

Fact sheet

Early Childhood Education and Care Services (inclusive of long day care centres and preschools): Enhancing safety and wellbeing during the COVID-19 pandemic

Purpose and background

This fact sheet provides current research about the Coronavirus (COVID-19) pandemic and practical guidance and advice for early childhood education and care services (the services) to enhance the safety and wellbeing of children and support staff within their service.

What is COVID-19?

COVID-19 is a respiratory illness caused by a new virus. Symptoms can include fever, cough, a sore throat, and shortness of breath. The virus can spread from person to person, but good hygiene, cleaning and physical distancing can help to prevent infection.

Health and safety

The Department of Health has advised that it is safe for early childhood education and care services in the NT to remain open and for children, educators and support staff to attend.

To date, there has been a low number of confirmed COVID-19 cases in the NT and no evidence of community spread. This places the NT in a different position to other states and territories that may have higher infection rates, and therefore have different measures in place.

Early childhood education and care services are an essential service, and all parents and families needing access during this time can be reassured that their children are being cared for in a safe and supported manner.

Service strategies and plans regarding work health and safety must meet or exceed the requirements of the National Quality Standards Quality Area 2, the relevant legislated workplace health and safety requirements and the requirements of the Commonwealth and

Northern Territory health authorities. At no point can any decisions supplant any workplace health and safety laws or the most recent Department of Health advice on COVID-19.

Department of Education advice provided to services will continue to be informed by advice from the Australian Government and the (NT) Department of Health.

Help stop the spread and stay healthy

There are a range of actions that services can take to reduce COVID-19 transmission.

The information below provides guidance on a range of actions to be considered, implemented and adapted as necessary according to the early childhood education and care setting and the individual needs of the staff and children in attendance. It is understood that not all strategies may be appropriate nor possible in every service.

Early childhood education and care services are exempt from many of the directions of the NT Chief Health Officer, including those regarding mass gatherings (internal and external). Where the NT Chief Health Officer or the Australian Government issue a direction that applies to early childhood education and care services, approved providers will be required to comply. These directions will be communicated to approved providers if they arise.

There are a range of practices that can be put in place by services to further support the safety of children, educators and support staff. There are four elements to these practices:

1. unwell people must not attend a service, including children, educators, staff, parents, visitors and volunteers

2. improved physical distancing
3. improved hygiene
4. environmental cleaning.

Workplace precautions

Staff and parents both share responsibility for ensuring that infections are not brought into a service. It is strongly recommended that the strategies outlined below are implemented within your service to minimise cross contamination.

To protect both children and co-workers, the following recommended procedures should be employed, wherever possible:

1. all staff must wash their hands for at least 20 seconds upon arrival and departure from the service and at regular intervals throughout the day
2. staff must not work if they are unwell and should not go to work if they have a fever or respiratory symptoms (e.g. cough, sore throat, shortness of breath)
3. staff should be sent home if the nominated supervisor suspects that they may be unwell
4. ensure families apply hand sanitiser or wash their hands prior to signing their children out. Centres may also decide to undertake this process themselves as per regulation 158 1 (c) (i) (ii) of the Education and Care Services National Regulations.

Exclusions and infection

1. Staff or children who are unwell with the following symptoms will be excluded from entering a centre:
 - a) respiratory symptoms including cough, shortness of breath and sore throat
 - b) a fever or history of fever (e.g. night sweats, chills)

The following people, including children, should be in quarantine and should not attend a centre:

- c) anyone who has been outside of Australia within the last 14 days
- d) anyone who has returned from interstate within the last 14 days
- e) anyone who has been identified as a close contact of a person who is a confirmed case of COVID-19.

Risk minimisation strategies must be implemented for staff who are defined as vulnerable or have care responsibilities for a vulnerable person. Vulnerable is defined as:

- i. suffering from a chronic medical condition;
- ii. suffering from a chronic autoimmune condition;
- iii. aged 70 years or older;
- iv. pregnancy.

2. The following rules apply if a child or staff member who is currently attending the centre, has been diagnosed as a confirmed case of COVID-19. Currently attending is defined as a person who has attended the service in the last 14 days.

