

## **STEWART HOUSE** **CONDITIONS NECESSARY TO RE-OPEN FROM FEBRUARY 2022**

### **PREAMBLE**

Stewart House's Executive Leadership Team is responsible for updating and implementing this document. Note that this plan is subject to change as updated information from authorities becomes available and as we continually learn and improve our processes. Stewart House is monitoring updates by Australian Authorities and adapting our processes as appropriate. These include:

- Department of Health (including the Australian Health Protection Principal Committee (AHPPC))
- NSW Health
- NSW Department of Education
- NSW Police
- Communicable Diseases Network Australia (CDNA)

Stewart House is also monitoring information from broader sources including the World Health Organisation (WHO) as well as case studies of residential facilities affected by COVID-19, both from within Australia and overseas.

A COVID-19 Safety Plan has been lodged with the NSW Government.

### **INTRODUCTION**

These new conditions for Stewart House to operate have been deemed necessary following the outbreak in NSW caused by the Delta variant of the COVID-19 virus across the period April-October 2021 and the Omicron outbreak of November-February.

The Board of Directors of Stewart House has and will continue to work closely with other NSW Government Agencies in planning and managing the Stewart House Program in order to reduce the potential risk of COVID-19 transmission within the broader NSW community.

In 2022, additional risk and health restrictions will apply to determining the suitability of children for entry into the Stewart House residential setting due to the ease with which the SARS-CoV-2 Delta and Omicron strains spread within household environments

The Delta variant is estimated to spread more than twice as easily as the original virus and can also cause more severe illness. The risk of needing hospital care for people infected with the Delta variant is around double that of those infected with the Alpha variant. Compared to other variants, people infected with the Delta variant are more likely to be admitted to hospital, including to intensive care.

The following conditions will come into effect from the beginning of the school term for NSW public schools with all schools operating in a COVID-Safe way.

A placement schedule for 2022 is attached (Attachment 1)

### **SYMPTOMS OF COVID-19**

Stewart House recognises the following symptoms of COVID-19 infection: fever (37.5degrees Celsius or higher); cough; sore throat; shortness of breath (difficulty breathing); runny nose; loss of taste; loss of smell.

Other reported symptoms include fatigue, acute blocked nosed (congestion), muscle pain, joint pain, headache, diarrhoea, nausea/vomiting loss of appetite.

Unexplained chest pain and conjunctivitis (eye infection) have also been reported as symptoms of COVID-19.

In more severe cases, infection can cause pneumonia with severe acute respiratory distress.

## **PROTECTION AGAINST THE VIRUS**

COVID-19 vaccination is the best protection against severe illness and also reduces the risk of spreading COVID-19 to others. Two doses of a TGA approved vaccine (AstraZeneca, Pfizer or Moderna) and a follow up booster after 3 months:

- Reduces the chance of infection with COVID-19 by around 60% - 80%.
- Gives 90% protection against hospital admission or death from COVID-19 following infection
- Significantly reduces the overall spread of COVID-19 to others.

## **ADULTS ON THE STEWART HOUSE SITE**

NSW Public Health Orders are currently in place that mandate vaccination of employees in public health facilities, such as Stewart House. The NSW Department of Education has implemented similar health orders for its employees. All workers on the Stewart House site are therefore required to provide evidence of their double dose vaccinations and booster shots. This includes:

- All employees of the NSW Department of Education and of Stewart House, in its capacity as an Affiliated Health Organisation, under the NSW Health Services Act
- All employees of NSW Health, University of NSW and Macquarie University providing services to the Stewart House Program
- Employees or volunteers of Life Education NSW and Surf Life Saving Australia providing services to the Stewart House Program
- Any other work done under a contract of service or a contract for services
- Work done as a volunteer or for a charitable organisation
- Work done by a student of a placement program
- Work done on a temporary basis, including while acting in or filling an office or other role because of a vacancy or absence
- Workers of companies delivering goods to Stewart House

All those entering the Stewart House site must provide visual evidence of their fully vaccinated status.

The Principal of Stewart House School after confirming the vaccination status of Education employees in the Department's VACS will attest to this by writing to the Chief Operating Officer of Stewart House.

The Principal will provide evidence of the vaccination status of external education providers to the Stewart House Program.

The COO will confirm in writing to the Principal that all Stewart House employees are fully vaccinated.

The Chief Wellbeing Officer (CWO) will provide the COO with evidence of the vaccination status of regular health service providers to Stewart House.

If requested, at any time while a worker is on the Stewart House site the worker must show their vaccination status to:

- The Chief Operating Officer of Stewart House
- The Principal of Stewart House School
- The Chief Wellbeing Officer of Stewart House
- The Stewart House Site Manager rostered on duty
- a police officer
- a person authorised under the Public Health Act 2010

A QR Code will be used in conjunction with Service NSW apps to record the presence of any adult on the Stewart House site at any time.

All Stewart House employees, visitors, contractors and healthcare professionals will complete the Health Declaration and Hand Hygiene form to assist in the management of the COVID-19 Pandemic

- (a) if they are an employee, before commencement of their first rostered shift for each group worked
- (b) upon entry to the site.

All employees are to be screened and recorded using the Health Declaration Form. Each staff member is required to sign the declaration form at the beginning of each roster they work.

i.

