COVIDSafe ECEC Settings Guide

COVIDsafe Advice for early childhood education and

care Services

**Updated 24/01/2022**



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# Victoria’s Back-to-School and Early Childhood Education and Care Plan

The measures set out in the Victorian Government’s Back-To-School and Early Childhood Education and Care Plan will ensure every possible effort is made that staff, children and students are safe and that education settings remain open.

Early childhood education and care represents an irreplaceable opportunity for growth, development and learning. It is vital that children and students make a return to face-to-face learning for their academic, social and mental wellbeing.

The Back-to-School and Early Childhood Education and Care Plan enables a safe return for children and staff and builds on the familiar supports and measures already in place that reduce the risk of COVID-19 transmission in ECEC settings:

* all persons working in ECEC services being double vaccinated in addition they must receive a third dose of a COVID-19 vaccine by 25 February if they are already eligible, or within 3 months and 2 weeks of receiving a second dose, to continue working in education settings.
* maintaining existing COVID-Safe practices including increased outdoor programming, external pick up and drop off and contactless check in where practicable. These practices will be able to continue, supported by COVID-safe grants of $949-$1576 per service per term, to all Victorian Government-funded kindergarten services.
* guidance on improved ventilation and outdoor programs, and $7.5m in grants for 1,700 not for profit sessional kindergartens to support additional ventilation and air purification measures.

# Introduction

The COVIDSafe ECEC Settings will continue to be the sector’s one source of accurate practice guidance for health and safety advice for all Victorian ECEC services. New additions in the 24 January 2022 update reflect the Return to School and ECEC Plan, specifically:

* introduction of voluntary twice weekly rapid antigen testing for all ECEC staff
* streamlined contact management and changing of contact tracing
* required third dose vaccination requirements for education workers to be on-site
* clear guidance for services to manage staffing and enrolments and to remain open through waivers, funding by exception and prioritisation of on-site attendance, if required.
* continued COVID-19 service impact reporting through NQAITS and required approvals for funded sessional services to close or reduce service for three days or more.

# Twice weekly rapid antigen testing for ECEC staff

There will be voluntary rapid antigen surveillance testing in place for face-to-face ECEC staff for the first four weeks of Term 1 2022. To assist services, the Victorian Government will deliver rapid antigen tests over four weeks to early childhood education and care services.

The twice-a-week testing will be strongly recommended but not compulsory for early childhood education and care staff in sessional kindergarten, long day care, family day care, occasional care and outside school hours care.

The Victorian Government will supply and deliver rapid antigen tests to all services – including Commonwealth funded childcare services – to support staff across the whole sector.  Further information on distribution, access and terms of use available at Insert link for new RA Test webpage with new tile linking off [Early childhood education and care | Coronavirus Victoria](https://www.coronavirus.vic.gov.au/early-childhood-education-and-care)

Combined with all the other COVIDSafe steps, including increased ventilation and outdoor play, this support for rapid antigen testing for staff will reduce transmission in services.

Please see advice below about management of cases in services, including for children. Children will continue to be able to access rapid antigen tests or PCR tests at testing centres, if they have symptoms, are a household close contact, or if their parent/carer is advised by the service that they were likely in contact with a person at the service with COVID 19.

## Using rapid antigen tests and reporting positive results

Staff are encouraged to do the twice weekly tests at home, in the morning prior to be onsite. Information about how to do a test is available at [Rapid antigen tests | Coronavirus Victoria](https://www.coronavirus.vic.gov.au/rapid-antigen-tests)

Services are not required to seek or record the result of staff rapid antigen tests, but any staff member who tests positive must tell their employer, isolate for 7 days and report their result to the Department of Health via the COVID-19 Positive Rapid Antigen Test Self-Reporting Form [online](https://list.comms.educationupdates.vic.gov.au/track/click?u=770f4d1425f14b0d9936ca688e358872&id=a92e2de1f52037fd&e=0a4b4112fa393902) or call centre on [1800 675 398](tel:1800%20675%20398). A negative test is not required to return to the service following completion of 7 days of isolation.

Once a probable case has reported their positive rapid antigen test result, they will be asked questions about their symptoms and directly provided critical information about their next steps, how long they must isolate and how they can get care and advice – just as they would if they tested positive on a PCR test.

For more information on how to complete a rapid antigen test, please refer to: https://www.coronavirus.vic.gov.au/rapid-antigen-tests . Information about how to do a test, including a how-to video translated into 33 languages, is [available online](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.coronavirus.vic.gov.au%2Frapid-antigen-testing-schools&data=04%7C01%7CAnthony.Raitman%40education.vic.gov.au%7Cc1d5148bf4e9410b65cb08d9da69ebb8%7Cd96cb3371a8744cfb69b3cec334a4c1f%7C0%7C0%7C637780970722955384%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=iiM4sKzjhtR8PLbgB%2FR7eqBxzSWCZVchAorAoQwa%2FHI%3D&reserved=0)

# Management of an unwell child or staff member

Children who have any symptoms, however mild, will need to stay at home, even if they are not a positive case or a close contact.

It is important that any child (or staff member) who becomes unwell with COVID-19 symptoms while at service returns home and gets tested unless those symptoms are known to be caused by an underlying health condition or medication.

The symptoms to watch out for are:

* fever
* chills or sweats
* cough
* sore throat
* shortness of breath
* runny nose
* loss or change in sense of smell or taste

Some people may also experience headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea.

Staff or children experiencing COVID-19 symptoms should be advised to follow the requirements set out in the Testing Requirements for Contacts and Exposed Persons and, where applicable, follow the COVID-19 rapid antigen test procedure. See [Managing illness in schools and early childhood services during the COVID-19 pandemic.](https://www.education.vic.gov.au/Documents/about/department/covid-19/managing-unwell-students-covid19-factsheet.pdf)

Health care plans, where relevant, should be updated to provide additional advice on monitoring and identification of the unwell student in the context of COVID-19.

Staff and children do not need to present a medical certificate stating they are fit to return to an education setting after a period of illness, but they should not return until they no longer have symptoms.

## Children who may be medically vulnerable

COVIDSafe measures have been put in place to ensure that ECEC service are as safe as possible for all children, including those with medical vulnerabilities. However, independent medical advice should always be taken on an individual basis.

An individual assessment is always recommended, and decisions regarding attendance should be informed by the nature of a child’s condition, its severity and intensity of required treatment. In most cases, the presence of common conditions of childhood, such as asthma, epilepsy or Type 1 diabetes, should not stop a child from attending face-to-face learning.

Some children may be at higher risk for severe outcomes or complications of COVID-19, for example those with chronic medical conditions. Any children with a chronic medical condition should seek advice from their medical practitioner about attending onsite. Given most of these conditions are rare in children, it should be rare for a child to be determined by a medical practitioner to be unable to return to ECEC due to an ongoing medical reason raising concerns about COVID-19, outside of an acute illness.

Assessments should be reviewed alongside notable changes to COVID-19 transmission in Victoria.

