GUIDELINES

RESPONDING TO THE NEEDS OF STAFF AND STUDENTS WITH DISABILITY IN COVID-19 RETURN-TO-CAMPUS PLANNING FOR AUSTRALIA'S TERTIARY INSTITUTIONS

28 JULY 2020

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Federal, state and territory health information and related COVID-19 protocols are constantly being updated. Readers are encouraged to check the Australian Government Department of Health website and their respective state government health websites to stay up to date with the latest news and advice.

The information in the Guidelines has been published by the Australian Disability Clearinghouse on Education and Training (ADCET) in partnership with the National Disability Coordination Officer (NDCO) program to assist tertiary institutions to respond to the needs of staff and students with disability in their return-to-campus planning during and after the COVID-19 pandemic. To this end, ADCET grants permission for any or all of this information to be copied, distributed, transmitted and adapted, provided due acknowledgement is given to its source.

Download additional copies of the Guidelines: responding to the needs of staff and students with disability in COVID-19 return-to-campus planning for Australia's tertiary institutions.

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1. PREFACE

1.1 Background

The Guidelines were initiated through the Equity Practitioners in Higher Education Australasia (EPHEA) e-Network. In June 2020, fifty equity and disability practitioners joined a Zoom forum to discuss the formulation of national guidelines to assist tertiary education institutions across Australia to make informed and considered choices which support people with disability within return-to-campus plans.

These Guidelines were then developed in partnership with the Australian Disability Clearinghouse on Education and Training (ADCET) and the National Disability Coordination Officer Program (NDCO) in collaboration with disability practitioners and staff from across the tertiary sector in Australia. The Guidelines were made possible through NDCO Program Strategic Project 2019–2020 funding from the Australian Government Department of Education, Skills and Employment.

We sincerely thank everyone involved for their generous contribution, support and assistance.

1.2 COVID-19 context

Since March 2020 the impact of the COVID-19 pandemic has quickly and dramatically changed the way that people work, study and live. Universities, TAFE colleges and registered training organisations Australia-wide have been requiring staff to work from home where they are able and pivoting to mainly online learning for students (domestic and international).

Many tertiary education institutions and providers are now undertaking staged return-to-campus planning for staff and students. This varies from institution to institution and aligns with the recommendations from state, territory and federal health authorities. Some institutions are also seizing the opportunity to reconsider ways of working for the future by increasing their focus on flexibility and exploring new ways of supporting learning and teaching, such as online and blended delivery along with increased use of video, quizzes, polling and other creative approaches for students. Some universities are also rethinking their use of campus spaces, event planning and facilities.

While institutions are hopeful of being back on campus by the end of 2020, the nature of the current environment remains dynamic and unpredictable. It is likely that COVID-19 will continue to create upheaval and disruption for the medium term, at least, with longer-term impact for some.

Given the widespread agreement that we are in an increasingly 'VUCA' world (characterised by volatility, uncertainty, complexity and ambiguity), development of guidelines for responding to the needs of staff and students with disability will be beneficial regardless of the duration of the COVID-19 pandemic.

1.3 Purpose of these Guidelines

The Guidelines have been developed to ensure a safe and welcoming return-to-campus experience for people with disability. They also ensure that the needs and 'voice' of people with disability are considered when identifying, prioritising and implementing each institution's COVID-19 return-to-campus plan.

They provide considerations and recommendations to support the safe return of staff and students with disability back onto campus when they are comfortable and able to do so.

The aim is to continue to create and nurture welcoming, inclusive educational environments where diversity is respected, valued and supported and where—irrespective of disability—staff and students can participate fully and thrive. After all, we know that if we get it right for people with disability then we get it right for everyone.

Environments which recognise that the COVID-19 pandemic has had and will continue to have disproportionate impact on people with disability will be able to respond accordingly and mitigate the risk of not only viral spread, but also of discrimination, additional hardship and social isolation for people with disability.

In addition to providing practical recommendations, the Guidelines aim to reduce the risk of perpetuating myths around disability in relation to COVID-19 and to ensure that the disability-related information which informs institutional decision-making comes from reliable and trustworthy sources.

