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School Excursions to the ACT

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Introduction

The National Capital is a unique educational tourism destination, showcasing 'The Australian Story' with our country's history, heritage and culture magnificently displayed in Canberra attractions.

Over the past 20 years the number of schools visiting Canberra on a school excursion has continued to increase. Students from around Australia each year take the pilgrimage to Canberra, Australia's National Capital, to connect with the democracy, history, and culture of our nation by participating in well developed, curriculum-linked educational programs offered by Canberra's National Capital Attractions.

Over 170,000 students visited Canberra in 2019. A school excursion to Canberra is a highly organised undertaking, with schools' bookings sometimes 3 years in advance. Schools primarily use transport and tour operators to assist in planning due to the volume of work related to booking all parts of the excursion and developing a comprehensive itinerary of visits to Canberra attractions.

Following are some characteristics of the Canberra excursion market:

- Schools travel in a range of group sizes, ranging from 25–120 students.
- Students travel with teachers, at a general ratio of 1 teacher to 10 students.
- Occasionally groups travel with parents and other school staff.
- School visitation generally ranges from 2–4 days.
- They visit around 12 attractions during a visit (3–4 per day) and undertake recreational activities in down times.
- Schools travel from metropolitan and regional areas.
- The majority of students travel from New South Wales.
- The vast majority of students are from Years 5–6 (10–12 years old).
(high school groups also travel, in smaller numbers).
- The peak period of school visitation is August and September (up to 23,000 students each month).

The above introduction and the following pages 4–8 were provided by the National Capital Educational Tourism Project (NCETP) as an overview of the Canberra school excursions market, to help Aspen Medical prepare the recommended COVID-19 safe protocols outlined in this document.

National Capital Educational Tourism Project

The goals of the National Capital Educational Tourism Project (the NCETP) are achieved through creating the relevance of a school excursion to the National Capital; this relies on Canberra attractions presenting educationally viable programs.

The NCETP has developed a collaborative marketing approach among a wide range of attractions, as promoting the attractions together as 1 package is more powerful than individual attractions promoting themselves to attract school visitors.

The NCETP has developed relationships with all levels of Government that assist the promotion of the National Capital as an educationally focussed destination. The National Capital offers the Australian Government a way to fulfil its objectives of increasing Civics and Citizenship education. Few initiatives provide as much real satisfaction to Members of Parliament and the wider community as seeing school children enjoying the learning experience of visiting the National Capital.

Background to the Protocols

The NCETP asked Aspen Medical to develop a set of protocols to ensure school excursions to Canberra can recommence and travelling schools have confidence in the safety of their students during the recovery phase of the COVID-19 pandemic. These recommendations will also provide confidence to the Canberra tourism industry and wider community that risk of interstate student visitation is minimised.

Current advice from state and territory education departments on how schools should operate during the COVID-19 recovery phase includes restrictions on some school activities, including the cancellation of school excursions. In some cases, these are in place up until the end of 2020.

The NCETP believes schools can travel safely to Canberra and that this set of protocols addresses important issues assisting schools and education departments to reconsider restrictions on excursions to Canberra. The attraction and accommodation sectors support this view and commit to following advice these protocols provide in regard to operation and cleanliness.

These protocols address all components of a school excursion experience, from departure to return, including travel, accommodation, and visits to attractions.

This document is targeted to the attractions' education programs, school accommodation venues, coach companies and schools.

Teachers are required to prepare extensive risk assessment paperwork before an excursion. It is imperative teachers are provided with evidence they need to ensure school management and parents that Canberra excursions can continue to be a safe experience for young Australians.

Industry Endorsement

The Canberra school excursions market is committed to supporting these recommended protocols to manage and protect school visitation to Canberra. The NCETP Stakeholder Council, Chaired by Rob Stefanic, Secretary of the Department of Parliamentary Services and including representations from the Australian Capital Territory (ACT) Government, National Capital Attractions Association, Australian War Memorial, Museum of Australian Democracy, National Capital Authority, National Gallery of Australia, National Museum of Australia and Questacon also provide their endorsement on these protocols as a way forward to building the market safely within the ongoing COVID-19 environment.

Canberra School Excursions Mapping

The following is a simple overview of Canberra excursion components:

Coach	<ul style="list-style-type: none"> > Pick up at school, travel to Canberra, transfer around Canberra and return to the school Maximum coach size 66 pax (2 classes).
Airlines	<ul style="list-style-type: none"> > Coach travel to airports, or parent drop off. > Group travel with special congregation areas and check-in. > Use of airport facilities. > Flights to and return from Canberra.
Rest Stops	<ul style="list-style-type: none"> > e.g. Service centres. > Food purchase, toilet use. > Travel to and return from Canberra.
Accommodation	<ul style="list-style-type: none"> > Provides bed, breakfast, packed lunch, dinner. > Shared bathrooms, dining areas and recreational areas. > 2–8 students per room, 1 teacher per room.
Caterers	<ul style="list-style-type: none"> > Packed lunch delivered from accommodation. > Accommodation engage external caterers. > Some potential food purchase from attractions. > Use of restaurants in house dining or for delivery.
Attraction Visitation	<ul style="list-style-type: none"> > Consists of attractions with facilitated and self-guided programs, interactive and hands-on program activities. > Program group sizes vary depending on type of activities and which spaces are used within attractions (large groups are often split into smaller groups, on rotation). > School group programs must be booked. > Most attractions will have multiple schools visiting at one time.
Recreational activities	<ul style="list-style-type: none"> > Range of indoor and outdoor activities including movies, bike riding, interactive games.

