Attachment 4

**ACTIONS FOR EARLY CHILDHOOD AND CARE SERVICES IN AN EPIDEMIC OR PANDEMIC EVENT**

Early childhood education and care services should consider a variety of strategies to support physical distancing and good hygiene practices to reduce the risk of infection transmission within the practical limitations of an early learning environment.

The following actions are to be considered, adapted and implemented as necessary according to the education setting and the individual needs of the staff, children and the wider service community.

* Display educational materials, which can be downloaded and printed from the [Department of Health and Human Services (DHHS) website](http://www.dhhs.vic.gov.au/coronavirus)
* Comply with National Health and Medical Research Council (NHMRC) guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services)Alert your Approved Provider about any child or staff absenteeism due to an infectious outbreak.
* Keep parents and staff informed of the actions you are taking.

# Actions

Perhaps the most important action early childhood services can take to reduce the risk of infection transmission is to ensure that any unwell staff and children remain at home.

Staff or children most at risk of severe illness should individually assess appropriateness for on-site attendance at this time, with support from their medical practitioner.

* It is important that visitors to early childhood services are limited to those delivering or supporting essential services and operations during a pandemic situation.
* All unwell staff and children must stay home.
* Parents/carers of children with complex medical needs (including those with compromised immune systems), should seek advice from the child’s medical practitioner to support decision-making about whether on-site education and care is suitable, noting that this advice may change depending on the status of the pandemic in Victoria.
* Additional staff, including parent volunteers, should be discouraged from attending the service at this time. Ensure vigilance is maintained through the use of the visitor signing in and out record book including their contact details.
* Parent information sessions and interviews should meet physical distancing requirements of 1.5 metres between adults, or else be replaced with virtual alternatives.

# Hygiene

Everyone can protect themselves and prevent the spread of infection by continuing effective hand hygiene.

* All staff and children should undertake regular hand hygiene, particularly on arrival to the service, before and after eating, after blowing their nose, coughing, sneezing or using the toilet. 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.
* Make sure liquid soap and running water, or alcohol-based hand sanitiser, is available at the entrance of the facility and throughout.
* Tissues should be readily accessible with bins provided in each room and in outdoor areas for easy disposal.
* It is recommended that children do not drink directly from drinking fountains at this time. Children should bring their own water bottle for use (and refilling) at the service.
* Ensure the highest hygiene practices amongst food handlers as per NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services). Sharing of food should not occur.
* Use of mobile phones by staff should be discouraged. Staff should be reminded to clean their phones regularly.

# Arrival and departure

To assist in minimising the spread of infection, procedures to reduce close proximity between attendees at the service should be considered.

* Consider the arrival and departure procedures for children and, where possible, minimise opportunities for parents and carers to gather in groups, especially in foyers and in children’s play areas.
* It may be possible, for example, for children to be dropped off and picked up in the service entrance or foyer.
* While staggered start and finish times occur naturally in some service types, early childhood education and care services will often have one arrival and pick up time. Consider how the arrival and pick up time could be spread out. One example may be to divide the group and allocate times, noting that it is not expected that session times are extended to accommodate additional arrival and departure procedures.
* Greeting parents and children at the front door in the morning and during pick up times will allow for one-on-one communication with families while practising physical distancing and providing opportunities to consider whether children are showing any signs of being unwell.

As at 9 July 2020, daily temperature checks were introduced for services in metropolitan Melbourne and Mitchell Shire to curb the spread of coronavirus (COVID-19).

As at 10 July 2020, the Victorian Chief Health Officer recommended that people in metropolitan Melbourne and Mitchell Shire wear face masks in situations where physical distancing cannot be maintained. These recommendations apply to adults over the age of 18. Face masks should not be placed on children under two.

Victoria’s Chief Health Officer has confirmed that the use of face masks or coverings by adults or children is not recommended in early childhood settings at this time.

