



# COVID-19 preparation and response guidelines for early childcare services

This document provides guiding principles for early childcare services to prepare for and respond to cases of COVID-19. Early childcare services include services that are run both publicly and privately. An outbreak in a remote community would be considered within the COVID-19 Outbreak Response Plan: Remote Aboriginal Community.

This guideline is divided into two sections:

1. [Planning and preparedness](#)
2. [Principles of outbreak management and response in an office setting](#)

## 1. Planning and preparedness

### General preparedness

Each facility is responsible for their preparedness for an outbreak with guidance and support from the Department of Health, Western Australia.

Services need to prepare for prevention and response to an outbreak of COVID-19 by:

- developing and maintaining an outbreak management plan\*
- ensuring workforce and supplies management plans are in place
- promoting Public Health and Infection Prevention & Control (IPC) principles.

The preparedness measures listed below may reduce the risk of large numbers of staff being required to quarantine, reduce the transmission of COVID-19 between staff and children, and potentially reduce the duration that a facility needs to remain closed. However, WA Health is unable to guarantee that employing these measures will prevent a facility from being closed for a short period of time to manage a COVID-19 outbreak, nor preventing the need for all staff and children to need to quarantine.

IPC measures should be maximised as these protect all individuals; however these alone will not completely mitigate the COVID-19 risk. COVID-19 vaccination of all staff and contractors will protect individuals from severe disease and has a role in limiting disease transmission.

Facility considerations should include:

Infection prevention and control measures	<ul style="list-style-type: none"> <li>• Promotion of general IPC measures e.g. hand hygiene and cough / sneeze etiquette.</li> <li>• Ensure that soap, water and paper towels are accessible for hand washing and drying for all children, staff and visitors. If alcohol-based hand wash is available, it is recommended that it contains a minimum alcohol content of 70% to ensure effective disinfection.</li> <li>• Ensure that regular hand washing behaviours are modelled, supported and promoted. Posters on how to perform hand hygiene are available from the <a href="#">Healthy WA website</a>.</li> <li>• Ensure frequent cleaning and disinfection of the environment with attention to high touch surfaces in line with IPC guidelines. Refer to <a href="#">Environmental cleaning for workplaces</a>.</li> <li>• Increase outdoor air ventilation and using outdoor spaces in a sun safe manner to reduce risk of aerosol transmission.</li> <li>• Ensure staff are trained in the correct use of personal protective equipment (PPE). Refer to <a href="#">PPE for workers in community settings</a>.</li> <li>• Additional procedures, including linen management, need to be considered. Refer to <a href="#">Advice for environmental cleaning of a site following COVID-19 exposure</a>.</li> </ul>
Physical distancing considerations **	<ul style="list-style-type: none"> <li>• Ensure children, families and staff know to stay home if they are unwell.</li> <li>• Adhere with current <a href="#">National</a> and <a href="#">State</a> guidelines e.g. restrictions around incursions and excursions, as well as limiting numbers of parents (e.g. at drop off and pick up times) and external agencies allowed on site.</li> <li>• Stagger drop-off and pick-up times where possible or changing child collection points to avoid adults and siblings entering indoor areas.</li> <li>• Identify staff who may be at higher risk of severe illness from COVID-19 and provide alternative working arrangements where possible.</li> <li>• Consider (where possible) limiting staff cross exposure by implementing 'split shifts', separate mealtimes, discouraging car pooling.</li> <li>• Consider limiting staff working across multiple locations/facilities.</li> <li>• Separate children and educators into smaller groups and keeping them separate at the service, encouraging them to use different areas of the service and ensure adequate cleaning of areas following use.</li> </ul>
Vaccination	<ul style="list-style-type: none"> <li>• Staff are required to be vaccinated for COVID-19.</li> <li>• Annual influenza vaccination recommended for all staff.</li> </ul>