National Capital Attractions

The NCETP works with around 25 attractions playing an important role in the overall Canberra excursion experience. Some attractions are Australian Government or Australian Capital Territory Government (ACT Government) entities, while some are private sector attractions. All run dedicated education programs.

Attractions are listed at canberraexcursions.org.au/national-capital-attractions-details.

- Primarily hands-on program activities at attractions are based on exploration of hands-on, interactive displays.
- Partial hands-on activities at attractions include exploration of hands-on activities, use of iPads, object handling etc.
- Outdoor attractions utilise both outdoor and some indoor spaces.
- Schools have general contact with all attraction facilities, including public spaces, seating, toilets, shops, and cafes.
- All school groups are provided with a level of staff facilitation, ranging from fully facilitated programs, to self-guided programs with introductory facilitation, and engagement with gallery hosts and other staff.
- School groups must be booked due to volume of schools visiting in peak periods – attractions do not have the capacity to accommodate unbooked groups.

Additional notes on attractions:

- Australian Government attractions are mostly separate agencies that operate with their own internal protocols under guidance from the Government. They reside in different Australian Government portfolios, with the largest group in the Arts portfolio.
- To be eligible for the Parliament and Civics Education Rebate (pacer.org.au) students must visit Australian Parliament House (Guided Tour and where possible a role play in the Parliamentary Education Office), Museum of Australian Democracy at Old Parliament House and/or National Electoral Education Centre and the Australian War Memorial. If a school is unable to secure a booking at a mandatory attraction they can participate in a program at Government House, the High Court of Australia, the National Archives of Australia, National Capital Authority, the National Gallery of Australia, the National Museum of Australia, or the National Portrait Gallery to satisfy PACER requirements.

Non-Attraction Partners

Tour & Transport Operators

- There are over 200 tour and transport operators Australia-wide working in the Canberra school excursion market.
- They provide itinerary planning and booking services and provide coach travel, either with their own coaches or through contracts with other coach companies
- Operators carry a certain level of responsibility over the success of the excursion experience and the safety of students and teachers.

Airlines & Air Travel

- All schools using airline travel also require a coach for transfer around Canberra.
- Some schools fly/drive (1-way on a flight, 1-way on a coach).
- Schools may fly into Sydney and travel by coach to Canberra.
- Schools use Qantas and Virgin.

Accommodation Venues

- There are around 20 school accommodation providers, listed at <https://canberraexcursions.org.au/accommodation>.
- They consist of not-for-profit community organisations and private sector operations.
- Some are purpose built; others are repurposed 3-star hotel/motels.
- Room styles range from hotel room twin/triple share to dormitory style.
- Some dining spaces can cater for more than 1 school; others operate meal rosters.

Purpose

The ACT Government's Stage 3 Canberra Recovery Plan commencing in mid-July 2020 saw the easing of restrictions and the opening of galleries, museums, national institutions and historic places for the purpose of increased public access.¹ The reopening of these venues permits an opportunity for the development of risk mitigation strategies in correspondence with current ACT Coronavirus 2019 (COVID-19) regulations and Chief Health Officer advice. These risk mitigation strategies will be developed for the direct purpose of reactivating local and interstate school excursions visiting these establishments.

The purpose of this summary is to apprise key stakeholders of the low COVID-19 transmission risks associated with child–child and child–adult interactions within the school environment. Physical distancing of children in schools is no longer required under Australian Health Protection Principal Committee (AHPPC) advice² and therefore maintaining 1.5 metre physical distancing between children is not necessary when children are travelling as a cohort.

COVID-19 Background

COVID-19 is a respiratory illness caused by a new virus. Symptoms can include fever, cough, sore throat and shortness of breath; people may also experience the loss of sense of smell and taste.³ COVID-19 is primarily spread by respiratory droplets released when people talk, cough or sneeze within close proximity. It is thought the virus may also spread from through people touching contaminated surfaces, then touching their nose or mouth, causing infection.⁴

¹ ACT Government COVID-19 Canberra's Recovery Plan https://www.covid19.act.gov.au/__data/assets/pdf_file/0007/1551778/CV_Roadmap_Recovery-plan_ease-of-restrictions_0.4.1.pdf

² Australian Health Protection Principal Committee (AHPPC) <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>

³ Australian Health Protection Principal Committee (AHPPC) <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-advice-on-reducing-the-potential-risk-of-covid-19-transmission-in-schools>

⁴ Australian Health Protection Principal Committee (AHPPC) <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-advice-on-reducing-the-potential-risk-of-covid-19-transmission-in-schools-24-april-2020>

Current Research & Findings

On 24 April 2020 the Australian Government Department of Health published an updated statement regarding 'Advice reducing the potential risk of COVID-19 transmission in schools', (originally released 16 April 2020), in which the AHPPC stated it does not believe venue density restrictions of more than 1 person per 4 square metres is practical between children in classrooms and school corridors, and does not endorse the recommendation of maintaining 1.5 metres between children during activities.⁵ It advises, however, that physical distancing of at least 1.5 metres between adults (advocated by the World Health Organization) must continue within the school environment.⁶

The National Centre for Immunisation Research and Surveillance (NCIRS) proposes that globally, the control of COVID-19 has primarily focussed on public health measures in the implementation of strict physical distancing, cough etiquette and hand hygiene practices. As a result, we saw the closure of schools throughout Australia, as it was initially feared the virus could spread rapidly within these congregate settings. Children, particularly in school settings, have previously played a significant role as super spreaders for similar respiratory viruses e.g. influenzas, and were originally predicted to play a similar role as a primary driver in accelerating the spread of COVID-19. However, what we now understand from available data is that child–child or child–adult spread with adults deemed low risk is not as common as adult–adult spread. This is further supported by Munro and Faust's (2020)⁷ article '*Children are not COVID-19 super spreaders: time to go back to school*', which suggests children are less likely to contribute to the spread of COVID-19; instead suggesting the main risk of COVID-19 transmission in the school environment is adult–adult.

