



# 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.

## 1. Planning and preparedness

### General preparedness

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

Services need to prepare for prevention and response to an outbreak of coronavirus disease 2019 (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-</li> </ul>
---	--

	<p>based hand wash is available, it is recommended that it contains a minimum alcohol content of 70% to ensure effective disinfection.</p> <ul style="list-style-type: none"> <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> <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> </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>• 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,

\*\*Child care 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.

## Workforce Management

Noting the complexities of workforce requirements for Child Care 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 [DOHWA website](#).

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

The following steps will be undertaken in response to a single case of COVID-19 who attends a childcare service in Western Australia (WA) whilst infectious. A single case in this setting is classed as an outbreak. 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 the DOHWA. Following notification to the DOHWA, Public Health 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 child care facility whilst they were infectious, the Public Health team will inform the case of the need to inform the employer/facility manager and will then contact the manager of the child care facility to discuss implications for the service. At the time of notification to the DOHWA, the COVID-19 case will usually be at home, as they should be isolating after having a COVID test.

### **Facility management during investigation**

Following initial notification of a case of COVID-19, the Public Health team will undertake a situational analysis and make a risk assessment of the facility. This can often be completed by phone with the facility manager, although sometimes a site visit is helpful. The Public Health team will 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. The Public Health team will establish if the case is safe in their home and may put them in touch with support agencies or health professionals to manage their health and social needs. Public Health 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 the Public Health team.

## **Contact tracing**

All confirmed cases (or guardian for children) of COVID-19 undergo a detailed interview with a member of the Public Health team to ascertain all close contacts. The facility manager should work with the Public Health team to identify close 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. Close contacts will be advised regarding quarantine and testing requirements and will be started on daily monitoring by the Public Health team.

## **Additional case finding**

Following the notification of a case of COVID-19 in a childcare facility, the Public Health team will advise whether broader testing of people who attend the facility is required.

## **Management of contacts**

The Public Health team will work with the facility to identify all contacts of confirmed cases of COVID-19 in their childcare facility. The Public Health team will be guided by the most up to date [national guidelines](#) to determine the definition of a contact in the setting of a childcare facility, and to inform the quarantine and testing advice for contacts. This definition will also depend on the local context (e.g. whether there is widespread community transmission of COVID-19).

All close contacts will be required to quarantine at home for 14 days following their last contact with the confirmed case and to follow Public Health directions. Following this period of quarantine, the employee may return to work. Public Health will advise whether close contacts require testing.

## **Implementation of Infection Prevention and Control (IP&C) measures**

The Public Health team will provide advice regarding IPC and any additional measures that are required at the facility. 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. Thorough cleaning should occur as per the [Advice for environmental cleaning of a site following COVID-19 exposure](#).

## **Provision of information**

The Public Health team will provide advice on who needs to be informed about the case or the outbreak. Employees that work in the facility should be informed and directed to DOHWA resources on [HealthyWA](#) available for these purposes, including in languages other than English. 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 the Public Health team to ensure consistent advice is being provided to potential contacts of the case. Additional reporting and/or media queries should be discussed with the Public Health team.

## **Service closure**

The childcare service may have to close temporarily whilst contact tracing is conducted so that all contacts can be safely identified and managed. Similarly, a service may need to close temporarily for thorough cleaning and disinfection of the facility to take place. This decision is made by the Public Health team in liaison with the facility.

For some childcare services which are considered higher risk for large or ongoing outbreaks, a precautionary approach may be taken resulting in a short-term reduction in operations or closure. Childcare services may also need to close if a large proportion of their workforce is required to quarantine following exposure to a case; measures to split shifts and/or cohort 'teams' of employees will assist in reducing the likelihood of this outcome.

**Last updated 11 January 2022 SHICC PLN V3**

**This document can be made available in alternative formats on request for a person with disability.**

© Department of Health 2022

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.