

Coronavirus  
(COVID-19)



# 2022

## COVID-19 Early Childhood Education and Care Response Management Guidelines

<b>Document title</b>	COVID-19 Response Management Guidelines for Early Childhood Education and Care Services
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<b>Date approved</b>	January 2022
<b>Document review</b>	At least annually or as required for legislative updates
<b>TRM number</b>	50:D22:3470

Version	Date	Author	Changes made
1.0	February 2021	ECEC Division	First version
2.0	January 2022	ECEC Division	Amendments and updates

Acronyms	Full form
CDC	Centre for Disease Control – Department of Health
CHO	Chief Health Officer
COVID-19	Coronavirus Disease 2019
NT	Northern Territory
ECEC	Early childhood education and care
QECNT	Quality Education and Care NT
PCR	Polymerase chain reaction
RAT	Rapid antigen test

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## 1. Introduction

These guidelines aim to provide advice to support ECEC services across the NT to coordinate and respond when there are one or more individuals (staff and/or children) who have tested positive for COVID-19 and have recently attended, or are in attendance at, a service.

ECEC services are not generally considered public exposure sites due to the high level of traceability of possible contacts through staff and children attendance registers. There may be exceptions to this where services have hosted community events where exposures occur.

These guidelines align with the [National Framework for managing COVID-19 in schools and ECEC](#). The following guiding principles form part of this framework.

- 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<sup>⊗</sup>
- 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 authorities where required
- Principle 6: Wellbeing of children and education staff to be supported.

<sup>⊗</sup> Except where a service has closed.

## 2. Roles and responsibilities

### Approved provider and nominated supervisor

- Establish a health response action plan to prepare for and respond to confirmed COVID-19 cases in services including designating a COVID-19 response lead in each service.
- Liaise with and seek advice from QECNT as required.
- Report to QECNT any:
  - confirmed COVID-19 cases that were in the service while infectious
  - closure or decision to reduce the number of children being cared for that is related to COVID-19.

### Department of Education – Quality Education and Care NT

- Act as the liaison point between services and the Department of Health for the purpose of responding to confirmed COVID-19 cases in ECEC settings.
- Support services to prepare and respond to confirmed COVID-19 cases through guidance, templates and advice.

### Department of Health (including the CDC)

- Provide advice/confirmation of COVID-19 cases in ECEC settings.
- Provide any health directions, advice and support to manage confirmed cases in ECEC settings.

### 3. Response to a COVID-19 positive case/s

When responding to information concerning infected persons, services' responses should be proportionate and informed by:

- latest health advice and NT CHO Directions
- practicality and ability for the service to implement health requirements
- individual risk profile of the service.

It is the service's responsibility to keep up to date with the latest information and health advice. The following processes are intended to guide service decision making.

Services should only close as a last resort. If a service determines that it does not have the capacity to maintain operations and needs to close, it will need to notify QECNT.

#### 3.1. ECEC COVID-19 management plan

Services should have plans for managing and responding to COVID-19. These should include internal notification processes in the case of a COVID-19 infection, and ensuring that notification processes are clearly communicated to staff, families and contractors. These internal processes should ensure:

- staff, families and contractors know that if they are a confirmed COVID-19 cases (infected person), this must be reported to the service and the Department of Health as soon as possible
- the service notifies QECNT of a case of infected person who was in the service, as soon as possible
- it is not necessary to notify QECNT of close contact cases where exposure has been outside the ECEC setting.

#### 3.2. Notification of a positive case

The approved provider or nominated supervisor must notify QECNT as soon as they become aware that any infected person has been in the service.

Notifications should occur through the [National Quality Agenda IT System \(NQAITS\)](#) or by contacting QECNT at [qualityecnt.det@education.nt.gov.au](mailto:qualityecnt.det@education.nt.gov.au) or (08) 8999 3561.

#### 3.3. Immediate actions

In the case of being notified of an infected person, the service will contact QECNT and determine the best way to keep the premises open for the remainder of the day.

The following actions can be taken immediately to minimise the risk of infection:

- use of frequent hand hygiene
- cleaning of all high contact areas where the infected person has been
- staying in separate rooms/cohorts and, where possible, located in an area where spacing of 1.5 metres can be maintained
- moving activities to outdoor and well-ventilated areas

- arranging for any staff and children who are unwell/symptomatic to go home, get tested and isolate pending the test result. While waiting to be collected by their parents/carers, symptomatic children should be separated from the other children
- postponing/cancelling any excursions or events
- staggering pick up and drop off times.

### 3.4. Contact identification

A close contact is defined as a person who has spent 4 continuous hours or more indoors with a COVID-19 positive person while they were infectious.

The service must identify and record all children, parents and staff who had close contact with an infected person for 4 hours or more in an internal setting at the service. If any children are identified as close contacts, the parent/carers must be notified. QECNT can assist with communication templates.

### 3.5. Recording cases

The service will need to collate and manage a list of positive cases in their infectious diseases register. This may be required by QECNT and/or Department of Health. It should be noted that the Department of Health's Centre for Disease Control may use this information to interview or gather further information.

The infectious diseases register should include following details:

- Full name
- Date of birth
- Date of notification and details regarding quarantine
- In the case of children, all parent/guardian names and contact details

### 3.6. Outbreak management and CDC investigation

Services should endeavour to remain open for parents and carers, particularly frontline and essential workers and for vulnerable children.

