Queensland Health

Preparing for and managing COVID-19 in schools and early childhood education and care

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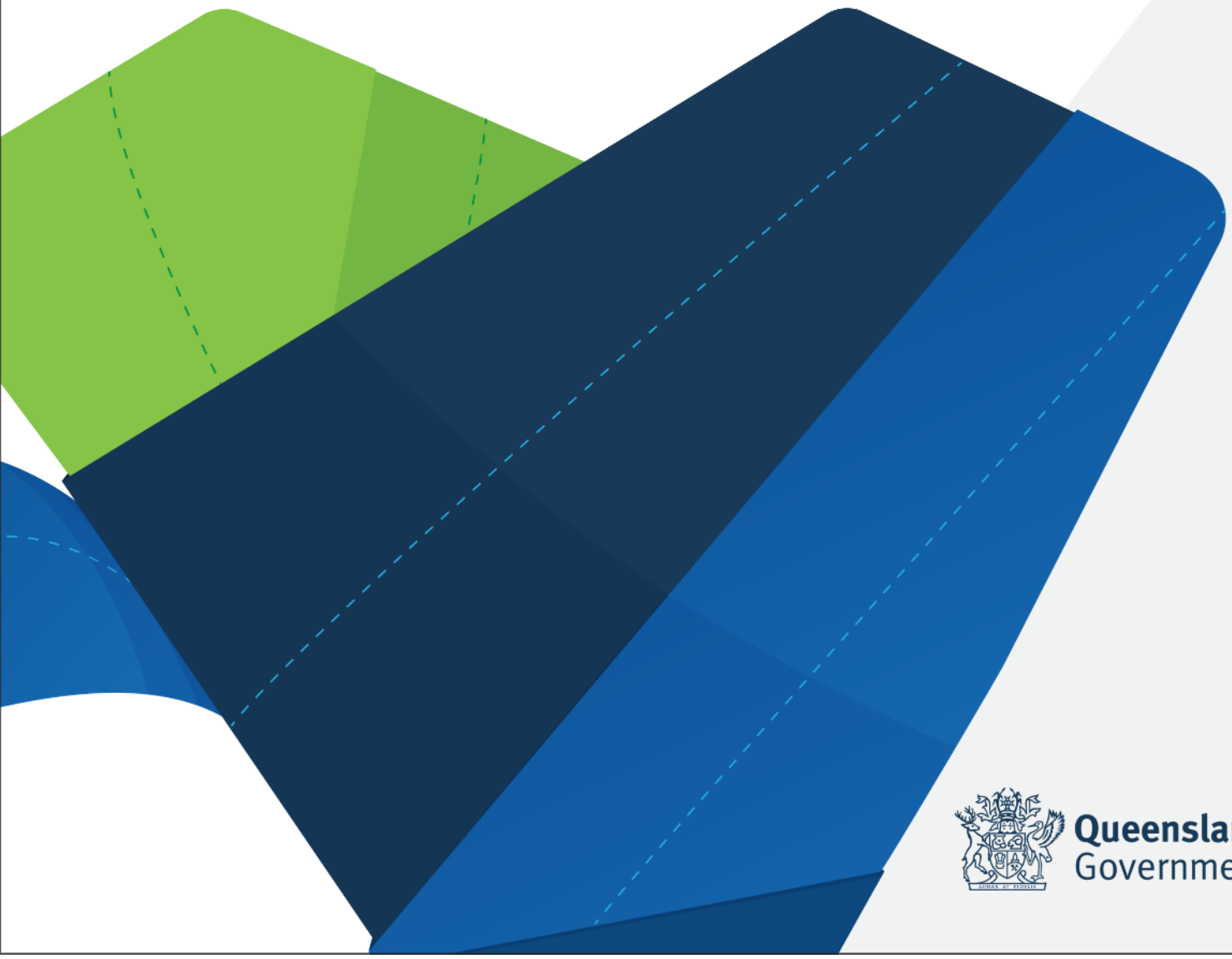

Queensland Government

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Introduction

The Queensland public health response now transitions toward 'Living with COVID-19'. There will be a gradual move away from a public health regulatory approach toa policy and health promotion framework, which supports continued public health and social measures.

The goal of 'transition to' and 'Living with COVID-19' is to limit COVID-19 transmission amongst vulnerable populations and to prevent severe disease and death. Stringent public health measures focus on people diagnosed with COVID-19 (cases). Guidelines for close contacts (i.e. household or household-like contacts) support a risk minimisation strategy which maximises community awareness and recommends continued precaution and testing of those most likely to become infected with COVID-19.

These measures are based on the COVID-19 CDNA National guidelines for public health units (CDNA Guidelines) and reflect a higher level of confidence that severe disease is prevented through a strong vaccination strategy, alongside other general public health and social measures such as, physical distancing, adherence to good hand and respiratory hygiene practices and mask wearing, where physical distancing cannot be maintained.

It is anticipated that there will be further reductions in public health measures as Queensland moves into a 'Living with COVID-19' phase. The emergence of significant Variants of Concern, high disease severity, ceiling hospital capacity or limits to the supply or efficacy of vaccination/treatment may result in the re-introduction of some public health measures for short periods of time.

Boarding schools have shared facilities, where students reside, separate to the school classroom and education setting. Therefore, the accommodation areas of boarding schools are considered equivalent to household and household-like settings. Students who reside at a boarding school would be classified as a close contact if sharing accommodation with a COVID-19 case.

