

HEALTH ADVICE

For all Victorian Schools



HEALTH ADVICE FOR ALL VICTORIAN SCHOOLS

Schools should consider a variety of strategies to support physical distancing and good hygiene practices to reduce the risk of coronavirus (COVID-19) transmission within the practical limitations of a school 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, students and the wider school community.

Attendance on-site

Perhaps the most important action school communities can take to reduce the risk of transmission of coronavirus (COVID-19), is to ensure that any unwell staff, children and young people remain at home.

While the risk of transmission of the virus is very low, staff or students most at risk of severe illness should individually assess appropriateness for on-site attendance at this time with support from their medical practitioner.

As the main risk of transmission of coronavirus (COVID-19) in the school environment is between adults, it is important that visitors to school grounds are limited to those delivering or supporting essential school services and operations.

- All unwell staff and students must stay home.
- Parents/carers of students with complex medical needs (including those with compromised immune systems), should seek advice from the student's medical practitioner to support decision-making about whether on-site education is suitable, noting that this advice may change depending on the status of the coronavirus (COVID-19) pandemic in Victoria. This is in line with the DET Health Care Needs policy.

- In line with other members of the community, teachers and staff may be at greater risk of more serious illness if they are infected with coronavirus (COVID-19) if they are:
 - aged 70 years and over
 - aged 65 years and over and have chronic medical conditions
 - of any age and have a compromised immune system
 - Aboriginal and Torres Strait Islander and are aged over 50 with chronic medical conditions.

Such teachers and staff may be considered vulnerable and should take additional care to protect themselves and consider working from home.

- Visitors to school grounds should be limited to those delivering or supporting essential school services and operations (e.g. student health and wellbeing services, specialist curriculum programs, maintenance workers).
- Additional staff, including parent volunteers, should be discouraged from attending school at this time. Activities dependent on and involving parents (e.g. specialist programs, 1:1 reading) should be cancelled.
- Parent-teacher information sessions and interviews should meet physical distancing requirements of 1.5m between adults, or else be replaced with virtual alternatives.
- Activities that involve on-site attendance by students from different educational institutions (e.g. interschool sport or interschool debating) should not take place or be replaced, where possible, with virtual alternatives.

Hygiene

Everyone can protect themselves and prevent the spread of coronavirus (COVID-19) by continuing effective hand hygiene. Enhanced hygiene measures should continue during the return to on-site teaching and learning.

- All staff and students should undertake regular hand hygiene, particularly on arrival to school, before and after eating, after blowing their nose, coughing, sneezing or using the toilet. This should be directed or supervised by staff where required.
- Where soap and water are not readily available, hand sanitiser should be provided in every occupied room.
- It is recommended that students do not drink directly from drinking fountains at this time. Instead they should bring their own water bottle for use (and refilling) at school.
- The Department of Education and Training Students Using Mobile Phones policy remains in place. Staff and students should be reminded to clean their phone regularly.
- Where relevant, ensure the highest hygiene practices amongst food handlers where these services are operating, as per the Department of Education and Training Safe Food Handling policy. Sharing of food should not occur.

School arrival and departure

As the main risk of introducing coronavirus (COVID-19) to the school environment is from adults, close proximity between adult members of the school community should be avoided, particularly during school drop-off and pick-up.

- Schools should encourage staff and parents to observe physical distancing measures by not congregating in areas inside or around the school.
- Local school arrangements to practice physical distancing and minimise interaction of students and adults within the school and at school entry points may include:
 - staggered drop off and pick-up times to reduce the number of adults congregating at the school gate or outside classrooms
 - signs at the school gate to encourage spacing between adults
 - encouraging parents to enter the school grounds only when essential to do so and contacting the school by phone or email as required.
- Encourage non-contact greetings.
- Schools, except for those in metropolitan Melbourne and Mitchell Shire, should not conduct wide-scale temperature checking of students and children at this time.

Considerations for teaching and learning environments

Maintaining a physical distance of 1.5 metres will not always be practical in education settings. Physical distancing is most important between adults.

Reducing mixing between different cohorts (either classes or year levels) is recommended as a precautionary measure to minimise risk of spread of transmission and aid containment in the rare event of a confirmed case of coronavirus (COVID-19) on site.

- Promote fresh air flow indoors and maximise use of outdoor learning areas or environments with enhanced ventilation where possible and as practical depending on weather conditions.
- Mixing of staff and students between rooms should be avoided where possible.
- Local school arrangements to reduce mixing between students and staff from different classes or year levels outside of the learning environment may continue to be of use as precautionary measures and include:
 - staggering of break times and separating different classes or year levels when outdoors
 - considering the order and pace in which classrooms are vacated
 - organising student traffic in corridors and locker bays (e.g. dividing the corridor for traffic direction).
- Where multiple staff are required in a classroom, remind staff to maintain physical distancing from each other as much as practical.

