

COVIDSafe ECEC Settings Guide

COVIDSAFE ADVICE FOR EARLY CHILDHOOD EDUCATION AND
CARE SERVICES

Updated 22/04/2022



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COVIDSafe Early Childhood Education and Care settings

COVIDSafe measures have changed but important practices will continue to be in place across all Victorian Early Childhood and Education and Care (ECEC) settings to ensure that every possible effort is made to ensure children and staff are safe as possible.

The COVIDSafe measures focus on the 3 Vs and they are Ventilation, Vaccination and Vital COVIDSafe steps such as physical distancing, face masks, regular hand hygiene and Rapid Antigen Testing (RAT).

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.

The practice guidance below is to support 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 by the best interests of children.

Rapid antigen testing for ECEC staff and children aged 3 to 5 years

Free voluntary rapid antigen surveillance testing is in place for face-to-face ECEC staff and for children aged 3 to 5 years until the end of week 4 of Term 2 (20 May 2022).

The twice-a-week testing is strongly recommended but not compulsory for ECEC staff and children aged 3 to 5 years in sessional kindergarten, long day care, family day care, occasional care and outside school hours care (staff only).

The Victorian Government will supply and deliver rapid antigen tests to all services – including Commonwealth funded childcare services – to support staff and children aged 3 to 5 years across the whole sector. Further information on distribution, access and terms of use is available at <https://www.coronavirus.vic.gov.au/rapid-antigen-tests-information-early-childhood-education-and-care-staff>

1.1.1 Distribution of rapid antigen testing

RATs are delivered to the NQAITS-listed service street address. Long day care, family day care (FDC) and occasional care will receive a 4-week supply of RAT kits for staff and children aged 3-5 covering the 2-week school term break and weeks 1 and 2 of Term 2. These services will receive a second delivery of RAT kits in early May to cover weeks 3 and 4 of Term 2.

Sessional kindergarten will receive a delivery of a 2-week supply of RAT kits for staff and children aged 3-5 by the end of Term 1. Some services may receive their delivery in the week of commencement of Term 2. These services will receive a second delivery of RAT kits in early May 2022 to cover weeks 3 and 4 of Term 2.

OSHC Vacation Care will receive a one-off delivery of RAT kits to cover the 2-week school term break. Children attending OSHC receive kits from their enrolled school.

The tests are being provided for staff members working at the service with or in proximity to children and other staff, whether they are teaching or ancillary staff.

Please do not break up test packs, where you think you do not have enough of them. It's important that staff and families get the entire pack given it contains the detailed instructions on how to use them plus the components for their use.

Rapid antigen tests remain the property of the Department of Education and Training are to be used for their sole intended purpose only – twice weekly testing by staff of the ECEC approved provider, working at the service and children aged 3 to 5 years attending.

As soon as possible after receiving these tests, you must provide them to your staff members and families of children aged 3 to 5 years. In the case of Family Day Care providers, as the tests are being delivered to your head office, you are responsible for distributing these tests to your family care educators as quickly as possible. Providers and services must not provide these tests to people outside their intended purpose, whether for free or sale.

It is the responsibility of the provider and service to ensure that tests are stored securely – this means in a locked room or cupboard at all times, with limited access by appropriate staff only for the purposes of distribution to service staff.

ECEC services that are co-located with schools (OSHC, LDC and sessional kindergarten), will receive a separate delivery of test packs specific to the service – i.e. it will not be bundled with their school test packs.

If you do not have enough packs to provide one for each service employed staff member and child, please contact covid.early.childhood@education.vic.gov.au

If you believe you have been over-supplied, that is, you will have a surplus after providing a pack for each staff member and families, please also contact covid.early.childhood@education.vic.gov.au and provide the relevant details.

1.1.2 Access to kits for Kindergarten Inclusion Support funded additional assistants (KIS AA)

Where funded kindergarten services have sufficient kits to cover directly employed service staff, the Department is requesting that services contact any KIS AA who will be in attendance during the fortnight to collect one pack of 5 x rapid antigen tests from the service. If unable to collect from the service prior, the KIS AA should arrive prior to the program to undertake the rapid antigen test prior to entering the room.