While children are not immune to COVID-19 they generally present with milder symptoms than adults. Why this is the case is unclear, but international data has shown children with mild symptoms generally only have low viral loads. In recent studies it has been hypothesised that the lower risk among children may be due to the differential expression of Angiotensin-Converting Enzyme 2 (ACE2), the receptor that Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) uses for host entry. It is speculated that children may be less sensitive to COVID-19 because the maturity and binding function of ACE2 in children is lower than in adults.⁸ Though the outcome of these studies is being debated it may be theorised that primary school aged children are less likely to be the primary drivers in the spread of COVID-19 in a school or in a community.⁹

⁵ Australian Health Protection Principal Committee (AHPPC) <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-coronavirus-covid-19-statements-on-24-april-2020>

⁶ Victoria State Government – Education and Training <https://www.education.vic.gov.au/parents/Pages/Physical-distancing,-health-and-hygiene.aspx>

⁷ Munro APS, Faust SN. *Arch Dis Child* 2020; 105:618–619. *Children are not COVID-19 super spreaders: time to go back to school.* <http://adc.bmj.com/>

⁸ *Nasal Gene Expression of Angiotensin-Converting Enzyme 2 in Children and Adults.* Supinda Bunyanich, MD, MPH, Anh Do, PhD, Alfin Vicencio, MD Published online May 20, 2020 accessed 15/07/2020 JAMA. 2020;323(23): 2427-2429. doi:10.1001/jama/2020.8707

⁹ Murdoch children's research institute Royal Children's Hospital <https://www.mcri.edu.au/covid-19/FAQ>

An investigation by the NCIRS in New South Wales schools identified 15 schools with a total of 18 confirmed COVID-19 cases (9 children and 9 teachers) with a total of 863 close contacts. Of these 863 close contacts only 2 students were identified as secondary cases. No evidence of children infecting teachers was found.¹⁰

Further studies conducted overseas which reference the NCIRS investigation indicate that, whilst schools have implemented strategies to minimise risk, the school environment should not be considered a high-risk setting for the transmission of COVID-19 either between children, or between children and staff. The 1.5 metre physical distancing applied to adults therefore is not required in reference to children as a cohort.¹¹

Disclaimer of Liability

Aspen Medical, founded in 2003, is an Australian-owned, multi award-winning global provider of guaranteed, innovative, and tailored healthcare solutions. The following infection prevention and control protocols are recommendations that reflect the current literature of the state of infection control knowledge when applied to the prevention of the transmission of COVID-19. The following protocols have been developed to assist key stakeholders with decisions during the COVID-19 pandemic outbreak. Every effort has been made to ensure the accuracy of content provided within these protocols but key stakeholders should be aware that due to the current climate, infection control and risks, COVID-19 is a rapidly evolving situation and guidelines/protocols may change to reflect knowledge in the transmission of the COVID-19 virus. The author accepts no responsibility for any inaccuracies, information perceived as misleading or success or failure of any treatment regimen detailed. Users of these protocols are strongly recommended where possible to confirm that information is correct by way of independent resources.

The inclusion of external links and information resources used in the development of these recommendations have been made available.

¹⁰ *The National Centre for Immunisation Research and Surveillance (NCIRS) COVID-19 in schools -The experience in NSW*
http://ncirs.org.au/sites/default/files/202004/NCIRS%20NSW%20Schools%20COVID_Summary_FINAL%20public_26%20April%202020.pdf

¹¹ *Euro surveillance | No evidence of secondary transmission of COVID-19 from children attending school in Ireland, 2020*
https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.21.2000903#html_fulltext

Recommendations & Discussion

Excursions are an opportunity for children to experience new places and activities. However, during the COVID-19 Recovery phase, careful planning is needed to assess and minimise risk.

AHPPC advice states it is unnecessary for a group of school children to maintain 1.5 metre physical distancing during times of school activities.

The ACT Government has released a guideline for end of year events at non-school venues, which states 'COVID-safe practices such as physical distancing between adults (not including household groups or students from the same school), density requirements (except for on-site graduations), and increased hygiene measures are still required.'¹²

This in turn proposes children from the same school may be considered a cohort.

Cohort does not refer to the number of children within a group, but rather is defined as a group of people with shared characteristics, e.g. a class group or a year level of multiple classes that have been established as a cohort in 1 area.

In saying this, AHPPC advice should not be interpreted to mean all children within a school environment can be considered cohorts. An effort should be made to limit mixing between classes and year levels to help minimise risk, while adults must continue to maintain 1.5 metre physical distancing measures. This may affect numbers allowed into certain venues.

The ACT Chief Health Officer has provided the Education Directorate with the following advice regarding excursions, in line with the easing of restrictions across the community:

- Excursion groups must not exceed 500 people (this number includes adults).
- Physical distancing for adults and hygiene requirements must be adhered to at all times.¹³

The number in any 1 group allowed on an excursion would be determined by the type of venue they are visiting and the COVID-19 safety plan that venue has implemented at the time of the excursion, in line with the ACT's Recovery phase guidelines.

