



# COVID-19 Outbreak Planning and Management Principles for Early Childcare Services

## 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, and
- promoting Public Health and infection prevention & control (IP&C) principles.

Facility considerations should include:

Infection prevention and control measures	<ul style="list-style-type: none"> <li>- Cleaning regimes in line with public health IP&amp;C guidelines</li> <li>- Promotion of general IP&amp;C measures e.g. hand hygiene and cough / sneeze etiquette</li> <li>- Ensuring soap, hand sanitiser and paper towels are accessible and readily available for children, staff and visitors, and regular hand washing behaviours are modelled, supported and promoted</li> <li>- Following the <a href="#">guidelines regarding use of personal protective equipment (PPE) for workers in community settings</a></li> </ul>
Physical distancing considerations **	<ul style="list-style-type: none"> <li>- Ensuring children, families and staff know to stay home if they are unwell</li> <li>- Adhering 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 and external agencies allowed on site</li> <li>- Identifying staff who may be at higher risk of severe illness from COVID-19 and providing alternative working arrangements where possible</li> <li>- Considering (where possible) limiting staff cross exposure by implementing 'split shifts', separate meal times, discouraging car pooling</li> </ul>
Record keeping	<ul style="list-style-type: none"> <li>- Ensuring all contact details for staff, visitors, parents and carers are up to date and always available</li> <li>- Ensuring meeting and visitor logs are maintained and include contact details</li> </ul>

Other business considerations	<ul style="list-style-type: none"> <li>- Considering workforce management and <a href="#">staff education and training</a> on IP&amp;C</li> <li>- Reviewing business continuity plans to consider the impacts of an outbreak and potential closure of the workplace</li> <li>- Encouraging influenza vaccinations for staff, and immunisation of children attending the facility</li> </ul>
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\*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 enhanced cleaning, both in general and where cleaning is required 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 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 (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 self-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.

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](#).

# Principles of Outbreak Management / 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 the 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 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 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 employee 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 employer to make decisions about when and if they need to send staff home prior to the end of a shift, 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 child care 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. Employers should work with the Public Health Contact Tracing team to identify close contacts in the workplace, so that the correct people are identified and isolated. Good records management, documenting staff member shifts and visitor logs with contact details, are important in this process. Close contacts will be directed to quarantine 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 child care facility, the Public Health team will advise whether broader testing of people who attend the facility is required.

### **Management of Close Contacts**

The Public Health team will work with the facility to identify all close contacts of confirmed cases of COVID-19 in their child care facility. Where appropriate hygiene and physical distancing measures have been taken, a close contact<sup>1</sup> may be considered as:

- An employee or child who has had greater than 15 minutes cumulative face-to-face contact in any setting over the course of a week in the period extending from 48 hours before onset of symptoms **OR**
- Sharing of a closed space (same room) with a confirmed or probable case for a prolonged period (e.g. more than 2 hours) in the period extending from 48 hours before onset of symptoms in the confirmed case. Note, some rooms are very large, and these situations will be individually risk-assessed.

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<sup>1</sup> See Section 11 of the Communicable Diseases Network Australia guidelines for the most up to date definition of a close contact: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

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 IP&C 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.

### **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 [www.healthywa.wa.gov.au](http://www.healthywa.wa.gov.au) available for these purposes, including in languages other than English. Additional reporting and/or media queries should be discussed with the Public Health team.

### **Service closure**

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

For some child care 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. Child care 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.

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