1.1.3 Using rapid antigen tests and reporting positive results

Staff and families are encouraged to do the twice weekly tests at home, in the morning prior to be onsite. Information about how to do a test is available at [Rapid antigen tests | Coronavirus Victoria](#)

Services are not required to seek or record the result of staff or children's rapid antigen tests, but any staff member who tests positive must tell their employer and parents or guardians of children who test positive must tell the service. They must also tell their household contacts. Anyone who tests positive is required to isolate for 7 days and report their result to the Department of Health via the COVID-19 Positive Rapid Antigen Test Self-Reporting Form [online](#) or call centre on [1800 675 398](tel:1800675398). A negative test is not required to return to the service following completion of 7 days of isolation.

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

For more information on how to complete a rapid antigen test, please refer to: <https://www.coronavirus.vic.gov.au/rapid-antigen-tests> Information about how to do a test, including a how-to video translated into 33 languages, is [available online](#).

1.1.4 Re-exposure to a confirmed COVID-19 case

Staff and children who have recovered from COVID-19, are not required to get tested or quarantine if they are re-exposed to a case within 12 weeks of ending their isolation period. This was previously 8 weeks. After 12 weeks, all persons must follow the relevant advice depending on the type of case or contact they are.

Therefore any staff or child aged 3 to 5 years who tested positive and completed their 7-day isolation period are not required to participate in the RAT screening for 12 weeks after their release from isolation.

If a recovered case develops new symptoms during the 12-week period they should get tested for COVID-19 and other respiratory illnesses (for example influenza) and remain at home until symptoms resolve. Those at high risk of severe disease should consider seeking advice from their primary care provider.

2 Management of an unwell child or staff member

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

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

The symptoms to watch out for are:

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

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

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.

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

See [Managing illness in schools and early childhood education and care services - information for parents and carers | Victorian Government \(coronavirus.vic.gov.au\)](#)

2.1 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 Australia](#)
- [Royal Children's Hospital – advice for respiratory patients](#)
- [JDRF – Coronavirus and children with T1 diabetes.](#)

2.2 COVID-19 and Influenza Vaccination in the lead up to Winter

As we approach winter, the vaccination of children aged 5 to 11 remains the best way to ensure protection for children and staff against COVID-19. Parents and carers can visit [Vaccination information for children](#) to book a COVID-19 vaccine for their children. [The Commonwealth Department of Health](#) and [ATAGI](#) have issued advice encouraging an additional booster dose for certain high risk populations. COVID-19 vaccines are free.

The [Commonwealth Department of Health](#) and [ATAGI](#) have issued advice encouraging vaccination against influenza (flu) for all people aged 6 months and over. Flu vaccinations are strongly encouraged for children aged 6 months to 5 years after two years of minimal flu transmission. Flu vaccination can be received at the same time as a COVID-19 vaccination. ECEC staff are also encouraged to be vaccinated against flu. The flu vaccinations are free for children aged 6 months to 5 years and [other eligible Victorians](#).

2.3 Management of suspected cases of COVID-19 in ECEC services

A 'suspected' case means a person who displays any COVID-19 symptoms who has not yet tested positive for COVID-19.

1. As soon as practicable after becoming aware of a suspected case in a staff member or child– and if that person has attended onsite while displaying symptoms, or 48 hours before they developed symptoms – the service must take the following actions. Let the person know they need to follow guidelines in the [Testing Requirements for Contacts and Exposed Persons](#). If applicable the affected person/s should follow the COVID-19 RAT procedure, which recommends a symptomatic person in a workplace takes a COVID-19 test.
2. Ensure appropriate records are maintained in order to support appropriate notifications if the symptomatic person becomes a confirmed case, particularly from the period commencing 48 hours prior to the onset of COVID-19 symptoms.

If the symptomatic person is confirmed to have COVID-19, the service must follow the steps under the below section, Management of confirmed cases and household contacts.

3 Management of confirmed cases and household or household like contacts

3.1 Managing a confirmed case of COVID-19

3.1.1 Centre Based Services COVID-19 Exposure Management

Where a child or staff member is identified as a positive case, the following steps should be taken: Positive cases are required to notify their ECEC service if they been onsite 48 hours prior to symptom onset, or test collection date for asymptomatic cases. Refer to section 3.1.5, Table 1.

ECEC provider or nominated supervisor must submit 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 during their infectious period.

ECECs must notify the ECEC community through a daily email (where applicable) when a child or staff member has (or multiple children or staff members) have returned a positive COVID-19 test result and had attended the service. The letter should include:

- Dates of attendance and affected age group room / program room
- The notification can be provided to only the affected age group room / program room or to the whole service.

The letter will ask families and staff to monitor for symptoms and if symptomatic test. If they test positive for COVID-19 they must isolate for 7 days, notify the service and their household and social contacts, and if the test was a rapid antigen test then report this result to the Department of Health.