In most instances, once the case/s has/have been sent home, QECNT has been notified and the parents/carers of any identified contacts have been notified, all other staff and children can return to usual activities and can be advised to remain vigilant for symptoms.

There are circumstances where the Department of Health may step in and provide advice to a service, which a service or contact must follow. This may include the Department of Health:

- calling a service to ask for the details of the contacts who were on site
- directing contacts to undertake further testing or quarantine.

#### 3.6.1. Summary of testing and quarantine summary for close contacts and positive cases

The following table is a summary of the requirements for children and staff. Refer to CHO Direction- 22-2022 for further details or check with QECNT for further advice if required:

Definition	Children attending ECEC services, preschool and primary school	Staff
<p><b>A close contact either:</b></p> <p><b>A. resides with an infected person; or</b></p> <p><b>B. has been continuous indoor contact with an infected person who is infectious; or</b></p> <p><b>C. has been informed they are a close contact by an officer authorised by the CHO</b></p>	<p><b>No symptoms</b></p> <ul style="list-style-type: none"> <li>• Child can attend ECEC service, preschool and primary school as per normal</li> <li>• No testing required</li> <li>• Monitor for symptoms</li> <li>• It is recommended that year 3 and above children wear a face mask in line with CHO advice</li> </ul> <p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li>• Stay at home</li> <li>• Get tested</li> <li>• If test is negative – may return when well</li> </ul>	<p><b>No symptoms</b></p> <ul style="list-style-type: none"> <li>• May exit quarantine for the purpose of attending workplace if they: <ul style="list-style-type: none"> <li>○ are vaccinated</li> <li>○ submit to and return a negative RAT prior to attending the workplace each day for 5 school days (RATs and guidelines for use will be provided by the service)</li> <li>○ take reasonable measures to stay 1.5 metres away from others</li> <li>○ wear a face mask, except when teaching</li> </ul> </li> <li>• Monitor for symptoms</li> </ul> <p><b>Symptoms</b></p> <ul style="list-style-type: none"> <li>• Quarantine for 7 days</li> <li>• Arrange for a test within 3 days and testing again on day 6</li> <li>• If unable to test on day 6, quarantine extended to 10 days</li> </ul>
<p><b>An infected person has returned a positive test (PCR or RAT)</b></p>	<ul style="list-style-type: none"> <li>• Child must isolate (follow current <a href="#">advise from the Department of Health</a> for isolation period)</li> <li>• Child is unable to attend service or school setting during isolation period</li> <li>• If the child has symptoms, they should remain in isolation until symptoms are resolved or a medical practitioner specifies in writing that they are no longer infectious</li> </ul>	<ul style="list-style-type: none"> <li>• Staff member must isolate (follow current <a href="#">advise from the Department of Health</a> for isolation period)</li> <li>• Staff member cannot attend workplace during isolation period</li> <li>• If the staff member has symptoms, they should remain in isolation until symptoms are resolved or a medical practitioner specifies in writing that they are no longer infectious</li> </ul>

### 3.6.2. Assess impact on service operations

Services must determine under what conditions it can continue to operate. This can be supported by QECNT. In assessing the service’s capacity, the following information should be considered:

- number of children affected and how many require education and care
- number of staff affected and how many can continue to work
- capacity to maintain child to educator ratios (go to [ACECQA Website for ratio guidance](#))
- duration of isolation periods for confirmed COVID-19 cases (refer to [NT COVID-19 positive advice](#))
- the support and wellbeing needs of staff, children and families
- any further conditions, direction and advice regarding local community safety.

In line with the national guiding principles, if the operational capacity of a service is affected, priority must be given to vulnerable children and children of essential workers (see [CHO Direction No.11 for essential worker details](#)).

### 3.6.3. Potential closure

In the event a service is unable to operate due to a significant outbreak or inability to adequately staff, the service may contact QECNT for support to determine the best response and ensure that legislative requirements are maintained. This may include liaising with Department of Health and liaising with families if necessary.

In extreme circumstances, the Department of Health may direct a service to close however noting that the priority for the Northern Territory is to keep all services open, at a bare minimum to vulnerable children and children of essential workers.

## 4. Resuming normal service

Recognising that service operations may continue to be affected by COVID-19 infections, there is an imperative to maintain service delivery and provide education and care to children and families. In the event that a service does close, reopening is a priority and the following actions should occur:

- all necessary cleaning must be arranged
- all contacts have been identified and informed of their obligations
- suitable staffing arrangements (recognising that there may be reduced capacity) are in place
- families have been informed
- all necessary notifications to QECNT, Department of Health and Australian Government Department of Education, Skills and Employment have been completed.

## 5. Communicating with staff and families

### 5.1. In the event of an infected person

The service must inform all staff and parents of children that there has been an infected person at the service, and inform those who have been identified as close contacts as soon as possible. All staff and children who are close contacts are able to continue to attend the service if they have no symptoms of COVID-19.

### 5.2. In the event of changes to service operation

Where a service needs to close or reduce its operational capacity, families will need to be notified of the circumstances and timeframes.

The service must continue to keep staff and families informed of the current situation as the response progresses and circumstances change.

QECNT is able to assist with example letters to families.