Schools and industry bodies can take several actions to reduce the risk of COVID-19 exposure and transmission in schools and during school activities, e.g. excursions. These include: employing a screening tool for pre-excursion risk assessment or a checklist which includes a Personal Health Declaration (PHD) signed by a child's parent/guardian, to be completed on the day prior to children joining the excursion; maintaining single cohort groups; preventing mixing of cohort groups at venues; and staggering scheduled times of activities for cohort groups.

If a school excursion cohort requires transport by flight risk mitigation measures should be adhered to as implemented by the domestic airline the cohort is travelling with. The pandemic spread of

¹² ACT Government Education <https://www.education.act.gov.au/public-school-life/covid-school-arrangements>

¹³ https://www.education.act.gov.au/_data/assets/word_doc/0008/1658924/FAQs-for-families-and-communities-13112020.docx

COVID-19 has seen the development of the Domestic Passenger Journey Protocol by the Australian aviation industry, based on advice provided by Australian authorities (including endorsement by the AHPPC) and guidance from international aviation authorities such as the International Air Transport Association (IATA) and the International Civil Aviation Organization (ICAO).

This framework is intended to be used as a guide for airlines and airports to assist with developing risk-minimisation principles and processes to mitigate transmission of COVID-19, within domestic airports and on aircraft, for domestic passenger travellers and workers.¹⁴

Due to differing regulations and requirements in different states and territories travelling school excursion cohorts may find the implementation of recommended Domestic Passenger Journey Protocols may vary in airlines and airports.

To reduce risk, school excursion cohorts should continue to implement appropriate standard control measures to mitigate COVID-19 transmission where possible in the different parts of their journey.

These include physical distancing of a school excursion cohort, during boarding, disembarking and the flight in which a school excursion cohort can be seated together with spacing between other groups and individuals to mitigate the risk of COVID-19 transmission. In situations it is not feasible to maintain physical distancing wearing of a face mask may be an additional safety measure, some airlines may already request that passengers to wear a mask while in flight.¹⁵

If buses/coaches are required for local or interstate travel, including to and from venues, adults within this cohort should continue to adhere to physical distancing requirements of 1.5 metres from other adults. If physical distancing cannot be guaranteed at all times then wearing a face mask should be adhered to, as recommended by The Centres for Disease Control and Prevention (CDC) guidelines.

At all times children and adults within a cohort should maintain a high level of cough etiquette and personal hygiene practices.¹⁶

¹⁴ Australian Government Department of Infrastructure, Transport, Regional Development and Communication <https://www.infrastructure.gov.au/aviation/domestic-passenger-journey-protocol.aspx>

¹⁵ Domestic Passenger Journey Protocol <https://www.infrastructure.gov.au/aviation/files/covid-safe-flying-domestic-passenger-journey-protocol.pdf>

¹⁶ CDC <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/School-Admin-K12-readiness-and-planning-tool.pdf>

School Children as a Cohort

1. School children treated as a cohort within the school environment and other venues that are attended for educational purposes reduces the risk of COVID-19 transmission. Maintaining separate cohorts during travel and excursion activities will mitigate the risk of COVID-19 transmission into the broader community.
2. A cohort is defined as a group of people with shared characteristics (e.g. a school class, a year level) that has already been established as a cohort within the school environment.
3. NCIRS offers the view that transmission of COVID-19 between children and from children to adults is uncommon, however, as part of risk mitigation planning to reduce COVID-19 transmission during excursions, schools should discourage the participation and attendance of additional/unnecessary adults who are not part of the original school cohort for a school excursion. These adults include, but are not limited to, parents, guardians, and carers from the households of these children.
4. To mitigate COVID-19 transmission risk amongst the community during a school excursion additional adults who have not been specifically requested to fulfil a necessary function/role – e.g. part of a mandatory adult: student ratio, or an essential carer to a student – should be excluded from the excursion.
5. Adults who are not part of a cohort should not travel on transport (bus/coach) and should be excluded from an excursion visiting a venue.
6. Identifying this group, class, year level, as 1 cohort will in turn treat this cohort as 1 unit. This cohort will move as 1 unit while maintaining physical separation and distance from other cohort groups or members of the public.
7. AHPPC does not endorse the need for a group of school children to maintain 1.5 metre physical distancing during times of cohort activities. AHPPC advice has been implemented by state governments, which have seen the reopening of schools and the return of students to the school environment.
8. AHPPC advice suggests that whilst evidence shows the risk of transmission of COVID-19 between children and from children to adults is low, maintaining physical distance between different cohort groups and limiting mixing between cohort groups should remain as a precautionary measure. These measures will aid containment and contact tracing in the unlikely event of a confirmed case of COVID-19 within a cohort.

9. An example of movement of a cohort group during an excursion may include:
 - 9.1.1. 1 cohort of 2 x Grade 5 classes (50 children) including adults (educators) who are already sharing a common space within the school environment.
 - 9.1.2. They are transported as 1 cohort by bus/coach to a community venue where they are not required to maintain 1.5 metre physical distancing within their established cohort, but are required to practice physical distancing from other cohort groups (e.g. another school group) and members of the public.
 - 9.1.3. During this time, a high level of personal hygiene, including hand hygiene and cough etiquette, should be maintained.
 - 9.1.4. Precautionary measures such as designated toilets and eating areas should be considered to ensure this cohort does not mix with other similar cohort groups at a venue.
 - 9.1.5. The return journey should consist of the original cohort of 50 children and adults on board the same bus/coach with the same driver used to transport the group to the venue.
10. Remaining as 1 cohort will ensure it is unnecessary for these children to adhere to 1.5 metre physical distancing requirements.

