



SCHOOL EXCURSIONS TO THE AUSTRALIAN CAPITAL TERRITORY

COVID-19 PROTOCOLS ***TOUR ORGANISERS CHECKLIST***

Background to the School Excursion Protocols

School Excursion COVID-19 Protocols were endorsed by the [ACT Health Directorate](#) in 2020, addressing all components of how schools can travel safely to Canberra from departure to return, including travel, accommodation and visits to attractions.

The National Capital Educational Tourism Project (NCETP) has updated: the Protocols in the light of developments since 2020, following further discussions with [Aspen Medical](#), Teachers, tour operators, national attraction staff and accommodation providers.

The NCETP has also updated user-friendly Guidelines to help schools travel safely to and from Canberra, and Checklists to aid different industry sectors to follow the COVID-19 Protocols.

Important Contact Details – 7 days a week

Capital Territory COVID-19 Helpline	02 6207 7244 8 am – 8 pm
National Coronavirus Hotline	1800 020 080 24 hours a day
National Capital Educational Tourism Project	02 6162 4460 24 hours a day

School Children as a Cohort

Maintaining separate cohorts during travel and excursion activities mitigates the risk of COVID-19 transmission into the broader community.

A cohort is defined as a group of people with shared characteristics (e.g. a school class, a year level) that has been established within a school environment.

A cohort should move as 1 unit while maintaining physical separation and distance from other cohort groups or members of the public – for instance, cohort movement could, take the form of:

1. A year level (~100 children) plus adults who already share a common space within the school environment.
2. They are transported as 1 cohort by coaches to a community venue where they are not required to maintain 1.5 metre physical distancing within their established school cohort but are required to practise physical distancing from other cohort groups (e.g. another school group from a different school) and members of the public.
3. During this time, a high level of personal hygiene, including hand hygiene and cough etiquette, should be maintained.
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.
5. The return journey should consist of the original cohort of children and adults on board the same coaches with the same Drivers used to transport the group to the venue.

Remaining as 1 cohort will ensure it is unnecessary for these children to adhere to 1.5 metre physical distancing requirements.

Hygiene Practice

School children should follow good hygiene practices including:

- Regularly washing hands and using hand sanitiser.
- Not sharing drinks or food.
- Coughing or sneezing into the crook of an elbow, or a tissue which is immediately discarded.
- Monitoring of symptoms and isolating children with fever, cough, sore throat, or lethargy.

Tour Organisers Checklist

Tour Organisers must have a COVID-19 Safety Plan specific to their operations.

1. Coach Travel

- 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.¹
- 1.1.1. Adults accompanying children should maintain 1.5 metre physical distancing from other adults.
- 1.1.1.1. An example of physical distancing may include:
 - 1.1.1.1.1. 2 adults sit on 2 sides at the front of the bus.
 - 1.1.1.1.2. 2 adults sit on 2 sides at the back of the bus.
- 1.2. 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.²
- 1.3. Physical barriers such as plexiglass should be installed around a driver's seating area to isolate them from coach passengers, reducing the transmission risk of COVID-19 during boarding, disembarking and transport.
- 1.4. If physical barriers (e.g. plexiglass) are not available, spaced seating and a restricted area around the Driver should be maintained, with the 1st row of the coach remaining empty when possible.
- 1.5. Drivers should wear face masks, as recommended by CDC guidelines, when physical distancing cannot be guaranteed.
- 1.5.1. In the ACT Drivers must wear a face mask when transporting passengers.
- 1.6. Entering and exiting a coach should be completed by separate doors if possible, to allow for unidirectional flow of movement through the coach.³
- 1.7. If separate entry and exit doors are not available, movement of students boarding and disembarking a coach should be orderly and controlled by supervising adults.
- 1.7.1. An example of this is disembarking 1 row of seating at a time to eliminate bottlenecking of students at a coach door.
- 1.8. During the boarding and disembarking process the Driver should remain behind the physical barrier of plexiglass or consider remaining outside the coach.
- 1.9. All coaches should carry a full Personal Protection Equipment (PPE) kit on board that can help address unforeseen situations that may require the use of PPE.
- 1.10. 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.

¹ WHO <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

² CDC <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

³ Australian Government <https://www.health.gov.au/news/principles-for-covid-19-public-transport-operations>

2. Air Travel

- 2.1. If a child displays symptoms such as fever, cough, sore throat, and lethargy or is generally unwell they should remain at home and the child's parent/guardian/carer should seek medical advice immediately.

Pre-departure

- 2.2. 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.
- 2.3. 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 a Teacher in charge of an excursion), before each child joins the cohort, observation of the general wellbeing of the child should be undertaken by Teachers, prior to the Parent/Guardian/Carer leaving the facility.
- 2.4. 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.

Departure Terminal

- 2.5. Where possible physical distancing of the cohort from members of the public should be maintained while traversing through airport terminals.
- 2.6. If possible, the cohort should remain in 1 area once they arrive at the boarding gate.
- 2.7. Interaction between the cohort and members of public should be limited when possible.
- 2.8. Regular hand hygiene should be undertaken.
- 2.9. Supervising adults should carry hand sanitiser – regular use is encouraged for the cohort while waiting to board.
- 2.10. 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.
- 2.11. Visitation to airport shops should be discouraged while waiting to board.
- 2.12. The purchase of food/drink items should be discouraged while waiting to board.
- 2.13. Strict hand hygiene measures should be applied if items from airport shops or food/drinks have been purchased at an airport.
- 2.14. 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.