The communication template is available at [here](#)

The ECEC Exposure Management communication pack is available at coronavirus.vic.gov.au/managing-case-coronavirus-covid-19

3.1.2 Family Day Care COVID-19 Exposure Management

FDC is aligned to testing and quarantine requirements for household-like contacts due to meeting the pandemic order clause of spending more than 4 hours with someone who has COVID-19 in a household residence.

Where a child or FDC educator is identified the FDC provider is required to submit a notification through National Quality Agenda IT System (NQAITs) if a child / staff member tests positive to COVID-19 (via a PCR or rapid antigen test), but only where the case was onsite in a residence within the 48 hours prior to the onset of symptoms consistent with COVID-19 or if non-symptomatic 48 hours prior to taking a test.

The FDC service must notify the families of the children who attended a FDC residence during a person's infectious period. Refer to section 3.1.5, Table 1.

The FDC Exposure Management communication pack is available at www.coronavirus.vic.gov.au/managing-case-covid19-ecec#guidance-for-fdc-services

3.1.3 Household contact of a positive case

Household contacts are no longer required to quarantine as long as they take additional safety measures, but are required to:

- notify the provider if returning during their 7 day period;
- undertake daily rapid antigen testing five times within the 7 days;
- wear a face covering when indoors (if aged 8 years and above or unless they have a valid exemption);
- are not permitted to visit hospitals or care facilities unless an exemption applies.

They are recommended to avoid interaction with people at higher risk of severe disease from COVID-19.

If symptomatic, all children and staff must stay/return home, take a rapid antigen test, or get a PCR test if a rapid antigen testing kit unavailable.

Providers are not required to sight the RATs and records of RATs are only required where the RAT returns a positive result as per existing processes for positive cases. Providers are required to take 'reasonable steps' to ensure a worker complies with the mask requirements above. Refer to section 3.1.5, Table 1.

3.1.4 COVID-19 Outbreak Notification Form

The Department of Health (DH) require workplaces, including education settings, to notify DH using an online form when 5 cases have attended the premises within 7 days. On completion, the online form will be directed to DH and relevant Local Public Health Unit to support outbreak management. DH will identify and manage emerging outbreaks of concern and can determine that a person is a close contact on a case-by-case basis. In this scenario, children and staff will be notified directly of any additional quarantine and testing arrangements. Refer to section 3.1.5, Table 1.

Form is available at [COVID-19 outbreak notification form | Coronavirus Victoria](#)

3.1.5 Table 1: Summary of Confirmed Cases and household/household like contacts

Scenario	Required actions for the staff and child/family
1. A child or staff member tests positive to COVID-19, either through RA test or PCR test (Centre based services and FDC)	<p>Isolate at home or in private accommodation for 7 days (inclusive of weekends) and do not attend ECEC during this period.</p> <p>Inform the ECEC that they have tested positive to COVID-19</p> <p>ECECs must notify the ECEC community through a daily email (where applicable) when a child or staff member has (or multiple children or staff members) have returned a positive COVID-19 test result and had attended the service.</p> <p>The FDC service must notify the families of the children who attended a FDC residence during a person's infectious period.</p> <p>A negative test is not required to return to ECEC following completion of 7 days of isolation.</p> <p>Follow the Checklist for COVID cases</p> <p>If a child or staff member tests positive through rapid antigen test, but don't have symptoms or have not been in contact with anyone who</p>

	<p>has COVID-19 it is recommended getting a PCR test within 48 hours and stay isolated at all times until they receive their result.</p>
<p>2. A child or staff member is a household contact or household-like contact of a positive person (lives with a positive person) or in the case of FDC has been inside a residence for more than four hours and refer to point 4 in table.</p>	<p>Household or household-like contacts of a COVID case will no longer need to quarantine, provided they undertake 5 rapid antigen tests (RAT) on days attending the service for one week, wear face masks when indoors while attending the service unless they have a valid exemption (which includes young children under 8 years) and must not visit sensitive settings of hospitals and care facilities during the one-week period. Providers are not required to sight the RATs and records of RATs are only required where the RAT returns a positive result as per existing processes for positive cases. Providers are required to take 'reasonable steps' to ensure a worker complies with the mask requirements above.</p> <p>* If the child or staff member has had COVID-19 in the previous 12 weeks and has been re-exposed to the virus they are not required to quarantine and can continue attending ECEC</p>
<p>3. A child or staff member has been in contact with a case of COVID-19, at a centre based ECEC or at work (social contact).</p>	<p>For sessional kindergarten, long day care, occasional care and outside school hours care:</p> <p>If asymptomatic, children and staff should continue to attend ECEC and monitor for symptoms. Parents/carer can attend State testing centres and receive a PCR or rapid antigen test.</p> <p>If symptomatic, all children/staff must stay/return home Parents/carer can attend State testing centres and receive a PCR or rapid antigen test.</p> <p>Follow the Checklist for COVID contacts</p>