The case must be confirmed by the Department of Health before action is taken and when directed:

- a) all parents and staff must be informed immediately
- b) the centre must be closed immediately while contact tracing is completed
- c) all relevant departments and regulatory bodies must be notified, including the Department of Education (Quality Education and Care NT)
- a) a complete clean of the facility must be undertaken in line with Department of Health factsheets. <https://coronavirus.nt.gov.au/community-advice/resources>.
- e) centres must comply and follow the advice of the Department of Health.

Physical distancing

This guidance recognises that the general advice for the Northern Territory public to maintain a physical distance of 1.5 metres from others will not always be practical in education settings, notably settings that work with younger children.

Services are encouraged to employ strategies that reduce families' interactions with staff to less than 15 minutes. This will help reduce the risk of any person to person transmission. Only one family member can attend the home of the family day care at a time unless that family member is collecting multiple children and requires assistance.

To increase physical distancing, children may be spread out across designated learning spaces within the service. This may include using staff flexibly to increase distancing. However, child to staff ratios must be met in accordance with the Education and Care Services National Regulations.

When considering the use of other spaces to implement social distancing rules, consider ventilation, children's health and safety and best practice. A risk assessment is also recommended.

Practices relating to physical distancing should be applied where practicable to both children and staff.

Use of play equipment by children can continue, however services should separate groups at play to avoid overcrowding, clean play equipment daily and ensure children wash their hands or use alcohol-based sanitiser before and after using play equipment.

Do not hold events or activities that are in addition to regular operational activities.

Hygiene

Everyone must practice good hygiene to protect against infection and prevent the virus spreading. Hand hygiene, cough etiquette and environmental cleaning are effective ways to enhance safety for children and staff.

Handwashing

Good handwashing practices should be implemented throughout a service. Hands should be washed with soap and running water for 20 seconds, particularly before and after eating and after going to the toilet.

Centres should also:

- ensure liquid soap and running water, or alcohol-based hand sanitiser, are available in their home
- be encouraged, as well as children, to regularly perform hand hygiene, including on arrival to the service and before and after meals. You are a good role model for the children and their parents/carers, so actively talk about why everyone needs to wash their hands and the importance of everyone doing this
- direct and supervise hand washing at a minimum of before and after eating food and going to the toilet, either through washing hands with soap and water or use of hand sanitiser according to need
- provide hand sanitiser in every occupied room where soap and water are not readily available, and actively encourage children to use this. Educators and children unable to use hand sanitiser should be encouraged to wash their hands more regularly.

Cough and sneeze etiquette and face touching

Encourage and promote good practices, i.e. "catch coughs and sneezes with your elbow or in a tissue that you put straight in the bin" and discourage face touching, particularly eyes, nose and mouth.

Water fountains and bubblers

Water bubblers should only be used by an adult to fill a child's individual water bottle not for children to drink from directly. Encourage good hygiene when using drinking water fountains and bubblers at the service.

Including:

- let the water run for a few seconds prior to drinking and most importantly advise children not to place their mouths directly on the fountain or bubbler
- when filling up a water bottle at a drinking fountain, ensure the spout of the bottle does not contact the fountain head or bubbler
- if operating a fountain requires a button to be pushed or a lever to be used, clean the surface of the device first or use your elbow or a clean tissue to operate the button or lever
- carry out more frequent cleaning of water fountains and bubblers, including the spout and any buttons or levers
- parents are encouraged to provide their children with labelled and named personal water bottles. These water bottles must not be shared.

Food preparation areas

In accordance with the *Australian and New Zealand Food Safety Standards* all food preparation and serving equipment including crockery and cutlery must be cleaned and sanitised before use. Where possible the use of a dishwasher is preferred.

Meal times

- Sharing of food should be actively monitored and discouraged.
- Look at your space when children are eating. Consider having less children at each table and use more tables to allow more space between children.
- If you have limited tables and normally have all children eating at the same time, consider staggered timings for snacks and lunch over a longer period of time.

- Staff and children should be encouraged to keep as much distance between them as possible and developmentally appropriate between each other when eating, noting that some children will require assistance with feeding (see routine care).
- Ensure the highest hygiene practices among food handlers as per National Health and Medical Research Council (NHMRC) guidance [Preventing Infectious Diseases in Early Childhood Education and Care Services](#).

