



J.S GREY KINDERGARTEN ASSOCIATION INC.

COVID - 19 POLICY

Important note: A pandemic is an epidemic of an infectious disease that has spread across a large region, for instance multiple continents or worldwide, affecting a substantial number of people. J.S Grey Kindergarten advises that the contents of this policy are relevant to a pandemic event. In considering what actions are required by an Approved Provider, information and guidance provided by the Australian Health Protection Principal Committee (AHPPC), Victorian Government, the Department of Health and Human Services (DHHS) and the Department of Education and Training (DET) should be followed and adhered to.

PURPOSE

This policy will provide guidelines and procedures in response to COVID-19 to ensure that all those in contact with the service are:

- managing and minimising infections relating to epidemics (refer to *Definitions*) and pandemics (refer to *Definitions*) (e.g. coronavirus (COVID-19)).
- providing guidelines for processes taken in the event of a confirmed case of COVID-19.
- providing as safe and healthy environment as possible to reduce the risks of contracting COVID-19; and
- ensuring all reasonable steps are taken by the Approved Provider, as the employer of staff, to ensure the health, safety and wellbeing of all employees, families, children and volunteers at the Service.

POLICY STATEMENT

1. VALUES

J.S. Grey Kindergarten has a moral and legal responsibility to provide a safe and healthy environment for employees, children, parents/guardians, students, volunteers, contractors and visitors entering the service. This policy has been produced as a result of the impacts of COVID-19 which is a novel infectious viral disease that produces pneumonia-like symptoms which can, in some cases, be fatal.

J.S. Grey Kindergarten intends to:

- actively consider the context of the Service, that is, the workplace, the work carried out there, the workers and others who come into the workplace; and
- do what the Service reasonably can to eliminate or minimise the risk of those attending the Service from contracting COVID-19. This includes offering off site and remote learning procedures.

J.S. Grey Kindergarten is committed to ensuring that:

- the management group, staff and volunteers are aware of their health and safety responsibilities as employers, employees and volunteers;

- systematic identification, assessment and control of symptoms and hazards in relation to COVID-19 is undertaken at the Service;
- effective communication and consultation form a fundamental part of the management process to encourage innovative ways of reducing infection risk in the Service environment;
- training is provided to assist staff to identify COVID-19 health and safety hazards which, when addressed, will lead to cleaner and healthier work practices at the Service (**Attachment 4**); and
- it fulfils its obligations under current and future laws (in particular, the *Occupational Health and Safety Act 2004*), and that all relevant codes of practice are adopted and accepted as a minimum standard.
- The service is following all government recommended *COVIDsafe Settings*.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management and Control, Nominated Supervisor, persons in day to day charge, educators, staff, children, parents/guardians, students on placement, volunteers, contractors and visitors attending the programs and activities of J.S. Grey Kindergarten.

3. BACKGROUND AND LEGISLATION

Background

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus.

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is to be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol based rub frequently and not touching your face.

The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it's important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow) - (Sourced from the World Health Organization).

The global impact of COVID-19 has been unparalleled. It has affected all areas of our existence and as such, requires a focussed and dedicated response.

Everyone involved in a service relating to early childhood education and care has a role to play in ensuring the Service's operations are safe and without risk to the health and safety of all parties. In Victoria, health and safety in the workplace is governed by a system of laws, regulations and compliance codes that set out the responsibilities of employers and employees to ensure safety is maintained at work.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Accident Compensation Act 1985 (Vic)*
- *AS/NZS 4804:2001 and 4801:2001 Occupational health and safety systems*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 3: Physical Environment*
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*

- *National Quality Standard, Quality Area 7: Governance and Leadership*
- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*
- *Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017*
- *Health Records Act 2001*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwlth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2019*

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Asymptomatic: A person/people who show no signs or symptoms of an illness or disease, such as COVID-19, but can still transmit the virus.

Close Contact: having face-to-face contact for more than 15 minutes, sharing a closed space for more than two hours, or living with a person diagnosed with, was infectious with or possibly infectious with coronavirus (COVID-19). As defined by the Department of Health and Human Services.

Covid-19: Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered virus.

COVIDsafe: Settings that are in place across the state of Victoria under government decree with varied restrictions applying to people and employment or recreational settings. (refer to <https://www.coronavirus.vic.gov.au/covidsafe-eccec>)

DET: Department of Education and Training

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care Services to provide children, staff, students, volunteers, contractors and anyone visiting the Service with an ad

DHHS: Department of Health and Human Services

Education Contact: A person who is NOT a household contact, who has had 15 minutes of face-to-face contact with or spent 2 hours in the same indoor space at a service with someone who is infectious with COVID-19

Epidemic: is an outbreak of a contagious disease that spreads rapidly and extensively, and affects many individuals simultaneously in an area or population.

Exclusion: Inability to attend or participate in the program at the service.

Hazard: An element with the potential to cause death, injury, illness or disease.

Hazard identification: A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.

Hazard management: A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for employees, contractors and visitors while on the premises of J.S. Grey Kindergarten or while engaged in activities endorsed by J.S. Grey Kindergarten.

Harm: Includes death, or injury, illness (physical or psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard.

Household or household-like contact: A person who has spent more than 4 hours with someone who has COVID-19 inside a house, accommodation or care facility.

- They must quarantine for 7 days
- They must get tested on Day 1 of quarantine (or as soon as possible) and get tested again on Day 6 of quarantine – with a Rapid Antigen Test, or a PCR test if a rapid antigen test cannot be accessed.
- If the rapid antigen test is positive, the result MUST be reported.

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.

Infection: The invasion and multiplication of micro-organisms in bodily tissue.

Infectious disease: An infectious disease designated by the Communicable Disease Section (refer to *Definitions*), Victorian DHHS as well as those listed in Schedule 7 of the *Public Health and Wellbeing Regulations 2019*, the Minimum Period of Exclusion from Primary Schools, Education and Care Service Premises and Children's Centres for Infectious Diseases Cases and Contacts.

Incubation period: is the duration between exposure to the virus and the onset of symptoms. The World Health Organization (WHO) currently estimates that the incubation period of COVID-19 ranges from 1 to 14 days, with a median incubation period of 5 to 6 days. These estimates will be refined as more data becomes available.

Infection Control Monitor: Session individual nominated to oversee procedural response in the event a case of COVID-19 is suspected within the Service.

Isolation: the process or fact of isolating or being isolated. To remain apart from society.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cwlth), that is administered for the treatment of an illness or medical condition.

NQA IT System: The National Quality Agenda IT System. An online tool that offers providers a secure and direct way of communicating with regulatory authorities aiming to reduce paperwork and duplication.