4 Advice on managing staffing and enrolments

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

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

- Kindergarten funding requirements to seek DET approval for any restriction of service delivery or closure greater than three days
- Additional options to enable services to remain open and manage impacts on kindergarten program delivery, including where it is not possible to accommodate all enrolled children for a period of time.

4.1 Kindergarten funding operating requirements

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

Providers and services must follow the rules set out in the pandemic orders. They should not impose additional rules about attendance. As noted above, people who are exposed to a COVID-19 case in their ECEC service are not required to quarantine if they are asymptomatic.

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

If your funded kindergarten service needs to close or restrict face-to-face delivery 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.

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

4.2 Waivers and funding in exceptional circumstances

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

If 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.

4.2.1 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

Visiting QARD's [information page on waivers](#)

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

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

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

5 ECEC worker vaccination requirements

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

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

Information about vaccines and eligibility can be found on the [coronavirus.vic.gov.au](https://www.coronavirus.vic.gov.au) website.

5.1 Required Vaccinations for ECEC workers

The Victorian Minister for Health has determined that COVID-19 vaccination is mandatory for staff that work in ECEC services. For a full list of workers who are required to be vaccinated visit <https://www.coronavirus.vic.gov.au/worker-vaccination-requirements>

Error! Hyperlink reference not valid. All staff are required to have received three doses of a COVID-19 vaccine, with the following exceptions:

- If you are fully vaccinated (have had two doses of a COVID-19 vaccination) and are not yet eligible for a third dose – you have three months and two weeks from the date of your second dose to get your third dose.
- If you are a worker who is a recently arrived international traveller and have only received two doses of a COVID-19 vaccine, you have four weeks from the date of your arrival to receive your third dose. You must have evidence of a booking to receive your third dose.
- If you have had a temporary medical exemption which prevented you from receiving a third dose, you have an additional two weeks from the date your medical exemption expires to receive your third dose.

5.2 Confirmed (PCR) and probable (RAT) COVID-19 case

If a person was unable to meet their third dose deadline because they were recovering from COVID-19:

- A diagnosed person (by PCR) has a maximum of an additional 4 months from the end of their isolation period to have received their dose.
- A probable case (by RAT) has a maximum of an additional 4 months from the end of their isolation period to receive their third dose and:
 - If their self-isolation period ended at or prior to 4 February, are required to provide a written attestation to their employer stating they were unable to access a PCR test; or
 - If their self-isolation period ended after 4 February, evidence of a positive PCR test is required.

The Australian Technical Advisory Group on Immunisation (ATAGI) advises that a previous COVID-19 infection is not a contraindication to COVID-19 vaccination, and vaccination can occur post a COVID-19 infection and there is no requirement to delay vaccination after recovery from acute illness.

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

For more information, including how to book and information about walk-in vaccination sites, refer to [COVID-19 vaccine third dose](#).

5.3 ECEC services included in the vaccination requirements

On-site ECEC services provided under the:

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

5.4 ECEC workers included in the vaccination requirements

For ECEC, an education worker is:

- ECEC employed staff (e.g. teachers, educators, ancillary support staff including reception)
- Contractors working near children or staff (e.g. trades and maintenance persons, cleaners but excluding delivery drivers)
- Staff of the Department of Education and Training that are entering the service (e.g. Authorised Officers, Early Childhood Improvement Branch staff)
- Staff of any other entity that are entering the service (e.g. allied health, NDIS, school readiness funding providers; KIS, PSFO etc)
- Volunteers working near children or staff (e.g. parent helpers, Committee of Management members)
- Students on placements

but does not include:

- a person attending a service outside of the normal operating hours, where the facility is hired, leased, operated or controlled by a community group (e.g. workers attending an education facility for community sporting activities outside of normal operating hours)
- a person attending a service outside of the normal operating hours for the purposes of polling activities for an election conducted by the Australian Electoral Commission or Victorian Electoral Commission, provided no children or students that attend the educational facility are present (e.g. a candidate for a state or federal election attending an educational facility for a site visit outside of normal operating hours)

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

5.4.1 Family Day Care (FDC)

The requirement to be vaccinated applies to the FDC educator and any educator assistants in the residence. Family Day Care co-coordinators are required to be vaccinated.

