



# Phase 5

## Frequently asked questions Health, hygiene and cleaning

Effective from 23 June 2021.

This document is uncontrolled when printed.

Not all [COVID-19 information](#) is covered in these questions and answers.

### 1. What safety precautions will be in place for staff and students?

The WA Chief Health Officer letter which was sent to all school staff states:

- Schools are safe for staff and students and should stay open;
- School staff and children are not at increased risk of COVID-19 by physically attending school; and
- That there have been no cases of student-to-student transmission in Western Australia and no cases of student to teacher transmission.

### 2. What happens if COVID-19 cases go up – will students be taken out of schools?

- All decisions are based on Chief Health Officer advice.

### 3. The AHPPC Guidelines recommends that water bubblers remain closed. How can I ensure that students have access to water?

- The Western Australian Department of Health has confirmed that they do not need to be closed but precautions taken.
- Schools must ensure that there is good water pressure, handles cleaned daily and bubblers used to refill water bottles so students do not make contact with them with their mouths.
- Advice to schools relating to the use of water bottles remains consistent with advice given in Term 1, 2020.

### 4. Do schools have enough soap and hand sanitiser to ensure they are safe?

- Yes. The supply of soap or another cleansing agent is available in all schools and students should be given age-appropriate instruction for effective hand-washing.
- Schools should use normal supply chains to source these hygiene products.
- Stock availability has been confirmed with CUA suppliers and information on how to purchase is available on [lkon](#).
- Public schools having any difficulty in sourcing the products from available suppliers are able to contact the Department at [buying@education.wa.edu.au](mailto:buying@education.wa.edu.au)
- The Department has a contingency supply of tissues, hand soap, hand sanitiser, disinfectant and toilet paper, which is being distributed to schools on request.

**5. Should schools be using hand sanitiser?**

- Good hygiene practices include washing hands with soap and water for 20 seconds or using hand sanitiser.
- The AHPPC Guidelines advises that everyone must practise good hygiene to protect against infection and prevent the spread. Staff and students should wash hands or use hand sanitiser when entering school and at regular intervals throughout the day.
- Hand sanitiser is now back in stock and schools can source from their normal suppliers or through [The Goods](#) (CUA supplier).
- Public schools having any difficulty in sourcing the products from available suppliers are able to contact the Department at [buying@education.wa.edu.au](mailto:buying@education.wa.edu.au) or 9264 5567.

**6. Lots of schools have double desks. Are students safe to sit at these?**

- Yes. Students can sit at double desks.
- The explicit teaching of good personal hygiene is a strategy that minimises transmission. This includes, washing hands frequently, coughing into elbows and appropriate disposal of tissues.

**7. Are 17yo and 18yo students (Year 11 and 12) at greater risk of transmission as they are almost adults?**

- The WA Chief Health Officer recognises that there are 17 and 18 year old students enrolled at schools in Western Australia. The advice sent to schools includes this age group. The risk of transmission in this age group is low.
- Health guidelines and the number of cases identified indicate persons 25 years and over are at greater risk.

**8. Should smaller rooms, such as music practice rooms, be closed off?**

- No.
- Children are at low risk of transmission of the virus to other children and adults.
- Adults should maintain physical distancing of 1.5 metres, where possible, and good hygiene practices and regular cleaning regimes should be followed.

**9. Early childhood students are not able to physical distance and frequently touch each other's equipment, what level of risk is there in this?**

The WA Chief Health Officer letter which was sent to all school staff states:

- Schools are safe for staff and students and should stay open.
- School staff and children are not at increased risk of COVID-19 by physically attending school.
- There have been no cases of student-to-student transmission in Western Australia and no cases of student-to-teacher transmission.
- There is a relatively low risk of COVID-19 transmission in schools.
- Age appropriate hygiene practices may be taught to support students to increase their own personal hygiene routines.
- Extra precautions can be taken including regular cleaning of high-touch surfaces and teaching personal hygiene routines.

## Cleaning

### 10. How will new cleaners be inducted?

- As per normal school processes, Head Cleaners will have the role of providing an on-site induction for new cleaners.
- A task checklist for cleaners to use in executing the additional cleaning tasks will be provided to ensure schools are aware of what needs to be done.