It is anticipated that there will be outbreaks within the school community and in boarding schools while the virus is circulating in the community and this could persist for some time.

This document provides public health guidance for the education and health sectors on early case identification, transmission minimisation and the management of COVID-19 outbreaks in schools. Specific guidance is provided for boarding schools (appendix 1) and special education schools (appendix 2).

Background

Widespread community transmission of COVID-19 delayed return to face-to-face schooling until 7 February 2022, except year 11 and 12 who commenced online learning from 31 January 2022. This optimised access to COVID-19 childhood vaccination before the start of face-to-face schooling. Additional public health and social measures were in place for schools and Early Childhood Education and Care (ECEC) from the commencement of Term 1, 2022. Some easing of restrictions came into effect from on 4 March 2022 and further restrictions eased on 28 April 2022.

Key roles of the school and ECEC

Schools should consider the principles of the National Framework for Managing COVID-19 in Schools and Early Childhood Education and Care when planning for and responding to the COVID-10 pandemic. It is recommended that schools:

1. Have a current COVID Safe Plan.
2. Ensure up-to-date contact details are available for rapid communication with staff, students, families, and visitors including:
   - Student first name, last name, date of birth, class, and attendance at relevant time, including attendance at outside school hours care or after school events.
   - Parent/guardian name(s), mobile number, and email address.
   - Staff, visitors, and contractors name class/location, and attendance at relevant time.
3. Encourage staff, students and families to follow isolation requirements for cases and guidelines for close contacts.
4. Plan for staff shortages. This may include consulting their school COVID-19 Response Team (as outlined in the COVID Safe Plan) to minimise the risk of school closure.

COVID Safe Plan

The COVID Safe Plan should include:

- Establishment of a COVID-19 Response Team for COVID-19 planning and leadership within the school or ECEC community including consideration that:
  - There is no requirement to notify the local public health unit (PHU) of cases of COVID-19. Individual contact tracing by the PHU will not be undertaken routinely.
  - Schools and ECECs can contact the local PHU if advice is required regarding COVID-19 case or outbreak management.
- Public health and social measures:
  - Regular reminders of the importance of cough etiquette and good hand hygiene using soap and water or hand sanitiser.
  - Ensure physical distancing for example, student desk placement, in lunchrooms, at canteens and assemblies, as well as processes for student drop off/pick up areas.
  - Consider altering routines to reduce mixing of students; for example, introducing class 'bubbles or other ways of cohorting the school/ECEC community.
  - Consider room ventilation and use of outdoor learning spaces.
- Cleaning protocols (see *Cleaning and disinfection*).
- Preparation for continuity of teaching and learning for cases in isolation. This could include online learning and translated resources (including AUSLAN resources).

- Communication processes for the school or ECEC to advise that staff members, students, or visitors have tested positive for COVID-19 (keep details of the case confidential). Case numbers and/or affected classes may be communicated through regular newsletters.

School activities and events

Excursions, camps, assemblies and large gatherings are permitted; however, physical distancing should be maintained. Consideration should be given to online staff meetings.

When there is an identified outbreak at the school, schools should consider limiting multi-year level gatherings and minimising indoor extra-curricular activities, where feasible.

Schools may consider limitations on close contact and indoor sports as the forceful exhalation that occurs during exercise can put players and trainers at increased risk of COVID-19 transmission.

Schools may also consider limitations on certain extra-curricular activities such as choir, woodwind bands, theatre, and indoor school clubs as infectious aerosols are more likely to be generated in these activities.

Schools are encouraged to consider outdoors excursions rather than indoor excursions. Excursion locations that have no other schools or members of the public on site at the same time are preferred.

School camps

School camps involve students and staff, including volunteers, sharing accommodation which increases the risk for COVID-19 transmission.

School camp locations that have no other schools or members of the public on site at the time are preferred. Cohorting of students should occur where possible. The school must ensure that records are kept of which students shared accommodation and which staff shared accommodation.

Students and staff who have COVID-19 symptoms or are awaiting a COVID-19 test result must not attend school camp. If a staff member or student develops symptoms while at the camp, they should isolate away from others and return home by private transport as soon as possible.

Any staff member or student who is diagnosed with COVID-19 should inform the camp organiser. Other staff or students who have shared accommodation with the staff member or student, will be considered close contacts and follow current Queensland Health guidance.

School transport

Drivers and passengers in school owned vehicles (including cars and buses) are not required to wear masks, but it is highly recommended that masks are worn were possible.

When travelling on public transport, staff and students are encouraged to keep up to date with the COVID-safe travel alerts and safe school travel. Face masks are required to be used on public transport for those aged 12 and over. Mask wearing is also recommended for children under 12 years of age, where safe to do so.

Face masks

Schools should follow the latest public health advice regarding the wearing of face masks.

All close contacts should wear a mask when they are with others, for seven days after the positive test date of the case.

For other staff and students, mask use is required on public transport and recommended where physical distancing cannot be maintained. Staff and students who would like to wear a face mask at school should be supported to do so.

The Queensland Health video protecting yourself and the community: mask-wearing video for adolescents provides information on mask types and how to wear a mask properly.

A face mask can be a flat surgical mask, a P2/N95 mask or a cloth mask with three layers that covers the nose and mouth. P2/N95 masks are not necessary in the general school environment. Further information on how to wear, wash and dispose of face masks is available. Posters regarding wearing face masks are also available in multiple languages.