	<ul style="list-style-type: none"> <li>• Annual influenza vaccination recommended for all children attending the facility.</li> <li>• Ensure all children are up to date with their immunisations in accordance with the WA immunisation schedule.</li> <li>• COVID-19 vaccination is now open for children aged 5 years and above.</li> </ul>
Record keeping	<ul style="list-style-type: none"> <li>• Ensure all contact details for staff (including contractors), visitors, parents and carers are up to date and always available. These details should be readily accessible such that they can be provided to Public Health in a timely manner and should include: <ul style="list-style-type: none"> <li>○ names</li> <li>○ contact phone numbers</li> <li>○ date and times of site visit.</li> </ul> </li> <li>• Identify a plan for how the above information can be provided to Public Health in a timely manner to assist the Public Health team with contact tracing (i.e. correctly identifying and classifying contacts in the centre). This should include contingencies if the site manager needs to quarantine and is unable to attend the site to access those records, for example.</li> <li>• Display QR codes for check in and ensure compliance with usage.</li> </ul>
Other business considerations	<ul style="list-style-type: none"> <li>• Consider workforce management and <a href="#">staff education and training</a> on IP&amp;C.</li> <li>• Review business continuity plans to consider the impacts of an outbreak and potential closure of the workplace.</li> <li>• Maintain adequate PPE supply for staff use.</li> <li>• Identify children with compromised immunity or complex health care or developmental needs. Work with families to update any medical management, risk-minimisation and communications plans as required.</li> </ul>

\*This may include adapting existing plans for infectious disease or developing COVID-19 specific plans,

\*\*Childcare services provide support where it is difficult to maintain current physical distancing and hygiene protocols, due to the health care and physical support needs of children. It is acknowledged that these measures may be difficult to implement in this environment.

## Workforce Management

Noting the complexities of workforce requirements for childcare services, employers should ensure a robust plan for workforce management is in place, including identification of critical staff positions and contingency planning for replacement of staff. Workforce management planning should identify risks associated with an outbreak where multiple personnel may be unable to work for an extended period. Part of this process may include identifying a contact list for casual staff members, which may include external agency staff. Additional staffing requirements for thorough cleaning and disinfection, both in general and after a COVID-19 case, should be considered in workforce management planning. Staffing considerations should include recognising which staff work across multiple areas of the facility or in multiple facilities

and may have had contact with a large proportion of the workforce. Additional precautions (such as strict physical distancing) for these employees may be required.

### **Management of sick employees and children**

Children and employees who develop any COVID-19 symptoms (e.g. cough, shortness of breath, sore throat, runny nose, fever, chills, night sweats, loss of taste or loss of smell) should be advised not to attend the facility. They should isolate at home and either attend a COVID clinic for testing or contact their General Practitioner for a referral for testing at a private pathology provider. Children and employees should remain in isolation until they receive a negative test result and their symptoms have resolved.

If a child develops symptoms whilst at the facility, contact with other children and educators should be limited where possible and prompt pick up by a parent or carer should be encouraged. Cleaning and disinfection of any rooms the child was in should be undertaken.

Employees should be supported to remain in isolation whilst unwell or whilst waiting for a COVID test result. Financial hardship is recognised as a risk factor for breaching isolation.

Signage to support COVID-19 prevention is available on the [WA Health website](#).

## **2. Principles of outbreak management and response in a childcare centre**

The following steps will be undertaken in response to a case of COVID-19 who attends a childcare service in Western Australia (WA) whilst infectious. Note that these steps may occur in a different order to which they are written and commonly several steps will occur concurrently.

### **Notification of a COVID-19 case to the workplace**

Notification of a positive case of COVID-19 is mandatory in WA, meaning the laboratory or health practitioner who makes the diagnosis must urgently inform WA Health.

Following notification to WA Health, Public Health Operations will contact the case or their parent or carer and undertake an interview, commencing the contact tracing process.

If the case is identified as having attended the childcare facility whilst they were infectious, Public Health Operations will inform the case of the need to inform the employer/facility manager. Public Health Operations may then contact the manager of the childcare facility to discuss implications for the service.