If...	Then...
Any person meets any exclusion criteria	Exclude from Stewart House & refer to COO as to leave type.
Any person does not meet exclusion criteria & is clear to commence shift	Complete hand hygiene & commence shift.

- ii. A box for declarations is to be provided and each staff member is to place their declaration in the box. This is to be reviewed by the site manager at the beginning of the roster to ensure all staff have completed these and that the appropriate escalation steps have been implemented.

## CHILDREN PARTICIPATING IN THE PROGRAM

Children will only be invited to participate in the Stewart House Program if they can show **evidence of full COVID-19 vaccination (two doses) prior to arrival.**

An individual assessment before coming to Stewart House (boarding transport) should further confirm that a child has not attended a venue of concern, is not a contact of a confirmed case, has no symptoms of COVID-19 and has returned a negative Rapid Antigen Test (RAT) that morning. A form completed and signed by the caregiver on the day of enrolment will be collected and reviewed by:

- Stewart House staff before the child boards our buses.
- Education staff (escorts) before the child boards private bus transport to Stewart House
- The Health Liaison Officer before the child enters Stewart House buildings

It is anticipated that these measures will assist children participating in the Stewart House Program to have greater protection against the viral load prevalent in a major city such as Sydney.

The Australian Technical Advisory Group on Immunisation (ATAGI) has reviewed detailed medical evidence and recommended Pfizer's COVID-19 vaccination in all children and adolescents 5 years of age and above. In NSW, there has already been significant uptake in both age groups (5-12 and 12-18).

The vaccine helps prevent children from getting COVID-19. Although COVID-19 in children is sometimes milder than in adults, some children can get severe lung infections, become very sick and require hospitalization. Children can also have complications such as multisystem inflammatory syndrome in children which may require intensive care or long-lasting symptoms that affect their health and well-being. The virus can cause death in children, although this is rarer than for adults.

With cases of COVID-19 delta and omicron variants increasing among children, reducing viral transmission by getting vaccinated also reduces the virus' chance to mutate into new variants that may be even more dangerous.

The vaccine helps prevent or reduce the spread of COVID-19: Like adults, children also can transmit the coronavirus to others if they are infected, even when they have no symptoms. Getting the COVID-19 vaccine can protect the child and reduce the chance that they transmit the virus to others, including family members and friends who may be more susceptible to severe consequences of the infection.

Should a child, regrettably, contract the virus whilst participating in the Program, Stewart House suggests that a vaccinated child returning to vaccinated family poses less of a transmission risk to the community.

### **Poor adjustment/ school refusal:**

For any children experiencing significant difficulties transitioning back to face-to-face learning we will discuss postponing their visit.

Our Chief Wellbeing Officer suggests that we may see escalation in anxiety and other psychological distress in children as expected in the community population. Schools must flag these cases to us in order for our Wellbeing Team to monitor caseloads from entry onto the Stewart House site.

Some children may experience more distress from being away from home due to COVID-19 or from extended periods with family- The Wellbeing Team must be well placed to provide information to the child and parents around safety and precaution methods to prevent COVID-19.

Decision for student enrolment in our Program should be shared between the Stewart House Student Placement Officer, Chief Wellbeing Officer, the parents/caregivers of students, the nominating principal and the area co-ordinator with a clear understanding and documented agreement around the issues raised above and our facility's proposed risk management plans.

### **Use of Rapid Antigen Testing (RATs)**

The use of rapid antigen tests as a screening tool is another layer of protection. They are not a substitute for other public health measures. These include mask wearing, hand hygiene, getting tested if you have any symptoms, physical distancing, proper ventilation and getting the COVID-19 vaccine. Rapid antigen tests are quick, easy and safe. They provide results in 15 minutes.

The health of children participating in the Program will be monitored closely by residential and school staff. Children will be instructed to advise staff immediately if they feel unwell or have any COVID-like symptoms but all staff will be reminded to remain vigilant for changes in a child's wellbeing.

At the onset of the mildest of symptoms, a RAT will be administered. A RAT will also be administered to children on the morning of Day 2 and Day 4 of the Program. A positive test will result in further PCR testing to be undertaken by a NSLHD swab team onsite. Where symptoms persist, a negative RAT result will be re-confirmed after 24 hours.

### **Standard Precautions**

Standard precautions are a group of infection prevention practices that must be used at all times consisting of:

- Hand hygiene before and after each episode of child contact (5 moments) and after contact with potentially contaminated surfaces or objects (even when hands appear clean). Gloves are not a substitute for hand hygiene. Staff are to perform hand hygiene before putting gloves on and after taking them off. Ensure sufficient supplies of hand washing soap, alcohol based sanitiser, paper towels and large lined disposal bins are available for staff, children and visitors in all areas of including entry areas, the kitchen and laundry
- The use of appropriate personal protective equipment if exposure to body fluids or heavily contaminated surfaces is anticipated (surgical mask, protective eyewear and gloves)
- Respiratory hygiene and cough etiquette relates to precautions taken to reduce the spread of the virus via droplets produced during coughing and sneezing. Children, staff and visitors should be encouraged to practice good respiratory etiquette, which includes coughing or sneezing into the elbow or a tissue, and disposing of the tissue then cleansing the hands
- The safe use and disposal of sharps
- Regular cleaning of the environment and equipment. Disinfectant and sanitiser are to be provided next to all shared equipment including resident equipment, telephones, computers, door handles and other high touch items

- Aseptic technique
- Waste management
- Appropriate handling of linen. The Stewart House laundry uses Ozone based disinfection similar to that of major hospitals.