Considerations for offices and staff facilities

As the greatest risk of transmission of coronavirus (COVID-19) in the school environment is between adults, 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. This might mean re-locating staff to other spaces (e.g. library or unused classrooms).
- In line with other workplaces across Victoria, 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 coronavirus (COVID-19) transmission.

- Continued extension of routine environmental cleaning, including progressive cleaning throughout the day to ensure that risks of transmission are reduced for high-touch services. See [Access to cleaning supplies and services](#).
- Schools should consider the necessity of using shared items or equipment at this time. Such items may include shared computers, class sets of teaching and learning materials, musical instruments etc. Hand hygiene immediately before and after use of shared equipment is recommended. Risk can be further minimised by users of high-touch shared equipment wiping items down where appropriate, for example using a disinfectant/detergent wipe or cloth.

Sport and recreation

In line with community advice, reasonable precautions are still advised to reduce the risk of coronavirus (COVID-19) transmission in the context of sport and recreation.

- Outdoor facilities are preferred for the purpose of physical education and recreational play. Where indoor facilities are used, please limit the number of students.
- Non-contact sports should be encouraged. Hand hygiene must be practised before and after use of any sporting equipment.

Swimming and aquatic facilities

- It is recommended that schools in metropolitan Melbourne and Mitchell Shire do not use local swimming pools outside school grounds for school swimming programs at this time.
- Schools outside these areas can use local swimming pools outside school grounds and can open their own pools for the use of community members (residing outside areas under Stage 3 restrictions) in line with guidance on community use of facilities.

- Swimming pools and aquatic facilities on school grounds can be used by schools (in all parts of Victoria), with the following safety measures in place:
 - only one class group of students should use the pool at a time
 - all students must shower with soap and water prior to using the pool
 - use of the changing facilities should be staggered to limit the number of students occupying the changing rooms at one time
 - changing facilities need to be cleaned a minimum of twice daily.
- Hydrotherapy pools on school grounds can be used for the purpose of therapeutic programs for students, with changing facilities to be cleaned a minimum of twice daily.

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 and/or assistance (for example, the use of gloves for nappy-changing, toileting, feeding).
- Standard precautions as per the Department of Education and Training Infectious Disease policy and related policies should be adopted when providing first aid. For example, use gloves and apron when dealing with blood or body fluids/substances.
- 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 students who are well, unless such precautions are usually adopted in the routine care of an individual student.

Management of an unwell student or staff member

It is important that any staff member or student who becomes unwell while at school returns home. While it is unlikely that a staff member or student who is unwell with flu-like symptoms will have coronavirus (COVID-19) there are some sensible steps schools can take while a student awaits collection by a parent or carer as a precaution.

- Staff and students experiencing compatible symptoms with coronavirus (COVID-19), such as fever, cough or sore throat, should be isolated in an appropriate space with suitable supervision and collected by a parent/carer as soon as possible. Urgent medical attention should be sought where indicated. It is not suitable for an unwell student to travel home unsupervised.
- Where staff or students are experiencing compatible symptoms with coronavirus (COVID-19), the important actions to follow include hand hygiene, physical distance and (where possible) putting on a face mask. See [DET guidance for the use of Personal Protective Equipment in education](#).
- In the context of schools supporting students with complex health needs, if the care of an unwell child or young person is to be prolonged (for example, because it will take some hours for a parent to collect a child) and maintaining distance is not practical when providing direct care, gloves, gown and eye protection could be considered if available.
- 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).
- Health care plans, where relevant, should be updated to provide additional advice on monitoring and identification of the unwell child in the context of coronavirus (COVID-19).
- If a staff member is unsure whether a student is unwell it is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the student, 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 student, where appropriate, to support decision making. Gloves should be worn for the purpose of taking a temperature.

- Staff or students experiencing compatible symptoms with coronavirus (COVID-19) should be encouraged to seek the advice of their healthcare professional who can advise on next steps. Staff and students are generally not required to present a medical certificate stating they are fit to return to an education setting after a period of illness, however staff and students should not return until symptoms resolve. Staff continue to be required to present a medical certificate in accordance with personal leave policy for periods of absence on personal leave.
- Follow cleaning guidance according to the situation of the case. If a student spreads droplets (for example by sneezing, coughing or vomiting), clean surfaces immediately with disinfectant wipes while wearing gloves.

Managing a suspected or confirmed case of coronavirus (COVID-19)

The Department of Education and Training has comprehensive procedures in place with the Department of Health and Human Services to manage suspected or confirmed cases of coronavirus (COVID-19) in schools.