Schools must ensure students with medical needs have an up-to-date Health Plan and accompanying condition-specific health management plan (such as an Asthma Action Plan), based on medical advice from the child’s medical or health practitioner, and consultation with the child’s parents and carers.

For additional information to support decision-making, refer to:

* [Asthma Australia](https://asthma.org.au/blog/should-you-be-sending-your-child-to-school-if-they-have-asthma/)
* [Royal Children’s Hospital – advice for](https://www.rch.org.au/respmed/about_us/COVID-19/#should-i-let-my-child-return-to-school) [respiratory patients](https://www.rch.org.au/respmed/about_us/COVID-19/#should-i-let-my-child-return-to-school)
* [JDRF – Coronavirus and children with T1 diabetes](https://jdrf.org.au/covid-19-and-children-with-t1d-your-questions-answered/).

# Management of cases and contacts

## Managing a confirmed case of COVID-19

Everyone should consider their health before they start work or attend ECEC. Staff should ensure that they are free from COVID-19 symptoms.

The current process for contact management is available at [Managing a case of COVID-19 in early childhood education and care services | Coronavirus Victoria](https://www.coronavirus.vic.gov.au/managing-confirmed-case-coronavirus-covid-19). Two rapid antigen tests or a PCR test are available at state testing sites for education contacts.

Education contacts (i.e. people who are exposed to a COVID case in their ECEC service or school) are not required to isolate unless they are symptomatic.

This is distinct from household and household like close contacts, who are required to isolate ( see [Checklist for COVID cases | Coronavirus Victoria](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.coronavirus.vic.gov.au%2Fchecklist-cases&data=04%7C01%7CKim.Little%40education.vic.gov.au%7Cdedb1385379d45d4e81308d9de4cac67%7Cd96cb3371a8744cfb69b3cec334a4c1f%7C0%7C0%7C637785243151162161%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=nlevITVX4pAy9yH62ckDa07Mcm%2F%2BQjoUQ1SfM6AiesU%3D&reserved=0)) – unless in the case of staff who come under the critical worker exemption. (refer to 6.2 Exemptions for staff who are close contacts).

The current requirements for contact tracing of individual education contacts in ECEC settings will change shortly. Services will be required to inform parents, carers and staff when there has been a COVID-positive person at the service site, and what their next steps are (including monitoring for symptoms and what to do if symptoms appear).

The Department will update this section shortly with communication templates for services.

### Family Day Care and contact management

Like all ECEC services, FDC are required to submit a notification through National Quality Agenda IT System (NQAITS) if a child / staff member tests positive to COVID-19 (via a PCR or rapid antigen test), but only where the case was onsite within the 48 hours prior to the onset of symptoms consistent with COVID-19 or if non-symptomatic 48 hours prior to taking a test.

When there is a positive case in family day care, any children and adults in attendance are defined as a household contact or house-like contact. This means they have spent more than four hours with someone who has COVID-19 inside a house, accommodation, or care facility and must get tested and quarantine for seven days from the date of exposure.

### COVID-19 Outbreak Notification Form

The Department of Health (DH) require workplaces, including education settings, to notify DH using an online form when 5 cases have attended the premises within 7 days. On completion, the online form will be directed to DH and relevant Local Public Health Unit to support outbreak management. DH will identify and manage emerging outbreaks of concern and can determine that a person is a close contact on a case-by-case basis. In this scenario, children and staff will be notified directly of any additional quarantine and testing arrangements.

Form is available at [COVID-19 outbreak notification form | Coronavirus Victoria](https://www.coronavirus.vic.gov.au/covid-outbreak-notification-form)

### Summary of child and staff scenarios

| **Scenario** | **Required actions for the staff and child/family** |
| --- | --- |
| A child or staff member tests positive to COVID-19, either through RA test or PCR test | Isolate at home or in private accommodation for 7 days (inclusive of weekends) and **do not attend ECEC** during this period.  Inform the ECEC that they have tested positive to COVID-19  A negative test is not required to return to ECEC following completion of 7 days of isolation.  Follow the [Checklist for COVID cases](https://www.coronavirus.vic.gov.au/checklist-cases) |
| A child or staff member is a household contact or house-like contact.  *You have spent more than four hours with someone who has COVID-19 inside a house, accommodation, or care facility. This includes family day care*  *Contact at all other ECEC services is not included in this definition* | Notify the service that they are a household or household-like contact.  Follow the [Checklist for COVID contacts](https://www.coronavirus.vic.gov.au/checklist-contacts)  The child must quarantine for 7 days (inclusive of weekends) and **must not attend ECEC** during this period.  **Staff members** must quarantine for 7 days (inclusive of weekends) and **must not attend ECEC** during this period unless a **critical work exemption** has been agreed (see *Critical worker exemptions*)  \* If another person in your household tests positive during your 7 day quarantine period as a household contact (in addition to the initial case) your 7 day period doesn’t start again. |
| A child or staff member has been in contact with a case of COVID-19, including at ECEC or at work. | If **asymptomatic,** children and staff should continue to attend ECEC and monitor for symptoms. Parents/carer can attend State testing centres and receive a PCR or rapid antigen test.  If **symptomatic,** all children/staff must stay/return home Parents/carer can attend State testing centres and receive a PCR or rapid antigen test.  Follow the [Checklist for COVID contacts](https://www.coronavirus.vic.gov.au/checklist-contacts) |

# Advice on managing staffing and enrolments

The department recognises that ECEC services face significant challenges in operating programs in early 2022 while managing expected staff absences.

The department has developed requirements and advice for managing staff and enrolments, which can apply to all services or only funded kindergarten. The following section provides:

* Kindergarten funding requirements to seek DET approval for any restriction of service delivery or closure greater than three days
* Exemptions available for household or household-like contact who are education workers to return to work under strict conditions
* Additional options to enable services to remain open and manage impacts on program delivery, including where it is not possible to accommodate all enrolled children for a period of time.

## Kindergarten funding operating requirements

For funded kindergarten services (sessional and long day care), please note the expectation – consistent with the Kindergarten Funding Guidelines – that services will continue to provide face-to-face learning for as many enrolled children as possible.   Pre-emptive or blanket closures by services are not consistent with funding requirements.

Providers and services must follow the rules set out in the pandemic orders.  They should not impose additional rules about attendance.  As noted above, people who are exposed to a COVID case in their ECEC service or school are not required to isolate if they are asymptomatic.

Funded kindergarten services, like all ECEC services, must submit a notification in NQAITS if they are fully or partially closing for any period of time.

If your funded kindergarten service needs to close or restrict face-to-face delivery to a subset of children (i.e. essential worker and vulnerable children) for more than three days you must also contact your local DET area Early Childhood Improvement Branch to discuss this and seek an exemption from the requirement to deliver 600 hours of funded kindergarten a year.

No funded kindergarten service should be closing the service for some or all children, or moving to learning from home, for more than three days without this discussion and approval from DET.