1.4 Return-to-campus planning

Many institutions have developed or are in the process of developing comprehensive guidelines and processes to support the return of staff and students to campus. These are likely to include safety planning and the identification of hazards, risk assessments, compulsory training, protocols, return permissions and processes, and risk mitigation strategies.

The Guidelines are intended to complement each institution's approach to return to campus and enhance existing resources by ensuring that return-to-campus plans are viewed through a 'disability lens'. The Guidelines do not supersede any institution's legal responsibilities to identify and comply with all relevant local, state, territory and national legislations and regulations.

1.5 Scope

The Guidelines provide information for all staff and students at tertiary education institutions with physical, mental or medical conditions recognised by the Disability Discrimination Act 1992 (DDA), including:

- total or partial loss of the person's bodily or mental functions
- total or partial loss of a part of the body
- presence in the body of organisms causing, or capable of causing, disease or illness
- malfunction, malformation or disfigurement of a part of the person's body
- disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- disorder, illness or disease that affects person's thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour.

Note that the term 'disability' refers to a broad range of conditions, including mental health conditions. While there is ongoing debate in the tertiary and wider community regarding the language and terminology used to describe disability and the lived experience of disability, the Guidelines will use the term 'disability' to encapsulate the broad DDA definition. This is done with the utmost respect for people with disability who use other terms to describe their physical, medical or mental condition, and with a need for clarity and conciseness within this document.

The Guidelines **do not** specifically address staff and students <u>considered to be at higher risk</u> of serious illness if they contract COVID-19, as outlined in the list below. There may be some people with disability, however, in these categories.

- Aboriginal and/or Torres Strait Islander Peoples 50 years or older with one or more chronic conditions
- people 70 years or older
- people 65 years or older with chronic medical conditions
- people with chronic medical conditions such as heart disease, lung disease, kidney disease and diabetes.

Most Australian tertiary education campuses offer a rich and vibrant environment including a range of learning and teaching spaces, libraries, laboratories, cafes, food halls and hospitality venues, student group rooms and staff clubs, as well as sporting venues, gymnasiums, swimming pools, social facilities, theatres, retail outlets and a range of outdoor spaces.

The considerations outlined in the Guidelines are of relevance to all these different facilities.

1.6 Principles

The Guidelines:

- adopt a social model of disability framework which sees disability as broader than medical models, and essentially about the interactions between a person's body and the society in which they live, work and study
- recognise that not every person with disability will be vulnerable to COVID-19 and should not be assumed to be so
- act as a guard against discrimination for staff with disability, to ensure they are not unfairly disadvantaged professionally, socially or economically due to the impact of COVID-19 return-to-campus processes
- act as a guard against discrimination for students with disability, to ensure they are not unfairly disadvantaged academically, socially or economically due to the impact of COVID-19 return-to-campus processes
- acknowledge the diversity, capabilities, strengths and resilience within the disability community as well as each individual's unique experience of disability
- advocate for the dignity and autonomy of people with disability, encouraging institutions to consult and collaborate with staff and students with disability (in conjunction with each institution's disability professionals) on decisions having an impact on return-to-campus arrangements
- support the principles of choice, control and flexibility for staff and students with disability in return-to-campus arrangements
- highlight that everyone's experience of disability is unique to the person and, while incorporating knowledge about characteristics and likely impacts of disability types as a guide, recognise the importance of asking staff and students with disability about the particular adjustments they require.

2. RETURN-TO-CAMPUS CONSIDERATIONS BY DISABILITY TYPE

This section provides information on specific disability types, their characteristics and the most likely impact these will have when staff and students with that disability type return to campus; however, the experience of disability varies from person to person within any given disability type. It is important to consult staff and students with disability to take into account the impact of their experience of their disability in any determinations and decisions regarding their return to campus.

2.1 Disability type/experience: psychosocial – anxiety and depression

While COVID-19 is generating anxiety and stress for many people in our community, these feelings can be more prevalent for some people with disability. People with pre-existing anxiety, depression or other psychosocial disability are at risk of experiencing higher levels of anxiety and depression at this time.

