any of the following, will be excluded from the service. Any person who:

- has a temperature over 37.5° C
- presents as 'unwell' –unexplained or persistent cough, drowsy or unresponsive, shortness of breath, respiratory illness, runny nose, suffering with diarrhea or vomiting, has a persistent headache
- has recently travelled overseas or interstate where self-isolation measures are in place
- has been in close contact with someone with a confirmed case of COVID-19
- has been requested to self-isolate

STAFF MEMBER OR CHILD TESTS POSITIVE TO COVID-19

- the Approved Provider will be contacted by the Public Health Unit (PHU) if a staff member or enrolled child tests positive to COVID-19
- if a staff member or family advises the Approved Provider directly that they have tested positive to COVID-19, contact must be made immediately to the PHU
- direction to close the service will be made by the PHU
- notify all families and staff immediately via email/ and or phone
- ensure the person who tests positive to COVID-19 self-quarantines at home for a minimum of 14 days
- notify the Regulatory Authority within 24 hours of any closure through the [National Quality Agenda IT System \(NQA ITS\)](#)
- notify the Department of Education, Skills and Employment (DESE) in their state or territory if the service is ordered to close from the PHU and report closures (and re-openings) via their third party software or the Provider Entry Point
- an investigation will be undertaken by the PHU to identify all potential contact traces including other staff members, children, visitors and families to prevent further transmission of COVID-19
- all persons who are identified as a close contact will be directed by the Public Health Unit to self-isolate for 14 days and closely monitor their symptoms
- ensure an industrial environmental clean of the service under the direction of the Public Health Unit
- advice regarding re-opening of the service will be provided by the Public Health Unit to the Approved Provider
- notify the Regulatory Authority of the re-opening of the service through the NQA ITS

- notify the Work Health and Safety regulatory authority for your state or territory- e.g.: SafeWork Victoria, WorkSafe-Western Australia if your service is ordered to close temporarily.

PROCEDURE FOR A CONFIRMED CASE OF COVID-19 IN YOUR SERVICE

In the event of a confirmed case of COVID-19, the *Public Health Unit (PHU)* will conduct contact tracing to identify other people and places the person may have had contact with. The PHU will consider each unique context and provide specific requirements for the Approved Provider/Director to follow.

If a possible contact is from an Early Childhood Education and Care Service, the PHU will contact the Approved Provider and provide support and guidelines of the required procedures that will need to be explicitly followed. These may include advice and rules for continued operation, deep environmental cleaning and/or potential closure. No personal information will be shared with the Approved Provider as per Privacy laws.

The service will be provided with information about what day the person would have been in the Service, the time frame and the age of the child if applicable.

Should a parent contact the service directly to report that their child or a parent has a confirmed diagnosis of COVID-19, the Approved Provider must contact the PHU immediately. In order to comply with privacy laws, health information should only be shared by employers on a 'need-to-know' basis. This may be due to assist in identifying close contacts within the Service. The PHU will provide advice and action.

THE PHU WILL:

- investigate all persons who receive a confirmed COVID-19 test result
- determine time frames of contamination and identify all possible places and people where cross contamination could have occurred
- conduct detailed contract tracing to identify any people who could have been in contact with the person and determine if this was 'close contact' or 'casual contact'
- provide information on the time period where the person would most likely have been contagious
- adhere to privacy and confidentiality laws and not identify the person who has been diagnosed with the virus
- request information of all persons who would have been in the workplace (service) during this period
- determine the next steps for action which could include:
 - closure of one room/area
 - short term closure of the entire service
 - notification to your state or territory regulatory authority, DESE and via your third party software provider or via Operational Details in the [PEP](#) (effective 24 July DESE)
 - the requirement of a deep clean of the service (Infection Protection Team will assist)
 - COVID-19 testing of employees, children and parents
 - self-isolation periods of 14 days will be required
 - expected date of return to service

RETURN TO STAGE 3 or HIGHER 'STAY AT HOME' RESTRICTIONS or FORCED SERVICE CLOSURE

Advice from the Chief Health Officer in each state/territory will provide notification about any *Stay at Home* restrictions due to a COVID-19 outbreak.

The AHPPC will provide advice if early education and care services can continue to operate with appropriate risk-mitigation measures in place (unless instructed by the Public Health Unit to close).

Children and staff can continue to attend early childhood education and care services regardless of where they live.

From 13 July until 31 December 2020, services open and located in an area of Stage 3 or higher restrictions, the Government will allow services to waive parent gap fees if children are absent due to COVID related reasons from. (see [DESE update 9 July](#))

If our service is directed to close on Public Health Orders due to COVID-19, we are permitted to waive gap fees during the period 30 June until 31 December 2020. Standard processes for activating a [period of local emergency](#) will be followed. Notification to the regulatory authority, Safe Work Australia and DESE will be made.