Pre-excursion Risk Assessment

1. Prior to a child attending school or an excursion, parents should monitor their child for symptoms such as fever, cough, sore throat, and lethargy. If a child displays any of these symptoms or is generally unwell, they should not attend school. The child's parent/guardian/carer should seek medical advice immediately.
2. All children and young people with a health care plan should ensure this is up-to-date and that, if required, it provides additional advice on monitoring and identification of the unwell child in the context of the COVID-19 pandemic.
3. On the day of the school excursion, prior to a child attending the excursion, a Personal Health Declaration (PHD) screening tool should be completed by a child's parent/guardian/carer, which includes a declaration of the current health status of the child.
4. This PHD will also require the parent/guardian/carer of the child to declare if they are coming from an area that has been deemed a hotspot by the State/Territory in which they reside.
5. If that child has come from an area deemed a hotspot by the State/Territory in which they reside the school will make an assessment on whether that child should attend the excursion.
6. Part of the PHD may include granting permission in circumstances of Public Health Unit (PHU) engagement, for a child to undergo testing for COVID-19 in accordance with PHU directives and state management guidelines.
7. All PHDs will be collected and the information managed by the school in accordance with privacy requirements.
8. Before commencing the excursion (i.e. boarding a bus/coach), observation of a child's general wellbeing is recommended to be undertaken by educators/adults supervising the cohort.
9. If a child is displaying symptoms such as a fever, cough, sore throat, or lethargy, and appears generally unwell, the child should not take part in the school excursion.
10. If a student or a staff member is a suspected COVID-19 case prior to the excursion they should be excluded from the cohort and isolated. The parent/guardian/carer of a child must be contacted immediately. The excursion should not go ahead.
11. Where there is a suspected or confirmed case of COVID-19 in a school environment schools should contact the National Coronavirus Helpline (1800 020 080 – operating 24 hours a day, 7 days a week) for further advice, then contact the NCETP.
12. Schools should not conduct COVID-19 testing themselves.

Hygiene Practice

1. School children do not need to follow strict adult physical distancing guidelines, but should follow good hygiene practices including:
 - 1.1. Regularly washing hands and use of hand sanitiser.
 - 1.2. Avoid sharing drinks or food.
 - 1.3. Coughing etiquette: coughing or sneezing into the crook of an elbow, or a tissue which should be discarded immediately.
 - 1.4. Monitoring of symptoms and excluding children with fever, cough, sore throat, or lethargy.

Management of Suspected & Confirmed Cases On Excursions

1. If a student or a staff member is a suspected COVID-19 case during a school excursion, or is experiencing symptoms consistent with COVID-19 (fever, cough or sore throat) they should be isolated in an appropriate space with suitable supervision, and collected by a parent/carer as soon as possible.
2. Schools should not conduct COVID-19 testing themselves.
3. Where there is a suspected or confirmed case of COVID-19 schools should contact the ACT PHU and the National Coronavirus Helpline (1800 020 080 – operating 24 hours a day, 7 days a week) for advice and comply with all directives given by the ACT PHU, then contact the NCETP.¹⁷
4. A list of potential close contacts should be created.
5. Where staff, children or young people are experiencing symptoms consistent with COVID-19 such persons should continue to practise hand hygiene and physical distancing.
6. If a child becomes unwell only 1 carer should have contact with the child until medical advice is given. This carer should isolate away from the cohort while caring/supporting the child, to reduce the risk of potential COVID-19 exposure to the rest of the cohort.
7. In this situation standard precautions should be adopted when providing care / first aid to a person suspected of having COVID-19; for example, gloves, masks and, if available, a protective gown or apron should be used, including when dealing with blood or body fluids/substances. Personal Protection Equipment (PPE) used should be double bagged and disposed of.
8. Always wash hands with soap and water or use a hand sanitiser before and after providing care / first aid.

¹⁷ AHPPC <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-advice-on-reducing-the-potential-risk-of-covid-19-transmission-in-schools>

Transport

Transport and tour operators must have a COVID-19 safe plan specific to their operation.

1. Bus/Coach

- 1.1. Maintaining adult–adult and adult–child physical distancing is recommended for all adults accompanying a cohort of children within a school environment, during transportation, and during an excursion.¹⁸
- 1.2. Adults travelling on transport (e.g. a bus/coach) while accompanying school children on an excursion should maintain 1.5 metre physical distancing from other adults on the same transport.
 - 1.2.1. An example of this is 1 adult sits on 1 side of a coach/bus at the front, while another adult sits on the other side of the coach/bus at the front, with a similar arrangement at the back of the bus.
- 1.3. If adults are unable to physical distance during transportation or during an excursion the wearing of a face mask should be adhered to, as recommended by CDC guidelines.¹⁹
- 1.4. Physical barriers such as plexiglass should be installed around a driver's seating area to isolate them from bus/coach passengers, reducing the transmission risk of COVID-19 during boarding, disembarking and transport.
- 1.5. If physical barriers such as plexiglass are not available, spaced seating and a restricted area around the bus/coach driver should be maintained, with the 1st row of the bus/coach remaining empty when possible.
- 1.6. Bus/coach drivers transporting the cohort should wear face masks, as recommended by CDC guidelines, when physical distancing cannot be guaranteed.
- 1.7. Entering and exiting a bus/coach should be completed by separate doors if possible, to allow for unidirectional flow of movement through the bus/coach.²⁰
- 1.8. If separate entry and exit doors are not available, movement of students boarding and disembarking a bus/coach should be orderly and controlled by supervising adults.
 - 1.8.1. An example of this is disembarking 1 row of seating at a time to eliminate bottlenecking of students at a bus/coach door.
- 1.9. During the boarding and disembarking process the bus/coach driver should remain behind the physical barrier of plexiglass or consider remaining outside the bus/coach.
- 1.10. All buses/coaches should carry a full (PPE) kit on board that can help address unforeseen situations that may require the use of PPE.