This can be due to factors such as:

- additional health-related concerns, as people can be susceptible or feel especially vulnerable to the contagious nature of COVID-19
- generalised anxiety, fear and panic about the long-term impact on social and economic systems
- isolation from family, friends and other support networks
- fear of lockdowns and quarantining arrangements
- inability to attend face-to-face medical appointments
- concerns about employment security within the tertiary sector (as staff with disability are more likely to be employed in insecure casual and part-time appointments) and ensuing loss of income
- concerns about casual or part-time student jobs and ensuing loss of income
- concerns about long-term career prospects and graduate opportunities given that people with disability are more likely to be unemployed.

The World Health Organization advises that managing mental health and psychosocial wellbeing during this time is just as important as managing physical health. Beyond Blue gives a number of tips for managing the COVID-19 psychosocial risks of staff; these tips can help promote better mental health for everyone. In addition, the following actions are recommended.

Recommendations

- Continue daily online chats and virtual staff meetings that occurred when working remotely, while there are staff who are not able to return to campus because of disability.
- Ensure the COVID-19 information provided to staff and students is up to date and referenced to trustworthy sources.
- Build a psychologically safe culture that recognises that it is normal to struggle sometimes and encourages people to speak up and reach out to ask for help if and when needed. Acknowledge that it is OK not to be OK all the time.
- Encourage staff to check in on their mental wellbeing and develop some evidence-based strategies to incorporate within their daily routine. One way to do this is to participate in a free workplace wellbeing survey, such as the PERMAH wellbeing survey, and try some of the suggested wellbeing and resilience activities to develop a personal wellbeing plan.
- Incorporate information and reminders about the institution's wellbeing services, such as counselling and specialist supports, in the COVID-19 advice to students.

2.2 Disability type/experience: autism spectrum

Some people on the autism spectrum find change and disruption challenging and confusing. They may have additional difficulties readjusting to being back on campus, due to changing routines and procedures.

Staff and students on the autism spectrum may also be hypersensitive to environmental factors, which could result in difficulties adhering to some protocols such as applying scented hygiene products, wearing face masks or using temperature-check stations.

They are also more likely to feel overwhelmed if presented with a plethora of information or complicated multistep processes.

It is also important to keep in mind that students on the autism spectrum are less likely to reach out and ask for help when they need it.

Recommendations

- Provide clear, concise and consistent messaging about the return-to-campus timelines and processes. This could include step-by-step guides, flow charts or visual prompts to help staff and students on the autism spectrum know what to expect and understand the processes for returning to campus.
- Provide quiet locations on campus for staff and students on the autism spectrum to access if they are feeling overwhelmed as they readjust to being back.
- Show patience and understanding if staff or students on the autism spectrum do not adhere with return-to-campus procedures. Seek to discover the possible causes, and provide alternative arrangements where possible.

2.3 Disability type/experience: blind or vision impairments

People who are blind or have low vision will not be able to see environmental cues such as hygiene signage, physical distancing markers, directional flow indicators and hand-sanitising stations.

They may also find it difficult to navigate previously familiar environments if rooms have been reconfigured and furniture moved due to physical distancing guidelines.

Vision Australia advises that people with vision impairments may need some assistance from others from time to time to navigate their environments.

Orientation and mobility training may assist navigation and readjustment to new campus layouts.

Recommendations

- Provide COVID-19 training and education materials in accessible formats including Word documents and audio files.
- Arrange or encourage orientation and mobility training to assist navigation and readjustment to new campus layouts.
- Consider establishing 'access champions'—staff and student volunteers—who can assist people who are blind or have low vision to navigate safely around campus.

2.4 Disability type/experience: Deaf or hard of hearing

People who are Deaf or hard of hearing need to access relevant information and instructions and be able to communicate effectively with others on campus.

As Auslan (Australian Sign Language) is a visual language that incorporates facial expressions, and lip-readers rely on visual cues, the wearing of regular face masks will cause communication difficulties.

People who lip-read will be unable to communicate with staff and students who are wearing masks on campus.

Recommendations

- Provide closed captions for COVID-19 training and education materials that are available via video.
- Provide see-through masks, such as those commonly used by medical practitioners who care for the Deaf, to others in direct contact with staff and students who are Deaf or hard of hearing.
- Provide Auslan interpreters where appropriate and requested. Use alternative technology for communication when see-through masks cannot be obtained.

