COVIDSafe ECEC Settings Guide

COVIDSafe advice for Early Childhood Education and   
Care Services

**Updated 13/10/2022**

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# COVIDSafe Early Childhood Education and Care settings

From 13 October 2022, the Pandemic Declaration and associated Pandemic Orders have formally ended.

Services remain responsible for the health, safety and wellbeing of all children in their services. Early childhood education and care (ECEC) services should continue to apply their COVIDSafe practices and policies and take reasonable steps to prevent the spread of COVID-19 within their service.

Early childhood education centres should continue to have measures in place to mitigate the risk of COVID-19 to children and staff including ventilation, rapid antigen testing and embedded COVIDSafe practices such as physical distancing and hand hygiene.

The following settings, based on advice from the Department of Health, applies from 11.59pm Wednesday 12 October 2022.

It is strongly recommended that children:

* who test positive to COVID-19 should stay home and isolate for 5 days
* should not attend ECEC services after 5 days if still symptomatic
* who are symptomatic but have not tested positive should not attend ECEC services.

Parents and carers are recommended to advise the service of the child’s COVID-19 positive test result.

The Department of Health also recommends reporting a positive rapid antigen test (RAT) [result to the Department of Health](https://www.coronavirus.vic.gov.au/report-your-rapid-antigen-test-result) online at coronavirus.vic.gov.au/report-your-rapid-antigen-test-result or by calling 1800 675 398.

Where children become symptomatic at an ECEC service they should:

* be collected by their parents or carers
* undergo testing for COVID-19.

It is strongly recommended that staff:

* who test positive to COVID-19 stay home and isolate for 5 days
* should not attend after 5 days if still symptomatic
* who are symptomatic but have not tested positive should not attend the service
* advise their service of the positive COVID-19 test.

A combination of strategies is needed 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.

This short practice guidance is to support service providers making the best decisions about risk management in their situation and are subject to what is possible at a particular service and judgement formed in the best interests of children.

# Management of an unwell child or staff member

If staff or children are unwell, they should stay at home, unless those symptoms are known to be caused by an underlying health condition or medication.

Children and staff who are experiencing COVID-19 symptoms, however mild, are recommended to stay at home and undertake a RAT or a PCR test.

The COVID-19 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.

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

The Department of Health strongly recommends that children and staff:

* who test positive to COVID-19 should stay home and isolate for 5 days
* should not attend EC services after 5 days if still symptomatic
* who are symptomatic but have not tested positive should not attend EC services.

The Department of Health recommends wearing a mask for 7 days if a person has COVID-19 or is a close contact and need to leave home or cannot maintain physical distance.

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

Refer to [coronavirus.vic.gov.au/managing-illness-schools-and-ecec-parents](http://coronavirus.vic.gov.au/managing-illness-schools-and-ecec-parents)

# Managing a case of COVID-19 in services

## Centre Based Services (confirmed case of COVID-19)

Where a child or staff member has attended the service while infectious, the following steps are recommended to be taken consistent with approach for other infectious diseases:

* Notify a parent or an authorised emergency contact of each child being educated and cared for by the service as soon as practicable (if required, a template letter is provided at Attachment 2); and
* Post a notice stating that there has been an occurrence of COVID-19 at the premises.

An ECEC provider or nominated supervisor should should notify the department through the National Quality Agenda IT System (NQAITS) only if there is an outbreak of COVID-19 in the service (5 or more cases within a 7-day period) or if the service is to be closed.

## Family Day Care (Confirmed case of COVID-19 in premises)

If a child, staff member or any other person living in the educator’s residence tests positive for COVID-19, FDC services are recommended to:

* Notify the families of the children who attended a FDC residence during a person’s infectious period (if required, a template letter is provided at Attachment 3); and
* Post a notice at the premises stating that there has been an occurrence of COVID-19 at the premises.

If an educator or a person living in the residence has tested positive to COVID-19, it is recommended that the FDC does not operate at that residence for a period of 5 days.

## Children who may be medically vulnerable

COVIDSafe measures have been put in place to ensure that ECEC services 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.

ECEC services with children with medical needs must ensure they have an up-to-date Health Plan and accompanying condition-specific health management and risk-minimisation (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.org.au/blog/should-you-be-sending-your-child-to-school-if-they-have-asthma/](http://asthma.org.au/blog/should-you-be-sending-your-child-to-school-if-they-have-asthma/)
* [rch.org.au/respmed/about\_us/COVID-19/](http://asthma.org.au/blog/should-you-be-sending-your-child-to-school-if-they-have-asthma/)
* [jdrf.org.au/covid-19-and-children-with-t1d-your-questions-answered/](http://jdrf.org.au/covid-19-and-children-with-t1d-your-questions-answered/)

# Advice on managing staffing and enrolments

## Notifying of impacts of COVID on operations

The department recognises that ECEC services may continue to face some challenges in operating programs while managing staff absences.