Standard precautions are to be used in the handling of: blood (including dried blood); all other body substances, secretions and excretions (excluding sweat), regardless of whether they contain visible blood; non-intact skin; and mucous membranes.

### **Additional COVID behaviours and practices**

In addition to standard precautions, additional practices have been identified throughout COVID-19 that support to mitigate transmission. These include:

- maintaining social (physical) distancing including avoiding small gatherings in enclosed spaces
- keeping 1.5m between people
- not shaking hands, hugging or kissing
- staggering breaks
- using own drink bottles
- no drinking from communal taps/fountains
- spacing in office/desks and staff rooms
- the use of masks on bus transport and in indoor school settings

If possible, removal of surplus furniture to a secure storage area mitigates the risk of staff congregating. In locations where staff sit together for prolonged periods of time e.g. shared office area, alternative arrangements should be made, if practicable, so that staff do not share the same closed space.

Items such as cushions and toys that cannot be effectively cleaned regularly should be removed from display and stored securely.

Where possible, handover practices are to be modified through the use of technologies to minimise cross-infection potential between shifts.

### **ROADMAP FOR TERM 1, 2022**

In accordance with previous decisions of the Board of Directors and with advice received from Governments and appropriate Government Departments, a Board-endorsed reduced program for students will continue to operate at Stewart House from 14 February 2022 and for the remainder of the Term. This will include:

1. A reduction in cohort size to 20 (10 boys, 10 girls)
2. A reduction in the length of stay to 5 days (no weekends) thus enabling a greater number of schools to avail themselves of the service – delivering an engaging COVID19 informed, needs based program
3. Acceptance of placements from only metropolitan schools mitigating transport and transmission risks by using Stewart House buses to pick up and drop off students

Stewart House School teachers, using the organisation's 25-seater buses will transport children to Stewart House from a designated pick-up point. Twenty children will stay overnight at Stewart House for 5 nights and Supervisors (Stewart House employees) will return them to their home addresses on Day 6. As masks are mandatory on public transport, this will apply to staff and students when travelling to and from Stewart House and on excursions as part of the Program.

### **Transport**

- In Term 1, 2022, all students will be transported to Stewart House by Stewart House School teachers using our 25-seater buses (two cohorts – one of boys and one of girls)
- At Stewart House students will be placed into 4 single sex classes
- From Term 2, students will travel by coach to Stewart House in cohorts of no more than 42 from the same area. This will be managed by the Area Co-ordinator
- Appropriate screening will occur before students enter the coach / bus.
  - Caregivers will be provided with information pertaining to the program from their home school principal
  - We will ask that home schools ensure that parents/caregivers complete additional information and permissions in accordance with Government and Health guidelines.
  - This documentation, handed to local area escorts or Stewart House teachers, combined with evidence already received on vaccination status will constitute the conditions necessary for a child to board our bus at the pick-up point
  - Without required documentation, the child cannot board the bus and the Principal representative will need to make appropriate arrangements
  - Similarly, a child presenting with COVID-like symptoms will not be allowed to board the bus

### **Risk Mitigation on the Stewart House Site**

Stewart House will continue to implement the following measures for children across the Stewart House site:

- minimise the use of shared bathroom facilities where possible (two children will be allocated the same toilet, shower and handbasin)
- reduce group sizes and maintain physical distancing in recreational areas and when engaging in activities outside of school hours
- stagger rostered meal times
- require mask wearing in common areas accessed by large numbers of people in accordance with NSW Government directions
- wiping down shared surfaces before and after use
- maximising physical distancing (including through floor markings and furniture placement) to reduce contact with other students and staff.
- reducing close physical contact and maintaining physical distancing between students in residential areas

Children and staff will be instructed on and frequently reminded of:

- the importance of rigorous appropriate personal hygiene practices, including washing hands for 20 seconds with soap and water at regular intervals throughout the day
- regular and appropriate use of hand sanitiser
- respiratory hygiene – covering a cough or sneeze in the crook of the arm, not into the hand
- placing used tissues and other personal items straight into a bin, then hand washing
- avoiding touching eyes, nose and mouth
- not sharing food or drink
- not sharing personal items such as mobile phones, pens and pencils

### **SITE AND LOCAL VENUE RESTRICTIONS FOR TERM 1, 2022**

These restrictions will remain in force throughout Term 1 after which a Board review of easing of restrictions may apply to groups invited to attend the program from Term 2 onwards. They are designed to meet AHCCP recommendations for physical distancing, as well as infection prevention and control, in residential care facilities by:

- a. establishing appropriate processes to assess that students, staff and visitors are well and not symptomatic (including registration of any contact with known or suspected COVID-19 cases)
- b. reducing out of facility visits to reduce risk of virus introduction into the facility

- c. reducing risk of adult to adult transmission through all staff maintaining 1.5m physical distance from other adults (especially in common spaces)
- d. revising sleeping arrangements because dormitory accommodation raises concerns around infection prevention and increases number of primary contacts should a case arise.
- e. minimising the use of shared bathrooms
- f. staggering dining times in shared dining rooms to reduce group numbers, implementing practical physical distancing and cleaning between dining sessions
- g. implementing measures to maximise physical and temporal distancing in shared recreation areas
- h. implementing appropriate infection prevention and control including normal PPE use as appropriate for tasks performed in Stewart House Health facilities (i.e. that are used in the normal conduct of performing regular duties)

## **Swimming**

No child will engage in swimming activities where public change rooms are involved. Heated pools and community venues that have re-opened according to the NSW Government's roadmap will not be used. This means that in the Summer/Autumn months, children may have access to the local rock pool at South Curl Curl only after changing on the Stewart House site.