Note that the COVIDSafe ECEC Settings Guide contains advice on a range of options to help manage staff shortages, including applying for waivers, funding by exception, and how to prioritise attendance of children (i.e. essential worker and vulnerable children) in the event you do need to run a reduced service for a short period.

## Exemptions for staff who are close contacts (household and household like)

ECEC staff, except for family day care educators, are eligible for an exemption from close contact (household and household-like) home isolation requirements, to allow them to attend their workplace to support the delivery of essential services.

A close contact (household and household like) is required to isolate for seven days because are people you have spent more than four hours inside a house, care facility or accommodation with a positive person. Education contacts are not close contacts (household and household like).

Under the conditions of the exemption, ECEC staff who are asymptomatic close contacts (household and household like) may return to work during the home isolation period, if it is necessary for continuity of operations of the service and if other options have been exhausted, subject to strict infection prevention and control requirements being met.

To be eligible to attend ECEC in these circumstances, staff must first notify their employer of their status as a close contact. Critically, both the staff member and their employer must agree to the staff member returning to the workplace. This is a voluntary, opt-in arrangement between the provider as employer and the ECEC staff member. Mutual agreement between the provider and ECEC staff member is required. Providers cannot direct a staff member to attend work using this exemption if the staff member does not wish to.

Under these settings, ECEC staff who are close contacts will also need to take the following steps when attending ECEC during their isolation period:

* undertake a daily rapid antigen test for five days and return a negative result prior to attending work each day
* always wear a mask, including while teaching and in the company of others, except for when eating or drinking. Using a P2/N95 mask, or TGA-approved P2-equivalent mask, is strongly recommended.
* not enter shared break areas including staff rooms
* When travelling to and from work the staff member must not carpool and should, where possible, avoid public transport
* work in areas where transmission risk is lower (outside where possible and safe, or in large, well-ventilated spaces)
* other than when attending their ECEC worksite, staff must quarantine in accordance with public health requirements
* notify their employer if, at any time, they develop symptoms or test positive on a rapid antigen test.

see Exemptions at [Checklist for COVID contacts | Coronavirus Victoria](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.coronavirus.vic.gov.au%2Fchecklist-contacts&data=04%7C01%7CRebecca.Haig%40education.vic.gov.au%7C90cf70770d64401e6b1508d9dee3faf1%7Cd96cb3371a8744cfb69b3cec334a4c1f%7C0%7C0%7C637785893021216317%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=HD0Sx8beK7K24n1q1Z6a7IFupQSYLkz0pMoSHGM2IJA%3D&reserved=0)

## Waivers and funding in exceptional circumstances

It may be hard for providers and services to know each day how many children will be attending, and which staff members will be present. However, the health, safety and wellbeing of children in education and care remains the priority with adequate supervision, educator-to-child ratio and early childhood teacher requirements continuing to apply.

If a service is unable to meet the requirements after taking reasonable steps (exploring all options available), the provider may consider applying for a waiver and funding in exceptional circumstances.

The National Law already provides some flexibility in the short-term replacement of Early Childhood Teachers (ECTs). If the ECT is absent due to short term illness or leave, they can be replaced by a person who holds an approved diploma-level qualification or primary teaching qualification (or a suitably qualified person, in the case of centre-based services with 60 or more children)for no more than 60 days in a 12-month periodon a pro rata basis (regulation 135). A waiver is not required in these circumstances however an *Interim Funding* form should be completed by the provider in line with existing arrangements.

### Waivers (applicable to centre based ECEC services)

As the Regulatory Authority, the Department of Education and Training’s (DET) Quality and Assessment Regulatory Division (QARD) can grant waivers for:

* Staff qualifications – where services meet the ratio requirements but not the qualification requirements.
* Ratios – in exceptional circumstances.

Waivers related to COVID-19 are:

* Considered on a case-by-case basis
* Only open to services in demonstrated need – i.e. they have explored options and do not have the staff capacity to meet requirements. Waivers can only be issued to cover known staffing shortfalls.
* Waivers can be granted for a set period of time to minimise frequent reapplications by services.

To apply for a waiver,submit an application in NQAITS.

For advice on lodging a waiver application and meeting requirements due to COVID-19 contact QARD by:

Calling: 1300 307 415

Emailing: [licensed.childrens.services@edumail.vic.gov.au](mailto:licensed.childrens.services@edumail.vic.gov.au)

Visiting QARD’s [information page on waivers](https://www.education.vic.gov.au/childhood/providers/regulation/Pages/nqfwaiversgeneralinformation.aspx)

Where the waiver request is directly related to COVID-19, the application fee will be waived.

### Funding in exceptional circumstances (applicable to funded kindergarten only)

DET will work with service providers to ensure continuity of kindergarten funding if program delivery is impacted by staff absences.

In circumstances where it is not possible to fully comply with the kindergarten funding VIT early childhood teacher requirements, service providers should contact their DET Early Childhood Improvement Area Branch for advice about interim funding or funding by exception. Area Early Childhood Improvement Branch details are available [here](https://www.education.vic.gov.au/childhood/providers/funding/Pages/srf.aspx#link99).

Services regulated under the National Quality Framework are required to meet the National Regulations and may need to check with QARD if a waiver is also required. Funding in exceptional circumstances will not be authorised until any applicable waivers have been approved.

### Managing and prioritising enrolments (applicable to all ECEC services)

Providers should proactively monitor demand for and capacity to deliver kindergarten programs.

Where services experience staff shortages, groups may be configured to enable as many children as possible to attend, considering the individual needs of the children and consistent with the service’s COVIDSafe plan and the National Law requirements. Where mixing of different child cohorts is required, services should, where practicable:

* maximise outdoor programming
* timetable same groups of children on same days.

Where it isn’t possible for all children to attend a funded kindergarten program, the following attendance prioritisation criteria should be applied:

1. Children at risk of abuse or neglect, or whose immediate wellbeing will otherwise be at risk if they are not attending
2. Children of essential workers including:
   1. healthcare workers, aged care, disability, emergency services, education, critical utilities, custodial facilities, transport and freight, food production and distribution workers (this can be one parent only, does not have to be both parents). A full list of essential workers exempt from household isolation requirements is available at: [Checklist for COVID contacts | Coronavirus Victoria](https://www.coronavirus.vic.gov.au/checklist-contacts)
3. Other vulnerable or disadvantaged children, as defined in the Victorian kindergarten priority of access guidelines
4. Once these groups of children have been accommodated, in the above order, services should consider sharing available places between remaining children. For example, if the kindergarten program is normally run across two sessions but there are insufficient places for all children to attend both as usual, remaining children could be allowed to attend one out of the two sessions.

The above prioritisation approach should be applied separately to 3-year-old and 4-year-old groups, and equally to all children in mixed age groups, as per priority of access guidelines.

### Consolidation of services (applicable to centre based ECEC services)

If a provider is considering consolidating services into selected sites to manage staff absences, they will need take into consideration:

* any health risks created by mixing different groups of staff and children
* access for vulnerable children and children of critical workers
* staff needs for orientation and induction to a new site or when working with children who are not known to them.