A single use facemask or cloth mask made to DHHS standards is recommended for staff performing temperature checks. Note that a cloth mask must be washed after each use before being worn again.

# Considerations for teaching and learning environments

Maintaining a physical distance of 1.5 metres will not be practical in early childhood services. Physical distancing is most important between adults.

Reducing mixing between different age or room groups is recommended as a precautionary measure to minimise risk of spread of transmission and aid containment.

* Consider small group play, staggered mealtimes and indoor/outdoor play opportunities whenever possible.
* Windows should be open during the day to promote air flow where possible.
* Consider the setup of the room and the placement of the activities and limit the number of whole group activities.
* 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 small groups of children at a time.
* 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.
* Wherever possible and where you have enough staffing for adequate supervision, consider operating an indoor/outdoor program.
* A greater range of activities will encourage children and staff to spread out more broadly.
* Mixing of staff and children between rooms should be minimised 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.
* Where multiple staff are in a room, remind staff to maintain physical distancing from each other as much as practical.

# Considerations for offices and staff facilities

* Close proximity between staff should be avoided, where possible, and especially in offices and staff rooms.
* Workstations should be spaced out as much as possible, and the number of staff in offices limited. Where possible, staff should use separate offices.
* Remind staff to maintain physical distancing from each other as much as possible in the reception, staff room and offices.

# Cleaning and facilities management

* Environmental cleaning, coupled with regular hand hygiene, remains important to reduce the risk of infection transmission.
* Services should maintain full adherence to the NHMRC childcare cleaning guidelines, in addition:
  + clean and disinfect high-touch surfaces at least daily (e.g. play gyms, tables, hard-backed chairs, doorknobs, light switches, phones, remotes, handles, desks, toilets, sinks, kitchenware).
  + 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.
  + note, disinfecting and cleaning of toys and equipment is not required after every use.
* Hand hygiene before and after use of shared equipment is recommended. (For example, prior to a new activity).
* Excursions should not be undertaken other than to local parks.

# Provision of routine care and first aid

Physical distancing is not practical when providing direct care. In this situation, standard precautions, including hand hygiene, are important for infection control.

* Standard precautions are advised when coming in to contact with someone for the purpose of providing routine care, assistance or first aid. Also see NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services).
* Always wash hands with soap and water or use a hand sanitiser before and after performing routine care or first aid.
* Additional Personal Protective Equipment (PPE), for example face masks, is not required to provide routine care or first aid for children who are well.

# Management of an unwell child or staff member

It is important that any staff member or child who becomes unwell while at an early childhood service returns home. Sensible steps services can take while a child awaits collection by a parent or carer as a precaution.

* Staff or children should be isolated in an appropriate space with suitable supervision and collected by a parent/carer as soon as possible.
* Where staff or children are experiencing compatible symptoms important actions to take include hand hygiene, physical distance 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 (e.g. a child with complex medical needs, including existing respiratory needs, and younger children).
* Urgent medical attention should be sought where indicated.
* Health care plans, where relevant, should be updated to provide additional advice on monitoring and identification of the unwell child in the context of an epidemic or pandemic.
* If a staff member is unsure whether a child is unwell, it is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child and, taking a precautionary approach, request the parent/carer to collect their child if concerns remain. A trained staff member could take the temperature of the child, where appropriate, to support decision making. Gloves should be worn for the purpose of taking a temperature.
* Staff or children experiencing compatible symptoms with the infection should be encouraged to seek the advice of a healthcare professional who can advise on next steps. A medical certificate is not required to return to an early childhood setting after a period of illness, however staff and children should not return until symptoms resolve.
* 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 while wearing gloves.

# Source

[*Health and safety advice for early childhood education and care services in the context of coronavirus (COVID-19)*](https://www.education.vic.gov.au/Documents/about/department/covid-19/ec-health-and-safety-advice.pdf?utm_source=email+marketing+Mailigen&utm_campaign=Direct+Send+-+Emergency&utm_medium=email), Department of Education and Training and DHHS.