Pandemic: is an epidemic occurring worldwide, or over a wide geographic area and affecting a large proportion of the population. equate level of care and protection against reasonable foreseeable harm and injury.

PCR: Polymerase Chain Reaction. The test to detect genetic material from a specific organism, such as a virus. Considered the "gold standard for diagnosis of COVID-19" a PCR test typically takes several hours and require complex laboratory equipment.

Physical distancing: Means keeping the required distance apart. At the moment it is staying at least 1.5 metres away from others.

Probable case: Any person who tests positive on a Rapid Antigen test will be considered a probable case and be subject to the same requirements as a person who tests positive to a PCR test – they must isolate immediately for seven days and notify all contacts.

RAT: Rapid Antigen Test. At home, self tests, to detect whether proteins of the COVID-19 virus are present within a person. They take between 15-30 minutes to complete and can be done via nasopharyngeal, throat or nasal swabs or saliva.

Risk: The chance (likelihood) that a hazard will cause harm to individuals.

Risk assessment: A process for developing knowledge/understanding about hazards and risks so that sound decisions can be made about the control of COVID-19 hazards. Risk assessments assist in determining:

- what levels of harm can occur
- how harm can occur
- the likelihood that harm will occur.

Risk control: A measure, work process or system that eliminates an OHS hazard or risk, or if this is not possible, reduces the risk so far as is reasonably practicable.

Tier: Level of COVID-19 exposure site

Symptoms: include but are not limited to:

- fever
- runny nose
- coughing
- sore throat
- fatigue
- shortness of breath

5. SOURCES AND RELATED POLICIES

Sources

- Department of Health and Human Services (DHHS) <https://www.dhhs.vic.gov.au/>
- Department of Health and Human Services (DHHS) updates on Corona virus_ <https://www.dhhs.vic.gov.au/coronavirus-update-victoria-13-july-2021>
- Department of Education - Coronavirus Advice for Early Childhood Services_ <https://education.vic.gov.au/childhood/Pages/coronavirus-advice-early-childhood.aspx#link5>
- World Health Organization: https://www.who.int/health-topics/coronavirus#tab=tab_1
- Australian Government Department of Health <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>
- Health Direct - *Symptom Checker* <https://www.healthdirect.gov.au/symptom-checker/tool/basic-details>
- *Early Childhood Management Manual*, ELAA
- OHS in Early Childhood Services (ELAA): www.ohsinecServices.org.au
- National Framework for Managing COVID-19: <https://www.dese.gov.au/covid-19/resources/national-framework-managing-covid19>
- Managing a case of COVID-19 in early childhood education and care services: <https://www.coronavirus.vic.gov.au/managing-case-coronavirus-covid-19>
- COVID-19 Testing by the Therapeutic Goods Administration: <https://www.tga.gov.au/covid-19-testing-australia-information-health-professionals>
- Financial and other support from the Victorian Government: <https://www.coronavirus.vic.gov.au/support#unable-to-work-due-to-restrictions-or-if-your-hours-or-income-have-been-reduced>
- WorkSafe Victoria: www.worksafe.vic.gov.au and <https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/preparing-workplaces-covid-19>

Service policies

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Participation of Volunteers and Students Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*
- *Working from Home Policy*

- *Dealing with Infectious Diseases Policy*

PROCEDURES

COVID-19 spreads through respiratory droplets produced when an infected person coughs or sneezes. A person can acquire the virus by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

i) **Cleaning and disinfection**

The best way to protect all persons in the Service from the risk of exposure to COVID-19 is by implementing appropriate cleaning and disinfecting measures for the workplace. Combined regiment of cleaning and disinfection will be the most effective method in eliminating or spreading the COVID-19 virus.

J.S Grey Kindergarten should be cleaned at least once a day. More frequent cleaning may be required in some circumstances. If equipment is shared between persons or children, it should be cleaned between uses, where practicable.

ii) **Hygiene**

Good hygiene is necessary to stop the spread, therefore each staff member and child must:

- frequently wash their hands with soap for at least 20 seconds or use a hand sanitiser with greater than 60% ethanol or 70% isopropanol before and after eating and going to the toilets
- limit contact with others, including shaking hands
- stop touching their eyes, nose and face when their hands are not washed
- cover their mouth while coughing and sneezing with a clean tissue or elbow, and
- put used tissues straight into the bin. (**Attachment 1**)

J.S Grey Kindergarten will ensure that adequate supply of hand washing soap dispensers, sanitisers and tissue paper is readily available to all persons on site.

iii) **Drop off and Pick up Procedures**

- On approach to the designated kindergarten room gate, families are to line up on the dots marked on the path and must not enter the building. Entry gates will be propped open to limit contact with surfaces. An educator will greet parents/guardians and children (Room 1 outside of Room 1 door) (Room 2 at the rear gate of Room 2) wearing protective gloves (optional to staff preference in line with **DET** (see *definitions*) recommendations) and face masks.
- Upon entering through the gates to J.S Grey Kindergarten all parents/guardians must sign in using the QR Codes, placed on gates or near doors near both room, in line with current government recommendations - <https://www.coronavirus.vic.gov.au/register-to-use-vic-gov-qr-code-service>
- In accordance with our duty of care (see *definitions*) the educator will then take each child's temperature using a touchless thermometer. Please note the health and wellbeing of each of the educators is just as important as the child's health and as such every member of staff will have their temperature taken prior to a session commencing and some may choose to wear personal protective equipment. This continues outside of government mandated periods as a best practice/precautionary measure.
- If the child is unwell or has a temperature of 37.5°C or above they will be asked not to attend and will be excluded until well again.
- Once the child's temperature has been taken the parent/guardian will be encouraged to sanitise their hands with sanitizer provided and sign the child/ren into the group tablet via the Enrollnow App. The **DET** (see *definitions*) have given permission during periods of high community infection rates for educators to sign children in and out of the service provided they are confident of parent/guardians collecting and dropping off.
- Once the child has been signed in, no adults, other than educators may enter the room. All parents/guardians must exit the kindergarten promptly in order to maintain social distancing.

- Educators will work with families to ensure each child is settled and supported at this time. As families arrive at J.S. Grey Kindergarten to pick up children they will be asked again to line up on the dots marked on the path or maintain a 1.5m distance and must not enter the building. Entry gates will be propped open to limit contact with surfaces. An educator will greet parents/guardians (Room 1 outside of the room 1 door) (Room 2 at the rear gate of room 2), where they will then need to sign the child out and the child will then be dismissed and sent directly to the parent/guardian.

iv) Self isolation

If anyone suspects that they have contracted COVID-19 or if they have been in the presence of someone infected by the COVID-19, should test themselves immediately and they must comply with government isolation periods (self-quarantine) and advise the Center Manager immediately. These will differ for those who have tested positive due to community transmission, Household contacts or household-like contacts and education contacts.