Providers are required to contact their local Early Childhood implementation Branch (ECIB) when considering consolidation options. Subsequently, in addition to consulting the relevant ECIB, providers that are consolidating or temporarily closing services should contact the Department’s Quality Assessment and Regulatory Authority on 1300 307 415. If children attend a different service for a period of time they must be enrolled at this service to meet regulatory purposes and all health and safety plans / individual support requirements should be in place.

# ECEC worker vaccination requirements

**As part of the COVID-19 vaccination roll-out, all ECEC staff and all children / students aged 5 and over are eligible to receive a COVID-19 vaccine.**

Vaccination is not mandatory for children, but vaccinations are strongly encouraged as the best way to protect individuals, families and ECEC and school communities from further outbreaks and the spread of COVID-19.

**Information about vaccines and eligibility can be found on the** [coronavirus.vic.gov.au](https://eduvic-my.sharepoint.com/personal/kate_morrissey_education_vic_gov_au/Documents/Desktop/A1%20working%20docs/coronavirus.vic.gov.au) **website.**

ECEC staff will be added to the list of workers in key sectors who must receive a third dose of a COVID-19 vaccine by 25 February if they are already eligible, or within 3 months and 2 weeks of receiving a second dose, to continue working in education settings.

All Victorians aged 18 and over who had their second dose of the COVID-19 vaccine 3 or more months ago are eligible for their third dose now.

Providers are encouraged to support all staff to access the required third-dose vaccine by offering flexibility to attend appointments (for example, by providing leave).  If you have a staff member who is hesitant about their third dose, encourage them to speak to their GP or a pharmacist.

For more information, including how to book and information about walk-in vaccination sites, refer to [COVID-19 vaccine third dose](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.coronavirus.vic.gov.au%2Fthird-dose%3Futm_source%3Demail%2Bmarketing%2BMailigen%26utm_campaign%3DOperationalEC17January2022%26utm_medium%3Demail&data=04%7C01%7CRebecca.Haig%40education.vic.gov.au%7Ccee734377480426c75a508d9d95f3bb7%7Cd96cb3371a8744cfb69b3cec334a4c1f%7C0%7C0%7C637779825361766101%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=OVJvybWDKajyxHmdhnB8GR3lJlhlVEBWQ0pby3aKM5M%3D&reserved=0).

**The following vaccination requirements will be updated at the time the COVID-19 Mandatory Vaccination (Specified Facilities) Order is approved to reflect that education workers will be added to the list of workers in key sectors who must receive a third dose of a COVID-19 vaccine.**

## ****ECEC services included in the vaccination requirements****

 On-site ECEC services provided under the:

1. Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011 including long day care, kindergarten and/or preschool, family day care
2. Children’s Services Act 1996 including occasional care services and limited hours services

## ECEC workers included in the vaccination requirements

The Victorian Chief Health Officer has issued [directions for required vaccinations for education workers.](https://list.comms.educationupdates.vic.gov.au/track/click?u=770f4d1425f14b0d9936ca688e358872&id=41a5f25dd34cc2cb&e=0a4b4112fa393902)   
For ECEC, an education worker is:

* ECEC-employed staff (for example, teachers, educators, ancillary support staff including reception)
* contractors working in close proximity to children or staff, whether or not engaged by the ECEC (for example, trades and maintenance people, cleaners but excluding delivery drivers)
* staff of the Department of Education and Training (for example, Authorised Officers, Early Childhood Improvement Branch staff)
* staff of any other entity (for example, allied health, NDIS providers, school readiness funding providers, Kindergarten Inclusion Support, Preschool Field Officer etc)
* volunteers working in close proximity to children or staff (for example, parent helpers, Committee of Management members)
* students on placements.

Note: The examples provided in the brackets above are for explanatory purposes and do not represent an exhaustive list.

From 29 November 2021, to work in early childhood education and care services (including outside school hours care services), you must provide evidence to your employer that you:

* are fully vaccinated with two doses of the COVID-19 vaccine, or
* have an Australian Immunisation Register immunisation medical exemption form that is completed and signed by an authorised medical practitioner.

### Family Day Care (FDC)

At this point in time, the requirement to be vaccinated applies to the FDC educator and any educator assistants in the residence. Family Day Care co-coordinators are required to be vaccinated.

## ECEC worker dates and evidence to meet required vaccination

For information on how to show evidence of your vaccination to your employer, please visit I[nformation for workers required to be vaccinated.](https://list.comms.educationupdates.vic.gov.au/track/click?u=770f4d1425f14b0d9936ca688e358872&id=9883b150d61c85d5&e=0a4b4112fa393902)

### Required vaccination exemptions

The COVID-19 vaccine is safe, effective and free.

You may receive a medical exemption if you are unable to be vaccinated because you:

* have a medical contraindication to COVID-19 vaccines, or
* have an acute medical illness, including COVID-19 infection for up to 6 months (or earlier if the medical practitioner specifies an earlier date)

### Acceptable evidence of medical exemption to COVID-19 vaccination

From 6pm on Friday 12 November, the only acceptable certification for the purpose of seeking a medical exemption will be an [Australian Immunisation Register immunisation medical exemption form](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.servicesaustralia.gov.au%2Forganisations%2Fhealth-professionals%2Fforms%2Fim011%3Futm_source%3Demail%2Bmarketing%2BMailigen%26utm_campaign%3DEmergencyCorp4Nov2021%26utm_medium%3Demail&data=04%7C01%7CRebecca.Haig%40education.vic.gov.au%7C1cd3201f50034a00a57608d9a0030a46%7Cd96cb3371a8744cfb69b3cec334a4c1f%7C0%7C0%7C637716757181626996%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=DGsSoiQKNiJr1KHYHqHJW%2BkVZ1NPCw7UaKyfuo%2F2f0Q%3D&reserved=0) that is completed and signed by an authorised medical practitioner, which states that the person is unable to receive a dose, or a further dose, of a COVID-19 vaccine because they have a medical contraindication to all the COVID-19 vaccines available for use in Australia and/or they are unable to receive a vaccine due to an acute medical illness (including where the person has been diagnosed with COVID-19).