Health monitoring

Schools and ECEC should advise parents and caregivers to monitor children for symptoms of COVID-19. Staff and visitors should self-check before entering the school or childcare.

Anyone with COVID-19 symptoms should stay at home and be tested as soon as possible.

Students or staff who develop symptoms while at school or childcare should be isolated away from others and return home by private transport as soon as possible.

Testing

Anyone with symptoms should get tested for COVID-19 and NOT return to the school or ECEC community until their symptoms have resolved.

If the student's parent or guardian is not willing or is unable to have the student tested, then the student should stay away from school or ECEC for a minimum of seven full days after the symptoms began and until their symptoms have resolved.

Recently diagnosed cases who have been released from isolation within the previous 12 weeks do not need to be tested for COVID-19 again if they develop new acute respiratory symptoms. However, they should stay away from school or childcare until symptoms have resolved.

If a symptomatic student or staff member tests negative for COVID-19 on a RAT, they should retake the test after 24 hours (preferably 48 hours from symptom onset) or have a PCR test to confirm the negative result. They should not return to school until their result is known and their symptoms have resolved.

COVID-19 cases and close contacts

COVID-19 positive staff or students:

If the student or staff member tests positive for COVID-19, the student or staff member should return to their usual place of term residence (including the boarding house, if applicable) and follow the Queensland Health advice for cases. Please see the section below on Boarding School for guidance on isolation within the boarding house. A negative COVID-19 test after completing isolation is not required to return to the school community or ECEC.

Close contacts of COVID-19 cases

All close contacts should follow Queensland Health guidance and:

- wear a mask for seven (7) days after the test date of the positive case (masks are recommended where it is safe to do so for children under the age of 12)
- not enter and remain in a vulnerable or high-risk setting for seven (7) days after the test date of the positive case
- monitor for symptoms daily
- undertake a COVID-19 test if they begin to experience symptoms
- anyone with symptoms should stay at home and away from others, regardless of test results
- notify the educational setting of their close contact status before returning to school or ECEC.

Management of medically at-risk people

Students

School principals should follow the Department of Education Managing students' health support needs at school procedure. This includes arranging a health plan to be written by the child's health practitioner for any student who is known to be at increased risk of COVID-19 due to a diagnosed medical condition. If the health plan is already in place, it should be updated to include prevention and management strategies for COVID-19.

Schools should ensure there is a plan in place for a medically vulnerable student to access online learning. Transition to online learning is only recommended where the risk of exposure to COVID-19 and risk of severe disease strongly outweighs the benefit of continued, face-to-face education.

Staff, volunteers, contractors

Schools should consider the risk of COVID-19 transmission to staff, volunteers, and contractors. Staff members with underlying medical conditions that put them at increased risk of severe disease from COVID-19 infection, should consult their medical practitioner for individual advice and risk mitigation strategies. Where possible, medically vulnerable staff should be allocated roles that limits their exposure to potential cases of COVID-19.

Vaccination

COVID-19 vaccination for all members of the school or ECEC community and their households is a critical prevention strategy to reduce severe disease from COVID-19 infection.

It is strongly recommended that staff and students aged 5 years and over receive the COVID-19 vaccination. The primary course of COVID-19 vaccination is 2 doses (for most people).

A booster dose should be given 3 months after the primary course for people aged 16 and older and is required to be considered "up-to-date" with COVID-19 vaccination for that age group. Selected population groups are eligible for an additional (4th vaccine) 'winter booster'.

People who have had COVID-19 are advised to receive the same number of COVID-19 vaccine doses as people who have never been infected. It is recommended that people who have had COVID-19 should wait for 3 months after their infection before they receive their next COVID-19 vaccine dose.

The COVID-19 vaccine can be safely co-administered (that is, given on the same day) with an influenza vaccine. It is strongly recommended that staff and students are vaccinated against both COVID-19 and influenza as co-infection can occur and can cause more severe disease

The Australian Technical Advisory Group on Immunisation (ATAGI) provides regular, evidence-based vaccination updates for children and adolescents. Key information can be found at:

- Australian Government Department of Health: Clinical recommendations for COVID-19 vaccines
- Queensland Government: Children, young people and parents
- Children's Health Queensland Hospital and Health Service: Vaccination
- ATAGI statement on defining 'up-to-date' status for COVID-19 vaccination

Students of all ages can attend school regardless of their vaccination status.

COVID-19 vaccination is required for those who work, volunteer, or provide services at a school or ECEC in Queensland. This includes any person who works (including contractors and external workers), volunteers, undertakes a work placement or provides a service at the school. For example, teachers (including student teachers and teacher aides), administration officers, gardeners, cleaners, presenters, and tuckshop assistants.

Ventilation

The spread of COVID-19 commonly occurs via aerosol transmission, whereby tiny droplets are created by coughing, sneezing, talking, and singing. These droplets remain suspended in the air or settle on surfaces. The risk of aerosol transmission increases in enclosed and crowded spaces with inadequate ventilation. In addition to other preventative actions, improving indoor ventilation can reduce the likelihood of COVID-19 transmission in schools and ECEC.

There are several ways to improve ventilation in schools and ECEC settings:

Accessing outdoor air

- Where possible and safe, keep windows and doors open. Consider outdoor air temperature, humidity, and air quality to determine the safety of opening windows.
- Use of child-safe fans to improve the flow of outdoor air from open doors and windows.
- Where possible and safe, utilise outdoor spaces for classes, activities, and lunches. Ensure there is access to shaded areas and other sun-safe measures to improve the safety of outdoor spaces.