5.5 ECEC worker dates and evidence to meet required vaccination

For information on how to show evidence of your vaccination to your employer, please visit [Information for workers required to be vaccinated](#).

5.5.1 Required vaccination exemptions

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

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

- have a medical contraindication to COVID-19 vaccines available for use in Australia

5.5.2 Valid medical exemption

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

ECEC workers may receive a medical exemption if they are unable to be vaccinated because:

- They have a medical reason to be unable to have any COVID-19 vaccines available for use in Australia; or
- They have an acute medical condition such as undergoing major surgery or hospital admission for a serious illness. Acute medical condition exemptions are temporary and can only be issued on a 6-monthly basis; or
- A temporary exemption may be issued to defer vaccination after prior COVID-19 infection. The maximum time allowable for this exemption is 4 months following release from isolation after acute infection.

If a worker can't get any of the approved COVID-19 vaccines, their doctor needs to update their record on the Australian Immunisation Register to show their medical exemption, [Australian Immunisation Register \(AIR\) - immunisation medical exemption form \(IM011\) - Services Australia](#)

Once the exemption has been processed, the worker can download their COVID-19 digital certificate from myGov to their smartphone or to the Service Victoria app.

Alternatively, workers can print their COVID-19 digital certificate from myGov, ask their doctor to print their COVID-19 digital certificate, or call Services Australia to send an immunisation history statement.

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

5.6.1 Informing, sighting and record-keeping responsibilities

ECEC providers are familiar with the requirements to collect, record and hold vaccination information of education workers. With the introduction of the required third dose to be onsite, ECEC services must at least record the following information:

- the name of the worker accessing the site
- their vaccination status i.e. 3 doses of a COVID-19 vaccine, or exempt
 - if vaccinated (3 doses), the date of receiving the third dose vaccination

OR

- If vaccinated (2 doses) but not eligible for third dose before 25 March 2022; date of the expiration of the 3 months and 2 weeks from date of second dose

OR

- If exempt, date exemption issued and valid until.
- who sighted the evidence
- the date the evidence was sighted
- the nature of that evidence that has been provided (for example, COVID-19 vaccine digital certificate, immunisation history statement, or medical exception letter or certificate).

A template 'COVID-19 Vaccination Status Register' is available at the end of this guide. The provider can delegate responsibility of recording vaccination status of non-directly employed workers (e.g. contractors, visitors and volunteers) to the service to record on the template

If a provider does not hold information about the vaccination status of a worker, the provider must treat the worker as if the worker is unvaccinated.

5.6 Vaccination requirements for parents, carers and adult visitors

Parents, carers and other adult visitors (not performing work) are not required to show evidence of two doses of COVID-19 vaccine.

5.7 Evidence of COVID-19 vaccination

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

To find the best way to get proof of your COVID-19 vaccination for your situation, visit [How to get your COVID-19 digital certificate](#)

For more information, please visit [Information for workers required to be vaccinated.](#)

6 ECEC COVIDSafe Steps Summary

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

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

6.1 Visitors to ECEC

Visitors to ECEC grounds must comply with appropriate requirements and practise respiratory etiquette and good hand hygiene.

6.1.1 Vaccination requirements for visitors performing work in ECEC services

Any visitor or volunteers performing work in ECEC (including parent helpers, SRF, allied health, NDIS, PSFO, KIS and other operators such as incursion providers, language teachers, maintenance, building, and cleaning contractors are required to be fully vaccinated with three doses of a COVID-19 vaccine as per requirements listed in Section 5 (unless a medical exemption applies) to attend on site. For more information on collection of vaccination information from visitors and volunteers working on ECEC sites refer to [COVID-19 worker vaccination requirements](#)

6.1.2 Parents / carers, service attendance and enrolment

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

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

6.1.3 Clarification on public health guidance and parents or carers entering ECEC services

The COVIDSafe ECEC Settings Guide as per para 6.1.2 states that parents entering the service (vaccinated or not) is a matter for a ECEC service to decide.

This COVIDSafe ECEC Settings Guide identifies a range of strategies to minimise risk of transmission, including increased outdoor programming, contactless check-in and external drop-off and pick-up, where appropriate and safe. These strategies are general guidance to minimise risk, not rules.

In applying this guidance, all ECEC services can and should use their professional judgement about individual exceptions. 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.