The [Australian Immunisation Register immunisation medical exemption form](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.servicesaustralia.gov.au%2Forganisations%2Fhealth-professionals%2Fforms%2Fim011%3Futm_source%3Demail%2Bmarketing%2BMailigen%26utm_campaign%3DEmergencyCorp4Nov2021%26utm_medium%3Demail&data=04%7C01%7CRebecca.Haig%40education.vic.gov.au%7C1cd3201f50034a00a57608d9a0030a46%7Cd96cb3371a8744cfb69b3cec334a4c1f%7C0%7C0%7C637716757181626996%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=DGsSoiQKNiJr1KHYHqHJW%2BkVZ1NPCw7UaKyfuo%2F2f0Q%3D&reserved=0) is available at [Australian Immunisation Register (AIR) - immunisation medical exemption form (IM011) - Services Australia](https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/im011)

### Responsibilities of ECEC providers with workers on-site at an ECEC service

**Informing, sighting and record-keeping responsibilities**

An ECEC provider with the above in-scope workers on-site at an ECEC service, must collect, record and hold the following vaccination information of a worker scheduled to be on-site at an ECEC service on or after 29 November:

* for the fully vaccinated, evidence of receiving two doses of a COVID-19 vaccine, or
* evidence of a medical exemption from an authorised medical practitioner on the required [Australian Immunisation Register immunisation medical exemption form](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.servicesaustralia.gov.au%2Forganisations%2Fhealth-professionals%2Fforms%2Fim011%3Futm_source%3Demail%2Bmarketing%2BMailigen%26utm_campaign%3DEmergencyCorp4Nov2021%26utm_medium%3Demail&data=04%7C01%7CRebecca.Haig%40education.vic.gov.au%7C1cd3201f50034a00a57608d9a0030a46%7Cd96cb3371a8744cfb69b3cec334a4c1f%7C0%7C0%7C637716757181626996%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=DGsSoiQKNiJr1KHYHqHJW%2BkVZ1NPCw7UaKyfuo%2F2f0Q%3D&reserved=0)

### Workers unable to meet the vaccination requirements

If a worker does not meet the COVID-19 vaccination requirements and does not have evidence of an approved medical exemption, the worker cannot be on-site at an ECEC service after 29 November.

## Evidence of COVID-19 vaccination

There are multiple options to show evidence of your COVID-19 vaccination, depending on your situation.

To find the best way to get proof of your COVID-19 vaccination for your situation, visit [How to get your COVID-19 digital certificate](https://www.coronavirus.vic.gov.au/get-your-covid-19-vaccine-certificate)

Evidence of vaccination can be an Immunisation History Statement, or [COVID-19 digital certificate](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/certificates?utm_source=email+marketing+Mailigen&utm_campaign=EmergencyEC3Oct2021&utm_medium=email), or a letter from a GP. ECEC workers can access their Immunisation History Statement online or call the Australian Immunisation Register (AIR) to have an Immunisation History Statement sent in the post. In the period before an immunisation history is updated, evidence of vaccination can include a recent booking confirmation email, or the card received at the time of vaccination.

In the period before an immunisation history is updated, evidence of vaccination can include a recent booking confirmation email, or the card received at the time of vaccination.

For more information, please visit [Information for workers required to be vaccinated.](https://list.comms.educationupdates.vic.gov.au/track/click?u=770f4d1425f14b0d9936ca688e358872&id=9883b150d61c85d5&e=0a4b4112fa393902)

# ECEC COVIDSafe Steps Summary

This summary guidance explains the actions you should take to reduce the risk of transmission of coronavirus (COVID-19) in ECEC settings and to prioritise onsite education and care.

Service providers should work closely with parents, carers, staff when agreeing the best approaches for their circumstances.

| Key actions for ECEC | Term 1 |
| --- | --- |
| Face masks | **YES**  Under the pandemic orders, staff must wear face coverings at all times when in service. There is an exemption from this requirement if they are actively teaching and clear enunciation or visibility of their mouth is essential.  Staff are however recommended to wear masks at all times – especially indoors – in late January and into February, in light of the unvaccinated status of children in early childhood services and high current infection rates. |
| Cleaning | **YES**  Following advice from Department of Health deep cleaning is not required as part of exposure management. Services are to implement routine cleaning. |
| Visitors (working close or near children and/or staff) | **Additional risk mitigation strategies recommended**  Refer to 8.1.1 |
| Visitors (Parents / Carers) including Orientation | **Additional risk mitigation strategies recommended**  Refer to 8.1.2 |
| Health, wellbeing, inclusion visits | **Yes**  Refer to 8.1.1. |
| Student placements | **Yes**  Refer to 8.3. |
| Working across multiple sites | **Limit where possible** |
| Bush / Beach / Nature Kinder | **YES** |
| Other activities – such as tours, events/gatherings, excursions, incursions, photographers, as well as music and the performing arts. | **Additional risk mitigation strategies recommended**  ECEC services should consider whether the activity can be delayed or restructured (for example, completed in smaller groups or conducted outside to ensure it can be completed in a COVIDSafe manner). ECEC service must conduct a risk assessment and determine the additional risk mitigation measures required. These could include:   * Limiting activity to the smallest possible cohort size (e.g. a single group) * Limiting activity to outdoor spaces * Holding the activity as infrequently as possible * Consider the non-participation of persons (staff or children) at higher risk of progression to severe disease (e.g. who are immunocompromised or have significant coexisting medical conditions) * Staggering of groups who participate in the activity |

## Visitors to ECEC

Visitors to ECEC grounds must comply with appropriate vaccination requirements, face mask requirements, QR code check in and practise respiratory etiquette and good hand hygiene.

### Vaccination requirements for visitors performing work in ECEC services

Any visitor or volunteers performing work in ECEC (including parent helpers, SRF, allied health, NDIS, PSFO, KIS and other operators such as incursion providers, language teachers, maintenance, building, and cleaning contractors are required to be fully vaccinated by 29 November 2021 (unless a medical exemption applies) to attend on site. For more information on collection of vaccination information from visitors and volunteers working on ECEC sites refer to [COVID-19 worker vaccination requirements](https://www.coronavirus.vic.gov.au/information-workers-required-to-be-vaccinated#school-childcare-and-early-education-services)

### Parents / carers, service attendance and enrolment

Individual services should evaluate what is most appropriate for their service and their circumstances when adults are attending their service for tours, orientation of new families and graduation ceremonies, including vaccination status.

Parents/carers are not required to be vaccinated for their children to attend service, and the Kindergarten Funding Guide requires services to be inclusive of children attending and enrolling in service. Services are encouraged to continue external drop-off and pick up, wherever possible and safe.

## QR Codes and visitors to ECEC

|  |  |  |
| --- | --- | --- |
|  | Need to check in | Do not need to check in |
| All visitors on ECEC site (including contractors, incursions, allied health and building and maintenance staff) | **P** |  |
| All parents who enter the ECEC building when on site | **P** |  |
| Teachers, educators and staff (including student placements) |  | **P** |
| Children |  | **P** |
| Parents who come onto ECEC grounds for drop off or pick up, but do not enter buildings. |  | **P** |

### Victorian Government QR codes and record keeping including contactless check-in

* Services should move to contactless check-in for both QR code and sign-in for child attendance.
  + For example, parents/carers signing in child via a phone or a staff member undertaking on their behalf, where possible.
* The employer is responsible for ensuring there is an accurate record of daily staffing arrangements and all children attendance in accordance with National Law. Further, check in using the Victorian Government QR Code Service does not replace the usual sign-in and sign-out processes for visitor attendance required under the National Law, in particular the purpose of visits.
* ECEC services must prominently display QR code signage at each entrance to their premises. Ensure QR codes are displayed in other, multiple locations to ensure parents and carers can check-in safely while maintaining 1.5 meters physical distancing at peak times of day. Services may choose to also place QR codes outside, for example along the fence line.
* The safe supervision of young children by their parents, until they are in the care of the service is paramount, and the practical arrangements for checking in using the Victorian Government QR Code Service should take this into account. For example, some parents who enter the ECEC site may need to check-in immediately after they hand over their young child or children into the care of the service.