Heating, ventilation, and air conditioning (HVAC)

- Ensure that HVAC systems undergo regular maintenance in accordance with manufacturers' stipulations. Filters should be cleaned and changed as recommended.
- Set HVAC systems to minimise air recirculation. Where the HVAC system must use air recirculation, utilise exhaust filtration to assist in removal of airborne virus (i.e., high efficiency particulate air (HEPA) filters).
- Increase the total airflow out of the HVAC system. This improves air circulation and increases the frequency of air passing through the filtration system. The continuous airflow setting is better than demand-controlled or temperature-controlled airflow settings.

Exhaust fans

- Kitchens and restrooms may be fitted with exhaust ventilation systems. These should be inspected, maintained, and used.
- Exhaust fans, where present, should be run continuously while the facility is operating.

Air purifiers

- Air purifiers with HEPA filters may enhance the removal of COVID-19 virus aerosols. When used, air purifiers do not substitute for alternative ventilation strategies and should always be used as an adjunct.
- Air purifiers need to be regularly maintained and filters changed in accordance with the manufacturer's instructions.
- Access to the other key ventilation strategies means that Queensland schools may not require air purifiers to adequately limit aerosol spread of COVID-19.
- Education services can access further information and advice on ventilation through Safe Work Australia or Queensland Department of Education.

Cleaning and disinfection

Cleaning and disinfection of environmental surfaces should be conducted with the assumption that COVID-19 is, or may be, present in the school and ECEC environment at any time. With current levels of

community transmission, it is impractical to identify each area that the case may have had contact with. Therefore, cleaning recommendations no longer suggest that additional cleaning is required in areas where cases have been. A deep clean is not required.

It is recommended that previous standards of cleaning must be increased overall and for the foreseeable future to assist with outbreak management. The following cleaning principles should be adhered to in addition to existing cleaning protocols:

- Once daily **cleaning and disinfection** with a standard household cleaning product is usually sufficient to remove virus that may be on surfaces. Please refer to Safe Work Australia for detailed advice on cleaning and disinfection (How to clean and disinfect your workplace - COVID-19), which is summarised here:
  - Detergent means a surfactant that is designed to break up oil and grease with the use of water.
  - Disinfectant means product labelled as household disinfectant. For disinfection of hard surfaces, this means a product containing alcohol (≥ 70%), chlorine bleach, oxygen bleach, or wipes or sprays that contain quaternary ammonium compounds. Please read Queensland Health's safety advice for on COVID-19 cleaning, disinfection and waste management.
  - The Therapeutic Goods Administration publishes a list of disinfectants for use against COVID-19, some of which may be suitable for use on other surfaces.
- Cleaning and disinfection must prioritise frequently used areas with extra attention to **high touch point surfaces** and **shared equipment**, such as communal classroom equipment, door handles, light switches, desks, toilets, taps and sinks. This also includes sick rooms and student or child service areas. Further advice on workplace cleaning can be found on the Safe Work Australia website, Cleaning checklist - COVID-19.

Other strategies to consider:

- Reducing materials available for communal use.
- Engaging students in cleaning of personal work areas and shared equipment after use.

Definitions

Term	Definition
Close contact	A person that is a household member or a household-like contact of a person with COVID-19 (diagnosed person). Spread is most likely to occur between household members but can also occur to those that don't meet close contact this definition.
Cohorting	Cohorting refers to keeping small groups of people together and having the group stay together throughout the entire day (or other specified time period).
Vulnerable or high-risk setting	Vulnerable or high-risk setting means any of the following: a hospital, residential aged care facility, shared disability accommodation service, or corrective services facility. Residential student accommodation is not defined as a vulnerable or high-risk setting.

Term	Definition
Household member	A person who ordinarily resides at the same place of accommodation as the primary diagnosed person, and who is/was staying there on the day the diagnosed person was tested for COVID-19 or from two days prior to the person having symptoms. You do not have to be related to the diagnosed person to be considered a household close contact. Example: Members of a family that live in the same house are a household. A group of unrelated people that share a house is a household.
Household-like contact	A person who has spent more than four hours cumulative with the diagnosed person during their infectious period in a house or other place of accommodation, such as a residential aged care facility, disability accommodation, hospital or similar setting, unless the person has been in a separate part of the house, place of accommodation, that has a separate point of entry, no shared common areas, where the person does not share that area for more than four hours, and the person has no contact or interaction with the diagnosed person for more than four hours.
Infectious	A person with COVID-19 is deemed infectious in the period extending from 48 hours before the onset of symptoms, or if asymptomatic from 48 hours prior to the date of the positive test.
Isolate/Isolation	When a person has been diagnosed with COVID-19 they are considered infectious and are required to isolate for seven (7) days at home. Isolate means not leaving your home, place of accommodation, other suitable premises, or other nominated premises, or let people come over, unless permitted. Information about isolation is on the Queensland Health website. To calculate the isolation period, day zero (0) is the day the case took their first positive test. Day one (1) is the first full day 24 hours after the positive test was taken. This applies regardless of when the test results are received.
Negative COVID-19 test	1. Taking a polymerase chain reaction (PCR) test and being informed that the result was negative (usually by SMS text message). 2. Taking a rapid antigen test (RAT) and returning a negative result (home test gives negative result).
Person with COVID-19 (diagnosed person)	A person who has received a **positive COVID-19 test** result (PCR or RAT), or who has been otherwise informed that they have been diagnosed as having COVID-19 but does not include a person who is a cleared case of COVID-19.
Polymerase chain reaction (PCR)	A PCR test detects genetic material from the virus. PCR tests are generally considered better at detecting the presence of the virus and are currently the gold standard for diagnosis of COVID-19.
Positive COVID-19 test	1. Taking a polymerase chain reaction (PCR) test and being informed that you the result was positive (usually by SMS text message). 2. Taking a rapid antigen test (RAT) and returning a positive result (home test gives a positive result).
Rapid antigen test (RAT)	A RAT detects the proteins that form part of the virus. They are most accurate when used to test symptomatic individuals. They are not as good at detecting virus as a PCR test. A RAT swab from the nose (deep nasal) is preferable to a RAT that tests saliva.