HYGIENE AND PREVENTATIVE PRACTICES

- all staff complete [COVI19 infection control training](#)
- the number of visitors entering the service has been limited (controlled)
- anyone who is sick may not enter the service
- if a child or staff member becomes ill whilst at the service, they will be sent home as soon as possible (As a precaution, they will be separated from other children whilst waiting to be collected to help prevent the spread of a virus)
- we have enhanced hygiene practices for all staff, children and visitors - washing hands with soap and water or using alcohol-based hand sanitiser
- all persons over the age of 12 may need to wear face coverings as mandated by state/territory public health orders
- health and hygiene signs and posters are displayed to remind all staff and visitors of the measures necessary to help stop the spread of the virus- hand washing, cough and sneeze etiquette
- tissues are disposed of in closed bins and followed by washing hands
- all staff are reminded to avoid touching their face, eyes, nose and mouth
- promotion of the annual influenza vaccination for staff, children and their families
- facilitation of robust infection control and cleaning
- reminders to refrain from intentional physical contact- shaking hands, kissing on cheeks, hugging
- the service has adequate Personal Protective Equipment (PPE) and additional hygiene supplies including:
 - soap
 - hand sanitiser
 - toilet paper
 - paper hand towel
 - tissues
 - disposable gloves
 - masks (if required)
 - thermometers
 - rubbish bins with lids/bin liners

- disinfectant wipes
- cleaning detergent/ disinfectant/ cloths

Handwashing

- we implement strict hand washing procedures for all staff, children and visitors
- all staff have read and acknowledge understanding of the *Hand Washing Policy*
- hand sanitiser stations are provided at front entry of the service and in locations around the workplace
- bathrooms are well stocked with soap, hand wash and paper towel
- posters with clear instructions on how to wash hands and/or use hand sanitiser are displayed
- photos of children demonstrating each step of hand washing near the sinks are displayed as visual prompts
- *considering installation of no-touch sensor taps in bathrooms for children to use*
- cough/sneeze etiquette
 - posters demonstrating correct techniques for coughing/sneezing into a flexed elbow are displayed
 - staff model correct procedures to children
 - attempts by children are positively reinforced
 - reminders to wash hands after sneeze, blowing/wiping nose is displayed
 - reminders to dispose of used tissues in the bins provided are displayed

Physical distancing

- where possible, we remain conscious of physical distancing requirements in each enclosed space and limit the number of adults in a space at any one time
- staff are reminded to maintain a physical distance of 1.5 metres between other adults
- markers to indicate 1.5 metres for parents to comply to physical distancing requirements upon arrival to service
- where possible, staff are requested to use other methods of communication with colleagues rather than congregate together
- workstations, desks and tables are spread out
- changes have been made to the workplace layout to allow staff and children to enter and exit rooms minimising risk to their health and safety
- markers are used on the floor to indicate pathways for entry and exit to avoid queuing
- signs are displayed to remind staff of how many people can be in an enclosed space at any given time (for example: kitchen, resource room, bathroom)
- staff will comply to physical distancing requirements when
 - eating lunch
 - discussing children's development
 - gathering resources
 - cleaning
- as an option, staff use a fold-out table outside for breaks and lunch, weather permitting

Children do not have to be counted in implementing physical distancing measures in an Early Childhood Education and Care service. However, it is best practice to limit the size of groups and interactions to assist staff implement physical distancing measures. (Safe Work Australia May 2020)

Considerations include:

- stagger play times for children
- organise small groups for indoor and outdoor learning program
- utilise the outdoor area as much as possible
- rearrange resources in rooms to provide a larger range of small group activities- books in several locations rather than one bookshelf; several stations for paint, playdough, craft
- limit number of chairs at a table
- set up activities at the end of tables
- limit number of adults sitting at tables with children during mealtimes
- maximise the space between children at mealtimes
- consider offering several mealtimes sittings to avoid all children requiring seating at one time
- clean tables and chairs thoroughly between each sitting
- ensure highchairs, cots and bedding are spaced well apart to allow for physical distancing requirements to be managed by staff

Food handling and preparation

- staff have relevant and appropriate training to support safe hygiene practices
- staff maintain physical distancing requirements in food preparation areas
- the kitchen area is only accessed by specific staff during hours of operation
- signage is used to remind staff members of how many adults can enter kitchen area at one time
- effective hygiene procedures are increased including-
 - regular handwashing when preparing foods, after going to the bathroom and after touching face or hair
 - cleaning and sanitising food preparation areas and equipment
 - sanitising all eating and drinking utensils and food contact surfaces
- current practices are used regarding provision of reusable utensils
- disposable gloves are used when handling food
- *option - suspend self-serve mealtimes for children- meals will be served by staff only*