## Student placements

Many ECEC students have had their learning journey disrupted by COVID-19. Providing work placements helps them fulfil their aspirations to join the profession and supports the availability of skilled staff in the future to work in your service.

Students undertaking placements must meet vaccination requirements, follow COVIDSafe Settings, including carrying and wearing a face mask, checking in Victorian Government QR Code Service and Service Victoria app, and maintaining physical distancing of 1.5 metres from others.

# COVIDSafe operational advice for ECEC services

## Understanding COVID-19

For information on the science behind COVID-19 see [Facts about coronavirus (COVID-19)](https://www.coronavirus.vic.gov.au/facts-about-coronavirus-covid-19).

A combination of strategies is required to minimise transmission risk. No single strategy completely reduces risk and not every measure will be possible in all educational settings. Where some controls are not feasible, others should be enhanced. Strategies should also be adjusted over time in line with the changing risk of transmission in the community.

### Stay home when unwell

* The most important action ECEC communities can take to reduce the risk of transmission of COVID-19, is to ensure that any unwell staff and children remain at home and get tested, even with the mildest of symptoms.
* Children’s Health care plans, where relevant, should be updated to provide additional advice on monitoring and identification of the unwell child in the context of COVID-19.
* While it is not a requirement of entry to these settings for visitors to have been vaccinated against influenza, staff in these settings should encourage visitors to get vaccinated beforehand.

### Practise good hygiene

* All staff, children and visitors to early childhood services should undertake regular hand hygiene, particularly on arrival to the service, before and after eating, after blowing their nose, coughing, sneezing or using the toilet.
* Wash hands often with soap and water for at least 20 seconds, after blowing your nose, coughing, sneezing, or using the toilet. If soap and water are not readily available, use a hand sanitiser that contains at least 60 percent alcohol.
* Early educators are good role models for children and their parents/carers, so actively talk about why everyone needs to wash their hands and the importance of everyone doing this.
* Avoid touching eyes, nose, and mouth with unwashed hands.
* Cover nose and mouth with a tissue when you cough or sneeze. Tissues should be readily accessible with bins provided in each room and in outdoor areas for easy disposal. If you don’t have a tissue, cough or sneeze into your upper sleeve or elbow.
* Don’t share drink bottles, crockery or cutlery, and avoid using drinking fountains. Children should bring their own water bottle for use (and refilling) at the service.
* Sharing of food should not occur.
* Hand hygiene before and after use of shared equipment is recommended (for example, prior to a new activity).
* Use non-contact greetings between adults (not shaking hands, hugging or kissing).
* Ensure the highest hygiene practices amongst food handlers as per National Health and Medical Research Council (NHMRC) guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services).
* Use of mobile phones by staff should be discouraged if possible. Staff should be reminded to disinfect their phones regularly.
* Regular cleaning between use of IPADs and shared items for sign in and out of services. Consider how one person could sign children into a service.

### Ensure physical distancing between adults

* ECEC must display information and signage at site and building entrances and in communal areas such as staff rooms encouraging staff to wear masks at all times, unless an exception applies.
* Maintaining a physical distance of 1.5 metres in an ECEC setting will not always be practical. Strategies that can be considered to support physical distancing include:
  + the careful management of movement of adults through ECEC foyer and staff rooms, and timing of staff arrival and departure
  + where multiple staff are required in a room, reminding staff to maintain physical distancing from each other as much as practical
  + signage and rostering so that access to shared physical spaces and food preparation areas can be managed
  + reminding staff and visitors including through signage, of the importance of physical distancing where possible
  + marking the floor indicating physical distancing in appropriate locations (for example, foyer, staff rooms)
  + communicate the strategies in place to parents through local signage and communications to communities to remind staff and families of the need for behaviours that support physical distancing.
* Under the pandemic orders, staff must wear face coverings at all times when in service. There is an exemption from this requirement if they are actively teaching and clear enunciation or visibility of their mouth is essential.  Staff are however recommended to wear masks at all times – especially indoors – in late January and into February, in light of the unvaccinated status of children in early childhood services and high current infection rates.
* N95 or similar masks are not required and nor are surgical masks.
* Single use face masks should not be worn for longer than 4 hours without changing.

### External drop off and pick up

* Staff and parents / carers are to observe physical distancing measures by not congregating in areas inside or around the ECEC service.
* Local service arrangements to practise physical distancing and minimise interaction within the services and at entry points should include:
  + if the physical layout of your service permits it and it is otherwise safe, children are to be dropped off and picked up in ways that do not involve parents entering the premises including the foyer, children’s rooms and play areas.
  + drop off and pick up is to occur outside, where possible, to avoid people congregating in foyers.
  + where pick up and drop off occurs into areas outside the foyer, be particularly mindful of the supervision of children and ensuring unaccompanied children do not leave the service.
  + multiple entry and exit points to reduce the number of adults congregating.
  + signage to direct one-way flow of adults where practical.
  + staggered start and finish times, which may occur naturally in some service types. Where this is not the case, consider how the arrival and pick up time could be spread out. One example may be to divide the group and allocate times, noting that it is not expected that session times are extended to accommodate additional arrival and departure procedures.
  + signs at the entrance to encourage 1.5 metres physical distancing.
* Physical distancing is not practical when providing direct care. In this situation, standard precautions, including hand hygiene, are important for infection control.
  + Standard precautions are advised when coming in to contact with someone for the purpose of providing routine care, assistance or first aid. Also see NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services).
  + Always wash hands with soap and water or use a hand sanitiser before and after performing routine care or first aid.
  + Additional Personal Protective Equipment (PPE), for example face masks, is not required to provide routine care or first aid for children who are well.

### Avoid interactions in enclosed spaces (adults)

* Limit the number of staff in common areas.
* Workstations should be spaced out as much as possible.
* Use opportunities to adapt indoor activities outdoors, for example, breaks outside, having outdoor meetings, running activities outside, encouraging staff and children to eat outside, weather permitting.
* Use signage to promote physical distancing in more confined spaces such as entrances and common areas.

### Wear a mask

* Masks provide a physical barrier between individuals, reducing risk of COVID-19 transmission.
* Under the pandemic orders, staff must wear face coverings at all times when in service. There is an exemption from this requirement if they are actively teaching and clear enunciation or visibility of their mouth is essential. Staff are however recommended to wear masks at all times – especially indoors – in late January and into February, in light of the unvaccinated status of children in early childhood services and high current infection rates. N95 or similar masks are not required and nor are surgical masks.
* DET will be providing some supply of surgical masks for use by ECEC staff, and will advise on timing shortly – noting that this is a contribution only and services and staff should work on the basis of using their own masks as their primary supply. There may be situations where a face mask is not practical or safe for a person and a face shield may be worn, it should be noted however, that a face mask offers better protection than a face shield.
* It is important that masks are used appropriately, following current DH advice including how to put on, remove, dispose of and/or clean.
* Students in Grade 3 and above must wear a face mask indoors at school, including specialist schools), and Outside School Hours Care (OSHC) programs, unless a lawful exception applies. Students must wear face masks even if vaccinated. Students are not required to wear masks outside.
* Visitors to schools aged eight and above must wear a face mask in all indoor spaces, unless a lawful exception applies.
* Students in Prep to Grade 2 are strongly recommended to wear a face mask indoors at school or an OSHC program.
* Everyone over eight years old must wear a face mask when travelling to and from ECEC on public transport, taxis or ride share vehicles.