Resources

National

National Framework for Managing COVID-19 in Schools and Early Childhood Education and Care

Safe Work Australia

Coronavirus (COVID-19) pandemic | Australian Government Department of Health

Department of Education

Department of Education – COVID-19

Queensland Health

COVID-19 in Queensland

Appendices

Appendix 1 – Boarding schools

Introduction

There are 52 boarding schools in Queensland (3 State and 49 non-State) with 5,539 students (132 State and 5,407 non-State). The boarding school setting provides unique challenges for the prevention of COVID-19 transmission and management of cases and contacts.

This document is an appendix to *Preparing for and managing COVID-19 in schools and early childhood education and care* and provides guidance specific to the boarding school setting.

A boarding school has accommodation facilities where students and staff members reside and therefore, is considered a household-like setting. Students and staff are classified as household-like close contacts if they share accommodation with a COVID-19 case.

This document outlines current public health advice for the management of cases and close contacts. Management aims to slow transmission of COVID-19 within the boarding school and prioritise continued education for students.

General guidance

Boarding schools should operate under a COVID Safe Plan which considers the specific layout and logistics of their facility. The plan should consider, to the extent possible:

- Cohorting dormitory wings or rooms to dine and socialise at the same time.
- Preventative measures including mask use (where applicable), physical distancing, hand hygiene, respiratory hygiene, and cleaning protocols.
- Management of cases and close contacts as per the current public health advice.
- Processes for outbreak control when large numbers of cases are identified in the facility.
- Strategies for ensuring staffing continuity in case large numbers of boarding school staff are infected with COVID-19.
- Boarding schools should follow the latest public health advice regarding face masks.

Symptom screening on return to the boarding school

Schools should establish a process for parents/carers to screen students prior to departing their homes to return to the boarding school at the start of term. If the student's family has access to rapid antigen testing (RAT), then a RAT of students who are not symptomatic prior to departure from home is strongly encouraged but is not mandatory. If a student has symptoms prior to departure, they should:

- Stay home and not attend the boarding school.
- Undertake a RAT or attend a testing clinic for a PCR test, as soon as possible.
- Follow the advice above in the section *Testing*.

During periods of moderate to high transmission in the local community, boarding schools should consider limiting visitors to the boarding school and limiting attendance at the school to one accompanying parent/guardian, to help reduce the risk of introducing COVID-19 into the boarding school.

Prior to entry into the boarding school, the parent/guardian and other visitors should confirm that they do not have any symptoms consistent with COVID-19 and are not subject to isolation. Entry of symptomatic or isolating parents/guardians or visitors is not permitted.

Within a boarding school, there may be staff living on campus (residential staff) and staff who live off campus (non-residential staff). Screening boarding students and residential staff for symptoms on return to the boarding school is recommended using a Health Screening Questionnaire (example at attachment 1). The questionnaire is for school use only and aims to establish a baseline of the staff and student's health, vaccination status, testing history, previous diagnosis of COVID-19 and symptoms on their return to boarding school.

Students and staff who are found to be symptomatic on return to boarding school should undertake a COVID-19 test, isolate at the boarding school, and refer to *Testing* section below.

Daily symptom check

A daily symptom check and observation is recommended for all boarding students prior to attending the general school community. Boarding schools are to advise boarding students that they are not to attend school if they have any COVID-19 symptoms and schools will arrange for testing of symptomatic students.

The facility should establish a process where all students self-check daily, where age appropriate, or are questioned and observed by a staff member about symptoms. This could be incorporated into attendance checks and morning conversation processes.

Education about how to do a daily symptom check should be included in the induction process into the boarding facility. The example symptom below could be used as a guide.

Example symptom check

Have you been unwell with any of these COVID-19 symptoms since yesterday morning?	**Yes**	**No**
Fever		
Cough		
Sore throat		
Difficulty breathing/ shortness of Breath		
Runny nose		
Tiredness/ fatigue		
Diarrhoea		
Nausea or vomiting		
Loss of taste		
Loss of smell		
Muscle or joint aches		
Headache		
Itchy eyes / conjunctivitis		

Rash		

A written record of the daily symptom check does not need to be kept for each student. Students should be advised of the person they need to tell if they have any symptoms, for example, the staff member responsible for their boarding area.

Boarding school health staff should be aware that even very mild symptoms should prompt testing for COVID-19. Gastrointestinal symptoms are more common with the Omicron variant/in children, so any students with these symptoms should be tested for COVID-19.