## **Unstructured Play**

No public playgrounds will be used for recreational activities by children participating in the program. This includes local parks and playgrounds within venues such as the Zoo.

## **Excursions**

Only outside/open air venues are to be used for both school and after school activities.

## **Use of Third Party Providers**

Surf Education providers may enter the site after providing evidence of their fully vaccinated status. Life Education lessons will still be conducted remotely

Personnel from UNSW Optometry, Macquarie University Audiology and NSLHD Dental will still be required to perform screening and treatment with appropriate PPE

Registered community nurses will not be required to triage the cohort of 20 children each week in Term 1, 2021 with the proviso when necessary, Stewart House has immediate access to ED teams from NSLHD for PCR tests

## **Further site constraints:**

- No work placements or work experience students across both the residential and school components of the Program.
- No volunteers to enter the site or participate in excursions
- No family visits to children on site or extractions during their stay.
- Once we accept a child, we manage their stay including isolation if necessary and the associated accommodation, staffing and care.
- Stewart House staff will return children in our vehicles to their caregivers on Day 6 of their stay.
- Should a child fall ill across the 5 days it will be the responsibility of the Wellbeing Team to manage a care plan. The Health Liaison Officer will act as triage manager and the caregiver's permission must be sought for the child to visit an ED or medical centre for COVID unrelated opinions.

## **Managing children's illness at Stewart House**

If a child develops the mildest of COVID like symptoms:

- The child should be taken to the unused dormitory (Chill Out Room) in the Carrington Parade building (which will be used for triage and containment) to be assessed and isolated immediately.
- The HLO and CWO will be immediately contacted.
- Stewart House will comply with appropriate infection control.
- The usual assessment of the child's condition should be carried out by trained staff wearing appropriate PPE and a determination made on whether the child requires urgent medical assistance. If so, an ambulance should be called immediately.
- The unwell child should remain in the clinic or dormitory, isolated from all other staff and students and a Rapid Antigen Test administered
  - A Positive or inconclusive test will require a PCR test to be administered
  - A Negative result will be re-confirmed within 24 hours and isolation precautions maintained.
- With regards to the PCR test, where possible, the person conducting the test should come to Stewart House to avoid unnecessary transportation of the student using our established processes with NSLHD to conduct on-site testing if required.
- Meals should be delivered to the student in isolation using disposable plates and cutlery during this time without direct contact with the student. Staff collecting dishes such as plates from the student's room must be wearing PPE.

Parents/carers should be notified that the child is unwell and will be tested for COVID-19. The school, parents, and health team should undertake a risk assessment to determine the most appropriate arrangements for managing the child (such as whether parents could pick up the child and take them home, or whether isolation in place or another location is preferred).

### **Negative test for COVID-19**

If the test is negative, and unless the child is a known contact of a confirmed case, usual processes around supporting students while recovering from illness, including personal hygiene arrangements to minimise the risk of others becoming unwell at Stewart House, will be followed.

### **Positive test for COVID-19**

The Chief Wellbeing Officer and School Principal will manage the child's return to family in consultation with the Public Health Unit or DOE Health & Safety Directorate. The child should not return to school until either of these officials confirm that he/she is no longer infectious and arrangements are in place to support a return to school.

All confirmed cases will be immediately assessed by NSW Health to determine whether the child or staff have been infectious while at Stewart House and to determine the appropriate course of action required to minimise the risk to the wider community. These will include:

- Contact tracing to identify all close contacts to a confirmed case.
- Making the Stewart House Program non-operational while the contact tracing process is completed
- Communication with parents advising them whether their child has been in contact with a confirmed case
- Thorough cleaning of the site to ensure the environment is clean and safe prior to the Program resuming

Parents will be notified formally in writing if their child has been in contact with someone who has tested positive to COVID-19 while at Stewart House. Students who are identified as close contacts will be required to remain in home isolation and not return to their home school for 14 days from the last possible contact

Students who are identified as casual contacts will be required to have a negative COVID-19 test prior to returning to school. All families will receive a formal letter from Stewart House to advise what to do if they were part of a separate cohort when the confirmed case was considered to be infectious.

Caregivers will be notified when a decision is made to make the Stewart House Program non-operational to enable the contact tracing process to take place and/or to have the site thoroughly cleaned.