### 11. Is the cleaning of high-touch surfaces still required during Phase 5?

- Yes, cleaning of high-touch surfaces is required during Phase 5, but cleaning throughout the school day is no longer required.
- Cleaners can be utilised for other cleaning duties as per their current job description and [cleaning guidelines](#).

### 12. How frequently should playgrounds be cleaned based on Phase 5 advice?

- Schools playgrounds should be cleaned once per week.

### 13. Given the cleaning requirements, where should schools source cleaning equipment and cleaning products?

- Current issues of supply of cleaning products have been resolved and schools should use regular ordering processes via the CUA.
- If schools have trouble sourcing cleaning products and equipment contact [buying@education.wa.edu.au](mailto:buying@education.wa.edu.au) or 9264 5567.

### 14. What arrangements have been made in relation to SEN cleaning

- Arrangements for Term 3 continue with regard to safety and hygiene.
- Toilets and change rooms should be cleaned as per the [Clean schools and worksites during COVID-19](#) guidelines available on Ikon.
- If schools have trouble sourcing cleaning products and equipment contact [buying@education.wa.edu.au](mailto:buying@education.wa.edu.au) or 9264 5567.

## Transport

### 15. What are the arrangements for School Bus services for Term 3?

- Parents of students who are eligible for School Bus Services should continue to discuss their transport needs with the School Bus Service contractor/driver.
- Students who become unwell while attending school should not be transported by bus.

## Staff and student wellbeing

### 16. How will physical distancing be implemented for staff?

- Staff should avoid sharing common items such as cutlery or crockery.
- Physical distancing of 1.5 metres between adults should be maintained, where possible.

### 17. What support is provided to students who may be feeling anxious during this time?

- Each school is developing their own approaches to student health and wellbeing, which may include:
  - regular welfare checks with students and families
  - continuing support from school psychologists and chaplains
  - maintaining regular connections and contact.
- The Department has also developed a student wellbeing hub which provides online support and resources for families. This can be found at <https://www.education.wa.edu.au/learning-at-home/support-services-and-resources>.

## Health and hygiene in SEN environments

### 18. What general safety precautions should I put in place for staff and students?

- As the current level of COVID-19 cases is low, people, even those at higher risk of becoming severely ill from COVID-19 can engage in school activities with appropriate precautions in place. Precautions include the monitoring of public health advice, continuing physical distancing where possible, using hand and respiratory hygiene and staying home if unwell.
- Where applicable, review the need for the use of standard Personalised Protective Equipment (PPE).
- Maintain regular cleaning as per the [Clean schools and worksites during COVID-19](#) guidelines available on Ikon.

### 19. What about specific SEN support scenarios?

- Students who are unwell or have symptoms of COVID-19 should not be at school.
- The Department of Education continues to work with, and follow the advice of, the Department of Health regarding SEN scenarios that require the use of personalised protective equipment (PPE).
- The current context in Western Australia includes: staff/students with a confirmed case of COVID-19 are not permitted to attend school; known contacts are required to self-isolate; and no community spread of COVID-19 is currently evident.
- Given this context, the vast majority of personal care, physical support and behaviour support processes conducted in schools are considered to be of a low risk of COVID-19 transmission, with this risk further mitigated through the use of standard: universal health precautions; infection control; and PPE.
- It is recognised that most schools who enrol students with SEN have documented Safe Work Procedures (SWPs) that emphasise universal health procedures, infection control and use of PPE. SWPs should continue to be implemented and emphasised during COVID-19.
- Schools might consider developing or refining their [safe work procedures](#). Examples and templates are provided in IKON to support schools to develop SWPs that suit their local context.
- To support schools to identify what PPE should be used and when to do so, a [PPE overview](#) for common personal care activities is available.

- As the correct donning, use and discarding of PPE is critical to infection control, six PDF guidelines that describe [how to use PPE correctly](#) are available.
- Department of Education/Department of Health advice regarding recommended use of PPE in school based activities is included in Appendix 1.