2.5 Disability type/experience: chronic illness or injury

People with chronic health conditions or weakened immune systems can be at a higher risk of severe illness due to COVID-19. This includes people with lung disease, Parkinson's disease, multiple sclerosis, diabetes, chronic inflammatory conditions, severe obesity or people who have had recent cancer treatment. See the Australian Government Department of Health website for full details.

Recommendations

- Develop a COVID-19 Safe Action Plan with staff and students with chronic illness to help manage the risks.
- Ensure the COVID-19 Safe Action Plan includes provisions for working or studying remotely, with no corresponding financial, career or academic disadvantages.

2.6 Disability type/experience: physical disability

Students or staff using assistive devices such as crutches, wheelchairs or scooters may find it more difficult to manoeuvre around campus if the physical environment has been altered to promote physical distancing.

Recommendations

- Ensure any reconfigurations to rooms or facilities do not impede on the capacity for staff and students with physical disability to navigate in a safe way.
- Place hygiene products such as hand sanitiser and soap dispensers at an appropriate height and location to ensure easy access for people who use wheelchairs.
- Provide automatic sanitisers and soap dispensers for people with limited hand dexterity.

2.7 Disability type/experience: intellectual disability

People with intellectual disability or limited functional literacy need information about return-to-campus processes in a format they can access and understand easily, such as Easy English, storyboards, visuals or clear verbal instructions.

Information presented in Easy English is written in everyday words, using short, simple sentences accompanied by clear images. The Access Easy English website has examples of COVID-19 fact sheets presented in this format.

Recommendations

- Provide return-to-campus information in accessible formats such as Easy English or storyboards.
- Consider providing student mentors to support people with intellectual disability to understand and follow return-to-campus procedures.

2.8 Disability type/experience: acquired brain injury

Some people with an acquired brain injury may feel overwhelmed and experience more anxiety than others about the return to campus.

They may also be more likely to have other health issues that could place them at higher risk of serious illness due to COVID-19.

Recommendations

- Provide clear, concise and consistent messaging about the return-to-campus timelines and processes. This could include step-by-step guides, so staff and students know what to expect.
- Ensure consideration of additional health issues are taken into account in any COVID-19 related consultation and risk assessment.

2.9 Disability type/experience: specific learning disability

Some people with a specific learning disability such as dyslexia, dysgraphia and/or dyscalculia may find it difficult to read and remember large quantities of written instructions regarding procedures.

Recommendations

- Provide clear and concise messaging about the return-to-campus timelines and processes. For example, use dot points in text, flow charts and visual posters.
- Ensure any required paperwork is provided in electronic format. Give the person the option to take paperwork away to read and then return on completion.

3. RETURN-TO-CAMPUS PROCEDURES

3.1 Individual consultations and risk assessments

Many people will feel anxious and concerned about returning to campus during and after the pandemic.

The most important first step managers, faculty members, professors, teachers or other support personnel can take is to conduct individual consultations with staff and students with disability.

If relevant, a formal risk assessment can be conducted during these consultations to inform a risk mitigation plan.

If staff and students with disability also have other chronic medical conditions or are immunocompromised, it is **essential** to conduct an individual risk assessment to inform the institution's plan. This may mean accommodating work- or study-from-home arrangements.

Recommendations

- When determining risk and mitigation factors, consider the characteristics of the student/employee, the physical environment, the type of work or activities required and the availability and accessibility of necessary resources for the person to work or study safely.
- Involve a member of the institution's health and safety team to see how they can help with ergonomic and other safety measures.
- Contact the institution's disability services for further support or resources for students with disability.

3.2 Use of public transport

Recommendations

All staff and students should be provided with information on how to stay safe when using public transport.

Strategies include:

- practising excellent cough and sneeze etiquette
- practising excellent hand hygiene before getting on and after getting off public transport
- wearing masks when unable to maintain physical distancing
- avoiding travelling during peak hours if possible
- accessing local public transport websites to better understand their COVID-19 processes.

3.3 Settling back in to the 'new normal'

Many people may experience difficulties settling back into their old routines. Dr Kimberly Norris, from the University of Tasmania, studies people returning home after months of relative isolation in Antarctica. Dr Norris found that while people may at first be excited about the return to normality, this can be followed by an emotional crash. She likens it readjusting back to work or study after a holiday, only 'dialled up to 100'.