¹⁸ Coronavirus disease (COVID-19) advice for the public: World Health Organisation; 2020 [Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

¹⁹ CDC <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

²⁰ Australian Government Department of Health. PRINCIPLES FOR COVID-19 PUBLIC TRANSPORT OPERATIONS <https://www.health.gov.au/news/principles-for-covid-19-public-transport-operations>

- 1.11. PPE kits should include gloves, surgical masks, safety eyewear (goggles/face shields) and gowns. Kits should also include bags for waste disposal and hand sanitiser to maintain hand hygiene.

2. Domestic Flights

- 2.1. Prior to a child attending the airport, parents should monitor their child for symptoms such as fever, cough, sore throat, and lethargy. If a child displays any of these symptoms or is generally unwell, they should not attend the excursion, remain at home and the child's parent/guardian/carer should seek medical advice immediately.

3. Pre-departure

- 3.1. When dropping off a child at an airport on the day an excursion begins a parent/guardian/carer must have a PHD screening tool for their child completed; this includes a declaration of the current health of the child.
- 3.2. It is highly recommended that school groups use a separate group check-in area where possible, as this practice supports physical distancing from the public.
- 3.3. It is recommended that, at the initial gathering / attendance recording of a cohort within an airport facility (during handover of a child from a parent/guardian/carer to an educator / adult supervisor in charge of an excursion), before each child joins the cohort, observation of the general wellbeing of the child should be undertaken by educators / adult supervisors, prior to the parent/guardian/carer leaving the facility.
- 3.4. If a child is displaying symptoms such as a fever, cough, sore throat, or lethargy, and appears generally unwell, the child should not take part in the excursion or the boarding the aircraft but should return home with their parent/guardian/carer who should seek immediate medical advice.

4. Departure Terminal

- 4.1. Where possible physical distancing of the cohort from members of the public should be maintained while traversing through airport terminals. If possible, the cohort should remain in 1 area once they arrive at the boarding gate. Interaction between the cohort and members of public should be limited when possible.
- 4.2. Regular hand hygiene should be undertaken. The educators / additional supervising adults should carry hand sanitiser and regular use is encouraged for the cohort while waiting to board.
- 4.3. In the event of the use of toilet facilities at the airport, strict hand hygiene should be employed, with hand sanitiser applied to children on their return to the cohort.
- 4.4. Visitation to airport shops should be discouraged while waiting to board.
- 4.5. The purchase of food/drink items should be discouraged while waiting to board.
- 4.6. Strict hand hygiene measures should be applied if items from airport shops or food/drinks have been purchased at an airport.
- 4.7. At all times while waiting to board the cohort should adhere to strict hand hygiene, cough etiquette and physical distancing from members of the public.

5. On-board/In-flight

- 5.1. Physical distancing of the cohort from members of the public should be encouraged during the boarding process where possible.
- 5.2. The cohort should board the plane as 1 unit.
- 5.3. The entire cohort should be seated together in 1 area, if feasible separated from other groups or members of the public by at least 1 row of seats.
- 5.4. Adults travelling with the cohort should maintain physical distancing from other adults where possible. If adults are unable to physical distance while onboard the plane the wearing of face masks should be adhered to.
- 5.5. Regular hand sanitisation pre-boarding and in-flight is highly recommended. Educators and other supervising adults who are part of the cohort should carry hand sanitiser and promote regular use to members of the cohort.
- 5.6. Cough etiquette and hygiene measures should be encouraged at all times.

6. Disembarking

- 6.1. The cohort disembarking from the aircraft should be completed as 1 unit, maintaining physical distancing from aircraft crew and other members of the public where possible.
- 6.2. When possible, the cohort should remain seated until the aisle of the aircraft is clear of other passengers, to reduce the chances of bottlenecking while disembarking.
- 6.3. After disembarking the cohort should use hand sanitiser before traversing through the terminal to their baggage claim area.
- 6.4. The cohort should remain together as 1 unit at the baggage carousel, maintaining practice physical distancing from members of the public while waiting to claim their baggage.
- 6.5. Once baggage has been claimed the cohort should traverse as 1 unit to the waiting transport (bus/coach) maintaining physical distancing from members of the public.
- 6.6. Before boarding the bus/coach the educators and supervising adults of the cohort should conduct a wellness check of all members of the cohort.
- 6.7. Hand hygiene should be performed before boarding the bus/coach.