Cleaning and disinfecting procedures

- a combination of cleaning and disinfection is used on a daily basis
- surfaces are cleaned with detergent and water before disinfecting
- adherence to National Health and Medical Research Council (HMRC) childcare cleaning guidelines
- high touch surfaces are cleaned and disinfected at least twice daily or more frequently if required (door handles, light switches, tables, chairs, iPads, tablets, keyboards, touch screens, nappy change tables, puzzles)
- wash and launder toys using the warmest appropriate water setting and dry items completely
- maintain a cleaning register of all surfaces and equipment
- every toy and surface cleaned every day. Toys that are mouthed by infants cleaned and disinfected before other infants have access to the toy
- *option - consider appointing a cleaning monitor for the service*
- cleaning contractors instructed to hygienically clean the service to ensure risk of contamination is removed as per [Environmental Cleaning and Disinfection Principles for COVID-19](#)

- staff wear appropriate personal protective equipment (PPE) for cleaning as a precaution
- hands washed with soap and water before and after wearing protective equipment
- gloves disposed of in leak-proof bag
- personal belongings stored in lockers to avoid cross contamination

Washroom facilities

- all washrooms for staff and children have adequate supplies of soap, liquid handwash, paper towels and warm running water
- effective personal hygiene practices are reinforced through posters and fact sheets in prominent positions in the service
- staff model correct handwashing procedures with children
- the number of children and adults using washroom facilities is limited at any one time
- situations where children are required to queue to use bathroom or wash their hands are avoided
- all facilities are cleaned and disinfected effectively
- bins with lids operated by foot pedals are easily accessed in washrooms

PHYSICAL SPACE REQUIREMENTS

Indoor and outdoor environments

- where possible, children are separated into smaller groups than normal throughout the service to promote physical distancing for adults
- ventilation within the service is increased by opening windows and doors when weather permits
- a reduction in cross over of educators is controlled where possible
- where possible, children are seated at opposite ends of a table when playing and eating
- use small tables spaced apart rather than groups of tables positioned together for activities and eating
- spots are placed on the floor for children to sit on during group time
- *considerations during transitions between learning experiences - washing hands, collecting hats, drink bottles, resources, using the bathroom- how can these be managed to reduce queuing and the need for several adults to supervise*
- the amount of rubbish bins is increased so children don't gather in groups
- where practical consider moving some table activities outside
- *option - set up duplicate activities at tables to provide more space between children and adults*
- rotation of groups for indoor and outdoor play environments ensuring educator to child ratios are maintained
- consideration given to limiting numbers of children accessing particular equipment to ensure adequate supervision and adhering to physical distancing for adults as much as possible e.g.: sandpit, climbing equipment
- all outdoor equipment is regularly cleaned and disinfected
- *option – use arrows or markings on the floor to indicate entry and exit routes within the service*

FAMILY ENGAGEMENT AND COMMUNICATION

- positive interactions and relationships with children and their families are maintained
- we provide reliable sources of information to share with families during this pandemic
- we use trusted sources of information only
- we use a range of communication methods to ensure all families receive and understand key messages- emails, phone calls, newsletter, digital platform, personal notes, your service's website or Facebook page
- signage around the service for parents and families has been increased providing directions, procedures and reassurance
- phone calls to families to provide information about their child that would normally be done at the end of each day face to face has been increased
- displays are positioned at the front foyer area to ensure families who are no longer entering the service can be informed about the fun that has happened in the service that day- include artworks, books that have been read and other information
- families are kept informed about **CCS and payment of fees**
- information is provided to families about their responsibilities for updating information to Centrelink through myGov
- **families who may be eligible for Additional Child Care Subsidy-Temporary Financial Hardship are encouraged to contact Centrelink**
- support is provided to families to assist in their child's well-being [BeYou Emerging Minds](#)
- remain consciously aware of families and children who may be more vulnerable or at risk due to the COVID-19 environment- see [National Office for Child Safety](#), [eSafety Commissioner](#), [Kids Helpline](#)
- continue connecting with children and families who have not yet returned to early learning through online platforms such as Zoom, Story Park etc or send children a letter each week
- **continue to maintain positive relationships with all families to encourage participation with our service**
- information provided to children is age appropriate and sensitive to their emotional wellbeing

CONTINUITY OF EDUCATORS



- we maintain open communication with staff about continuity of employment opportunities at our workplace
- one-on-one meetings with staff to discuss rosters and availabilities is regular and ongoing
- where possible, we have returned to similar rosters and placement of educators in particular rooms to provide continuity of care for children
- **Transition Payment guidelines for continued employment are adhered to until 27 September 2020**
- staffing rosters meet or exceed educator to child ratios