Some people with disability may be particularly concerned about returning to campus for work or study. For example, people with social anxiety may be anxious about interacting with others and attending gatherings, people with obsessive compulsive disorder can be concerned about the risk of infection in public spaces, and people on the autism spectrum can be distressed by the changes to rules and processes.

Recommendations

- Implement practical solutions, such as the ones outlined in the Guidelines, to help alleviate fears and anxieties for staff and students with disability.
- Provide ongoing check-ins and/or messages that take into account potential emotional crashes a few weeks after return to campus. Include information on employee assistance programs and student counselling services.
- Provide information on return-to-campus matters. Make this available in an easy-to-find location on the website in accessible formats so staff and students have information without being overwhelmed with emails.
- Display posters with key information and the link to the return-to-campus webpage.

3.4 General health monitoring

Some institutions are considering or undertaking general health monitoring for people as they return to campus each day. Safe Work Australia acknowledges the role of this in an integrated approach but also warns that people may have irregular temperatures for reasons unrelated to fevers. People with disability are more likely to be subject to some of the factors that have been found to affect body temperature such as certain health conditions, and medications including some antidepressants, opioids, antihistamines and anticholinergics.

Considerations must be made for non-fever-related temperature irregularities in people with disability and/or who are taking certain prescription medications.

Recommendations

- Provide options for people who record irregular body temperatures to provide medical evidence that indicates the temperature variance is symptomatic of a condition and/or medication, rather than fever.
- Establish alternative campus entry processes for people with irregular body temperature so they do not need to explain their circumstances each time they arrive.
- Advise students, staff and support workers to stay home if experiencing any symptoms, even mild ones, such as fever, cough, sore throat, runny nose, chills or sweats, loss of sense of taste or smell, or general feelings of being unwell.
- Provide reasonable adjustments to support staff and students who cannot physically attend campus and who need to work or study remotely because:
  - » they are unwell
  - » their support person is unwell
  - » or someone with disability for whom they have caring responsibilities for is unwell.
- Ensure that staff and students are not penalised or unfairly disadvantaged if work or study from home is not feasible, but nor are they able to be physically present on campus because:
  - » they are unwell
  - » their support worker is unwell
  - » or someone with disability for whom they care for is unwell.

3.5 Emergency evacuation procedures

Many institutions develop a Personal Emergency Evacuation Plan (PEEP) or equivalent for individual staff and students with disability to support their evacuation in emergency situations.

People may have a PEEP for a variety of reasons including:
- being blind or having a vision impairment
- being Deaf or hard of hearing
- having mobility difficulties
- using a wheelchair
- being prone to panic attacks or claustrophobia
- having serious respiratory conditions.

The PEEP can include the provision for the person with disability to be contacted by, or supported by a colleague, manager, course coordinator or allocated buddy; however, the nominated support person may not necessarily be physically in attendance following the return to campus of the person with disability.

PEEPs can also include requirements for close proximity between people. For example, people who use wheelchairs require someone to wait with them in the stairwell until the arrival of emergency services personnel.

Recommendations

- Review and update the institution's emergency plans after seeking the latest advice from relevant authorities on PEEPs and physical distancing.
- Provide information and/or training to fire wardens on revised procedures including PEEPs and assistance for staff and students with disability.
- Provide information on any revised emergency evacuation procedures (e.g. disperse rather than assemble at evacuation points) in accessible formats such as Word documents, Easy English or posters.
- Contact staff and students with PEEPs to remind them they need to inform relevant personnel (i.e. fire wardens, asset services) upon their return to campus.
- Review each PEEP as staff and students return to campus and update where required. This may include reallocation of 'buddy' roles.

3.6 Educating others

Due to the nature of their disabilities, some staff or students may not be able to comply (or may only be able to partially comply) with procedures. This might include staff or students who are accompanied by support workers, or staff or students who are blind and may need to touch surfaces such as handrails, doors or wall to navigate the physical environment.

It is important that staff and students who are not always able to fully comply with COVID-19 protocols due to disability are not discriminated against or treated unjustly.

Recommendations

- Educate other staff and students to increase awareness and understanding of some people's limited capacities to comply with procedures due to disability.