A face mask must cover the nose and mouth. Face shields, scarves or bandanas do not meet these requirements.

There are [lawful reasons for not wearing a face mask](https://www.coronavirus.vic.gov.au/face-masks-when-wear-face-mask#exceptions-for-not-wearing-a-face-mask), including for staff and students who are unable to wear a face mask due to the nature of their disability, medical or a mental health condition. Parent/carers of a student/s who meet the criteria for an exception should provide their approval in writing for their child/ren to not wear a mask to the school.

There is no requirement for a letter for a medical exception for not wearing a face mask from a medical practitioner.

### Reduce mixing

* Reducing mixing between different age or room groups to minimise risk of spread of transmission and aid containment in the event of a confirmed case of coronavirus (COVID-19) on-site. It is acknowledged that staff may need to move between rooms to support breaks and, in these situations, staff should be reminded of the importance of hand hygiene, physical distancing between themselves and other staff, and mask wearing when not directly caring for or teaching children.
* Implement small group play, staggered mealtimes and indoor/outdoor play opportunities whenever possible.
* Consider the setup of the room and the placement of the activities and limit the number of whole group activities. A greater range of activities will encourage children and staff to spread out more broadly.
* Rather than having group times where everyone is sitting on the mat, consider using informal opportunities to engage with the children/read books/do storytelling with small groups of children at a time.
* For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning and disinfection of toys. Sharing of toys that have been placed in mouths should be monitored and avoided.
* Where possible, stagger or group outdoor play to minimise mixing.

### Provision of routine care and first aid

* Physical distancing is not practical when providing direct care. In this situation standard precautions, including hand hygiene, are important for infection control.
* Standard precautions are advised when coming into contact with someone to provide routine care and/or assistance (for example, the use of gloves for nappy-changing, toileting or feeding).
* Standard precautions as per the [Staying Healthy - Preventing Infectious diseases in early childhood education and care](https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services) and service level related policies should be adopted when providing first aid. For example, use gloves and an apron when dealing with blood or body fluids/substances. Always wash hands with soap and water before and after performing routine care or first aid.

# Ventilation in ECEC

## Promote good air quality (through natural ventilation, mechanical ventilation and augmentation)

The risk of COVID-19 infection is significantly higher in indoor spaces, and it’s higher when those indoor spaces are poorly ventilated and there is crowding or high occupancy.

Good ventilation, together with other mitigation strategies is important to reduce risk of COVID 19 infection and spread. The introduction of air purification may assist in reducing risk in areas with poor ventilation

Many ECEC services are already well placed to create environments that enable good ventilation, simply by keeping doors and windows open, and maximising existing outside spaces.

However, some ECEC services may consider further measures to support better ventilation and enhance outside learning opportunities. This could include small-scale building works (for example, replacement / additional windows), installing outside shade structures or air purifiers to improve indoor air quality.

COVID-19 can spread through the air. Ventilation means bringing in outside air into a space to dilute potential virus particles in the air. If there is a person with COVID-19, the risk of spread is higher in indoor spaces, and even higher when those indoor spaces are poorly ventilated where there is crowding or high occupancy.

There are three ways ventilation can be improved:

* Natural – bringing in outside air by opening windows and doors
* Mechanical - using air-conditioning/heating systems to bring outside air into the inside (air conditioning systems that do not bring in outside air, including the majority of split systems, are not mechanical ventilation)
* Augmented - using air purifiers to filter the air

A well-ventilated space can reduce the risk of COVID-19 transmission. Air purification is an adjunct to ventilation. They must be done together with other mitigation strategies, including vaccination, physical distancing, good hand hygiene, respiratory etiquette, staying home when felling unwell, contactless check in and the use of masks.

There are many strategies all ECEC services can implement simply to increase ventilation and air purification and reduce the risk of COVID-19 transmission. These include:

* maximising outside areas and programming
* maximise ventilation of indoor spaces with fresh outside air (through opening doors and windows and using mechanical ventilation systems
* implement measures for a comfortable learning environment (thermal, noise, safety) with ventilation strategies in place
* minimise the use of indoor space that can’t be ventilated with fresh outside air
* use air purifiers in addition to maximising ventilation, rather than as a replacement, where possible

These guidelines provide greater information to help services maximise these good strategies, as well as consider if additional measures are needed.

## Maximise use of outside spaces

ECEC services should consider:

* moving to an indoor/outside program (shifting to as much outside programming as possible).
* staff taking their breaks and eating lunch outside, if possible.

ECEC services may wish to consider small scale building works or purchasing additional shade sails to further improve outside learning opportunities.

Considerations when seeking to procure a shade sail or building works:

* Installation of shade sails or other shade structures and building works require permission from the building owner and/or landlord prior to procurement.
* Services may require building and planning permits to construct shade sails or undertake building works.
* Shade sails and any building works to increase ventilation and air purification must be undertaken in accordance with the relevant ECEC requirements. Works must be installed or constructed by a registered Victorian Building Authority (VBA) builder.

Key safety considerations for shade sails include that they:

* provide high/extreme UV protection (50 SPF or higher) throughout the day and year for children and educators
* have supports that are clearly visible, with rounded edges and/or padding and placed to minimise risk of collision
* have vertical supports that are not scalable by children, and that do not make fences scalable
* do not impede the vision of supervisors
* have a minimum clearance of three meters in height
* withstand a variety of weather conditions and high winds
* are located with due cognisance of existing services, such as drainage, power lines, gas, and water
* avoid cables and guy ropes where possible.

Quality Assessment and Regulation Division (QARD) must be notified of proposed building works that would change the service premises or impact on existing spaces.

## Maximising ventilation of indoor spaces with fresh outside air

Services may wish to consider small scale building works to improve ventilation, such as ensuring windows can open and close, or by adding additional windows or doors. These are simple and effective methods.

All available mechanical and natural ventilation options should be operated for as much of the day as possible.

Ventilation using windows and doors (natural ventilation)

* Increase fresh air flow into indoor spaces by ensuring doors that open from the room into the service’s outside play area, are always open, along with windows.
* Keep all windows, doors and vents open as much of the day as possible and when unoccupied, if practicable.
* Keep these openings clear of any obstruction to air flow.
* Open windows and doors on multiple sides of the room to draw air through a space, where possible. This is called cross ventilation and is more effective than if windows and doors are only open on one side of the room (single- sided ventilation).
* Aim to open windows and vents that are higher or towards the ceiling during poor or windy weather.
* Where windows open at the top and bottom (double-sash windows) open both parts.
* If the weather does not permit windows and doors to be open throughout the ECEC day (for example, during storms or other severe weather conditions), consider opening windows periodically.
* If you have a window that is designed to open but is stuck, arrange to have it fixed.