### **Notification of a COVID-19 exposure at a facility**

Where a facility has been exposed to COVID-19, the Public Health Operations will endeavour to notify the facility manager as a priority. At times, the exposure may become public knowledge prior to Public Health Operations being able to make contact with the facility manager. It is the facility's responsibility to identify and undertake appropriate further internal communication, including with staff and families, with guidance from Public Health (see [Provision of information](#)).

## **Facility management during investigation**

Following initial notification of a case of COVID-19, Public Health Operations will undertake a situational analysis and make a risk assessment of the facility. This may be completed by phone with the facility manager. Public Health Operations may assist the facility manager to make decisions about when and if they need to send staff home prior to the end of a shift, if children need to be picked up earlier where able, and/or if they need to temporarily close the facility for cleaning, investigation or contact tracing purposes.

## **Case management**

A child or employee who is confirmed as a case of COVID-19 will need to go into isolation to prevent further spread of the virus to other children or staff, the public or their family. Public Health Operations will establish if the case is safe in their home and may link them with support agencies or health professionals to manage their health and social needs. Public Health Operations will provide the case with a clearance letter when they are released from isolation (clearance testing is not recommended or required). A child/employee with COVID-19 can return to the childcare service once they are released from isolation by Public Health Operations.

## **Contact tracing**

All confirmed cases (or guardian for children) of COVID-19 undergo an interview with a member of the Public Health Operations team to ascertain contacts. This is generally performed via phone call. The facility manager should work with Public Health Operations to identify contacts in the workplace so that the correct people are identified and quarantined. Good records management, documenting staff member shifts and visitor logs with contact details, are important in this process. Public Health Operations will identify contacts who need to be tested and quarantine and will contact these individuals to provide information and instructions.

## **Management of contacts**

Public Health Operations will work with the facility to identify all contacts of confirmed cases of COVID-19 in their childcare facility.

A person may be deemed a close or casual contact by Public Health, depending on the level of contact they have had with the confirmed case of COVID-19.

Close contacts must get tested for COVID-19 at a testing clinic immediately, and quarantine for 14 days since they were last exposed to the case. They must also get a COVID-19 test if they develop symptoms of COVID-19 at any time during this period.

Children who are close contacts should quarantine for this period with one parent or carer. Further advice can be provided by Public Health regarding the best way to quarantine, as needed.

Casual contacts are usually required to be tested for COVID-19 immediately and quarantine until they receive a negative result. They can usually attend childcare once they receive a negative result but should monitor for symptoms. Public Health Operations will provide advice regarding this at the time.

## Service closure

Having a case of COVID-19 at a childcare facility does not necessarily mean the facility is required to close. Reasons that a facility may need to close include for appropriate cleaning to take place, while contact tracing is conducted so that all contacts can be safely identified and managed, or if a large proportion of their workforce is required to quarantine following exposure to a case. Public Health Operations will advise the facility if there is a necessity for it to close for cleaning or contact tracing.

## Implementation of Infection Prevention and Control (IPC) measures

The facility will need to undergo cleaning prior to return of the workforce. Additional signage and/or supportive measures may be recommended to reduce further cases in the workplace. Cleaning should occur as per the [Advice for environmental cleaning of a site following COVID-19 exposure](#).

## Provision of information

[WA Health](#) have factsheets and information available including [in languages other than English](#) and for varying literacy levels. Public Health Operations will provide advice on who needs to be informed about the case or an outbreak. Additional reporting and/or media can be discussed with the WA Health Communications team.

It is acknowledged that a facility will want to advise their staff and families who attend the facility promptly; any communications sent out to staff and families should be discussed with Public Health Operations where possible to ensure consistent advice is being provided to potential contacts of the case. Public Health Operations can provide an email template for early communications as required.

Additional reporting and/or media queries should be discussed with Public Health Operations.

## Further information

Additional information for education and care services can be found on the [Education and Care Regulatory Unit website](#).

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