## **Sickness**

- The parent/caregiver of any child presenting with sickness (other than influenza/COVID symptoms) needing medical attention whilst at Stewart House will be contacted by the Health Liaison Officer and permission sought to attend a local GP clinic or hospital ED.
- A Rapid Antigen Test will be administered before the child is taken off-site.
- A child presenting with flu-like symptoms should be taken to the unused dormitory (Chill Out Room) in the Carrington Parade building (which will be used for triage and containment) where the student can be assessed and isolated immediately.
- The usual assessment of the child's condition should be carried out and a determination made on whether the student requires urgent medical assistance. If so, an ambulance should be called immediately.
- If the child has mild symptoms such as:
  - Cough
  - Shortness of breath
  - Sore/scratchy throat
  - Fever and the RAT is positive or inconclusive then:
    - Northern Sydney LHD will send a Swab team to Stewart House to conduct testing on the child and those in immediate contact to avoid unnecessary transportation/exposure of the student. Consultation may also be necessary with the NSW DOE's Health & Safety Directorate
    - In these matters, the Chief Wellbeing Officer will be the decision maker
- Stewart House staff coming in contact with the infected child should use personal protective equipment – disposable gloves and masks
- Contaminated clothing, linen and towels should be placed in a designated red bin and laundry staff informed of its contents to ensure protected handling
- Results of the test should be fast tracked and meals should be delivered to the student using disposable plates and cutlery during this time.
- A positive test will invoke the Confirmed Case Protocols
- A negative test will still require careful monitoring
- Parents and caregivers will be notified when a decision is made to make the site non-operational to enable the contact tracing process to take place and/or to have the site thoroughly cleaned.
- We will seek permission to use the NSW DOE's information channels as well as our own website and Facebook
- Where there is a confirmed case of COVID-19, specialist cleaning will be carried out across the site in accordance with NSW Health protocols before Stewart House resumes operation again and we will negotiate the use NSW DOE resources for this purpose.
- Stewart House must report confirmed cases of COVID-19 to the Incident Report and Support Hotline on 1800 811 523 only if the confirmed case has been on the site within the previous three (3) weeks. All reports received will be reviewed by NSW Health and treated as confidential. Advice will be provided to the school on any actions required. Where the confirmed case has not been on the Stewart House site within the last three weeks, this is considered a private health matter and the person will be supported by NSW Health

## **Accommodation, Sleeping, Showering, Bathroom Arrangements**

- Each student will be allocated the same bed, table & chair (dining room), classroom and space on the cabin floor and lounges for the duration of their stay
- Shower, toilet and handwashing facilities, in some cases, may be shared one between two.
- Students may have access to these facilities during the school day
- Cabins will be re-arranged so spacing and social distancing is appropriate
- Mattresses and bedding superfluous to need will be removed from sleeping areas
- Towels will be laundered daily and bed linen changed after two/three nights
- Children's clothing will be washed when required – new clothes to be issued on need
- Bathrooms across cabins will be used for regular sanitation purposes
- Additional waste receptacles will be installed
- Supervisors will disinfect and wipe down bunks every morning (on change of bed linen, mattresses and pillows will also be sanitised).

### **Dining room**

- Staggered mealtimes for no more than 10 children at each sitting with no crossovers
- Children will take all meals in the dining room (with the exception of lunch at the Taronga Zoo excursion and Friday school activity off-site)
- All surfaces will be cleaned between meal sittings by a supervisor or teacher with time buffer zone of 5 min.
- Meals & cutlery delivered to children at tables with social distancing observed
- The kitchen and preparation areas will be exclusion zones (no children and no general staff apart from service staff)

### **Common Areas**

- Areas not required will be taken out of use and furniture removed which impedes flow or social distancing requirements
- A cleaning schedule will tie in with rosters and all staff will be instructed in the appropriate cleaning regimes and use of PPE.
- All windows to be opened during the day for ventilation
- Congregation of all 20 children and their supervisors and/or teachers will be avoided at all cost (no assemblies or shared excursions)
- For contact tracing purposes:
  - The 10 downstairs girls will come into contact with 2 supervisors and be enrolled in two classes (Dolphins) with no more than 2 teachers and two SLSOs
  - The 10 downstairs boys will come into contact with 2 supervisors and be enrolled in two classes (Stingrays) with no more than 2 teachers and two SLSOs
- This means all of the cohort will be taught in single sex classes
- Both the Main Office and School Office will have restricted entry (students entering these areas should be avoided)
- Visitors, apart from those delivering essential services, will be prevented from entering the site and all will need to show evidence of double vaccination

### **Handovers**

- AM - teachers to collect children from cabins
- PM - supervisors to collect children from classrooms

### **Shared spaces – Cinema, School Hall, Recreation Rooms**

- Physical distancing to be observed at all times
- Designated times for each class/cabin group with limited use and no cross overs
- Cleaning of all hard surfaces and screens after each use by supervisor or teacher in charge of the activity

### **Off-site activity**

- These will be in class/cabin groups with each class allocated its own bus and each child designated a seat – there will be no shared activities
- No venues visited to have any more than one cabin/class group at any one time
- Cleaning of equipment and buses after each use will be strictly imposed
- Hand hygiene will be practiced every time a child boards the bus
- Each venue to be monitored for general public presence and a determination made as to whether the activity continues
- Utilise outdoor areas on site for information transfer (weather permitting)
- Important information transfer via cabin supervisors and looped PowerPoint presentations on screens in cabins
- Bus AC set to fresh air – see manual

#### **Return to Home on Day 6 (Saturday)**

- In term 1 students will be transported to their home address on the Saturday in two Stewart House 25-seater buses. Children will travel with the same group of children from arrival, across the Program to eventual return to home address.
- Routes will be carefully planned and supervisors will use their own discretion for rest stops to observe appropriate social distancing and so as to not adversely expose children to crowds.