- Contact the Department of Health and Human Services on 1300 651 160 to discuss what to do next if a student or staff member:
 - is a confirmed case
 - has been in close contact with a confirmed case.
- Schools should also inform the Department by making an IRIS incident alert.
- Department of Health and Human Services defines 'close contact' as someone who has either:
 - had at least 15 minutes of face-to-face contact with a confirmed case of coronavirus (COVID-19)
 - shared a closed space for more than two hours with someone who is a confirmed case.

Unless you have a student or staff member in one of the two above categories, you do not need to take further action, unless directed to do so.







GUIDANCE FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT IN EDUCATION SETTINGS

This document provides guidance to education staff on the required precautions and correct use of personal protective equipment in education settings.

The Department of Education and Training has secured an initial supply of personal protective equipment (PPE) for use in education settings. As there is a critical need to conserve these resources, schools should note the indications for use as outlined in the schools [Health and Safety Advice](#) and in Table 1.

This guidance should be used in conjunction with the DET video [Guidance for the use of PPE in education settings](#), which illustrates how to safely use PPE.

Table 1: Appropriate use of PPE for staff caring for children and young people who are displaying symptoms of COVID-19 and are awaiting collection by a parent/carer

	 Hand hygiene	 Surgical mask	 N95/P2 mask	 Eye protection	 Gloves	 Fluid resistant gown/coveralls or plastic apron
An unwell staff member, child or young person	YES	YES*	NO	NO	NO	NO
A staff member providing non-contact supervision for an unwell child or young person	YES	NO	NO	NO	NO	NO
A staff member providing close contact supervision or care (cannot maintain physical distance of >1.5m) for an unwell child or young person.	YES	YES	NO	NO	NO	NO
In the context of schools supporting children with complex health needs, a staff member providing close contact supervision or care [^] (cannot maintain physical distance of >1.5m) AND supervision or care is to be prolonged for an unwell child or young person.	YES	YES	NO	YES	YES	YES

* See 'Use of face masks' to guide appropriate use of masks for unwell staff, children and young people

[^] Includes where there is deliberate spitting/coughing on staff

General principles

It is important that staff are mindful of their own health and wellbeing when using PPE.

Staff should remember to hydrate themselves prior to putting on and after removing PPE.

Staff must practice hand hygiene and avoid touching their faces.¹

Sequence for putting on (donning) PPE

The sequence for donning PPE is as follows:

1. Hand hygiene
2. Gown*
3. Mask
4. Protective eyewear
5. Gloves

Detailed instructions are available from DHHS – [How to put on \(don\) and take off \(doff\) your PPE](#).

*The initial supply of PPE includes coveralls to be used in place of a gown (unless a gown is available).

Sequence for taking off (doffing) PPE

PPE should be removed in an order that minimises the potential for cross contamination. The sequence for doffing PPE is as follows:

When using a gown

1. Gown and gloves
2. Hand hygiene
3. Protective eyewear
4. Mask
5. Hand hygiene

When using coveralls*

1. Gloves
2. Hand hygiene
3. Coveralls (also see 'Use of coveralls')
4. Hand hygiene
5. Protective eyewear
6. Mask
7. Hand hygiene

Detailed instructions are available from DHHS – [How to put on \(don\) and take off \(doff\) your PPE](#).

*The initial supply of PPE includes coveralls to be used in place of a gown (unless a gown is available).

Hand hygiene

Hand washing with soap and water is the most effective preventative measure against community transmission of COVID-19. If hand washing facilities are not available or accessible, the use of an alcohol-based hand sanitiser with at least 60 per cent alcohol is an appropriate alternative.²

Detailed instructions on hand washing are available from DHHS – [Wash your hands regularly – poster](#)

Use of gloves

Hand hygiene should be performed prior to donning gloves and after gloves are removed.

Gloves must be changed between students and after every episode of individual care.³

Staff who are sensitive to latex should ensure that they wear non-latex gloves.⁴

Use of gowns*

Gowns are worn to protect body areas and prevent contamination of clothing with blood, body substances, and other potentially infectious material.⁵

Gowns should be removed in a manner that prevents contamination of clothing or skin. The outer, 'contaminated', side of the gown is turned inward and rolled into a bundle, and then discarded into a designated container for waste or linen to contain contamination.⁶

Detailed instructions on the use of a gown are available from DHHS – [How to put on \(don\) and take off \(doff\) your PPE](#).

*The initial supply of PPE includes coveralls to be used in place of a gown (unless a gown is available).

1 DHHS. Coronavirus disease 2019 (COVID-19) Case and contact management guidelines for health services and general practitioners 14 April 2020 Version 18

2 Emergency Management Victoria. Guidance on the rationale use of personal protective equipment for COVID-19 in non-health services.

3 Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

4 DHHS. Coronavirus disease 2019 (COVID-19) Case and contact management guidelines for health services and general practitioners 14 April 2020 Version 18

5 Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

6 Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

Additional considerations when using coveralls in place of a gown

The initial procurement of PPE for education settings includes coveralls to be used in place of gowns.