The Department of Health and Human Services recommends that anyone showing any symptoms (see *definitions*) should self isolate and get tested. All those awaiting test results MUST remain in isolation.

Any educators or children who have been a close contact but are asymptomatic (see *Definitions*) should test using a RAT or PCR (see *definitions*) and monitor for symptoms but may continue to attend the service.

v) Managing an Unwell Child or Staff member

J.S Grey Kindergarten wishes to protect all children and adults within its community and as such follows the government directives. J.S Grey Kindergarten have provided a document (**Attachment 3**), emailed to all current families and educators, as well as displayed on Storypark, that details the following:

If a child or staff member is displaying ANY symptom (see *definitions*), no matter how mild they may be or what the cause may be thought to be, that person must get tested and remain in self isolation until all symptoms (see *definitions*) have cleared. If the decision is made for testing NOT to be undertaken, the child must fulfill a 14 day exclusion period from the Service, commencing from the onset of symptoms. After 14 days the child can return to J.S Grey Kindergarten, providing they are symptom free.

Regardless of test results any child or staff member showing symptoms (see *definitions*) will be asked to remain home and self isolate, unless a GP clearance letter can be provided.

PRIORITY:

Members of the J.S Grey Kindergarten community are required to immediately notify the Center Manager via- i.s.grey.cm@kindergarten.vic.gov.au and phone at 0414 958 349 OR (03) 9470 5836 if :

- They suspect they or their child has symptoms of COVID-19
- They or their child have a confirmed diagnosis of COVID-19
- They believe they or their child is a household, community or education contact
- A recent history of return from overseas travel
- If they have been at a recent exposure site

vi) COVID-19 contact management

If a member of the J.S Grey Kindergarten community has a close contact (see *Definitions*), suspected close contact or a close contact of a contact then that person MUST follow DHHS (see *Definitions*) protocols. If that member of the community is a close contact of a contact then DHHS (see *Definitions*) will assess whether or not the isolation period may be shortened dependent on the connection of contact.

1. **Community transmission Positive** – When an educator, volunteer, student or child tests positive to COVID-19, either through a RAT (see *definitions*) or a PCR test (see *definitions*)
 - That person **must** isolate for 7 days (inclusive of weekends) and **must not attend** kindergarten during this period.
 - Inform Marisa Puccio, Center Manager, via email, that they have tested positive to COVID-19 – J.s.grey.cm@kindergarten.vic.gov.au

2. **A Household or household-like contact** –
 - That person **must** isolate for 7 days (inclusive of weekends) and **must not attend** kindergarten during this period.
 - Inform Marisa Puccio, Center Manager, via email, that they have tested positive to COVID-19 – J.s.grey.cm@kindergarten.vic.gov.au

3. **Education contact** –
 - If **asymptomatic** (see *definitions*), that educator, volunteer, student or child should test each day with a RAT (see *definitions*), monitor for symptoms and may continue to attend the service.
 - i. At any stage should the person begin to show symptoms or test positive then they must isolate for 7 days from first symptom or positive result. Must not attend the service and must inform Marisa Puccio, Center Manager, via email, that they have tested positive to COVID-19 – J.s.grey.cm@kindergarten.vic.gov.au
 - If **symptomatic** (showing symptoms) that educator, volunteer, student or child should test immediately using a RAT or PCR (see *definitions*) and self isolate until they receive a negative result. They **must not** attend the service.
 - i. Inform Marisa Puccio, Center Manager, via email, that they have tested positive to COVID-19 – J.s.grey.cm@kindergarten.vic.gov.au
 - ii. The education contact will not be able to return to the service until evidence of a negative RAT or PCR (see *definitions*) test has been provided

If in doubt refer to the document as displayed on Storypark and sent via email (**Attachment 3**).

vii) Confirmed COVID-19 Diagnosis within the J.S Grey Kindergarten Community

Members of the J.S Grey Kindergarten community are required to immediately notify the Center Manager via- j.s.grey.cm@kindergarten.vic.gov.au and phone at 0414 958 349 **OR** (03) 9470 5836 if :

- They suspect they or their child has symptoms of COVID-19
- They or their child have a confirmed diagnosis of COVID-19
- They believe they or their child has come into contact with someone diagnosed with COVID-19.

J.S Grey Kindergarten is required to immediately notify The Department of Health and Human Services Coronavirus Hotline Unit (1300 651 160)

J.S Grey Kindergarten will notify the Department of Education via the NQA IT System Regulatory Authority (or 1800 338 663/ 1300 307 415). Confirmed cases and their close contacts will be required to self-isolate as directed by the DHHS.

J.S. Grey Kindergarten will notify Darebin Council via 0421 658 571

In the event of a confirmed case from either a child, staff member or close contact, J.S Grey Kindergarten will immediately consult with the DHHS for advice.

There may be no need for the service to close but dependent on case load centre management may choose to do so. If closing the whole service will close for a minimum of three (3) full business days,

maximum, to allow for the appropriate cleaning, contact tracing and testing measures to occur. Should the service remain open, additional PPE will be employed such as wearing of face masks around children during sessions and deeper cleaning protocols.

Families will be notified as soon as possible of any confirmed diagnosis of COVID-19 within the centre and a notice will be displayed in a prominent position. This is done in a non-prejudicial manner without identifying the child/ren or employees affected in line with the *Privacy and Confidentiality Policy*. (**Attachment 2**).

J.S Grey Kindergarten will notify the Department of Education, Skills and Employment (*DESE*) via CCSAssessments-VIC@dese.gov.au (1300 566 046).

J.S Grey Kindergarten will notify WorkSafe (13 23 60).

A confirmed negative COVID-19 test result will need to be provided to the Center Manager before the child or employee will be permitted to return to kindergarten, this confidential and sensitive matter will be handled in line with the *Privacy and Confidentiality Policy*.

viii) Managing ongoing COVIDsafe Setting requirements

In line with government directives ALL Staff (included relief educators, volunteers and students) will have had a 3rd Dose of a COVID-19 Vaccination by the 25th February 2022. The DET would like to encourage all children over the age of 5 years receive their vaccinations. For more information please visit - [Vaccination for children and teenagers | Coronavirus Victoria](#)

There will be an introduction of twice-weekly *voluntary* RATs (see *definitions*) for staff and families once supplies have arrived from the government (**Attachment 5**). Families can access 2 free RATs (see *definitions*) from state run PCR testing sites for any children with symptoms or who have been an education contact (see *definitions*)

Two brand new Samsung air purifiers have been purchased and one placed in each room for improved ventilation.