#### **ROADMAP FOR TERM 2, 2022 AND BEYOND**

This will developed after the above protocols are tested in Term 1 and in accordance with Government Agency advice.

#### **ATTACHMENT 1**

<b>TERM 1</b>	one-week group with 3 pick ups and drop offs		
Week 2	5 days		
Group 1	07/02 - 12/02/2022	Fairfield	20
Group 2	14/02 - 19/02/2022	Fairfield	20
Group 3	21/02 - 26/02/2022	Sutherland	20
Group 4	28/02 - 05/03/2022	Sutherland	20
Group 5	07/03 - 12/03/2022	Ryde/Northern Beaches	20
Group 6	14/03 - 19/03/2022	Ryde/Northern Beaches	20
Group 7	21/03 - 26/03/2022	St George	20
Group 8	28/03 - 02/04/2022	St George	20
Group 9	04/04 - 09/04/2022	Bondi	20
<b>TERM 2</b>	transport to and from Stewart House by coach		
Week 1	3 days		
Group 10	02/05 - 13/05/2022	Tamworth	42
Group 11	16/05 - 27/05/2022	Armidale	42
Group 12	30/05 - 10/06/2022	Griffith	42
Group 13	14/06 - 24/06/2022	Wagga	42
Week 10	5 days		
<b>TERM 3</b>	transport arrangements to be advised		
Group 14	19/07 - 29/07/2022	Albury/Deniliquin	42
Group 15	01/08 - 12/08/2022	Tweed Heads	42
Group 16	15/08 - 26/08/2022	Lismore	42
Group 17	29/08 - 09/09/2022	Mid North Coast	42
Group 18	12/09 - 23/09/2022	Port Macquarie	42
<b>TERM 4</b>	transport arrangements to be advised		
Group 19	10/10 - 21/10/2022	ACT	42
Group 20	24/10 - 04/11/2022	Central Coast/Upper Hunter	84 50 / 30
Group 21	07/11 - 18/11/2022	Orange Lachlan / Bathurst	84 46 / 36
Group 22	21/11 - 02/12/2022	Bourke / Dubbo	84 34 / 50
Group 23	05/12 - 16/12/2022	Broken Hill / Moree	84 32 / 20 / 32
Week 11	4 days		

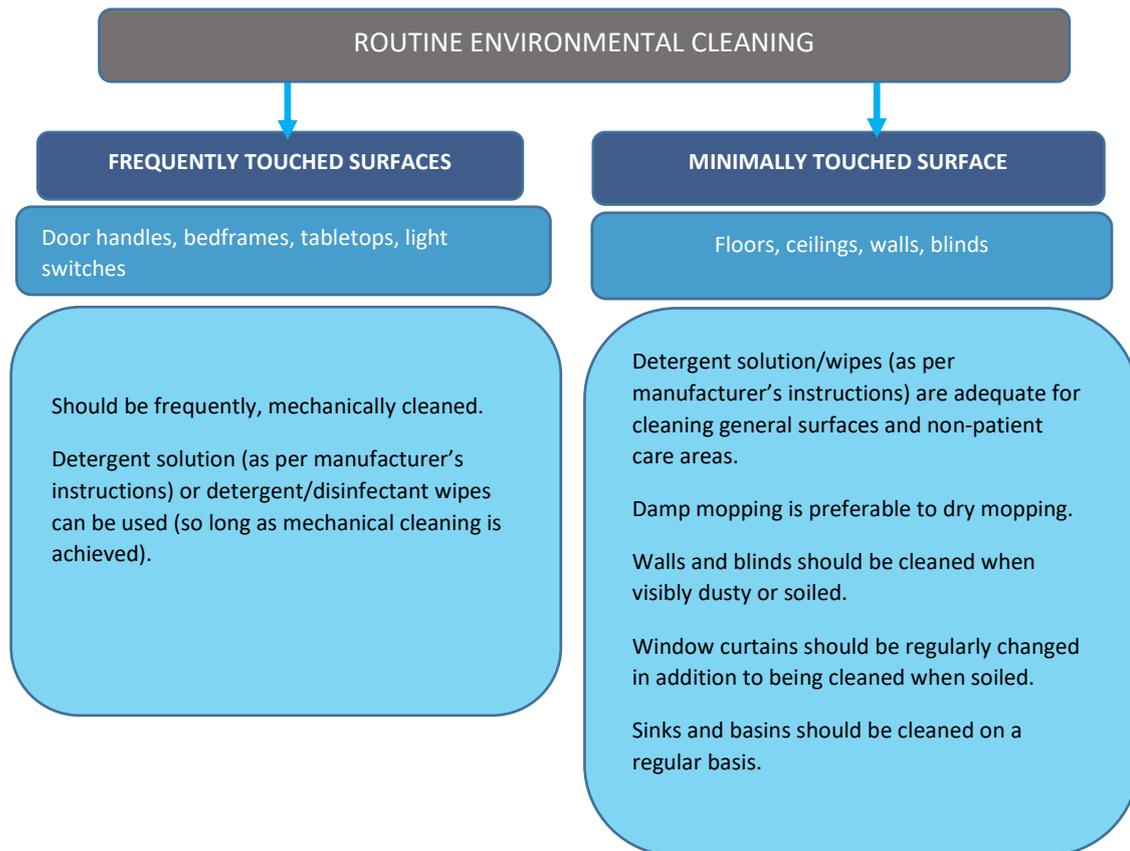
## ATTACHMENT 2

## ENVIRONMENTAL CLEANING AND DISINFECTION PRINCIPLES AT STEWART HOUSE

Cleaning is an essential part of disinfection. Organic matter can inactivate many disinfectants. Cleaning reduces the soil load, allowing the disinfectant to work. Removal of germs such as the virus that causes COVID-19 requires thorough cleaning followed by disinfection. Coronaviruses can survive on surfaces for many hours but are readily inactivated by cleaning and disinfection.