Ideally, testing should be done by health staff at the boarding school without the need to transport the student off-site. This may require upskilling staff in infection control and swab collection. Arrangement may need to be made for a pathology company courier to collect the swab for testing when a nasopharyngeal swab for PCR testing has been performed by the health staff member.

If the COVID-19 test is positive, the school or boarding facility should follow the advice below regarding case management.

Management of medically at-risk people

Students

The boarding school should be aware of students who have an underlying medical condition which places the student at increased risk of severe disease or complications of COVID-19 infection. Parents/guardians of medically at-risk students should be encouraged to seek independent medical advice from their General Practitioner or Paediatric Specialist regarding the risk of COVID-19 infection on return to boarding school and for advice on risk mitigation strategies. The Australian Government Department of Health has a list of medical conditions which increase the risk of severe illness from COVID-19.

Escalated prevention and risk mitigation strategies should be considered by the boarding school, during a COVID-19 outbreak. This includes:

- Accommodating the medically at-risk student in their own room or a room shared with only one other student, wherever possible.
- If students in the same room are identified as cases or contacts, complete separation of the medically at-risk student from the other students in that room is advised.
- Frequent monitoring of medically at-risk students who are identified as cases or close contacts for signs or symptoms of respiratory illness.
- When medically at-risk students are identified as COVID-19 positive, there should be early consultation with the student's usual health practitioner and a lower threshold for escalation of medical care to hospital.

Schools should ensure there is a plan in place for a medically at-risk student to access online learning. Transition to online learning is only recommended where the risk of exposure to COVID-19 strongly outweighs the known benefit of continued, face-to-face education.

Staff, volunteers, contractors

Boarding schools should consider the risk of COVID-19 transmission to staff, volunteers, and contractors. The risk is particularly high for those providing supervision for COVID-19 cases within the boarding house. Staff members with underlying medical conditions that put them at increased risk of severe disease from COVID-19 infection, should consult their medical practitioner for individual advice and risk mitigation strategies. Where possible, medically at-risk staff should be allocated roles that do not require them to be in contact with COVID-19 cases or close contacts.

Facility cleaning and disinfection

In addition to the advice in the body of this document, boarding schools should refer to COVID-19 cleaning, disinfection and waste management information to guide non-health accommodation and households where persons have been in isolation following infection with COVID-19.

Case management

There is considerable risk of transmission of COVID-19 in the boarding school setting, given the high-density living environment and exposure to the broader school and general community. Isolation and management of identified COVID-19 cases is important to limit this transmission. Cases and close contacts should follow Queensland Health guidance - isolation requirements for cases and guidelines for close contacts.

Boarding schools are encouraged to ask parents to consider their child's needs and prepare for the possibility that if their child is diagnosed with COVID-19, they may need to be treated unaccompanied in hospital.

Boarding students

The following **initial** steps should be taken when a student is identified as positive on a COVID-19 test:

- Isolate the student in a separate room in the boarding school, where feasible. The room should have access to a dedicated bathroom and to a staff member (for example, regular wellbeing checks by health staff member or dedicated phone number for escalation).
- Notify the student's parent/guardian of the positive COVID-19 test result.
- When students are identified as COVID-19 positive on a RAT, they should be assisted in reporting their test result to Queensland Health. Supervising staff or anyone entering the room of the isolated person should be wearing PPE. N95/P2 respirators are preferred over surgical and cloth masks and should be used when available. Open any windows for ventilation and consider using a HEPA filtered air purifier in the room of the case, if available.
- Where a separate room is not available, the following is recommended for isolation of students with COVID-19 in order of preference (meals to be in the student's room in all scenarios):
  - Single room with ensuite.
  - Single room with exclusive use of a bathroom (multiple COVID positive or recovered students could use the same bathroom).

  - Single room and wears a mask to attend a shared bathroom. Provided with sanitising wipes to wipe over taps and toilet flush after use.
  - Shared room with other students with COVID-19, using the same designated bathroom.
- If there are concerns about the health of the student, the boarding school should arrange immediate assessment by a nurse or doctor. Indications for clinical review include difficulty breathing or prolonged fevers >38 degrees for >3 days.
  - In the case of medical emergency or concerns about the clinical condition of the student, call an Ambulance (Triple zero 000) and identify that the student is COVID-19 positive.
- Contactless meal delivery should occur.

Students who remain well, with minimal symptoms of COVID-19, can be managed in a home environment, including the boarding school if required. They will be required to complete seven (7) days of isolation in accordance with the CDNA Guidelines.

Ongoing isolation can occur in a number of ways:

- Where practical, the student's parent/guardian should remove the isolating student from the boarding school to complete their isolation period:
  - There must be a safe plan for the parent/guardian to transport the student home or to other suitable accommodation by private vehicle. Other household members residing there will be considered close contacts and will need to follow the close contact guidance.
  - Other suitable accommodation could include families making arrangements with a family of a day school friend to accommodate their child.
- The student can remain in an appropriate area of the boarding school, including:
  - Where a single or few cases of COVID-19 are managed at a boarding school, students can be isolated in single rooms or a separate part of the boarding facility with appropriate supervision, private bathroom access and contactless meal provisions.
  - Where multiple COVID-19 cases are being managed, they can be cohorted together in the dormitory or wing where they will not come into contact with uninfected students, including close contacts.
  - Cases may have visits from asymptomatic students or staff who have recently recovered from COVID-19 and are currently within the time period exempt from re-infection (defined in the CDNA Guidelines). Cases should have access to mobile phone/internet technology to stay socially connected.
  - Cases could be cared for by asymptomatic staff who are up to date with their COVID-19 vaccinations. Where appropriate, staff who have recently recovered from COVID-19 and are currently within the time period exempt from re-infection could be prioritised to provide care to cases.