J.S Grey Kindergarten management will, with consultation from ELAA and the DET, monitor any and all government recommendations in managing ongoing COVIDsafe requirements regarding the running of the service. Parents/Guardians will be informed via Storypark and email of any changes. This includes but is not limited to:

- Face mask usage at drop off and pick up
- Continuation of temperature checks at drop off
- Community events
- Parent Volunteers in the room or on excursions
- Incursions and excursions
- and any sudden lock down information that may need to be shared.
- RAT (see definitions) supply
- Air purifiers.

ix) Managing visitors onsite

All visitors to J.S Grey Kindergarten must enter via the main office where they will sign in using the QR code or physically sign in on the sheet in front of the office door, should the QR code not function for any reason.

Any subcontractors or PSFO, or other volunteers will then need to provide WWC, a member of the office will take a copy and check validity.

No sign in – no entry to licenced area

EVALUATION

Evaluation involves:

- seeking feedback from educators, staff, parents/guardians, children, management and all affected by this policy regarding its effectiveness.

- monitoring implementation, compliance, complaints and incidents in relation to the policy and procedures
- keeping up to date with current legislation, research, policy and best practice
- observing changes to the service environment e.g. off site/remote learning
- revising the policy and procedures in light of the above
- notifying parents/guardians at least 14 days before making any changes to the policy or its procedures (this is a requirement under Regulation 172 of the National Regulations for policies mandated by law and would be considered Best Practice for all service policies and procedures).

ATTACHMENTS

Attachment 1: Stop the Spread Poster, See:

https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-stop-the-spread-coronavirus-covid-19-stop-the-spread-poster_0.pdf

Attachment 2: COVID-19 Contact management in early Childhood education and care services.

Attachment 3: COVID-19 Processes by J.S Grey Kindergarten- January 2022

Attachment 4: National Framework for managing COVID-19 in schools and early childhood education services.

Attachment 5: Rapid Antigen Testing fact sheet for families -

<https://www.coronavirus.vic.gov.au/back-to-early-childhood-education-care>

Attachment 6: COVIDsafe Poster

AUTHORISATION

The policy was adopted by the Approved Provider of J.S. Grey Kindergarten on: 27/03/2022

REVIEW DATE: 01/02/2022

NEXT REVIEW DATE: 01/02/2023

Attachment 1:

Coronavirus (COVID-19)

SIMPLE STEPS TO HELP STOP THE SPREAD.

Cough or sneeze into your arm



Use a tissue



Bin the tissue



Wash your hands



HELP STOP THE SPREAD AND STAY HEALTHY

TOGETHER WE CAN HELP STOP THE SPREAD AND STAY HEALTHY.

For more information about **Coronavirus (COVID-19)** visit **health.gov.au**



Australian Government

Authorised by the Australian Government, Canberra

COVID-19 CONTACT MANAGEMENT IN EARLY CHILDHOOD EDUCATION AND CARE SERVICES

ACTION PLAN AND COMMUNICATION TEMPLATES

UPDATED 17 JANUARY 2022

INTRODUCTION

This pack contains the detailed COVID-19 Contact Management steps and template resources and communications to support Early Childhood Education and Care (ECEC) services in managing a response to a confirmed case(s) of COVID-19 at the service site during their infectious period.

Note: If multiple cases the Department of Health will advise on steps to take.

TESTING AND REPORTING REQUIREMENTS FOR EDUCATION CONTACTS (EFFECTIVE 7 JANUARY 2022)

From Friday 7 January 2022, any person who tests positive on a rapid antigen test (RAT) will be considered a *probable case* and be subject to the same requirements as a person who tests positive to a PCR test – they must isolate immediately for seven days and notify their ECEC service.

Probable cases must notify the Department of Health of the positive RAT result as soon as possible via the [COVID-19 Positive Rapid Antigen Test Self-Reporting Form](#) online or call centre on [1800 675 398](tel:1800675398).

Once a probable case has reported their positive RAT result, they will be asked questions about their symptoms and will be 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.

SUMMARY OF CONTACT DEFINITIONS

Household contacts (people who live in the same household as a person with COVID-19) are required to quarantine for 7 days. They cannot use a RAT to attend an ECEC service, even if they are asymptomatic.

An education contact is someone:

- who is not a household contact, and;
- who has had 15 minutes of face-to-face contact with, or spent 2 hours in the same indoor space at the service with, someone who is infectious with COVID-19.

From Friday 7 January, education contacts who:

- do not have any symptoms can continue to attend their ECEC site. It is strongly encouraged that they take a RAT each day for 5 days, following notification of a COVID-19 exposure in an educational setting.
- have symptoms must undertake a RAT or a PCR test and quarantine until they receive a negative result. Contacts are to stay home if unwell. The education contact will need to provide evidence of the negative RAT or PCR result to return to the service.

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EXPOSURE MANAGEMENT ACTION PLAN — STEP BY STEP

FOR THE PURPOSES OF CONTACT MANAGEMENT, A CONFIRMED OR PROBABLE CASE WILL BE REFERRED TO AS A 'POSITIVE COVID-19 CASE'.

NOTIFICATION

ECEC service notified directly by parent of child, a parent, ECEC employee or ECEC worker of a positive PCR test or RAT. ECEC provider or nominated supervisor submits a notification through National Quality Agenda IT System (NQAITS) as soon as they become aware that a child, parent, contractor, or worker has been onsite but only:

- o if that individual is symptomatic at the time of their PCR or RAT, and they were onsite 48 hours prior to onset of symptoms, or
- o if that individual is asymptomatic at the time of their PCR or RAT, and they were onsite 48 hours prior to the PCR test.
- o A Department of Education and Training staff member will contact the service.



RESPONSE

After identifying a positive case and submitting a notification to NQAITS, the ECEC provider needs to:

- a) identify and notify contacts
- b) support service staff to undertake initial testing.

There is no requirement for the service to close, but it may choose to do so to enable identification of individuals, initial testing of staff or for operational reasons (for example, being unable to meet regulatory obligations under the National Law). (Refer to template [Letter to parents/carers, staff and contractors confirming case and pre-emptive closure](#))

EDUCATION CONTACT IDENTIFICATION AND NOTIFICATION

The provider in liaison with the service is required to follow the below steps.

- o Identify and record education contacts — all potential children, parent and staff contacts using attendance and staffing records. (Refer to template [Early Childhood Contact Spreadsheet](#)).
- o Confirm vaccination status for education contacts, noting children in service will be unvaccinated with some five year olds partially vaccinated, and record in [Early Childhood Contact Spreadsheet](#).
- o Use the Risk Framework to identify the contact. (Refer to template [Risk Assessment Framework](#)).
- o The service will be required to notify individuals that they are an education contact of a positive case (Refer to template [Letter to Contacts](#)).