Ventilation using air conditioning and heating systems (mechanical ventilation)

* Air conditioning units and heaters that draw air from the outside should be used where available, and together with opened windows, doors and vents.
* These systems ideally should be operated on high, irrespective of demand to maximise the amount of air movement within a room.
* Air conditioning units should be set to use external air rather than recycling, where possible.
* A large proportion of air conditioning systems are split systems. Split systems generally use recirculated air from the room and should therefore be used alongside open windows and doors to bring in outside air.
* Systems that do not bring in outside air do not provide mechanical ventilation but can be used for thermal comfort and air movement purposes (see below)
* Demand-controlled ventilation that reduce air supply based on occupancy or temperature should be disabled.
* .Ensure any air conditioners and/or heaters are well maintained. Air conditioning filters should be maintained according to maintenance plans, checked, and cleaned regularly. Follow manufacturers recommendations on asset maintenance.

Use of fans to assist air movement

* Maximise air movement by turning on fans when windows and doors to outside are open.
* Ceiling fans and other fans can be used to increase air movement in a room.
* Pedestal or desk fans must be used on an oscillating function (not continually pointing in one direction).
* Exhaust fans should be used as much as possible (for example in kitchens and bathrooms).
* If split system air conditioners are not required for thermal comfort, they can still be used to assist with air movement within the room.
* Use child-safe fans. Services should be mindful about not placing fans in areas that are within reach of children or that are accessible by children.

## Instances of poor outside air quality

* Monitor the VicEmergency App for risk warnings and advice on thunderstorm asthma, smoke and other events reducing outside air quality.
* Action to protect children during periods of poor outside air quality (such as smoke, thunderstorm asthma events) takes priority.
* Take steps to close windows and doors, set air conditioners to re-circulate air, and enhance other COVID safe behaviours and controls, where possible.
* Where possible, use air purifiers in rooms where windows must be closed.

## Minimise the use of indoor areas with little or no ventilation

The use of enclosed spaces with little or no ventilation should be minimised. Where possible, use air purifiers in rooms with little or no ventilation.

## Implement measures for a comfortable learning environment (thermal, noise, safety) with ventilation strategies in place

Take measures to maintain thermal, noise and other comfort, such as through clothing and seating arrangements.

For thermal comfort, use heating and air conditioning systems – even when windows and doors are open. These can be either systems that bring in outside air or only use recirculated air.

## Consider air purification if necessary

Cross ventilation is the first and most important action to take when improving air flow in ECEC indoor spaces and can be done by opening windows and doors.

Air cleaners (also called air purifiers or scrubbers) use high efficiency particulate air (HEPA) filters to remove 99.97 per cent (H13 or H14) of aerosolized virus particles in the air. Consisting of a fan and a layered filter, they work to clean the air of aerosol contaminants.

Air purifiers augment and complement natural and mechanical ventilation methods. Air purifiers filter existing air within a space and do not bring in fresh outside air.

Air purifiers are an extra tool to use in spaces with limited capacity to increase ventilation and to reduce the risk of airborne transmission for example, in staff rooms, meeting rooms and kitchens that may have fewer or reduced ventilation options.

In addition, purifiers should be considered for learning spaces that have limited or no cross-ventilation (windows and/or doors on multiple sides of a room) and where there is a higher risk of infection transmission due to close interactions for extended durations and removal of face masks.

## What to consider when purchasing air purification products

There are a number of types, sizes and brands of air purifies available. Individual services can assess if these would be an appropriate addition to their service.

The University of Melbourne, which is one source of guidance, outlines key considerations when purchasing an air purifier.

* A HEPA (only) air cleaner.
* The Clean Air Delivery Rate (CADR) needs to be sufficient for the room volume – the CADR measures an air purifier's effectiveness based on the room and the volume of clean air produced per minute.
* Maximum tolerable noise – fans are noisy, and it can sometimes make sense to have two quiet (<40dB) portable air cleaners rather than one large cleaner (>50dB).
* Cost.

### Air purification - things to avoid

* Ionisers, plasma/ozone/photocatalytic oxidation/precipitators and UV purification or disinfecting add-ons.
* Directional fans without any filtration that blow air from person to person. Note that fans may be used to promote air recirculation within a room if appropriate ventilation is available and should be used on an oscillating function.
* The use of any products which introduce particles into the air to ‘disinfect’ indoor air, such as gels, liquids, spray bottles, aerosols or vaporisers, are not recommended. There can be allergen concerns with the introduction of particles into the air and introducing chemicals or oils into the air in indoor environments is not a proven method to reduce the risk of transmission of COVID-19.

One information source and comparison of Australian air purifiers can be found at [Guide to air cleaner purchasing (unimelb.edu.au)](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsgeas.unimelb.edu.au%2Fengage%2Fguide-to-air-cleaner-purchasing&data=04%7C01%7CRebecca.Haig%40education.vic.gov.au%7C1b5700308715452c5f6808d98abae45f%7Cd96cb3371a8744cfb69b3cec334a4c1f%7C0%7C0%7C637693357570465373%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=1ynV4YDzl0gT2NiDpLc2FZFHZGQrNjGFNVbQ2tW1D04%3D&reserved=0).

### Air purification placement

There are a range of makes and models of air purifiers available, and they also come in various sizes. Services should follow the manufacturing requirements and advice which will be provided with specific devices to ensure it is used and operated correctly.

Key considerations for placement of air purifiers:

* Services should place the air purifiers away from open doors and windows or in areas with low air movement.
* Air purifiers are often portable and can be moved to where they are considered most necessary
* Refer to the manufacturers’ instructions for specific guidance on placement of air purifiers (for example how close the device can be placed to a wall).

### Safety considerations

When installing air purifiers, services should consider their location to ensure they are safe, inaccessible to children and do not impede on the required floor space. Any changes to floor space require a notification via the [NQAITS Portal](https://public.nqaits.acecqa.gov.au/Pages/Landing.aspx).

## Ventilation Resources

The following links are provided to assist to maximise natural and mechanical ventilation.

* Victorian ECEC centre-based ventilation fact sheets are available here
* [University of Melbourne advice on which air cleaners work best to remove aerosols that contain viruses](https://pursuit.unimelb.edu.au/articles/which-air-cleaners-work-best-to-remove-aerosols-that-contain-viruses#:~:text=The%20high%2Defficiency%20particulate%20air,virus%20particles%20in%20the%20air.)
* [Victorian School Building Authority (VSBA) handbook](https://www.education.vic.gov.au/Documents/school/principals/infrastructure/vsba-building-quality-handbook.pdf)
* [NQAITS Portal](https://public.nqaits.acecqa.gov.au/Pages/Landing.aspx)