

# Fact sheet

## Enhancing safety and wellbeing at outside school hours care

### Purpose and background

This fact sheet provides current research about the Coronavirus (COVID-19) pandemic and practical guidance and advice for outside school hours care (OSHC) service providers to enhance the safety and wellbeing of children and support staff at an OSHC 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 schools in the NT to remain open and for students and staff to attend school. This includes attendance at an OSHC service.

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.

OSHC 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.

OSHC 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 decisions supplant any workplace health and safety laws or the most recent health department advice on COVID-19.

Department of Education advice provided to OSHC 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

OSHC services are exempt from many of the directions of the NT Chief Health Officer, including those regarding mass gatherings (internal and external) and the closure of public playgrounds (such as those on a school premises). Where the NT Chief Health Officer or the Australian Government issues a direction that applies to OSHC, services will be required to comply. These directions will be communicated to services if they arise.

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

1. unwell people must not attend OSHC, including students, 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 the OSHC 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.
  - b) the service 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)
  - d) 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) Services must comply and follow the advice of the Department of Health.

## Exclusions and infection

1. Staff or children who are unwell with the following symptoms will be excluded from entering a service:
  - 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 service:

- 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 service, 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

## 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 service at a time unless a family member is collection multiple children and requires additional assistance.

To increase physical distancing, children may be spread out across designated OSHC spaces within the premises. 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, think about 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 in an OSHC service 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 staff and children.

### Handwashing

Good handwashing practices should be implemented throughout OSHC. Hands should be washed with soap and running water for 20 seconds, particularly before and after eating and after using the bathroom. Build practices into daily routines in the OSHC service to encourage good practice, for example, when arriving and prior to afternoon tea. Display promotional materials at the services to encourage good handwashing, particularly in toilets and places where food is produced/consumed.

### 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 reduce face touching, particularly eyes, nose and mouth.

Bins placed in OSHC settings must be emptied prior to the children arriving and again at the end of the day.

### Water fountains and bubblers

Water bubblers, where possible, 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 of 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 children with additional needs and young children, 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
- 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.

## 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 OSHC services. Ensure tissues, cleaning supplies and rubbish bins are available with frequent waste disposal taking place; display promotional materials and teach practices.

OSHC 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:

- clean and disinfect high-touch surfaces at least daily, for example, play gyms, tables, hard-backed chairs, doorknobs, light switches, remote control devices, handles, desks, toilets and sinks
- 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
- clean and disinfect frequently used bathrooms, food preparation and eating areas.

## 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.
- 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 possible. 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.
- For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning toys.
- 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.

## **In the event of a suspected/confirmed case**

Where there is a suspected or confirmed case, family day care providers should contact the NT COVID-19 hotline on 1800 008 002 for further advice.

## **Communication**

Continuing clear and consistent communication will help children, parents and people residing in the home 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. Alternatively forms can be sent electronically.

Family day care providers and educators 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.