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CONTACT IDENTIFICATION

- o Any person who has spent time with a positive case (during their infectious period) onsite at an ECEC service will be referred to as an 'education contact'. This is the only contact category that an ECEC service is required to identify and communicate with, when there has been a positive case onsite.
- o The service will be required to notify individuals that they are an education contact of a positive case, and advise them of their requirement to obtain a RAT or PCR test if they are symptomatic and isolate until they receive a negative result.
- o Asymptomatic staff and parents/carers of children who are identified as an education contact are to monitor for symptoms and encouraged to use a RAT before entering the ECEC service in the 5 days after exposure.
- o Children and staff who are identified as an education contact can receive a package of 2 RAT kits at state PCR testing sites. There is no requirement for parents or services to have to purchase these testing kits if children or staff are identified as education contacts.
- o All symptomatic education contacts will need to provide evidence of their negative RAT or PCR test to the ECEC provider or director, to return and be onsite at the ECEC service.
- o Families/households of education contacts are not required to limit their movements or stay at home.



OPERATIONS

- o The decision to continue or resume operations after a positive case has been identified will depend on whether the service can continue to meet their regulatory obligations under the National Law. If in doubt, the service should talk to the Department of Education and Training on 1300 307 415.
- o The Department of Health (DH) has updated its contact management guidelines to 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. Services will need to adhere to COVIDSafe plans in making a decision about re-opening.

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CONTACT AND COMMUNICATION TEMPLATES

This pack contains communications resources to support ECEC services notifying parents carers and staff of a confirmed case at the service. Communications templates for anticipated milestones in the outbreak management process are provided.

Communications collateral includes the following.

Initial closure communications	Purpose
Letter to parents/carers, staff and contractors confirming case and pre-emptive closure	Inform parents/carers, staff and contractors of positive case and actions the service is taking.
Early Childhood Contact Spreadsheet and Risk Assessment Matrix	Record details of education contacts.
Letter to contacts	Advise applicable parents/carers of children, staff and contractors who have been identified as an education contact.
Letter to parents/carers, staff and contractors confirming continuation of operations/reopening	Inform parents/carers, staff and contractors of the reopening of the service following a closure due to a positive case.

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LETTER TO INFORM PARENTS/CARERS, STAFF AND CONTRACTORS (CONFIRMING CASE AND CLOSURE IF APPLICABLE)

This template provides suggested letter/email content for services to send to inform parents / carers staff and contractors.

Use your service letterhead. Tailor for your specific circumstances and to meet the needs of families at your service as required.

Approved provider / service to ECEC community: short closure to identify potential contacts and clean

Dear parents and carers

We have been advised a COVID-19 case attended our service on [day date month].

Our service will be closed for the next **x** working day/s as we work to identify children or staff who may have had close contact with the case. Once that review is complete, we will let you know if your child has been identified as an education contact and the steps to follow.

As soon as contact identification is undertaken, I will inform you of reopening and we can then welcome all children and staff back onsite and continue to operate in line with the current advice from the Victorian Chief Health Officer.

If you or anyone in your family develops even the mildest of symptoms, please get tested. You may use an at-home rapid antigen test (RAT) or a standard PCR test.

I would like to thank the entire ECEC community for your support during this time. We know this will be a stressful time for you and your family, for more support visit coronavirus.vic.gov.au or call the 24/7 Coronavirus Hotline on 1800 675 398.

Yours sincerely

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LETTER TO CONTACTS

This template provides suggested letter/email content for services to send to inform identified potential contacts. Use your service letterhead. Tailor for your specific circumstances and to meet the needs of families at your service as required.

Dear <insert name>

We have been advised that a COVID-19 case attended our service, and you/your child has been identified as an education contact. You/your child have 3 options:

- If <you/your child> have symptoms,
 - o are required to undertake a rapid antigen test (RAT), or
 - o if unable to access a rapid antigen test, undertake a PCR test and quarantine until you receive a negative result,
- If you/your child doesn't have symptoms, <you / your child> may return onsite to ECEC. We strongly encourage using a rapid antigen test daily for five days.

If <you or your child> have symptoms, we advise not to attend the service and to limit movements outside of the home until a negative test result has been confirmed. If <you or your child> are symptomatic, you are required to provide evidence of a negative RAT or PCR test prior to returning to service and being on site.

As an education contact you can receive a package of 2 RAT kits at state-run PCR testing sites. There is no requirement for parents to purchase these testing kits.

All education contacts are strongly encouraged to use a RAT before entering the service, or any other high-risk location such as the house of an elderly relative or friend in the 5 days after exposure.

There is no obligation on the service to sight the RAT results of education contacts with no symptoms. The onus and responsibility is on the contact to complete the RAT on the day of attending our service to protect your children, their friends and their broader communities.

In exceptional circumstances the Department of Health may determine that education contacts in significant outbreaks are required to undertake additional quarantine. In this scenario, you will be notified directly of any additional quarantine arrangements.

If you or anyone in your family develops even the mildest of symptoms, please get tested. You may use a RAT or a standard PCR test.

For information in languages other than English, call TIS National on 131 450. Please ask them to call the DH COVID-19 hotline on 1800 675 398 and they will help interpret. For health advice in languages other than English, visit coronavirus.vic.gov.au/translated-information-about-coronavirus-covid-19.

Thank you for your support. For more information visit coronavirus.vic.gov.au or call the 24/7 Coronavirus Hotline on 1800 675 398.

Kind regards

EARLY CHILDHOOD CONTACT SPREADSHEET AND RISK ASSESSMENT MATRIX

This document can be downloaded from our website [here](#).

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LETTER TO PARENTS/CARERS, STAFF AND CONTRACTORS (REOPENING OF SERVICE FOLLOWING A CLOSURE)

*This template provides suggested letter/email content for services to send to parents, carers and staff/contractors.
Use your service letterhead. Tailor for your specific circumstances and to meet the needs of families at your service as required.*

I am writing to let you know that, further to the communication [insert date] regarding a positive case of COVID-19 at our service, we have contacted all potential education contacts and they have been asked to get a rapid antigen test (RAT) or a PCR test if they have symptoms and only return to service on receipt of a negative result.

We are also strongly recommending that education contacts who do not have symptoms undertake at-home RATs before entering the ECEC service in the 5 days after exposure.

There is no obligation on the ECEC services to sight the staff or child PCR or RAT results of asymptomatic persons. The onus and responsibility is on the staff and parents/carers to complete the RAT on the day of attending service to protect their children, other children and their broader communities.

We can now welcome all other eligible children and staff back on [insert date]. Our service will continue operating in line with the current advice from the Victorian Chief Health Officer.

I would like to thank the entire <insert name of service> community for your support during this time.