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 of the kindergarten program to a subset of children or a reduced number of hours (i.e. essential worker and vulnerable children) for more than 3 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 a funded Four-Year-Old Kindergarten program or 200 hours for Three-Year-Old Kindergarten (up to 600 hours in 2020 and 2021 roll-out areas) across the year.

No funded kindergarten service should be reducing access to the kindergarten program, for more than 3 days without this discussion and approval from DET.

## Waivers and funding in exceptional circumstances

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 an ECEC 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 period on 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.

It is recommended that you contact QARD prior to submitting a COVID-19 related waiver application to discuss options 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 at [education.vic.gov.au/childhood/providers/regulation/Pages/nqfwaiversgeneralinformation.aspx](http://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)

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 at [education.vic.gov.au/childhood/providers/funding/Pages/srf.aspx](http://education.vic.gov.au/childhood/providers/funding/Pages/srf.aspx)

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.

# COVIDSafe operational advice for ECEC services

The COVIDSafe operational advice provides practical strategies to minimise the risk of COVID-19 and to keep children, staff and the ECEC community safe. For information behind the COVID-19 science see [coronavirus.vic.gov.au/facts-about-coronavirus-covid-19](http://coronavirus.vic.gov.au/facts-about-coronavirus-covid-19)

## Stay home when unwell

* 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.

## Use available Rapid Antigen Tests

* Free rapid antigen tests will continue to be available for all staff, and children aged 3 to 5 years, in ECEC services until 20 December 2022. Information about how to do a test is available at [coronavirus.vic.gov.au/rapid-antigen-tests](http://coronavirus.vic.gov.au/rapid-antigen-tests)
* Staff and families are encouraged to use the tests at home when they are symptomatic.
* Further information on distribution, access and terms of use is available at [coronavirus.vic.gov.au/rapid-antigen-tests-information-early-childhood-education-and-care-staff](http://coronavirus.vic.gov.au/rapid-antigen-tests-information-early-childhood-education-and-care-staff)
* Services that have an existing stockpile of RATs can opt out of receiving further deliveries. If you wish to opt out of deliveries please contact the Department at [covid.early.childhood@education.vic.gov.au](mailto:covid.early.childhood@education.vic.gov.au)

## COVID-19 vaccination

* Vaccination is the best way to protect individuals, families and ECEC from further outbreaks and the spread of COVID-19. Vaccinations are strongly encouraged for people aged 5 and over to get vaccinated with two doses and for people 12 and over to get their 3rd dose if they have not done so. Some people 5 and over are also eligible for an additional dose of a COVID-19 vaccine, if they are in a vulnerable group. Refer to [coronavirus.vic.gov.au/vaccine](http://coronavirus.vic.gov.au/vaccine) for further information.
* ATAGI recommends COVID-19 vaccination for children aged 6 months to 5 years with severe immunocompromise, disability, and those who have complex and/or multiple health conditions which increase the risk of severe COVID-19. The recommendation is for 2 primary doses, except for those with severe immunocompromise who require 3 primary doses. The recommended interval between each dose is 8 weeks. ATAGI does not currently recommend vaccination for children aged 6 months to <5 years who are not in the above risk categories for severe COVID-19. These children have a very low likelihood of severe illness from COVID-19.
* Service providers have the choice to require their staff to be vaccinated. This is a decision that can be made at a local level based on the requirements of each service. Under the Occupational Health and Safety Amendment (COVID-19 Vaccination Information) Regulations 2022, employers can collect and hold the vaccination information of workers if they choose to have vaccination requirements to keep their workplaces COVIDSafe. An optional template ‘COVID-19 Vaccination Status Register’ is available at the end of this guide.
* Students and contractors who are attending an ECEC service as part of their roles will need to comply with the requirements of their host service. It is the responsibility of EC services to inform their contractors and students of their requirements.
* Parents, carers and other adult visitors (not performing work) are not required to show evidence of their vaccinations.
* Under the Kindergarten Funding Guidelines, enrolled children must be permitted to attend the service. If the parent entering the service is necessary to make this attendance possible (for example to successfully orient/transition their child to the service, or to settle a child who is vulnerable, has additional needs, or is suffering distress), then services should permit the parent to enter for this purpose and ensure risk mitigations are in place to the extent possible.