4. HYGIENE AND PREVENTION PROTOCOLS

This section includes considerations for staff and students with specific disability types; however, each person's experience of disability can vary within disability type. It is important that staff and students with disability are consulted so that the impact of their experience of their disability is taken into account in any determinations and decisions regarding their return to campus.

4.1 Physical distancing

The current Australian Government advice is that people must maintain a distance of 1.5 metres from others and allow for 4 square metres per person in enclosed spaces in order to reduce the risk of transmission of COVID-19.

Measures have been implemented to promote physical distancing around campuses, including:

• reconfiguring enclosed spaces such as lecture halls, classrooms, offices
• limiting the number of people that can be in an enclosed space to allow 4 square metres per person
• placing markers on floors indicating distancing of 1.5 metres
• placing arrows on floors and walls to indicate directional flow and prevent crowding
• allowing people to work or study from home when possible.

These measures may have to be adapted for staff and students with disability. For example:

• People using wheelchairs or other assistive devices must be able to safely manoeuvre around rooms or areas that have been reconfigured. For instance, if furniture has been rearranged, care must be taken to ensure the relocation of these items will not hinder wheelchair users.
• Some people with disability are assisted by support workers, participation assistants or service animals. People or animals in these support roles do not need to be physically distanced from the person with disability.
• People with disability who have a support person, participation assistant or service animal will need to be accompanied by that person or animal, including in spaces with capacity limits.
• People who are blind or have low vision may not be able to see floor markers, directional flow indicators or other signage related to physical distancing.

Recommendations

• Consider the need for people with disability to be accompanied by their support workers, participation assistants and animals when determining the number of people allowed in an enclosed space, especially lifts.
• Display posters that educate others on campus about physical distancing arrangements between people with disability and their support workers or participation assistants.
• Educate the general staff and student population about how they might assist fellow staff and students with disability to navigate around campus.
• Consider establishing a program, as some intuitions are, that engages students to serve as COVID-19 'ambassadors' or 'champions' to provide COVID-19 – related assistance to anyone on campus.
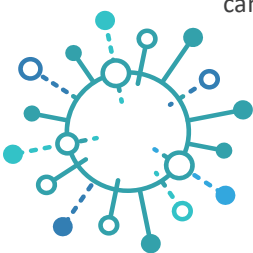
4.2 Shared areas: general cleaning and disinfecting protocols

The COVID-19 virus can remain on surfaces for many hours but is easily inactivated by cleaning and disinfection.

Most workplaces and tertiary institutions have increased the frequency and intensity of environmental cleanings and disinfections. High-touch surfaces such as door handles, lift buttons, handrails and light switches, as well as shared equipment, are a focus of these enhanced standards.

To complement the services provided by cleaning personnel, staff and students can be provided with products such as disinfectant wipes to further clean their own environments, workstations, desks and shared spaces or equipment.

While the general principles of cleaning and disinfecting do not change with regards to people with disability, there are some factors that need special consideration.

Recommendations

- Ensure all staff, students and support workers who use assistive devices with high-touch surfaces are aware that these need to be cleaned and disinfected frequently. Provide disinfectant wipes for this purpose.
- Establish cleaning protocols to ensure that any assistive devices provided by the institution (such as scooters, hoists or wheelchairs) are cleaned and disinfected between each use.
- Ensure cleaning materials (e.g. disinfectant wipes) are available and accessible to all for areas in buildings or departments that require staff and/or students to undertake cleaning and disinfecting tasks between uses, such as shared kitchens, common areas and laboratories.

4.3 Hand hygiene

Hand hygiene is one of the most effective ways to prevent the spread of the highly contagious COVID-19 virus. Effective hand hygiene means washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitiser.

Recommendations

- Place hand-sanitising stations at a height, and in a location, where students or staff in wheelchairs, or those with short stature, can access them.
- Place hand soap dispensers at easily accessible heights and locations.
- Install automatic, contactless hand-sanitiser dispensers wherever possible for people with limited hand or finger dexterity who cannot use sanitisers with hand pumps.
- Provide small bottles of hand sanitiser that people can carry with them, or encourage people to supply their own .
- Provide hand sanitisers without fragrances or unnecessary allergens as some people can be sensitive or allergic to chemicals.