Kind regards

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Attachment 3:



524 Gilbert Road, West Preston 3072
Phone: (03) 9470 5836
www.jsgreykindergarten.org.au
Email: j.s.grey.res.kin@kindergarten.vic.gov.au
ABN: 84 830 390 516

31st January, 2022

Dear Parents / Carers,

We welcome you all to an exciting year of Kindergarten and I hope you and your families have enjoyed the holiday break.

As we commence our staggered sessions this week, we'd like to share with you some important information provided by the Victorian government and also some operational matters.

1. Families should have received an invitation to **StoryPark**, our main form of communication and online e-portfolios and learning stories for your child. If you have not received an invitation, please contact me on j.s.grey.cm@kindergarten.vic.gov.au. I have also attached a fact sheet providing a summary of the benefits and why we use StoryPark. Please accept the invitation and add a photo of your child. Acceptance makes you the administrator and enables you to invite other family members.
2. **As mentioned our staggered sessions start from tomorrow. I attach a copy of the relevant dates and times for your child.**

Due to the current COVID environment and to ensure we keep children, families and staff as safe as possible and to enable our service to remain open with face to face learning, we ask that parents attending the staggered times :

- Provide proof of vaccination prior to entry into the kinder
 - Wear a mask
 - Social distance
 - Do not attend if you or your child is unwell
3. **When kinder moves to child only attendance DET have directed us to :**
 - Ensure all staff (including relief staff and volunteers) have had a 3rd dose by the 25th February, 2022
 - Maintain existing COVIDSafe practices including increased outdoor programming, external pick up and drop off and contactless sign in / out and practicing good hygiene
 - Improved ventilation with the provision of air purifiers for both kinder rooms
 - Introduction of a voluntary twice-weekly rapid antigen testing for staff. Families can access 2 free rapid antigen tests or PCR testing for children with symptoms or who have been exposed at their service at state testing centres that cater for children under 5.
 - Encourage the promotion of vaccination for children who turn 5 in our service. Please follow this link for more information from the Victorian Government.

https://www.coronavirus.vic.gov.au/vaccination-information-children-and-teenagers?utm_source=email+marketing+Mailigen&utm_campaign=EmergencyEC6Jan2022&utm_medium=email

- Ensuring our COVID19 policy and COVIDSafe plan are continually reviewed and updated to reflect the current environment. Please note that these are both currently under review and will be sent to families once completed.

4. Management of positive COVID-19 cases at JS Grey Kindergarten

a. **A staff or child tests positive to COVID-19, either through a RA test or PCR test**

Isolate for 7 days (inclusive of weekends) and **do not attend** kindergarten during this period.

Inform Marisa Puccio, Centre Manager that they have tested positive to COVID-19 on j.s.grey.cm@kindergarten.vic.gov.au.

b. **A staff or child is a household contact or house-like contact**

Isolate for 7 days (inclusive of weekends) and **do not attend** kindergarten during this period.

Inform Marisa Puccio, Centre Manager that they have tested positive to COVID-19 on j.s.grey.cm@kindergarten.vic.gov.au.

c. **A Staff or child has been in contact with a case of COVID-19, including kinder or at work**

If **asymptomatic**, staff and children should continue to attend kinder and monitor for symptoms.

If **symptomatic**, staff and children must stay / return home and get tested.

The most important action for us to reduce transmission and enable our service to remain open is to ensure any unwell staff and children stay home and get tested, even with the mildest of symptoms.

If there are any questions or concerns do not hesitate to contact me on j.s.grey.cm@kindergarten.vic.gov.au or contact the main office on 9470 5836.

We look forward to meeting our new families and welcome back existing families and wish for an exciting and fun kinder year for all the children.

Kind Regards,



Marisa Puccio
Centre Manager

National Framework for Managing COVID-19 in Schools and Early Childhood Education and Care







January 2022

In 2019, Australian Governments set out our shared vision for Australia's education system in the Alice Springs (Mparntwe) Education Declaration. Our vision is for a world class education system that encourages and supports every student to be the very best they can be, no matter where they live or what kind of learning challenges they may face. Since Term 1 2020, our children have experienced unprecedented challenges, as they live and learn in a world with COVID-19.

Evidence throughout the COVID-19 pandemic continues to demonstrate the vast majority of children who develop COVID-19 experience mild disease of short duration. This National Framework for Managing COVID-19 in Schools and Early Childhood Education and Care (ECEC) aims to ensure children can return in Term 1 2022 and continue to attend ECEC, primary and secondary school, and outside of school hours care in the context of COVID-19. The Framework also complements ongoing workforce participation at a time of workforce pressure in many sectors.

 Framework Objectives	 Framework Approach
<p>Keeping ECEC and schools open is important to children's learning, social and emotional development, wellbeing, physical and mental health. Children benefit most from face-to-face learning and further interruptions should be avoided, where possible. ECEC and school closures also often come with significant societal and economic costs, including hidden impacts on the mental health of families, the safety of children and the ability of families to participate in the workforce. Australian businesses and industry are affected in instances where families are unable to attend work due to ECEC and school closures, which can create ongoing disruptions to Australia's ability to respond to and recover from the COVID-19 pandemic.</p> <p>With high levels of community transmission, COVID-19 transmission will occur in education settings and contribute to overall levels of community transmission. While this will present challenges for both staff and students, the National Cabinet agreed ECEC and schools are essential services and their ability to operate and remain open should be prioritised above other community settings where disease transmission occurs.</p> <p>The objectives of this Framework are to:</p> <ul style="list-style-type: none"> • Protect vulnerable children and staff at higher risk of severe disease within ECEC and schools, including those with disability or severe chronic health conditions. • Minimise disruption to face-to-face learning from COVID-19 transmission in ECEC and schools, because of the mental and physical health, and social development advantages from ECEC and school participation. • Minimise broader community transmission and keep it within the capacity of the health system. • Minimise the broader workforce disruptions for parents and carers. 	<p>While the Framework's objectives and guiding principles are predominantly aimed at ensuring national consistency, specific measures will be implemented through individual State and Territory operational plans and through localised arrangements within ECEC services and schools. These measures will be updated on an ongoing basis as local and international evidence and operational research on Omicron and other variants of concern increases.</p> <p>Australia's Omicron epidemic is expected to peak in individual jurisdictions at different times in the first weeks and months of 2022. State and Territory operational plans will consider local outbreak trajectories and local health system capacity. While the timing and specific implementation arrangements of jurisdictions may differ, the principles agreed to in this Framework form a consistent basis for State and Territory operational planning and support continuity of education in Term 1 2022 and beyond.</p> <p>Early childhood learners have experienced similar disruption to school-aged students, noting some childcare and preschool services are co-located with schools. Ongoing access to quality early childhood education and outside of school hours care is necessary for the best start to learning and for many families to participate in the workforce. It is expected the application of these principles will need to be tailored for this sector. The Commonwealth will undertake further work with States and Territories to address the unique circumstances of the ECEC sector, for example guidance on workforce and regulatory requirements that maintain the primacy of child safety.</p> <p>The principles in this Framework recognise different education settings are impacted differently by COVID-19:</p> <ul style="list-style-type: none"> • Children aged 0 to 4 years are not currently eligible for COVID-19 vaccination, reinforcing the need to prioritise prevention strategies in ECEC settings. It is acknowledged that depending on both eligibility for vaccination and vaccination rates, there may be a mix of vaccinated and unvaccinated children in any given education setting. • For most of Term 1 2022, the difference between primary and secondary school settings will be more marked as it will take time to build strong vaccination coverage of children aged 5 to 11 years. • In secondary schools, the majority of the student and teacher population is already double vaccinated. This means secondary school environments are currently more comparable to other community settings and workplaces, noting that boosters are progressively becoming available for ages 18 and over but are not yet approved for any groups under 18. • In every education setting, there will be some subsets of the population, like in the broader community, who are at higher risk of severe disease. A proportionate response in individual State and Territory operational plans and through localised arrangements within ECEC services and schools will see additional supports provided in these settings and population groups.