Where it is not possible to manage a boarding school student at their home or within the boarding school, other isolation accommodation arrangements such as a short-term accommodation rental will need to be considered by the school.

Boarding students cannot be accommodated in an isolation hotel for their isolation period.

For students in isolation who remain well, continuation of education should occur wherever possible, for example by remote online learning.

Staff

If a staff member tests positive for COVID-19, non-residential boarding school staff should remain at home to complete their period of isolation. Residential boarding staff who test positive for COVID-19 should isolate in their own room with a private bathroom with contactless meal delivery. If this cannot be achieved, residential boarding staff should be given separate, off-site accommodation arranged by the school, to adequately isolate from other members of the boarding school. It is suggested that the staff member notifies their employer of the positive COVID-19 result to assist in identifying close contacts within the boarding school.

Relocation for isolation

Students and staff may relocate from the boarding facility to complete their isolation period in accordance with the conditions as outlined in the class exemption.

Recovered students, staff, contractors and volunteers

A person who has recovered from COVID-19 infection will not be classified as a case (re-infection) or a close contact, within a defined period, as per the CDNA Guidelines. Testing for COVID-19after exposure or due to symptoms, is not required within this timeframe.

While testing may not be required during the defined time period, anyone with new acute respiratory symptoms should stay home and away from others until symptoms resolve.

If a person develops symptoms after the defined period of time, re-infection with COVID-19 is possible and the person should have a COVID-19 test. After this time, the person will also meet the definition of a close contact and will need to follow the close contact guidance. .

Further information, including specific guidance for immunocompromised people is available in the CDNA Guidelines.

Close contacts

Boarding students

The CDNA Guidelines defines a close contact as *a person who resides with or stays overnight in the same premises or has had more than 4 hours of cumulative contact with a COVID-19 case in a residential setting*. A practical interpretation of this definition is necessary to identify boarding students at greatest risk of exposure to COVID-19 infection when cases arise in the boarding environment.

Boarding students are considered close contacts if the accommodation facility they sleep in shares air space with the person diagnosed with COVID-19. Specifically, a close contact is a student that sleeps in:

- an enclosed bedroom with a case, for example twin rooms
- a cubicle on either side of the case. Where the case sleeps in a partitioned area and the partitions do not create separate rooms (not floor-to-ceiling with a closed door), then other students sleeping in that cubicle and all those sleeping in immediately adjacent cubicles are classified as close contacts.
- an open dormitory in the two adjacent beds on either side of the case. This means that where the case sleeps on a row in a dormitory, the two students sleeping adjacent on either side of the case are classified as close contacts, as well as the two students immediately on either side of them

(four student close contacts in total). Likewise, if the student sleeps opposite other students, then the three students closest and opposite would be close contacts

- All close contacts identified in the boarding school should follow the same advice as any other close contact identified in the community, as outlined in the Close Contacts section above. In boarding schools, close contacts should be separated from the case and can be cohorted together, where possible.
- HEPA filtered air purifiers could be considered for the rooms where close contacts are staying.

Communication

It is very important to communicate with the school community about cases/outbreaks that are occurring in the boarding facility to inform them of why and how continuity of education will be achieved for boarding students. These communications may need to be tailored for:

- parents/guardians of cases
- parents/guardians of close contacts
- the parents/guardians of the rest of the boarding school community
- parents/guardians of the general school community.

Attachment 1 Example Health Screening Questionnaire

To be used for students and residential staff on first return to boarding school.

Please identify your reason for entering the facility	☐	**Staff**	☐	**Student**	☐	**Visitor**	
First Name:			**Last name:**				
Residential address:							
Suburb/Town:			**Postcode:**				
Phone number:			**Alternative phone number:**				
Email address:							
Date and time of entry:			**Date and time of exit if relevant:**				

Question	**Response**	**Comment/Action**
1. Have you been vaccinated for COVID-19?	☐ Yes ☐ No	Doses and dates: (note: eligibility in accordance with ATAGI guidance) 1 ☐ 2 ☐ 3 ☐ 4 ☐
2. Have you previously been diagnosed with COVID-19?	☐ Yes ☐ No If yes, date of diagnosis: --/--/--	If Yes – you must confirm that it is at least 7 days since taking the positive test and that you have **no fever or acute respiratory symptoms**. You must wear a mask at all times, including outdoors, when unable to remain ***physically distant*** from persons for 7 days after your release from isolation.
3. Are you a close contact of a COVID-19 case?	☐ Yes ☐ No	If yes, please follow the guidance for close contacts
4. Are you awaiting test results for COVID-19?	☐ Yes ☐ No	If yes and you are symptomatic you must isolate until your test result is known and then follow advice in the section: Testing
5. In the last 72 hours (3 days) have you had any of the following: • fever ≥37.5 ℃ • history of a fever (for example, night sweats, chills) • cough • sore throat • shortness of breath • runny nose • fatigue • diarrhoea • vomiting or nausea • loss of smell • loss of taste • headache • muscle or joint pain • loss of appetite • loss of voice / laryngitis • itchy eyes / conjunctivitis • rash	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	Tick all that apply. If yes, undertake a COVID-19 test and isolate until you receive the result is known and then follow advice in the section *Testing*

I declare that the above information is a true and accurate statement.	
Signature: Relationship to student:	Date: / /2022

Appendix 2 – Special education schools

There are 50 special education schools in Queensland, 46 state and 4 non-state. A total of 6,843 students attends these schools (6421 state and 422 non-state). Special education schools are defined as schools for students with disability. The count excludes hospital school and schools in youth detention centres.