On-board/In-flight

- 2.15. Physical distancing of the cohort from members of the public should be encouraged during the boarding process where possible.
- 2.16. The cohort should board the plane as 1 unit.
- 2.17. 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.
- 2.18. Adults travelling with the cohort should maintain physical distancing from other adults where possible.
- 2.19. Regular hand sanitisation pre-boarding and in-flight is highly recommended.
- 2.20. Educators and other supervising adults who are part of the cohort should carry hand sanitiser and promote regular use to members of the cohort.
- 2.21. Cough etiquette and hygiene measures should be encouraged at all times.

Disembarking

- 2.22. 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.
- 2.23. 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.
- 2.24. After disembarking the cohort should use hand sanitiser before traversing through the terminal to their baggage claim area.
- 2.25. The cohort should remain together as 1 unit in the baggage claim area, maintaining physical distancing from members of the public while waiting to claim their baggage.
- 2.26. Once baggage has been claimed the cohort should traverse as 1 unit to the waiting transport, maintaining physical distancing from members of the public.
- 2.27. Before boarding a coach educators and supervising adults should conduct a wellness check of all cohort members.
- 2.28. Hand hygiene should be performed before boarding the coach.

3. Vaccination

- 3.1. The best method to protect all children who are unable to be vaccinated from COVID-19 is to ensure the vaccination of those around them.
- 3.2. High vaccination rates of adults around school-age children who are unable to be vaccinated will reduce the risk of COVID-19 transmission and infection, in a process called cocooning.
- 3.3. All frontline vaccine-eligible adults – such as Teachers, Drivers, attraction staff and accommodation staff – should be fully vaccinated before coming into contact with a school excursion cohort, in line with the AHPPC's advice related to reducing the opportunities for the virus to enter school populations.⁴
- 3.4. Unwell students, Teachers, Drivers, attraction staff and accommodation staff should not attend excursion-related sites, regardless of their vaccination status, and should seek medical advice as to whether COVID-19 testing is required.

4. Masks

- 4.1. Mask wearing should be consistent with ACT Government mandates and recommendations related to school environments.⁵
- 4.2. It is recommended that Teachers, accompanying adults and attraction employees should protect themselves and others by wearing well-fitted masks while at attractions.
- 4.3. Wearing a mask is not dependent on whether an individual is vaccinated or mandated by public health orders.
- 4.4. Masks protect you and the broader community, including those who are unable to get vaccinated, such as young children.
- 4.5. While mask wearing requirements have eased, the Canberra community is strongly encouraged to continue to wear a face mask when entering public indoor settings where it could be difficult to maintain physical distancing.⁶

⁴ AHPPC <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-covid-19-schools-and-early-childhood-education-and-care>

⁵ ACT Government <https://www.education.act.gov.au/public-school-life/covid-school-arrangements>

⁶ ACT Government <https://www.covid19.act.gov.au/stay-safe-and-healthy/face-masks>

Management of Suspected & Confirmed Cases on Excursions

1. Schools should develop their own management plan for school visits to Canberra, including management of a sick child or a child or staff member who develops COVID-19 symptoms, or has a positive COVID-19 test.
2. If a Teacher, Parent/Guardian/Carer or child becomes a suspected COVID-19 case during a school excursion or is experiencing symptoms consistent with COVID-19, they should be isolated from the cohort in an appropriate space until symptoms resolve.
3. ACT Government advice regarding Interstate school excursions should be referred to.
4. Standard precautions should be adopted when providing care / first aid to a person suspected of having COVID-19.
 - 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.
 - Wash hands with soap and water or use a hand sanitiser before and after providing care / first aid.
5. Teachers will remain with their cohort and maintain duty of care in contact with Parents/Guardians/Carers.
 - 5.1. If a person quarantined separately is a child they must be supervised by a Teacher.
6. A Parent/Guardian/Carer will be able to come to Canberra and isolate with their child.
7. Teachers may contact the [COVID-19 Helpline](#) for advice.
8. People exposed to COVID-19 are advised to following the guidance published at [Information for people exposed to COVID-19](#).
9. Where tests are negative a cohort can resume its excursion itinerary.
10. Schools returning home must contact their State/Territory health department before travel and heed advice provided to them.
11. If a cohort has travelled by coach, it may return home by coach (if the destination can be reached without stopping), and then isolate for at least 7 days.
12. A child with symptoms should remain separate to avoid passing on illnesses and should be collected by a Parent/Guardian/Carer as soon as possible.
13. Drivers will be encouraged to wear PPE and must isolate on return, dependent on the quarantine requirements within the relevant jurisdiction.
14. Importantly, Teachers should:
 - Create a list of potential [close contacts](#).
 - [Notify the NCETP](#) so all attractions visited by a school can be notified.