Parents and carers in this situation should take other reasonable steps (for example, social distance from other adults, or sanitise hands). If orientation, transition and/or settling in can happen practically and effectively in whole or part in the outdoor play space that is also a good mitigation, as is staggering entry of parents for this purpose into children's rooms.

6.2 Student placements

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

Students undertaking placements must meet vaccination requirements (if over 18 years of age) and follow COVIDSafe Settings.

7 COVIDSafe operational advice for ECEC services

The COVIDSafe operational advice below provides practical strategies to minimise the risk of COVID-19 and to keep children, staff and the ECEC community safe.

For information on the science behind COVID-19 see [Facts about coronavirus \(COVID-19\)](#).

7.1.1 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.
- While it is not a requirement of entry to these settings for visitors to have been vaccinated against influenza, staff in these settings should encourage visitors to get vaccinated beforehand.

7.1.2 Practise good hygiene

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

7.1.3 Ensure physical distancing between adults

A variety of strategies to support physical distancing among adults should continue to be implemented where possible

Strategies to support physical distancing include:

- Displaying information and signage at site and building entrances and in communal areas such as staff rooms
- Maintaining a physical distance of 1.5 metres in an ECEC setting will not always be practical. Strategies that can be considered to support physical distancing include:
 - the careful management of movement of adults through ECEC foyer and staff rooms, and timing of staff arrival and departure
 - where multiple staff are required in a room, reminding staff to maintain physical distancing from each other as much as practical
 - signage and rostering so that access to shared physical spaces and food preparation areas can be managed
 - reminding staff and visitors including through signage, of the importance of physical distancing where possible
 - marking the floor indicating physical distancing in appropriate locations (for example, foyer, staff rooms)
 - communicate the strategies in place to parents through local signage and communications to communities to remind staff and families of the need for behaviours that support physical distancing.

7.1.4 External drop off and pick up

At drop off and pick up a variety of strategies to support physical distancing among staff and parents should continue to be implemented where possible and they include:

- Staff and parents / carers are to observe physical distancing measures by not congregating in areas inside or around the ECEC service.
- Local service arrangements to practise physical distancing and minimise interaction within the services and at entry points should include:
 - if the physical layout of your service permits it and it is otherwise safe, children are to be dropped off and picked up in ways that do not involve parents entering the premises including the foyer, children's rooms and play areas.
 - drop off and pick up is to occur outside, where possible, to avoid people congregating in foyers.
 - where pick up and drop off occurs into areas outside the foyer, be particularly mindful of the supervision of children and ensuring unaccompanied children do not leave the service.
 - multiple entry and exit points to reduce the number of adults congregating.
 - signage to direct one-way flow of adults where practical.
 - staggered start and finish times, which may occur naturally in some service types. Where this is not the case, consider how the arrival and pick up time could be spread out. One example may be to divide the group and allocate times, noting that it is not expected that session times are extended to accommodate additional arrival and departure procedures.
 - signs at the entrance to encourage 1.5 metres physical distancing.

- If it is necessary for the parent to enter the service to support their child's attendance (for example a child being orientated, who is vulnerable, has additional needs, or is suffering distress) services should permit the parent to enter for this purpose and ensure risk mitigations are in place to the extent possible. Refer also to 6.1.3
- Physical distancing is not practical when providing direct care. In this situation, standard precautions, including hand hygiene, are important for infection control.
 - Standard precautions are advised when coming in to contact with someone for the purpose of providing routine care, assistance or first aid. Also see NHMRC guidance [Staying healthy: Preventing infectious diseases in early childhood education and care services](#).
 - Always wash hands with soap and water or use a hand sanitiser before and after performing routine care or first aid.
 - Additional Personal Protective Equipment (PPE), for example face masks, is not required to provide routine care or first aid for children who are well.

7.1.5 Face Masks

- Face masks, while recommended, are not required in any ECEC or school setting. This means ECEC staff and visitors will no longer be required to wear masks in ECEC settings. Any staff member or visitor who wishes to wear a mask may do so, including those who are medically at-risk.
- Face masks may be required as an additional temporary risk-mitigation measure in exceptional circumstances, for example if a service experiences high levels of or prolonged transmission.