The process for donning coveralls is as follows:

- Step into the coveralls.
- Pull up over waist.
- Insert arms into sleeve, if thumb hoops available then hoop these over your thumbs, ensure sleeves cover end of gloves to no skin if visible.
- Pull up over shoulders.
- Fasten zip all the way to the top.
- Do not apply the hood of the coverall as there is no requirement for airborne or droplet transmission.⁷

Also see – Public Health England [Putting on \(donning\) personal protective equipment \(PPE\) including coveralls for aerosol generating procedures \(AGPs\)](#)

The process for doffing coveralls is as follows:

- Tilt head back and with one hand pull the coveralls away from your body.
- With other hand run your hand up the zip until you reach the top and unzip the coveralls completely without touching any skin, clothes or uniform.
- Remove coveralls from top to bottom. After freeing shoulders, pull arms out of the sleeves
- Roll the coverall, from the waist down and from the inside of the coverall, down to the top of the shoes taking care to only touch the inside of the coveralls.
- Use one shoe covered foot to pull off the coverall from the other leg and repeat for second leg. Then step away from the coverall and dispose of it.⁸

Also see – Public Health England [Removal of \(doffing\) personal protective equipment \(PPE\) including coveralls for aerosol generating procedures \(AGPs\)](#)

7 Public Health England. Putting on (donning) personal protective equipment (PPE) including coveralls for aerosol generating procedures (AGPs). [Putting on \(donning\) personal protective equipment \(PPE\) including coveralls for aerosol generating procedures \(AGPs\)](#)

8 Public Health England. Removal of (doffing) personal protective equipment (PPE) including coveralls for aerosol generating procedures (AGPs). [Removal of \(doffing\) personal protective equipment \(PPE\) including coveralls for aerosol generating procedures \(AGPs\)](#)

Use of eye protection

For protection against sprays, splashes and respiratory droplets, goggles should be used.

Personal eyeglasses and contact lenses are not considered adequate eye protection.

Protective eyewear should be cleaned and disinfected according to the manufacturer's instructions, generally with detergent solution, dried then wiped over with a disinfectant (for example, > 70% alcohol) and be completely dry before being stored.⁹

Use of face masks

Surgical masks are loose fitting, single-use items that cover the nose and mouth. They are used as part of standard precautions to keep splashes or sprays from reaching the mouth and nose of the person wearing them.¹⁰

When putting on a single-use surgical mask shape the metal clip over the nose and ensure the bottom of the mask fits snugly underneath the chin. Children should wear a child mask appropriate to their size.¹¹

Consider the following when using a surgical mask:

- masks should be changed between students (where relevant) and when they become soiled or wet
- masks should never be reapplied after they have been removed
- masks should not be left dangling around the neck
- touching the front of the mask while wearing it should be avoided
- hand hygiene should be performed upon touching or discarding a used mask.¹²

9 Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

10 Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

11 Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

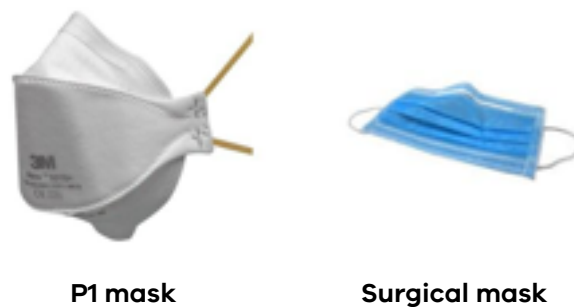
12 Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019). <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

Face masks should not be used in situations where an individual is unable to safely or practically tolerate a mask. For example:

- A child or young person with an underlying health condition, including but not limited to respiratory conditions.
- A child or young person who is resistant to wearing a mask (either due to developmental or behavioural challenges). In this situation it is better for the staff member to wear a mask (where available) while maintaining distance and good hand hygiene.

Some schools may receive a supply of P1 respirator masks in addition to surgical masks. Figure 1 illustrates the difference between these types. Wherever possible a surgical mask should be used. When a surgical mask is unavailable, a P1 mask can be used for a short period. However, as P1 masks have not been designed for fluid resistance they should be disposed of immediately if they are splattered on (for example, if a student were to cough during the provision of direct care). P1 masks should not be worn by individuals with underlying respiratory conditions or used for children.

Figure 1: appearance of a p1 mask versus a surgical mask



In the event that a school has existing supplies of P2/N95 respirator masks, please note that these are not indicated for use in education settings (refer to Table 1). If using a P2/N95 respirator, always refer to the manufacturer’s instructions for fit and check specifications to ensure fluid resistance.

Disposing of items

PPE should be disposed of in the following manner:

- Put into a plastic bag and tied up or sealed.
- Placed into the general waste (where available, clinical waste disposal bins could be used).