Venues

1. Venues – Physical Distancing & Hygiene Requirements

- 1.1. Physical distancing of 1.5 metres for adults and hygiene requirements must be adhere to at all times within a school environment and during school activities e.g. excursions.
- 1.2. When children are transported as 1 cohort by bus/coach to a community venue they are not required to maintain 1.5 metre physical distancing within their established cohort, but are required to practice physical distancing from other cohort groups (e.g. another school group) and members of the public.
- 1.3. Continued practise of hand hygiene and cough etiquette and the physical distancing of 1.5 metres between adults (educators /bus drivers / venue employees) and children during school activities.
- 1.4. If physical distancing measures cannot be guaranteed at all times a face mask should be worn to reduce the spread of COVID-19 as recommended by the CDC and Health Direct Australia.²¹
- 1.5. In line with AHPPC recommendations ACT Health endorses the continuation of 1.5 metre physical distancing for all adults when possible.

²¹ Health Direct Australia <https://www.healthdirect.gov.au/coronavirus-covid-19-how-to-avoid-infection-fags>

2. Venues – Scheduling of Excursions

- 2.1. Where possible staggered session times, arrival and drop off times for different cohorts should be considered, to limit mixing between different cohort groups, including educators and other adults accompanying school excursions.
- 2.2. Venue COVID-19 Safety Plans should outline: how they will manage public entry and exit points; the movement of visitors through a gallery in a single direction; ensuring physical distancing requirements are met; signage; and hygiene and infection control measures, including the management and cleaning of high-touch surfaces.
- 2.3. Venues should carefully manage the entry, exit and flow of patrons or visitors through their premises to avoid people congregating in large groups outside their cohort.
- 2.4. Venues should obtain the details of a primary contact person (an educator travelling with the cohort) from each cohort group for contact tracing purposes. The primary contact person for each cohort will maintain the details of each member of their cohort so they can provide this information on request.
- 2.5. Avoid gathering in communal areas such as foyers/lobbies – patrons should leave a venue and not mingle; there should be strict control of flow at entry and exit points.
- 2.6. Staff may choose to give an introductory talk to each school group cohort before they enter a venue, to avoid gathering and potentially mixing with other groups and the public in communal areas.
- 2.7. Venue staff/guides should maintain a unidirectional flow through a venue to minimise the risk of a cohort encountering another cohort group.
- 2.8. Venues should increase the frequency of cleaning in high-touch areas and restroom facilities.
- 2.9. Cohorts are required to maintain physical distancing 1.5 metres from a venue's staff/presenter or guide at all times.
- 2.10. Additional time between cohort groups at exhibits/displays should be predetermined by the venue and adhered to. This will allow for additional environmental cleaning of an area, recommended by the Department of Health as part of a COVID-19 safety plan.²²

²² Australian Government Department of Health

<https://www.health.gov.au/sites/default/files/documents/2020/03/environmental-cleaning-and-disinfection-principles-for-covid-19.pdf>

Shared Accommodation

Accommodation providers must have a COVID-19 safety plan specific to their operation.

1. Shared accommodation – Health & Wellbeing

- 1.1. Exclude from the premises staff and customers who are unwell.
- 1.2. Ensure staff complete a health screen before each shift, and customers/guests complete a daily health screen. A health screen should include ensuring staff, customers and guests are free from any possible symptom of Covid-19.
- 1.3. Provide staff with information and training on COVID-19, including when to get tested, physical distancing and cleaning.
- 1.4. Each adult within the bus cohort (educators and bus driver) is required to have a single room accommodation and must not share a room with anyone else.
- 1.5. Where possible, for each bus cohort, use separate doors for entry and exit, separate check-in, and separate baggage storing points.
- 1.6. Reduce crowding wherever possible and promote physical distancing with markers on the floor in areas where people are asked to queue, such as reception and hand hygiene stations.
- 1.7. Where reasonably practical ensures all venue staff always maintain 1.5 metres physical distancing (including at meal breaks) and assign workers to specific workstations.
- 1.8. Review regular deliveries and request contactless delivery and invoicing where practical.
- 1.9. Have strategies in place to manage group activities in common areas for bus cohorts (movie rooms, games room or the like).

2. Shared Accommodation – Physical Distancing

- 2.1. A bus cohort is considered to be the travel group for each individual bus trip, including bus driver, teachers, and students. Bus cohorts are to be physically distanced from each other for the duration of a visit. Students within a bus cohort do not need to physically distance from each other, however teachers and drivers must physically distance from each other and from students.
- 2.2. The use of recreational areas such as play equipment at accommodation venues is not permitted.

3. Shared Accommodation – Hygiene & Environmental Cleaning

- 3.1. Adopt good hand hygiene and cough etiquette practices and ensure hand hygiene facilities are available to customers and staff.
- 3.2. Ensure bathrooms are well stocked with hand soap and paper towels and contain posters with instructions on how to wash hands, where possible.
- 3.3. Make hand sanitiser available at key points around the facility and encourage frequent use.
- 3.4. Consider strategies to reduce the number of surfaces touched by customers.
- 3.5. Clean public areas frequented by staff or customers at least daily with detergent/disinfectant. Frequently touched areas and surfaces must be cleaned several times per day with a detergent/disinfectant solution or wipe.
- 3.6. Disinfectant solutions must be maintained at an appropriate strength and used in accordance with the manufacturer's instructions.
- 3.7. Staff are to wear gloves and face mask when cleaning and wash hands thoroughly before and after with soap and water.
- 3.8. In the event of a potential Covid-19 case, a professional cleaning service with expertise in Environmental Cleaning and Disinfection should be engaged to decontaminate all relevant areas.