Stewart House staff will routinely clean surfaces as follows:

- Clean frequently touched surfaces with detergent solution
- Clean general surfaces and fittings when visibly soiled and immediately after any spillage.



## Hand hygiene

Soap and water can be used for hand hygiene at any time and should be used when hands are visibly soiled.

Alcohol-based hand rub (sanitiser) will be used if soap and water are not readily accessible, except when hands are visibly soiled.

Cleaning hands regularly also helps to reduce environmental contamination.

## Information for staff responsible for cleaning Stewart House residential care facilities

The risk when cleaning is not the same as the risk when face-to-face with a sick person who may be coughing or sneezing.

- avoid touching their face, especially their mouth, nose, and eyes when cleaning.
- wear impermeable disposable gloves and a surgical mask
- use alcohol-based hand rub before putting on and after removing gloves.

Alcohol-based hand rub should also be used before putting on and after removing the surgical mask. If there is visible contamination with respiratory secretions or other body fluid, cleaners should wear a full length disposable gown in addition to the surgical mask, eye protection and gloves.

## Use of disinfection

A key way to protect from the risk of exposure to COVID-19 is by implementing appropriate cleaning and disinfecting measures across the Stewart House workplace. A combination of cleaning and disinfection will be most effective in removing the COVID-19 virus. Workplaces must be cleaned at least daily. Cleaning with detergent and water is sufficient.

- Stewart House will do a 2-in-1 clean and disinfection by using a combined detergent and disinfectant.
- Stewart House staff will use ready-made disinfection products. Sanophene – a hospital grade commercial disinfectant (with 50g/L quaternary ammonium compounds) for all hard surfaces and SpraySan – food grade sanitiser following the manufacturer's instructions (Hammersley Australia)
- Wipe the area with solution using disposable paper towels or a disposable cloth.
- Dispose of gloves and mask in a leak proof plastic bag.
- Wash hands well using soap and water and dry with disposable paper or single-use cloth towel. If water is unavailable, clean hands with alcohol-based hand rub.
- Work in a well ventilated area and wear PPE

## Communal staff, public and client support areas

These environments include (but are not limited to), dining rooms, staff meeting rooms, bus transport, onsite recreation rooms.

Stewart House will minimise the risk of transmission of COVID-19 in these settings through a good standard of general hygiene. This includes:

- Promoting cough etiquette and respiratory hygiene.
- Routine cleaning of frequently touched hard surfaces with detergent/disinfectant solution/wipe.
- Providing adequate alcohol-based hand rub for consumers to use. Alcohol-based hand rub will be available, especially in areas where food is on display and frequent touching of produce occurs.
- Training staff on use of alcohol-based hand rub.

- Vehicle air-conditioning should be set to fresh air



## Health care settings

### Communal areas

- Perform routine cleaning of frequently touched surfaces with detergent/disinfectant solution/wipe at least daily or when visibly dirty.
- High traffic areas including hand rails will be cleaned twice daily
- Floors should be cleaned using a detergent solution or vacuumed daily.

## **Cabins**

- Supervisors will clean and disinfect frequently touched surfaces with detergent and disinfectant wipe/solution between each episode of use, taking care to clean/disinfect surfaces in areas that children have directly in contact with or have been exposed to respiratory droplets.
- Bed frames of bunk beds will be disinfected daily (each morning) and mattresses and pillows will be wiped down with disinfectant according to the frequency of changes of bedlinen

## **Optometric/Audiology care**

- Clean and disinfect frequently touched surfaces with detergent and disinfectant wipe/solution at least daily or more frequently in high intensity or high traffic areas.
- Clean and disinfect equipment after each use (as per normal infection prevention and control practice).
- Clean and disinfect surfaces that have been in direct contact with or exposed to respiratory droplets between each patient episode.

## **How can we help prevent the spread of COVID-19?**

Practising good hand and sneeze/cough hygiene is the best defence against most viruses. You should:

- wash your hands frequently with soap and water, before and after eating, and after going to the toilet
- cover your cough and sneeze, dispose of tissues, and use alcohol-based hand sanitiser
- practice social distancing and, if unwell, avoid contact with others (stay more than 1.5 metres from people).

COVID-19 spreads through respiratory droplets produced when an infected person coughs or sneezes. A person can acquire the virus by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

## **How to clean and disinfect**

Cleaning means to physically remove germs (bacteria and viruses), dirt and grime from surfaces using a detergent and water solution. A detergent is a surfactant that is designed to break up oil and grease with the use of water. Anything labelled as a detergent will work.

Disinfecting means using chemicals to kill germs on surfaces. It's important to clean before disinfecting because dirt and grime can reduce the ability of disinfectants to kill germs. Disinfectants containing greater than equal to 70% alcohol, quaternary ammonium compounds, chlorine bleach or oxygen bleach are suitable for use on hard surfaces (that is, surfaces where any spilt liquid pools, and does not soak in). These will be labelled as 'disinfectant' on the packaging.

