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## Australian Health Protection Principal Committee statement on risk management for boarding schools and school-based residential colleges

A statement from the Australian Health Protection Principal Committee (AHPPC) about risk management for boarding schools and school-based residential colleges.

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Boarding schools and school-based residential colleges (hereafter "facility" or "facilities") should consult with their state or territory education department and review advice provided in the [AHPPC updated advice on reducing the potential risk of COVID-19 transmission in schools](#).

It is noted that each facility is different and different issues will exist in each establishment. As such, each facility is **required** to undertake a facility-specific, systematic risk assessment, analysis and mitigation process to inform development of risk management plans which include their planned response to scenarios such as single or multiple cases being identified amongst the boarders with multiple close contacts, to manage the risk posed by COVID-19.

The risk assessment should include, but is not limited to, a consideration of:

- accommodation and sleeping arrangements
- hygiene facilities
- catering processes
- meal times and processes
- classroom procedure interface with dormitory procedures
- study requirements

- control of entry and exit to the site
- process for and records relating to visitors
- off campus visits
- policy and possible gaps
- vulnerable students
- vulnerable teachers or other staff
- cleaning regimens
- education and training for COVID-19
- indoor/outdoor recreation areas
- laundry areas and other ancillary areas
- the mental health of students

The risk analysis should inform the development of a Risk Management Plan that includes mitigations that lower the risk of transmission and promote good health, hygiene and physical distancing within the facility and thus seek to protect the children, the staff and the community. Mitigations should ensure that the risk is managed as far as reasonably practicable using the hierarchy of controls. The risk assessment should be used to inform the approach to operating facilities.

Facilities should continue to refer to current health advice and information on COVID-19, adjusting procedures and protocols as required.

Decisions for students to return to facilities should be shared decisions that involve the parents of students, with a clear understanding and documented agreement around the issues raised above and the facility's proposed risk management plans.

### **Limiting the risk in this environment should consider a number of strategies:**

- 1. A reduction in numbers of students staying at the facility. Whilst the means of achieving this rests with the school, potential options could include:**
  - boarders whose primary place of residence is close to the school staying home and attending as day students;
  - giving priority to specific student groups for boarding (e.g. Year 11 and 12 students, students living in isolated rural or remote areas);
  - arranging alternative supervised accommodation in smaller groups (households of say 3-4 students); or
  - supporting families of students choosing to billet out with other families, with appropriate actions to support student protection.
- 2. Meeting the current recommendations for physical distancing, as well as infection prevention and control, with a focus on:**

- Clear signage should be erected demonstrating social distancing guidelines and COVID Safe protocols to re enforce these parameters and protocols throughout a facility;
- establishing appropriate daily processes to assess that boarders, staff and visitors are well and not symptomatic;
- reducing out of facility visits (e.g. home visits) to reduce risk of virus introduction into the facility;
- reducing risk of adult to adult transmission through all staff maintaining 1.5m physical distance from other adults (especially in common spaces like staff rooms);
- revising sleeping arrangements:
  - single rooms for sleeping preferred from infection prevention and control perspective;
  - dormitory accommodation is associated with increased risk of transmission which needs to be prudently managed;
  - cohorting students who are also together in class / sport within a dormitory should be considered;
- minimising use of shared bathrooms – preference is for individual use bathrooms/toilets where available. If shared, implement additional cleaning and hygiene measures and maximise physical and temporal distancing:
  - shared boarder toilets and showers should be rostered and allocated to specific boarders where possible;
  - in addition to the increased professional cleaning of boarder shower areas there should be access to individual student cleaning materials to allow each boarder to refresh these shared facilities before their own use;
- staggering dining times in shared dining rooms to reduce group numbers, implement practical physical distancing and cleaning between dining sessions;
- implementing measures to maximise physical and temporal distancing in shared recreation areas;
- ensuring frequent and appropriate cleaning and disinfection;
- support regular hand hygiene;
- facility health clinics/infirmary – implementing appropriate infection prevention and control including normal PPE use as appropriate for tasks performed (i.e. that are used in the normal conduct of performing regular duties).

#### **1. Case identification and isolation arrangements could include:**

- daily screening using a questionnaire to aid early identification of symptomatic students, staff and visitors;

- there is no need for facilities to conduct wide-scale temperature checking as there is limited evidence to demonstrate the value of such checks;
- student checks should include both physical and mental health checks
- establishing processes for pathology testing (swabs for PCR testing) of symptomatic students and staff through local GP or pathology service;
- establishing processes and procedures for isolating any cases that arise, considering:
  - the practicality to return home for the isolation period; or
  - local arrangements for students from a rural or remote community where it may be impractical to return home or may be undesirable (e.g. insufficient health infrastructure support in home environment, inappropriate for return to a vulnerable community whilst infectious);
- Isolating at the facility, which must meet expected criteria for any case in the community (i.e. single room, separation from others, PPE for staff consistent with health advice).

## 2. Identification and management of close contacts

- There are challenges in identifying specific close contacts within a residential educational setting unless strict physical distancing measures have been implemented and adhered to.
  - Due to the nature of the environment (high density and close living arrangements), the numbers of students and staff defined as close contacts could be large, such as all who slept / lived in a shared space (e.g. dormitory).
- Establish processes and procedures for quarantine for any identified close contacts, considering:
  - the practicality to return home for the period of quarantine;
    - for students from a rural or remote community, it may be impractical or undesirable to return home (e.g. insufficient health infrastructure support in home environment, inappropriate for return to a vulnerable community whilst quarantining);
- Quarantine at school must meet expected criteria for any close contact in the community (i.e. single room, separation from others, etc)

## 3. Risk management plans

- In order to prepare for a return to school, facilities need to develop comprehensive risk management plans, which include their planned response to scenarios such as single or multiple cases being identified amongst the boarders with multiple close contacts.
  - Parents, legal guardians, and students should agree to the terms of the risk plan before attending the boarding facility.

## 4. Outbreak management plan

- Schools need to develop implementation plans in event of multiple cases within the boarding school environment. This would include working closely with local public health authorities.

## Contact



### National Coronavirus Helpline

Call this line if you are seeking information on coronavirus (COVID-19) or help with the COVIDSafe app. The line operates 24 hours a day, seven days a week.

 [1800 020 080](tel:1800020080)

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