Food Services & Dining Rooms

1. Food Services & Dining Rooms – Health & Wellbeing

- 1.1. Exclude from the premises staff and customers who are unwell.
- 1.2. Ensure staff complete a health screen before each shift and ensure customers/guests complete a daily health screen. A health screen should include ensuring staff, customers and guests are free from any possible symptom of Covid-19.
- 1.3. Provide staff with information and training on COVID-19, including when to get tested, physical distancing and cleaning.
- 1.4. Make staff aware of their leave entitlements if they are sick or are required to self-isolate.
- 1.5. Venues must assign 1 staff member as a COVID-19 Safe Hygiene Marshall, who will utilise distinctive clothing (e.g. a high vis shirt or badge) and be responsible for ensuring all aspects of the COVID-19 Safety Plan are being adhered to, including overseeing physical distancing and cleaning, and ensuring the accuracy of recordkeeping.

2. Food Services & Dining Rooms – Physical Distancing

- 2.1. Each bus cohort is to be physically distanced others within a dining room for the duration of a visit. Students within a bus cohort do not need to physically distance from each other, however teachers and drivers must physically distance from each other and from students. A bus cohort is considered to be the travel group for each individual bus trip, including bus driver, teachers, and students.
- 2.2. There is to be no contact or mingling between bus cohort groups and groups at other tables.
- 2.3. Move or remove tables and seating to support 1.5 metres of physical distance between cohorts wherever possible.
- 2.4. Reduce crowding and promote physical distancing with markers on the floor where people are asked to queue, such as at the entrance to dining rooms and at food service and beverage stations.
- 2.5. Where possible, ensure venue staff maintain 1.5 metre physical distancing (including at meal breaks and in office or meeting rooms) and assign workers to specific workstations. If a premise has multiple food and drink areas staff should work in an assigned area and not work across different areas.
- 2.6. Where reasonably practical, stagger start times and breaks for staff members.
- 2.7. Consider physical barriers such as plexiglass around counters with high-volume interactions with customers.
- 2.8. Review regular deliveries and request contactless delivery/invoicing where practical.

3. Food Services & Dining Rooms – Hygiene & Environmental Cleaning

- 3.1. Adopt good hand hygiene practices and cough etiquette.
- 3.2. Where possible, restrict the use of public access to bathrooms in dining room. Visitors should all use bathrooms in their allocated accommodation.
- 3.3. Reduce the number of surfaces touched by customers, wherever possible.
- 3.4. No self-serve buffet style food service areas, communal snacks, communal condiments, or self-service options (beverages or toast etc). If condiments are offered, they should be single serve items.
- 3.5. Buffet style food service is permitted when food is served by staff in a controlled environment. The food service area is to be designed to be protected from possible cross-contamination, including sneeze guards and the like.
- 3.6. All meals prepared for offsite activities (including packed lunches and the like) are to be provided in single-use packaging for each person. (There should be no shared meals or cutlery).
- 3.7. Clean cutlery and tableware with detergent and hot water, or with a commercial grade dishwasher, if available.
- 3.8. Maintain disinfectant solutions at an appropriate strength and use in accordance with the manufacturer's instructions.
- 3.9. Staff are to wear gloves and mask when cleaning and wash hands thoroughly before and after with soap and water.
- 3.10. Clean frequently used indoor hard surface areas at least daily with detergent/disinfectant. Clean frequently touched areas and surfaces several times per day. Clean tables, chairs, and any table settings between each bus cohort group.

Attachment 1

COVID-19 Outbreak Management Plan for Schools Visiting Canberra On Excursions

1. Parents are required to sign a Personal Health Declaration (PHD) on the day of travel to certify their child is showing no flu-like symptoms and has not been exposed to COVID-19. This PHD also gives permission for the child to be tested and quarantined if necessary.
2. If a child as part of a school excursion group in Canberra displays COVID-19 like symptoms, all students in their cohort should be tested for COVID-19 and remain quarantined at the accommodation where they are staying until results are known.
3. A cohort is defined as a group of people with shared characteristics (e.g. a school class, a year level) that has been established as a cohort within the school environment. Maintaining separate cohorts during travel and excursion activities mitigates the risk of COVID-19 transmission into the broader community.
4. The child with symptoms will be quarantined separately from the cohort, under the supervision of 1 teacher.
5. The teacher will then contact parents and the Australian Capital Territory Public Health Unit, for advice on COVID-19 testing.
6. Where tests are negative the cohort can resume its excursion itinerary. It is advised that the child with symptoms remain separate from the entire excursion group to avoid passing on other illnesses.
7. If tests are positive the ACT Public Health Unit will advise the school on quarantine options. Teachers will remain with the cohort and maintain duty of care in contact with parents.
8. All venues visited by the student with the COVID case will be notified, under the direction of ACT Public Health Unit, and with the support of the National Capital Educational Tourism Project.
9. Schools returning home must contact their state health department before the travel and heed any advice provided to them.
10. If a school cohort has travelled by coach from regional New South Wales or Sydney it may return home via coach (if the destination can be reached without stopping), and then isolate for 14 days. Coach drivers will be encouraged to wear protective clothing in this case and must also isolate on return.
11. Schools that have used mixed transport must liaise with ACT Public Health Unit to quarantine in Canberra.
12. Parents will be able to come to Canberra and isolate with their child.
13. A deep clean of the group's accommodation must occur, under the supervision of ACT Public Health Unit.
14. Schools will be encouraged to develop their own management plan for a sick child or positive case, in line with state health department guide.