7.1.6 Avoid interactions in enclosed spaces (adults)

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

7.1.7 Reduce mixing

- Reducing mixing between different age or room groups to minimise risk of spread of transmission and aid containment in the event of a confirmed case of coronavirus (COVID-19) on-site. It is acknowledged that staff may need to move between rooms to support breaks and, in these situations, staff should be reminded of the importance of hand hygiene, physical distancing between themselves and other staff, and mask wearing when not directly caring for or teaching children.
- Implement small group play, staggered mealtimes and indoor/outdoor play opportunities whenever possible.
- Consider the setup of the room and the placement of the activities and limit the number of whole group activities. A greater range of activities will encourage children and staff to spread out more broadly.

- Rather than having group times where everyone is sitting on the mat, consider using informal opportunities to engage with the children/read books/do storytelling with small groups of children at a time.
- For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning and disinfection of toys. Sharing of toys that have been placed in mouths should be monitored and avoided.
- Where possible, stagger or group outdoor play to minimise mixing.

7.1.8 Provision of routine care and first aid

- Physical distancing is not practical when providing direct care. In this situation standard precautions, including hand hygiene, are important for infection control.
- Standard precautions are advised when coming into contact with someone to provide routine care and/or assistance (for example, the use of gloves for nappy-changing, toileting or feeding).
- Standard precautions as per the [Staying Healthy - Preventing Infectious diseases in early childhood education and care](#) 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.

8 Ventilation in ECEC

Improving ventilation is one of the most effective measures to keep education settings COVIDSafe. A second round of grants providing State funding support to the sector for ventilation and air purification measures is now available. Funding of up to \$4,000, depending on facility size, is available to eligible not-for-profit services delivering a funded three- or four-year-old kindergarten program in sessional kindergarten or long day care.

These new grants build off the previous funding allocation of \$4,500 provided in Term 4 2021 and contribute to the costs for all eligible services to purchase air purifiers for their learning spaces as needed, or to invest in other ventilation support measures subject to local service needs and choices.

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 feeling unwell, contactless check in and the use of masks.

As we head towards winter and the colder months, 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.

As such, it is encouraged that services consider the purchase of air purifiers, as an effective means of mitigating the risk of virus transmission during the colder months. This is because with colder weather, people are more likely to spend time inside ECEC services, and more likely to close windows and doors. However, all services should continue to give consideration to how they can make outdoor learning and play more comfortable, even in the winter months.

8.1 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 three ways ventilation can be improved:

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

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 can't 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

8.2 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 below).

- Demand-controlled ventilation that reduce air supply based on occupancy or temperature should be disabled.
- Ensure any air conditioners and/or heaters are well maintained. Air conditioning filters should be maintained according to maintenance plans, checked, and cleaned regularly. Follow manufacturers recommendations on asset maintenance.

Use of fans to assist air movement

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

8.3 Instances where natural ventilation is limited

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

8.3.1 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.

8.3.2 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.

8.3.3 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.

However, as we head towards winter and the colder months, 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 and/or doors on multiple sides of a room) and where there is a higher risk of infection transmission due to close interactions for extended durations and removal of face masks.

8.3.4 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.

8.4 What to consider when purchasing air purification products

There are a number of types, sizes and brands of air purifiers 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.

8.4.1 Air purification - things to avoid

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

One information source and comparison of Australian air purifiers can be found at [Guide to air cleaner purchasing \(unimelb.edu.au\)](https://unimelb.edu.au).

8.4.2 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).

8.4.3 Safety considerations

When installing air purifiers, services should consider their location to ensure they are safe, inaccessible to children and do not impede on the required floor space. Any changes to floor space require a notification via the [NQAITs Portal](#).

8.5 Maximise Use of Outside Spaces

ECEC services should consider:

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

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

- [Maximising outdoor learning](#)
- [Outdoor Pedagogy Portal for Victorian Educators](#)

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

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

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

Key safety considerations for shade sails include that they:

- provide high/extreme UV protection (50 SPF or higher) throughout the day and year for children and educators
- have supports that are clearly visible, with rounded edges and/or padding and placed to minimise risk of collision
- have vertical supports that are not scalable by children, and that do not make fences scalable

- do not impede the vision of supervisors
- have a minimum clearance of three meters in height
- withstand a variety of weather conditions and high winds
- are located with due cognisance of existing services, such as drainage, power lines, gas, and water
- avoid cables and guy ropes where possible.