Cleaning should start with the cleanest surface first, progressively moving towards the dirtiest surface. When surfaces are cleaned, they should be left as dry as possible to reduce the risk of slips and falls, as well as spreading of viruses and bacteria through droplets.

Before a surface is disinfected, it is important it is cleaned first because dirt and grime can reduce the ability of disinfectants to kill germs. Disinfectant may not kill the virus if the surface has not been cleaned with a detergent first. The packaging or manufacturer's instructions will outline the correct way to use disinfectant. Disinfectants require time to be effective at killing viruses. If no time is specified, the disinfectant should be left for ten minutes before removing.

## **What is the difference between cleaning and disinfecting?**

**Cleaning** means to physically remove germs (bacteria and viruses), dirt and grime from surfaces using a detergent and water solution. A detergent is a surfactant that is designed to break up oil and grease with the use of water.

**Disinfecting** means using chemicals to kill germs on surfaces. It's important to clean before disinfecting because dirt and grime can reduce the ability of disinfectants to kill germs. Disinfectants containing  $\geq 70\%$  alcohol, quaternary ammonium compounds, chlorine bleach or oxygen bleach are suitable for use on hard surfaces (that is, surfaces where any spilt liquid pools, and does not soak in).

### **Which areas should be cleaned and disinfected, and how often?**

Any surfaces that are frequently touched should be prioritised for cleaning, e.g. door handles, hand rails, counters, phones, computers and amenities (such as toilets). Any surfaces that are visibly dirty, or have a spill, should be cleaned as soon as they are identified, regardless of when they were last cleaned.

Workplaces should be cleaned at least every day. Disinfectants are usually only necessary if a surface has been contaminated with potentially infectious material. If your workplace has many customers or others entering each day, more frequent disinfection is recommended. If your workplace is only attended by the same small work crew each day and involves little interaction with other people, routine disinfection in addition to daily cleaning may not be needed.

### **Does every surface need to be cleaned?**

You don't need to clean every surface. The virus is transmitted by breathing in droplets produced by an infected person coughing or sneezing, or contact with contaminated surfaces, so you only need to clean surfaces that are touched. This is true whether the touching is deliberate (e.g. a door knob) or incidental (e.g. brushing a door when reaching for the door knob). There are some surfaces that are never touched (e.g. ceilings and cracks and crevices in machinery) and these do not need to be cleaned and disinfected.

### **Do I need to clean areas or equipment daily if no one has entered the area or used the equipment recently?**

Research suggests that the virus can survive on soft, porous surfaces (such as cardboard and fabrics) for up to 24 hours and hard surfaces such as plastic and stainless steel for up to 72 hours (three days). Any areas which have not had recent human contact, that is within the last few days, are unlikely to be a potential source of infection. You should consider this when deciding whether an area or equipment needs to be cleaned.

### **Is a sanitiser a disinfectant?**

A sanitiser is a chemical that is designed to kill some bacteria and some viruses that can cause disease in humans or animals. These chemicals are not as strong as disinfectants, which makes them safe to use on skin. If you're disinfecting a hard surface or inanimate object, a disinfectant is the best option.

### **What should my workers wear to clean?**

In most circumstances, it will not be necessary for workers to wear protective clothing to clean your workplace. However, workers should use personal protective equipment (PPE) that is necessary for the products they are using. As a starting point:

- Gloves are the minimum requirements
- Medical masks should be used if cleaning an area impacted by a suspected or confirmed COVID-19 case.

- Gowns and disposable suits are not required. Clothes that can be washed afterwards are suitable.
- You need to provide any PPE and train your workers on how to use it safely.

### **Does heating or freezing kill the virus?**

Extreme heat will destroy COVID-19 but is not recommended as a general disinfection method. Steam and boiling water can easily burn workers and should only be used by trained personnel with specialised equipment. Viruses are generally resistant to the cold and can survive longer if frozen than if left outside at room temperature.

### **Will an antibacterial product kill COVID-19?**

Antibacterial products are designed to kill bacteria. However, COVID-19 is caused by a virus rather than by bacteria, so an antibacterial product is not necessary. Detergent and warm water are suitable for cleaning surfaces and should be used prior to using a disinfectant. For cleaning hands, regular soap and warm water is effective.

### **Are there any cleaning methods I shouldn't use?**

Avoid any cleaning methods that may disperse the virus or create droplets, such as using pressurised water, pressurised air (including canned air cleaners), dry cloth and dusters.

Fumigation or wide-area spraying (known as 'disinfectant fogging') is not recommended as it does not clean surfaces and there is insufficient evidence that it is effective at killing COVID-19. Additionally, if not done correctly it can expose workers and others to hazardous chemicals.

### **How do I clean linen, crockery and cutlery?**

If items can be laundered, launder them in accordance with the manufacturer's instructions using the warmest setting possible. Dry items completely. Do not shake dirty laundry as this may disperse the virus through the air.

Wash crockery and cutlery in a dishwasher on the highest setting possible. If a dishwasher is not available, hand wash in hot soapy water.

### **What else can I do?**

- Minimise touching of surfaces; put up signs and support your workers in reminding clients
- Reduce the number of touch points for workers
- Provide hand washing facilities or hand sanitiser at entry and exit points if possible