National Guiding Principles for Managing COVID-19 in Schools and Early Childhood Education and Care

 Principle 1 ECEC services and schools are essential and should be the first to open and last to close wherever possible in outbreak situations, with face-to-face learning prioritised*	 Principle 2 Baseline public health measures continue to apply	 Principle 3 No vulnerable child or child of an essential worker is turned away	 Principle 4 Responses to be proportionate and health risk-based	 Principle 5 Equip ECEC services and schools to respond on the basis of public health advice and with support from public health authorities where required	 Principle 6 Wellbeing of children and education staff to be supported
<p>Children are entitled to an education. ECEC and schools are essential and should remain open wherever possible to maximise their wide-ranging benefits for children, the community and the economy.</p> <p>By the start of Term 1 2022, school and ECEC workers will be designated as essential workers in jurisdictions.</p> <p>Education systems should support schools to ensure individual student learning can continue through periods of isolation-related absenteeism</p> <p>Arrangements should seek to maintain a reasonable workload for teachers and educators, particularly when balancing face-to-face and remote learning environments.</p> <p>Remote learning should be considered as a time-limited last resort within schools experiencing widespread COVID-19 infections or staff absenteeism that impacts the school's operations.</p>	<p>ECEC services and schools should practice and promote evidence-based COVID-Safe behaviours at all times, irrespective of the level of COVID-19 community transmission.</p> <p>While recognising the exact combination and nature of COVID-Safe behaviours – such as hand washing, face masks, physical distancing and ventilation – in ECEC may look different to school settings, it is important for all education settings to adopt a multi-layered prevention strategy and, in all cases, persons must stay at home if experiencing COVID-19 symptoms or if required to isolate in line with the jurisdiction's health advice.</p> <p>Vaccination of all eligible persons is strongly encouraged.</p>	<p>Localised school planning must ensure a minimum offering of on-campus supervised learning is available at all times in the school term to the children of parents and carers who need to work and cannot support remote learning at the same time (e.g. frontline and essential workers), and for vulnerable children and young people.</p> <p>While ECEC services may sometimes close, during times of reduced service levels ECEC services should similarly prioritise children using these criteria.</p> <p>Provision for this has been standard practice throughout the COVID-19 pandemic.</p>	<p>All responses to COVID-19 outbreaks in ECEC and schools should be proportionate and informed by the latest health advice, practical implementation requirements and the individual risk profile of different education settings.</p> <p>Responses will need to evolve to adapt to the changing nature of the pandemic. Response settings may need to be more stringent in those ECEC services and schools where there are more children at high risk of severe disease, including children with disability or severe chronic health conditions, or unvaccinated, and public health authorities will prioritise these settings in line with a proportionate and health risk-based approach.</p> <p>Clear and timely communication to members of the ECEC service or school community should explain these considerations when responses are implemented, for example, school or class-based notifications to families.</p>	<p>Education systems will continue to support ECEC services and schools as appropriate to implement State and Territory operational plans, which will be informed by public health authorities and updated to reflect the changing nature of COVID-19 as required.</p> <p>Plans will consider any additional training or capacity building needed.</p> <p>Public health authorities may intervene where an outbreak is beyond an ECEC service or schools' capacity to respond. Data collection and sharing will be critical.</p> <p>Communication between ECEC services or schools and public health authorities, and data collection and sharing at the local level, will enable States and Territories to ensure local consistency, and determine the relationship between transmission of COVID-19 in ECEC services or schools and broader community transmission, and adjust jurisdictional plans accordingly.</p>	<p>The health, safety and wellbeing of children, teachers and their families is critical to the successful operation of ECEC and school systems and the delivery of quality education.</p> <p>ECEC and schools should continue to meet regulatory requirements, including through addressing workforce shortages, wherever possible, and noting the Commonwealth will undertake further work with States and Territories on ECEC workforce requirements.</p> <p>Staff and student wellbeing will continue to require close attention and support.</p> <p>Clear, consistent and timely communication should continue to be a priority, particularly about the step-change that likely transmission of Omicron in ECEC services and schools requires, giving certainty and confidence to children, students, staff and their families about the COVID-19 response measures outlined in State and Territory operational plans.</p>

* The Queensland and South Australian Governments have delayed the start of their school years by two weeks due to the forecast peaks of the virus in the states. These schools will still be open for the children of essential workers.

Rapid antigen tests for children aged 3 to 5 years in early childhood education and care

FAQ FOR EARLY CHILDHOOD EDUCATION AND CARE SERVICES

To further strengthen COVIDSafe measures in ECEC, voluntary twice-weekly rapid antigen testing for children in ECEC aged 3 to 5 years has been introduced.

UPDATED 18 FEBRUARY 2022 post the Victorian State Government announcement to extend the rapid antigen test screening program by six weeks until end of Term 1

Key Points

Who is to use the rapid antigen tests?

The Victorian Government will provide free at-home rapid antigen tests for young learners aged between 3 and 5 years of age to support them and their families, minimise transmission, and help keep early childhood education and care services open.

What is the twice weekly rapid antigen testing program?

A frequent and sensitive rapid antigen test can detect COVID-19 early (before or while they are infectious), help identify infected children who need to isolate and prevent the spread of COVID-19. Combined with staff vaccination, respiratory and hand hygiene, improved ventilation and outdoor programming practices, transmission risk of COVID-19 in early childhood education and care (ECEC) services can be significantly reduced.