The National Framework for Managing COVID-19 in Schools and Early Childhood Education and Care emphasises continued face-to-face learning, wherever possible. Staff at special education schools are highly experienced in managing the complex health needs of students. Parents or carers with children who are medically vulnerable or have additional learning support, should discuss their individual needs with their teacher, school principal and medical practitioner.

Additional risk mitigation strategies for special education schools include:

- Regular supply and appropriate training for use of PPE.
- Cohorting students who are often in small classes (for example, five (5) students, two (2) staff).
- Flexible learning arrangements to support the variety of learning needs.
- Mask wearing is not mandatory in schools. Children in special education schools are often medically vulnerable, therefore Queensland Health recommends mask wearing for staff and age eligible students in these schools when physical distancing cannot be maintained.
- Consider protective eyewear, googles or face shield in addition to a surgical mask, for staff who are not able to physically distance from their students for required personal care activities.
- When available, RAT screening can be used by staff and students, to protect the school community. RAT screening should be prioritised prior to attendance at a school camp or excursion.

Resources:

Further COVID-19 information for people with disability is available online, including resources in easy English.

Appendix 3 - Example information for families and school community

The following information is provided to inform you on the measures we are taking to prevent and manage COVID-19 in our school community. We strongly encourage you to read this information and participate in preventing and managing transmission of COVID-19.

Daily health check

- Prior to leaving the home, students should be asked about and observed for symptoms.
- Students and parents must not attend school if they have symptoms of COVID-19. Staff and students should attend their local Queensland Health testing clinic where they will be prioritised to receive a RAT or undertake a PCR test if clinically recommended.
- Students and/or staff who develop symptoms at school or ECEC must be isolated from others and return home as soon as possible. Anyone with symptoms should get COVID-19 tested and NOT return to school until their symptoms have resolved.
- If staff or students develop symptoms while at school, a RAT will be provided by their school to be administered at home.

Vaccinations

- All eligible students and their families are strongly encouraged to be vaccinated. Children aged 5 years and over are eligible for vaccination. Parents/care givers are encouraged to book their child in for a vaccination as soon as possible.
- COVID-19 vaccination is required for those who work at a school or ECEC in Queensland.
- Students of all ages can attend school regardless of their vaccination status.
- COVID-19 vaccination does not apply to parents and carers attending school or ECEC for pick-up and drop-off.
- All adults and children over 16 years of age are encouraged to get booster shots.

Masks

- Follow the latest public health advice regarding the wearing of face masks. Currently, face masks are not required in schools although they are still recommended whenever physical distancing cannot be maintained.

COVID-19 positive cases

- Where relevant, schools will regularly communicate to parents about the presence and impact of COVID-19 in their community.
- Schools may only communicate where a person with COVID-19 has been infectious in the school community or where there are significant impacts on learning and school operations due to staff absences.

Appendix 4 - Example letter template - school principal or ECEC to parents/school community

Dear parents, care givers and school community,

RE: Confirmed case of COVID-19 at <insert school name>

I am writing to advise there has been recent cases of COVID-19 at <insert name of school>.

To limit the spread of COVID-19:

1. All members of the school community should monitor for symptoms of COVID-19. Do not attend the school if you have COVID-19 symptoms, no matter how mild. Get tested as soon as possible and stay at home, until well.
2. If you develop symptoms while at school, please inform your teacher or supervisor and make arrangements to return home as soon as possible.
3. All members of the school community should ensure their vaccinations for COVID-19 are up to date, including their booster dose, if eligible.

COVID-19 cases:

All cases of COVID-19 infection must isolate at home for seven (7) days from the date their test was taken AND until fever and acute respiratory symptoms resolve.

Close contacts

A person that is a household member or a household-like contact of a person with COVID-19 (diagnosed person) is a close contact.

Close contacts with symptoms must stay at home and get tested for COVID-19 as soon as possible.

Close contacts without symptoms may return to school providing they

- notify the school before returning,
- wear a mask, for 7 full days after the case's test date, if over 12 years of age. Masks are also recommended where it is safe to do so, for children under 12.

Regular testing (such as on day 0, 2, 4, 6) is recommended for close contacts attending school

Schools, other than boarding facilities, are not a place of accommodation. Therefore, members of the school community including staff, contractors, volunteers, and students are not considered 'close contacts' following recent exposure at the school, even though they may have spent time in close proximity to the case.

More information:

Please see the links below for further information.

- For people with a positive COVID-19 test: I have COVID-19.
- For people identified as close contacts: Close contacts.
- Wellbeing advice: Support for parents and carers.
- For assistance in languages other than English: QLD Government translated Australian COVID safe resources and SBS COVID-19 information in your language.

- Vaccination for children, young people and parents
- COVID-19 testing in Queensland.

I will continue to provide you with any updates from Queensland Health via letter, our Facebook page and school website <insert link>. If you have any questions, you can contact the school on <insert phone number> or for general COVID-19 enquiries phone 134 COVID (13 42 68).

Thank you for your support and cooperation.

Yours sincerely,

<insert principal name/signature>