4.4 Use of face masks or face coverings

The Australian Government has deemed that most people will not benefit from wearing a face mask or face covering unless in a region, state or territory where community transmission is occurring. In these areas, people are advised to wear a face mask as an extra precaution. Institutions, staff and students need to stay informed of the up-to-date advice provided by their respective state or territory health departments.

Given that over 50 per cent of our communication is visual, and facial expressions, such as smiles, are important in conveying empathy and building rapport, wearing face masks can impede communication and connections between people.

Face masks or coverings are an even greater impediment to communication for some people with disability who rely heavily on visual or facial cues. This includes Deaf people and people who are hard of hearing who use Auslan or who lip-read, as well as people with psychosocial disability who need facial cues.

It is also important to note that for some people with disability wearing a mask can cause distress or difficulties, and in some situations it may aggravate a physical or mental health condition. These people can therefore have a legitimate reason for not wearing a mask. For example, people on the autism spectrum may be hypersensitive to fabric over their nose and mouth, and wearing a mask may cause them to experience extreme anxiety. People with physical disability, such as cerebral palsy, may not be able to remove the mask without assistance. People with post-traumatic stress or claustrophobia may experience panic.

Recommendations

- Provide alternatives to face masks (e.g. options with full-face visibility, clear masks) for staff and students who need to directly communicate face-to-face with other staff and students who are Deaf or hard of hearing.
- Provide alternatives to face masks (e.g. options with full-face visibility, clear masks) for use in group sessions attended by students who are Deaf or hard of hearing.
- Provide instructions in accessible formats on how to effectively put on, take off and dispose of masks. Make these instructions available to staff and students who either choose to wear a mask or are advised by their health practitioner or government authority to do so.
- Ensure that staff or students who choose to wear a face mask while on campus are not subject to unfair treatment or discrimination.
- Clarify any underlying disability or health-related reasons for staff or students unable to adhere to mask regulations.
- Ensure that staff or students who are unable to wear a face mask while on campus are not subject to unfair treatment or discrimination.

4.5 Cough and sneeze etiquette

Everyone should be reminded to practise cough and sneeze etiquette; this means coughing or sneezing into a clean tissue and immediately discarding the tissue in a bin. Follow up with good hand hygiene (washing and/or sanitising). If tissues are not available, it is recommended that people cough or sneeze into their elbow and follow up with good hand hygiene.

Recommendations

- Place waste bins in accessible areas.
- Supply waste bins with sensor operated lids.
- Encourage people who have difficulty accessing bins to bring a rubbish bag for used tissues.
- Place publicly available tissues at heights and locations that everyone can access.

4.6 Service animals

A service animal is an animal that is formally trained and accredited under a state or territory law to support people with disability to alleviate the effect of the disability.

While there are still many unknowns about the virus that causes COVID-19, evidence suggests that in some cases the virus can spread from people to animals, such as dogs or cats; however, to date there have not been any known cases of domestic animals transmitting the COVID-19 virus to people, nor has COVID-19 been reported in domestic animals (pets or livestock) or wildlife in Australia.

Recommendations

- Ensure staff and students who use service animals are aware of the low but potential risk to their animal.
- Provide information to staff and students about how to protect their animal while on campus, including the following points.

   Ways to protect service animals while on campus

   » When possible, both the handler and the animal should stay at least 1.5 metres away from others.
   » If a service animal is sick, call a veterinarian and do not go out in public with the animal.
   » Clean and disinfect service animal collars, vests, leashes, harnesses and other supplies frequently.
   » Do not wipe or bathe service animals with chemical disinfectants, alcohol, hydrogen peroxide or any other products not approved for animal use. There is no evidence that the virus can spread to people from the skin, fur or hair of pets.
   » Do not put face coverings on service animals. Covering an animal's face may cause harm.

5. LEARNING AND TEACHING CONSIDERATIONS

5.1 Reasonable adjustments

As on-campus, face-to-face teaching recommences, it is important to consider those students who are not yet comfortable or able to return to campus due to the impact of the COVID-19 pandemic.

Students who are unable to return to on-campus learning (including laboratory work or practical classes) should not be academically disadvantaged, stigmatised or treated less fairly. Sometimes this may mean exploring relevant and appropriate alternatives for attendance, assessments or units of study.