COMMUNICATION AND CONSULTATION WITH STAFF

- regularly consult with staff on health and safety matters relating to COVID-19 on a regular basis by revisiting our risk assessment
- routinely discuss the current control measures in place to eliminate or minimise the risk of exposure and review as required
- as enrolment numbers of children increase, control measures are adjusted to manage the change. For instance, how and when families may be permitted to enter the service in the coming weeks/months, when will our service be able to begin incursions
- routinely communicate and consult with all staff about any modifications or updates to current policies or procedures that are in place to account for the pandemic conditions – (COVID-19 Safe Management Plan, Arrival and Departure Policy, Health and Safety Policy, Control of Infectious Diseases Policy, Sick Child Policy, Hand Washing Policy)
- assessment of the adequacy of resources/facilities in the workplace for the welfare of all staff is routinely applied
- we maintain regular consultation with staff about current work, health and safety measures implemented and any changes or additions that may need to be made to ensure the safety for all staff
- consideration is given as to the use of PPE in situations where staff members are in close contact for longer than the recommended time (i.e. more than 15 minutes face to face cumulative over the course of a week or more than 2 hours in a shared closed space)
- if and when required, we consult with staff about changes to work rosters, meet and greet roles, staff meetings, training, assessment and rating
- limitations are placed on non-essential meetings, gatherings or training
- non face-to-face methods of communication is used when practical - emails, Zoom, Skype

STAFF WELLBEING

- a conscious effort to maintain strong and supportive relationships with all staff members is made (including staff on leave)
- up to date information from reliable sources is provided. Including:
 - employment support packages through [Department of Education, Skills and Employment \(DESE\)](#)
 - [Safe Work Australia](#) recommendations for Work Health and Safety
 - Department of Health- [Australian Health Protection Principal Committee \(AHPPC\)](#)
 - Support agencies including counselling services (Beyond Blue, Head Space)
- sensitivity and empathy to the feelings of individual staff members is paramount, in particular staff who may be concerned about returning to the workplace
- we offer opportunities for discussions about the support that is available such as Beyond Blue to help cope with trauma and anxiety or through the Employee Assistance Program (EAP) provider our business is associated with (if applicable)
- constant reassurance is provided to staff indicating that we are always working to eliminate or minimise risks to their health and safety in the workplace to help ease their concerns
- immediate response is applied to any workplace bullying by following relevant policies and procedures
- confidentiality and privacy laws are maintained at all times

- we foster wellbeing initiatives as suggested by staff members and professionals within the Early Childhood Education and Care Sector (Mindfulness, Yoga, dance, music)
- all staff take required breaks during the day
- opportunities are provided to staff to engage in online professional development courses and workshops
- time is set aside for programming, mentoring sessions and capacity building

STAFF RETURNING TO WORK

- the Approved Provider will meet with staff members returning to work to cooperatively plan for transition back to work from leave- long service, sick leave or other leave entitlements
- discussions may include possible changes that have been implemented to keep the workplace safe, healthy and free of coronavirus
- staff will be required to revise any policies and procedures that have been amended due to COVID-19 such as
 - Health and Safety Policy, Arrival and Departure Policy, Hand Washing Policy, Sick Child Policy
- staff pre-screening protocols will apply (health declaration, temperature check)
- transition back to work for staff may include
 - staggering start and finish times
 - change in work hours/rosters
 - scheduling of breaks to avoid crowding

STAFF TRAINING

- options for the delivery of refresher training for First Aid and CPR through the [Australian Skills Quality Authority](#) as recommended by ACECQA is made available
- *option - consider completing theoretical aspects of training by individual staff members online*
- the range of interactive and online courses offered through professional learning providers is consistently investigated (webinars, e-learning modules)
- *option - consider offering professional learning time for staff to complete modules at home*
- we encourage and support educators to gain professional learning hours towards teacher accreditation requirements relevant to each state and territory requirements

VULNERABLE STAFF MEMBERS AND CHILDREN

- children and staff members with compromised immunity or complex health care needs are identified
- we request staff members with underlying health conditions to seek medical advice from their health practitioner regarding additional measures required to protect themselves whilst at work (PPE, additional handwashing, less contact with infants or younger children requiring nappy changing)
- any revision to guidelines from the AHPPC are followed – ([6 July 2020 update](#))
- staff who are more vulnerable to COVID-19 may include:

- Aboriginal and Torres Strait Islander peoples aged 50 years and older with one or more chronic medical condition
 - people aged 65 years and older with chronic medical conditions
 - people with compromised immune systems
- families have been requested to update their child's medical management, risk minimisation and communication plans in consultation with their child's health practitioner- including Asthma Management Plans
- all staff and children are encouraged to have the annual influenza vaccine if there are no contraindications to do so. (this is not a requirement under a Public Health Order, just a recommendation from the AHPPC)