Routine care

In supporting young children or children with additional needs, particularly where bodily fluids may be encountered, standard precautions are advised:

- wash hands with soap and water and dry on single use paper towel or use hand sanitiser before and after performing routine care
- when coming into contact with someone for the purpose of providing routine care and/or assistance, for example, the use of gloves for nappy changing, toileting and feeding. Also see NHMRC guidance [Preventing Infectious Diseases in Early Childhood Education and Care Services](#).
- use gloves, remove them safely after use and dispose of them immediately in a rubbish bin which is regularly cleared
- wipe all surfaces and equipment after single use with disinfectant
- continue to follow adjustments documented in plans for individual students
- additional Personal Protective Equipment (PPE) such as medical face masks, is not required unless such precautions are usually adopted in the routine care of an individual or young person. Non-medical face coverings are not recommended as their use has the potential to create more harm than good.

Management of an unwell child or staff member

- Unwell staff members who have symptoms of coronavirus should go home immediately and self-quarantine. They should seek advice from their GP on if they need testing for COVID-19. Alternatively they can call the NT COVID-19 testing hotline on 1800 008 002 for advice.
- Unwell children with symptoms of coronavirus should be isolated with appropriate supervision until they are collected by a parent/carer to go

directly home. The parent/carer should then seek medical advice from their GP or the NT COVID-19 testing hotline on 1800 008 002 on behalf of their child.

- In the situation, where staff or children are experiencing symptoms of COVID-19, important actions to take include hand hygiene, physical distancing and where possible putting on a face mask.
- Face masks should not be used in situations where an individual is unable to safely or practically tolerate a mask, for example, a child with complex medical needs, including existing respiratory needs and younger children. Standard protocols apply for anyone who is unwell but not suspected of having coronavirus.
- Urgent medical attention should be sought where indicated.
- Children's health care plans should be up-to-date and provide additional advice, where required, on monitoring and identification of the unwell child in the context of the COVID-19 pandemic.
- Follow cleaning guidance according to the situation of the case. If a child spreads droplets, for example, by sneezing, coughing or vomiting, clean surfaces immediately with disinfectant wipes.

First Aid

Standard precautions should be adopted when providing first aid, for example, use gloves and an apron when dealing with blood or body fluids/substances. Always wash hands with soap and water or use a hand sanitiser before and after providing first aid.

Additional PPE, for example, face masks, is not required to provide standard first aid on children or staff who appear to be well. Hand hygiene, cough etiquette and environmental cleaning are more important for reducing risk.

Other practices

To further enhance hygiene practices, services may also choose to sign children both in and out each day, as per regulation 158 (1)(c)(i)(ii) of the Education and Care Services National Regulations.

Support

To support these hygiene practices, ensure adequate supplies of soap and running water, toilet paper and tissues and hand sanitiser. Hand sanitiser should be

available at the entrance of the service. Ensure tissues, cleaning supplies and rubbish bins are available with frequent waste disposal taking place; display promotional materials and teach practices.

Services are required to have: running water and soap, or hand sanitiser; tissues and rubbish bins that are cleared daily; and personal cleaning supplies, for example, to wipe down resources between each use such as surface disinfectant and paper towels, or disinfectant wipes.

If services are having difficulty obtaining hygiene or cleaning products they will need to contact their approved provider.

Cleaning

Frequently cleaning and disinfecting surfaces reduces the risk of diseases spreading.

Services should maintain full adherence to the NHMRC childcare cleaning guidelines, in addition:

- Assess your routine environmental cleaning and increase frequency to include progressive cleaning throughout the day, particularly for high-touch surfaces.
- wash and launder play items and toys including washable plush toys as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.

Learning and office spaces

- Assess your routine environmental cleaning and increase frequency to include progressive cleaning throughout the day, particularly for high-touch surfaces.
- Windows should be open during the day to promote air flow where possible.
- Hand sanitisers (or soap and water) and tissues should be made available in all learning and office spaces.
- It is desirable that group sizes are configured to enable four square metres of space for each educator and child in the room, noting that children and educators will move freely around this space. For example, in a room of 100 square meters, it is recommended there are not more than 25 children and educators in total. It is noted that this may not be achievable in all situations and will depend on overall service attendance and the ages of the children. Allowing this additional space in the room supports implementation of the strategies below.