Information about the delivery approach (online, on-campus or a blend of both) needs to be provided to students as soon as possible in clear and accessible formats.

Recommendations

- Provide reasonable adjustments for students who require continued access to online learning without fear of falling behind or being stigmatised.
- Determine alternative options to on-campus study (including assessments, laboratory work,
- workshops and practical classes), where necessary taking the inherent requirements and key learning objectives into careful consideration. Review and update student Learning Access Plans to reflect the additional needs of the student and any reasonable adjustments required.
- Provide alternatives to on-campus teaching for educators with disability who choose to continue teaching online as opposed to returning to physical campus.

5.2 Exams

Anecdotal evidence suggests that proctored exams increase anxiety for many students—with or without disability.

Recommendations

- Consider what adjustments or alternatives can be made available for students with severe anxiety regarding proctored exams. For example, this might include supervised exams in the library or take-home exams over 24 or 48 hours.

5.3 Field trips, industry placements, internships and work integrated learning

Prior to COVID-19, off campus activities—where students participated in, engaged with or visited businesses, industry groups or other locations—were integral components of many tertiary courses. These activities enhanced and enriched tertiary learning by providing students with opportunities to engage in experiences unique to workplace contexts.

As staff and students return to campus, it is likely that these types of learning activities will once again be offered; however, in some cases COVID-19 has broadened the approach to these activities and may provide an opportunity to consider providing ongoing alternatives that provide greater safety for all staff and students including those with disability. A recent Australian Collaborative Education Network guide on online work integrated learning acknowledges that while online alternatives are not the same as physically located experiences, they can be equally valuable and productive as well as provide more flexibility and relevance for both students and industry.

As field trips, work integrated learning and excursions recommence, it is important to consider those students with disability who are not yet ready to undertake learning activities involving physical proximity.

Recommendations

- Provide reasonable adjustments for students to access suitable alternatives to physical field trips, industry placements or work integrated learning components without fear of falling behind or being stigmatised.

6. MORE INFORMATION

Australian Government Department of Health:
Coronavirus (COVID-19) resources for the general public

https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources

Australian Disability Clearinghouse on Education and Training:
Coronavirus (COVID-19) – frequently asked questions

https://www.adcet.edu.au/covid-19-faqs/

APPENDIX 1
Action List

The action list is a practical checklist for most of the recommendations in the Guidelines. Institutions are able to indicate if the recommendation is relevant to them, what actions they need to take, and the person/team responsible.

CONSIDERATION	RELEVANT?	SPECIFIC ACTIONS REQUIRED	RESPONSIBLE TEAM/PERSON
Disability specific			
Promotion of general wellbeing strategies			
Information easy to find on website			
Posters promoting webpage			
Clear, concise step-by-step guides developed			
Quiet locations provided			
Orientation and mobility retraining arranged			
Audio materials developed			
Video materials have closed captions			
See-through masks available			
Easy-to-read written information available			
Access champions program established			
Processes for irregular temperature readings established			
Individual consultation and risk assessments			
Consultation processes and timelines developed			
Risk assessment checklist/s completed			
Physical distancing			
Suitable for wheelchairs			
Posters explain physical distancing and allowances for support workers			
COVID-19 ambassadors/champions program created			
Hand hygiene			

CONSIDERATION	RELEVANT?	SPECIFIC ACTIONS REQUIRED	RESPONSIBLE TEAM/PERSON
Adjustable height stations			
Automatic and contactless			
Personal hand sanitiser bottles			
Low allergen and fragrance free			
Cough and sneeze etiquette			
Accessible waste bins			
Personal rubbish bags			
Accessible tissues			
Cleaning and disinfecting			
Instructions given for assistive high-touch surfaces			
Wipes for assistive high-touch surfaces provided			
Cleaning protocols for assistive device loans developed			
Access to cleaning materials			
Service animals			
Information provided to owners			
Emergency evacuations			
Emergency procedures updated			
Contact made with staff and students with PEEPs			
Information on evacuation procedures is accessible			
Fire warden training provided			
Teaching and learning			
Learning Access Plans updated with reasonable adjustments			
Exam alternatives offered			
Alternatives to work integrated learning, field trips and excursions offered			

NOTES