## 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.
* Do not 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.
* Hand hygiene before and after use of shared equipment is recommended (for example, prior to a new activity).
* Ensure the highest hygiene practices amongst food handlers as per National Health and Medical Research Council (NHMRC) guidance [nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services](http://nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services)
* 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.

## Face Masks

* Wearing a face mask can help protect you and those around you. Face masks stop droplets spreading when you talk, cough, sneeze and laugh, which lowers your chance of spreading or catching the virus.
* The current Victorian Government advice (https://www.coronavirus.vic.gov.au/face-masks) recommends wearing a mask:
* for 7 days if you have COVID-19 or are a close contact and:
  + you need to leave home, or
  + you cannot maintain physical distance
* if you are caring for someone at home who is sick with COVID-19
* if you have any COVID-19 symptoms
* if you are with people who may be vulnerable to COVID-19
* if you are visiting or working in a sensitive setting such as hospitals and aged care facilities
* if you know you are at a higher risk of falling very sick with COVID-19.
* Masks for staff in ECEC services are not recommended in circumstances where staff are actively teaching and clear enunciation or visibility of the mouth is essential.
* Children aged 2 years or younger should not wear a mask, because it is a choking and suffocation risk.

## 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.
* 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

* Standard precautions are advised when coming into contact with someone to provide routine care or assistance (for example, the use of gloves for nappy-changing, toileting or feeding).
* Standard precautions as per the [nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services](http://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

Improving ventilation is one of the most effective measures to keep education settings COVIDSafe.

COVID-19 can spread through the air. Ventilation means bringing in outdoor air into a space to lower the concentration of potential virus 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.

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, density limits, good hand hygiene, respiratory etiquette, staying home when felling unwell, contactless check in and the use of masks.

Cross ventilation, particularly opening windows and doors may not always be possible and access to natural ventilation can be limited. Outdoor learning and play may also be restricted, due to poor weather conditions.

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

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.

There are 3 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 most split systems, are not mechanical ventilation)
* Augmented - using air purifiers to filter the air.

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:

* 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 cannot be ventilated with fresh outside air
* use air purifiers in addition to maximising ventilation, rather than as a replacement, where possible.
* maximising outside areas and programming.

## 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 colder weather, 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 section 8.3).
* Demand-controlled ventilation that reduce air supply based on occupancy or temperature should be disabled.
* Ensure any air conditioners 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 where natural ventilation is limited

There may be instances where natural ventilation (i.e. opening windows) is limited because of cold weather or instances of poor outside air quality.

### 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.

Cross ventilation, particularly opening windows and doors may not always be possible and access to natural ventilation can be limited. Services are encouraged to consider utilisation of air purifiers in learning spaces in instances where cross ventilation is not possible due to weather.

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 where ventilation is limited, or in learning spaces during the colder months when capacity to open windows and maximise natural ventilation may be limited.

Purifiers should be considered for learning spaces that have limited or no cross-ventilation (windows 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.

### 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.

## What to consider when purchasing air purification products

There are several 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 [unimelb.edu.au/engage/guide-to-air-cleaner-purchasing](http://unimelb.edu.au/engage/guide-to-air-cleaner-purchasing)

### 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 [public.nqaits.acecqa.gov.au/Pages/Landing.aspx](http://public.nqaits.acecqa.gov.au/Pages/Landing.aspx)

## Maximise Use of Outside Spaces

ECEC services should consider:

* moving to an indoor/outside program when weather permits
* staff taking their breaks and eating lunch outside, if appropriate.

The Department has developed a number of resources to assist in shifting the program outside that may support you in doing so:

For more information:

* See the Victorian Educators Outdoor Pedagogy Portal at [earlychildhoodaustralia.org.au/bespoke/vicece/](http://earlychildhoodaustralia.org.au/bespoke/vicece/)

Or download the document Maximising Outdoor Learning in the ‘further details’ section of [schoolbuildings.vic.gov.au/kinder-ventilation-support-funding](http://schoolbuildings.vic.gov.au/kinder-ventilation-support-funding)