## 20. What do we mean by Universal Health Precautions and Infection Control?

- Universal Health Precautions include using standard procedures to prevent infection, even where one is not known, or not suspected.
- Universal Health Precautions include, but are not limited to:
  - hand hygiene: hand washing with soap and water for at least 20 seconds before and after: toileting, food preparation/eating; and attending to episodes of self-care;
  - using appropriate PPE to protect the hands, clothing, eyes, nose and mouth from potential contamination or splashes;
  - spills management –cleaning surfaces with detergent and water followed by rinsing and drying; using appropriate tools and PPE to clean up spills, for example, gloves and/ or masks, followed by appropriate hand hygiene; and
  - self-care: covering coughs/sneezes with a disposable tissue followed by hand hygiene, staying home when sick and covering wounds with waterproof dressings.
- Information regarding [precautions to prevent infection](#) and safe work procedures for cleaning and disinfecting body fluids is available on Ikon.
- A useful guide to refer to regarding infection prevention in school settings is [Staying healthy: Preventing infectious diseases in early childhood education and care services](#).

## 21. How do I access PPE?

- The Department recognises that protecting and maintaining stock levels of appropriate PPE is in the best interests of Western Australian people.
- Information is available on [Ikon](#) regarding ordering PPE.

## 22. What about situations where staff provide respiratory support?

- In rare cases, staff may provide respiratory support such as ventilation support, airway suction, tracheotomy support, nebulizer treatment, sputum induction etc.
- These activities are considered as potentially aerosol generating procedures. In the setting of limited community transmission, brief potentially aerosol generating procedures that are performed in asymptomatic patients must be undertaken with standard PPE and contact and droplet precautions. Droplet precautions include the use of a surgical mask, eye protection, gown and gloves.
- P2/N95 respirator masks are not required as children who are diagnosed with COVID-19 will not be attending school and there is this limited evidence of community transmission, at this stage.

## 23. What do we do if two staff members are working together to support students' daily routines (such as lifting, manual handling, supporting behaviour, toileting)?

- It is recognised that in some situations, students may require two adults to support their mobility, behaviour or personal care needs. In these situations, schools are advised to:
  - consider ways in which the number of staff that are brought into proximity with each other can be limited (for example, consider creating small teams/pods rather than having staff in a general rotation);
  - consider how these routines can be performed within proximity of fewer staff (for example, limit the number of staff and students that access toilets at any one time);
  - review the need for standard PPE to be used (for example, review of a student's behaviour plan to assess whether PPE is required at any stage of escalation profile);
  - review Safe Work Procedures around manual handling support; and
  - ensure staff have access to resources that support hand hygiene, cleaning supplies and the standard PPE that is appropriate to each situation.

## **24. Can therapy services now access schools? How can I ensure safety for staff and students if I have additional therapists on the school site?**

- As the current level of COVID-19 cases is low, risk to students and staff is minimised with appropriate precautions in place. Precautions include the monitoring of public health advice, continuing physical distancing where possible, using hand and respiratory hygiene and staying home if unwell.
- Schools will continue to make local decisions regarding the provision of therapy on their site.
- Principals should continue to liaise with therapy providers to ensure understanding of, and compliance with, school and Departmental policies and processes.
- The Department of Communities is aware that COVID-19 is having an impact on people with disabilities, their families and carers in WA. In the event disability related support is required, families may be referred to one of the following:
  - Families of children with disability who are receiving services from a disability sector organisation should reach out to the disability sector organisation if they require additional support as a result of the COVID-19 pandemic.
  - Families of children with disability connected to a Department of Communities (Communities) Local Coordinator can contact their Local Coordinator directly for assistance, or call (08) 6167 8000 or freecall 1800 998 214.
  - All other families of children with disability funded by Communities (Disability Services) can call (08) 6167 8000 or freecall 1800 998 214.
  - Families of children with disability connected to the National Disability Insurance Scheme (NDIS) and receiving support from a LAC Partner in the Community, can connect with their LAC Partner in the Community for assistance.
  - All other families of children with disability connected to the NDIS should call 1800 800 110.