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

8.6 Ventilation Resources

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

- Victorian ECEC centre-based ventilation fact sheets are available [here](#)
- [University of Melbourne advice on which air cleaners work best to remove aerosols that contain viruses](#)
- [Victorian School Building Authority \(VSBA\) handbook](#)
- [NQAITS Portal](#)
- [Maximising outdoor learning](#)
- [Outdoor Pedagogy Portal for Victorian Educators](#)

PROOF OF COVID-19 VACCINATION STATUS

Customers, patrons, and visitors aged 18 and over must show proof of COVID-19 vaccination or a medical exemption as a condition of entry to some businesses. **Here is what is accepted:**

COVID-19 digital certificate via the Service Victoria app



COVID-19 digital certificate saved to smartphone



Proof of COVID-19 vaccination

Printed copy of COVID-19 digital certificate


 Australian Government

COVID-19 digital certificate ✓

This individual has received all required COVID-19 vaccinations.

Name: **JOHN CITIZEN** Date of birth: **12 Mar 1980**
 Individual Healthcare Identifier (IHI): **1234 5678 91011 1213** Document number: **1234 5678 9100**
 Valid from: **1 June 2021**

Vaccination: **Pfizer Comirnaty** Dates received: **06 April 2021, 01 June 2021**

Disclaimer: This certificate shows your COVID-19 vaccination details as reported to the Australian Immunisation Register by your vaccination provider. It is available because you have received all required COVID-19 vaccinations. The validity details apply to you from when you received all required COVID-19 vaccinations. Every effort is made to ensure that the information contained in the Australian Immunisation Register is correct. The data is based on information provided by vaccination providers and the accuracy of data is dependent on the quality and timeliness of information provided. If any of the vaccination details shown on this certificate are not correct, please ask your vaccination provider to provide the correct details. They can call us on 1800 853 800 (cost charges may apply). If you have any questions about this certificate please call the Australian Immunisation Register on 1800 853 800 (cost charges may apply).

Version: 1/2021 18/16 Site generated: 11/04/2021

Proof of COVID-19 vaccination

Printed copy of Immunisation history statement with evidence of vaccinations


 Australian Government
 Medicare

Immunisation history statement

As at: **11 October 2021**
 For: **JOHN CITIZEN**
 Date of birth: **12 March 1980**
 Individual Healthcare Identifier (IHI): **1234 5678 91011 1213**

This individual has received all required COVID-19 vaccinations ✓

Date given	Vaccination	Brand name given
12 Mar 2021	Influenza	Fluenz
18 May 2021	Influenza	Fluenz
24 Aug 2021	Diphtheria Tetanus Poliovirus	Boostrix
28 Apr 2021	COVID-19	Pfizer Comirnaty
01 Jun 2021	COVID-19	Pfizer Comirnaty

Most up to date immunisations this **Entry due**

No vaccines due.

Expires:

Disclaimer: The Australian Immunisation Register is a national register that records vaccination given to people of all ages in Australia. Vaccination given before 1 January 1980 are not displayed on the statement. IPI immunisations refer to immunisations recorded under the National Immunisation Program website only, not including COVID-19 vaccinations. A separate COVID-19 immunisation status will appear on this statement when you have received all required COVID-19 vaccinations. Every effort is made to ensure that the information contained on the Australian Immunisation Register is correct. The data is based on information provided by vaccination providers and the accuracy of data is dependent on the quality and timeliness of information provided. If any of the vaccination details shown on the statement are not correct, please ask your vaccination provider to provide the correct details. They can call us on 1800 853 800 (cost charges may apply). If you have any questions about this statement, please call the Australian Immunisation Register on 1800 853 800 (cost charges may apply).

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Medical exemption

Printed copy of COVID-19 digital certificate with evidence of medical exemption


 Australian Government

COVID-19 digital certificate ✓

This individual has a medical contraindication to COVID-19 vaccines.

Name: **JOHN CITIZEN** Date of birth: **12 Mar 1980**
 Individual Healthcare Identifier (IHI): **1234 5678 91011 1213** Document number: **1234 5678 9100**
 Valid from: **1 June 2021**

Disclaimer: This certificate shows your COVID-19 vaccination details as reported to the Australian Immunisation Register by your vaccination provider. It is available because you have received all required COVID-19 vaccinations or have a medical contraindication to COVID-19 vaccines. Every effort is made to ensure that the information contained on the Australian Immunisation Register is correct. The data is based on information provided by vaccination providers and the accuracy of data is dependent on the quality and timeliness of information provided. If any of the vaccination details shown on this certificate are not correct, please ask your vaccination provider to provide the correct details. They can call us on 1800 853 800 (cost charges may apply). If you have any questions about this certificate please call the Australian Immunisation Register on 1800 853 800 (cost charges may apply).

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Authorised by the Victorian Government, 1 Treasury Place, Melbourne

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