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

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

## Ventilation Resources

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

* Victorian ECEC centre-based ventilation fact sheets are available at [coronavirus.vic.gov.au/covidsafe-settings-guidance-ecec](http://coronavirus.vic.gov.au/covidsafe-settings-guidance-ecec)
* [pursuit.unimelb.edu.au/articles/which-air-cleaners-work-best-to-remove-aerosols-that-contain-viruses](http://pursuit.unimelb.edu.au/articles/which-air-cleaners-work-best-to-remove-aerosols-that-contain-viruses)
* Victorian School Building Authority (VSBA) handbook found at <https://www2.education.vic.gov.au/pal/bqsh-school-construction-design-standards/policy>
* [public.nqaits.acecqa.gov.au/Pages/Landing.aspx](http://public.nqaits.acecqa.gov.au/Pages/Landing.aspx)
* Download the document Maximising Outdoor Learning in the ‘further details’ section of [schoolbuildings.vic.gov.au/kinder-ventilation-support-funding](http://schoolbuildings.vic.gov.au/kinder-ventilation-support-funding)
* [earlychildhoodaustralia.org.au/bespoke/vicece/](http://earlychildhoodaustralia.org.au/bespoke/vicece/)



## COVID-19 Vaccination Status Register

This is an optional template available for use by ECEC services to record vaccination information for persons working on the ECEC site

| EC worker (employee, contractor, volunteer)  Insert full name | COVID-19 vaccination status  Insert date of each:   * First dose * Second dose \* * Third dose * Exemptions | Evidence sighted (refer to Proof of COVID-19 Vaccination Status next page)   * MyGov COVID-19 digital certificate * Immunisation history statement (from Medicare, Australian Immunisation Register or vaccination provider) * My Health Record /Medicare online account * Proof of relevant medical exemption | Vaccination status checked by  Insert full name | Date sighted |
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## Template letter to families advising positive COVID case in service (Centre-based service)

*This is a suggested letter/email content for a centre-based service to send to advise a positive person has been on site. Use your service letterhead. Tailor for your specific circumstances and to meet the needs of families at your service as required.*

### Possible exposure to COVID-19 onsite

Dear parents and carers

A person in our service has tested positive for COVID-19 in < designated areas/excursions including bus transport (specify other type)> or <at our service> on <insert date>.

### What you need to know

If your child is not experiencing COVID-19 symptoms they can continue to attend and should monitor for symptoms.

If your child is experiencing COVID-19 symptoms, it is recommended that they undertake a rapid antigen test (RAT) or a PCR test. If this test indicates a positive COVID-19 result, the Department of Health strongly recommends that your child:

* should stay home and isolate for 5 days; and
* should not attend ECEC services after 5 days if still symptomatic

If your child has tested positive to COVID-19, you should let the service know.

The Department of Health also recommends that, if your child tests positive using a RAT you should report that result to the Department of Health online at [coronavirus.vic.gov.au/report-your-rapid-antigen-test-result](http://coronavirus.vic.gov.au/report-your-rapid-antigen-test-result) or by calling 1800 675 398.

Advice and further resources about what to do if you test positive to COVID-19, or you have been told you are a contact, are at [coronavirus.vic.gov.au/checklist](http://coronavirus.vic.gov.au/checklist)

Yours sincerely

## Template letter to families advising positive COVID case in service (Family Day Care service)

*This is a suggested letter/email content for a family day care service to send to advise a positive person has been on site. Use your service letterhead. Tailor for your specific circumstances and to meet the needs of families at your service as required.*

### Possible exposure to COVID-19 onsite

Dear parents and carers

We have been advised that <your family day care educator who was educating and caring for your child OR a person living at the family day care educator’s residence that your child attends OR a child attending your family day care educator’s residence> tested positive to COVID-19 on <date>.

<Recommended approach if an educator or a person living in the residence has tested positive to COVID-19> Family Day Care will not operate at this residence for a period of [5] days.

### What you need to know

If your child is not experiencing COVID-19 symptoms they can continue to attend and should monitor for symptoms.

If your child is experiencing COVID-19 symptoms, it is recommended that they undertake a rapid antigen test or a PCR test. If this test indicates a positive COVID-19 result, the Department of Health strongly recommends that your child:

* should stay home and isolate for 5 days; and
* should not attend the FDC service after 5 days if still symptomatic

If your child has tested positive to COVID-19, you should let the service know.

The Department of Health also recommends that, if your child tests positive using a RAT you should report that result to the Department of Health online at [coronavirus.vic.gov.au/report-your-rapid-antigen-test-result](http://coronavirus.vic.gov.au/report-your-rapid-antigen-test-result) or by calling 1800 675 398.

Advice and further resources about what to do if you test positive to COVID-19, or you have been told you are a contact, are at [coronavirus.vic.gov.au/checklist](http://coronavirus.vic.gov.au/checklist)

Yours sincerely