- Consider the setup of the room and the placement of the activities and limit the number of whole group activities. Where possible, children should be physically distanced as much as practicable. For table activities, set up activities only at each end of the table.
- Set up more individual activities throughout the room. Rather than having all of your books and blocks on one shelf, set them up in separate areas throughout the room if possible.
- Rather than having group times where everyone is sitting on the mat, consider using informal opportunities to engage with the children/read books/do storytelling with one or two children at a time throughout the day.
- For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning toys. Sharing of toys that have been placed in mouths should be monitored and avoided.
- Look at the spacing of cots and highchairs, keeping them well apart.
- Mixing of staff and children between rooms should be avoided where possible. It is acknowledged that staff may need to move between rooms to support breaks and, in these situations, staff should be reminded of the importance of hand hygiene.
- Office space should be occupied as follows - one staff member per four square meters of office floor space. Where possible, staff should use separate offices.

Outdoor play

- Wherever possible, for example, weather dependent and where enough staff are available for adequate supervision, consider operating an indoor/outdoor program for the full day/session. This naturally provides for more space for the children and the setup of more activities for children to engage in.
- If you are not able to run an indoor/outdoor program, consider spending more time outdoors, consider the placement of activities and the amount of activities in the outdoor space. A greater range of activities will encourage children to spread out more broadly.
- Excursions should not be undertaken and public playground equipment should not be used.

How to make up a bleach solution

Bleach solutions should be made fresh daily as they become less effective over time.

Bleach is available in a variety of strengths. Check the product label for the concentration of active ingredient – hypochlorous acid – or strength of the bleach.

The recommended concentration of available chlorine for routine disinfection of cleaned surfaces is 1000ppm as this concentration has been shown to be effective against the majority of microbial pathogens.

The following table provides guidance as to how to make up a 1000ppm chlorine solution:

Strength of bleach	Dilution to achieve 1000ppm available chlorine		Volume of bleach to be added to 10L bucket of cold water
	Parts of bleach	Parts of water	
4%	1	39	250ml
5%	1	49	200ml

When using bleach, staff need to be aware of and take into consideration, children or employees with asthma or other respiratory conditions.

Information for cleaning staff

COVID-19 spreads mainly from person to person:

- between people who are in close contact with one another (within about 1.5 metres)
- through respiratory droplets produced when an infected person coughs or sneezes. Droplets can enter via your mouth, nose or eyes.

Cleaning within a service where someone suspected to have or has been diagnosed with COVID-19 does not pose a major risk if standard work health and safety practices are followed.

Cleaning staff should wear disposable gloves and may also wish to wear a surgical mask and eye protection while cleaning.

Cleaning staff should avoid touching their face, especially their mouth, nose and eyes when cleaning. Cleaners should use alcohol-based hand sanitiser before putting on and after taking off gloves and other protective equipment.

Rubbish disposal

Bins in services, at a minimum, must be emptied prior to service commencement and at the end of each day.

Disposable gloves, surgical masks and other contaminated items should be placed in rubbish bags before disposing of them with other domestic waste.

Hands should be washed with soap and running water immediately after handling these items. Alcohol based hand sanitiser can be used as an alternative, however, soap is the preferred and most effective option.

Washing towels and linen (where applicable)

It is recommended that linen and towels be laundered in accordance with *AS/NZS 4146:2000 Laundry Practice*. In general, laundry should be washed and dried with the warmest temperatures recommended on the label. The *Public and Environmental Health Regulations* require that at a minimum sheets be changed on a weekly basis.

Transport (where applicable)

Transport, including buses and minivans must be cleaned thoroughly daily, in accordance with the high touch cleaning advice above. This should include handles, handrails, seats and other commonly touched surfaces. However, should you be transporting children with additional needs or those who mouth items, they should be cleaned twice daily.

In the event of a suspected/confirmed case

Where there is a suspected or confirmed case in a service, the approved provider should contact the NT COVID-19 hotline on 1800 008 002 for further advice.

Communication

Continuing clear and consistent communication will help students, staff and parents understand we all have a part to play in slowing the spread of COVID-19.

Families who require longer conversations regarding their children's care should be contacted by phone, email or video. A separate area for families who need to complete additional documentation such as medication forms, should be made available. If you have more than one family completing this at a time, these areas should be 1.5 metres apart. Alternatively forms can be sent electronically.

Approved providers should continue to keep parents informed about actions their service is taking through their normal channels of communication and display age-appropriate materials in designated spaces with key messages relating to physical distancing and hygiene.