## **Appendix 1**

### **Department of Health consultation regarding recommended use of Personal Protective Equipment (PPE) in school based activities.**

- PPE should continue to be considered for all care-based activities according to standard school procedures. Each activity will differ and staff should consider what the purpose of the PPE is (gloves to protect hands, eyewear to protect eyes, mask to protect nose and mouth and gown/apron to protect clothing).
- Safe Work Procedures should be developed for all tasks. Procedures should consider infection control methods and use of an appropriate level of PPE.
- Standard PPE will most likely be a minimum of gloves in most situations. Where there is a risk of clothing contamination, a gown/apron is required. Facial protection to protect eyes/nose/mouth should be considered where there is a risk of splashing to the face.
- As PPE requirements can differ between activities and people/students a case-by-case assessment should occur with adjustments made to standard operating procedures.
- The type of PPE recommended will vary according to the activity being completed. Some activities may only require gloves to protect the hands from body fluids (e.g. wiping a nose of a child) whereas other activities may require PPE that protects the eyes/face/clothing. Activities that are considered 'clinical' or potentially aerosol generating procedures may require more a wider range of PPE to be employed.
- Recommended PPE also depends on the needs and behaviour of the student and the activity. The student's usual carers/staff will know if wiping the nose of a particular child may result with the child spitting – so in that instance, the carer may decide to wear more PPE.



Department of Health consultation regarding recommended use of Personal Protective Equipment (PPE) in school-based activities.

Description of activity	Aerosol Generating procedure	No PPE, Standard PPE or above
<b>Situations where staff perform health and hygiene tasks/provide medical response</b>		
Wiping or blowing a child's nose	No	Standard
Application of creams to child's body	No	Standard
Application of lip balm to child	No	Standard
Wiping bottom etc after toileting	No	Standard
Changing wet/soiled nappy	No	Standard
Changing child's soiled clothing	No	Standard
Supporting child to access a toilet	No	Standard
Supporting menstrual care needs	No	Standard
Administering medication oral/buccal/rectal	No	Standard
Cleaning of spills, fluids and smears (faecal, urine, saliva, vaginal, semen)	No	Standard
Risk of projected fluids (salvia, mucous, faecal, semen)	No	Standard
Cleaning of spills (vomit)	No	Standard
Cleaning of items that have been in children's mouths/ingested items/substances (E.g. toys)	No	Standard
Removal of clothing (non-facial)	No	Standard
Colostomy/ileostomy care	No	Standard
Stoma care/port care/central line care	No	Standard

Description of activity	Aerosol Generating procedure	No PPE, Standard PPE or above
<b>Situations that require physical guidance, physical prompting or manual handling</b>		
Two adult transfers of child from floor to chair, chair to equipment etc	No	Unlikely
Two person hoisting of child (E.g.) Wheelchair to change table)	No	Unlikely
Two person transfer of child using of slide sheet	No	Unlikely
Physical support of child when walking	No	Unlikely
Pushing wheelchairs or mobility equipment	No	Unlikely
Sitting in close proximity to students to support engagement in the curriculum (Augmentative and Alternative Communication devices, guidance to write, complete tasks etc)	No	Unlikely
Application/Removal of personal equipment (E.g. AFO's/second skins/braces)	No	Unlikely
Intervention required to support self-harm prevention/risk to others (E.g. biting, scratching)	No	Assess situation
<b>Situations where staff perform mealtime management tasks</b>		
Feeding children orally	No	Standard
Wiping mouths after eating	No	Standard
PEG feeding, including PEG management	No	Standard
Removal of mealtime clothing (facial E.g. bibs)	No	Standard

<b>Situations where staff provide respiratory support/medical monitoring</b>		
Chest therapy (E.g. physiotherapy/massage)	Potentially	Standard ^
Airway suctioning to remove phlegm/salvia	Potentially	Standard ^
Disposal of contents/fluids from suction machines, catheters/and cleaning of equipment	No	Standard
Tracheotomy management	Potentially	Standard ^
Nebulizer treatment	Potentially	Standard ^
Airway machines (oxygen, CPAP etc)	Potentially	Standard ^
Oral stimulating (E.g. use of vibrating stimulators/oral hygiene management)	Potentially *	Standard ^
Seizure Management	No	Standard
Diabetes testing and management	No	Standard

\* If oral stimulation causes respiratory response such as coughing, they may potentially be considered as aerosol generating procedures.

^ These are still standard requirements but the selection of PPE may be more than the less clinical care duties. ^ P2/N95 respirator masks are not required at this stage as children who are diagnosed with COVID19 will not be attending school and there is limited evidence of community transmission at this stage. In more clinical settings (E.g. hospital), the patients are known to be sick and therefore further precautions are required in those settings.