Is participation in the rapid antigen program voluntary?

Yes, participation is voluntary and this program is designed to support families with children in early childhood services who may have been struggling to access rapid antigen tests due to cost barriers or availability.

Each Victorian early childhood education and care service (excluding OSHC) will receive packages of Therapeutic Goods Administration-approved rapid antigen self-test kits, free of charge.

Families are encouraged to participate and will be provided with guidance shortly on how to administer tests to young children. As with school students this is voluntary, and services must not make participation in rapid antigen testing a condition of attending the service.

The tests can be done at home and will provide a result in 15 to 30 minutes.

Parents / carers of children who test positive, must inform their service and isolate and report their result to the Department of Health via the COVID-19 Positive Rapid Antigen Test Self-Reporting Form [online](#) or call centre on [1800 675 398](tel:1800675398) and follow these instructions [Checklist for COVID cases | Coronavirus Victoria](#). Services are not to receive or record evidence of any rapid antigen tests.

Who is receiving rapid antigen tests?

Victorian ECEC services, including sessional kindergarten, long day care, family day care and occasional care. Children attending OSHC are already receiving kits from their enrolled school.

When will the rapid antigen test kits arrive?

More than 1.6 million rapid antigen tests will be available in coming weeks for families to conduct voluntary twice-weekly testing. Additional RATs will be delivered fortnightly to sessional kindergartens, long day care, family day care and occasional care over the remainder of Term 1 to ensure ECEC services have adequate supply.

Over 4,700 Victorian ECEC services, including sessional kindergarten, long day care, family day care, outside school hours care and occasional care will receive fortnightly deliveries.

Children attending OSHC receive kits from their enrolled school.

Why are children aged between 0 to 2 years not in the RAT surveillance approach?

The available rapid antigen test supply for the purposes of this scheme is only appropriate for use by children aged from 3 to 5 years.

PCR testing will remain available for symptomatic children and children who are household contacts in this age group.

Distribution and delivery

When will services receive the rapid antigen tests?

RATs will be delivered fortnightly to the NQAITS listed service address for sessional kindergartens, long day care, family day care and occasional care over the remainder of Term 1.

How will services receive the rapid antigen tests?

Additional RATs will be delivered fortnightly to sessional kindergartens, long day care, family day care and occasional care over the remainder of Term 1 to ensure ECEC services have adequate supply. The tests will be bundled in the one delivery for both staff and children. Services will receive a fortnightly bulk delivery which includes RATs for both staff and children aged 3 to 5 years.

Rapid antigen test packages for children enrolled in family day care will be delivered to the head office of the approved provider as NQAITS does not hold the service residence address. It will be the responsibility of the family day care provider to distribute to educators and then to families.

Upon receipt of the test packs, services should make test packs available for families to collect at the earliest opportunity.

The provision of the tests is an additional layer of risk reduction being added to the COVIDSafe practices already put in place by ECEC services.

What happens if there is no one on site to sign for the delivery?

There will be no Authority to Leave, so if there is no one at the ECEC service to receive the package, a card will be left and the parcel will be returned to the depot.

The delivery agent is expected to reattempt delivery at the next available opportunity (same day or next day) if the first delivery was unsuccessful.

If the second attempt was unsuccessful, the package will return to the warehouse and the Department of Education and Training will follow up directly with the service.

What should services do if the number of kits received does not match the number of children enrolled and in attendance?

All rapid antigen tests remain the property of the Department of Education and Training and are to be used as intended for families to test their children only.

If a service receives tests that exceed their enrolment requirements, the provider should securely store for any future child needs, with due consideration of the use by date. EYMs and multi-providers can consider pooling and re-distribution.

If a service receives inadequate tests for their enrolled child and in attendance requirements, the approved provider should first pool any surplus tests from other sites, if it is a multi-site provider. If this is not possible the approved provider should contact the Department of Education and Training at covid.early.childhood@education.vic.gov.au.

How to store rapid antigen tests

Providers should advise families that on receipt of delivery of tests, they should:

- store the test kit in a cool, dry place (between 2°C - 30°C)
- not freeze the kit or its components
- not store the test kit in direct sunlight.

Providers should also store tests in a safe and secure location in the service, to avoid theft.

Using the rapid antigen tests

How to use a rapid antigen test?

The onus and responsibility is on the individual to follow the manufacturer's instructions for use. Following the instructions for use will ensure that a good quality sample is collected from the nasal passage and will result in a more accurate test.

Further detailed advice on when and how to use rapid antigen tests is available at [Rapid antigen tests | Coronavirus Victoria](#)

What days should the rapid antigen test be taken?

Rapid antigen tests should be used twice-weekly.

Rapid antigen tests are typically more accurate with frequent use if you don't have any symptoms.

It is recommended that families test twice a week or every 2 to 3 days, starting on the first weekday of attending the ECEC service.

Do families need to provide the results to the service?

Services are not required to seek or record the result of any child rapid antigen tests. However, the parent or carer of any child who tests positive must tell the service, isolate and report their result to

the Department of Health via the COVID-19 Positive Rapid Antigen Test Self-Reporting Form [online](#) or call centre on [1800 675 398](tel:1800675398).

Do children who have previously been positive to COVID-19 participate?

In the 30 days after a child has completed isolation (after testing positive to COVID-19 on a PCR or rapid antigen test) children do not need participate in the recommended surveillance testing or get tested and quarantine if they are re-exposed to the virus.

However, if they develop new symptoms, they should stay home while unwell and consider seeking medical attention.

What does a positive result on the rapid antigen test mean?

If you test positive to COVID-19 with either a rapid antigen or PCR test, you must:

- focus on your health and get help if you need it
- report your result immediately [online](#), or call [1800 675 398](tel:1800675398) and isolate for 7 days. (You don't need to report your result if you tested positive from a PCR test)
- tell your household and household-like contacts they must isolate for 7 days
- tell your social contacts and your ECEC service.

Further information available at [Checklist for COVID cases | Coronavirus Victoria](#)

How to dispose of a rapid antigen test?

Dispose of the kit components in your household waste (not recycling) or according to your local guidelines. The remaining liquid in the tube should not be released into the drainage system or water bodies.

Wash your hands after disposal in line with good COVIDSafe practices.

Attachment 6:

Let's **BE**
COVIDSAFE
together

We need to all keep making COVIDSafe choices to help stop the spread.

- Keep physical distancing in public spaces.
- Practise good hygiene.
- Protect others and stay at home if you're unwell. If you're experiencing cold or flu-like symptoms speak to your doctor about getting tested.
- If you haven't already, download the COVIDSafe app.

Together, let's **BE** COVIDSAFE.
Visit [health.gov.au](https://www.health.gov.au) for more information.

Australian Government

