



PUBLIC HEALTH

EMERGENCY OPERATIONS CENTRE

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COVID

COVID-19 Case and outbreak management guidelines for Tasmanian early childhood education and care settings

May 2022

Version 2.1

We acknowledge and respect Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we work and live and pay respect to Elders past and present. For around 40 000 years, Aboriginal people have lived on lutruwita/Tasmania, within strong and resilient communities. We acknowledge that as we work to strengthen resilience against COVID-19 across Tasmania.

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Introduction

These guidelines are for all early childhood education and care (ECEC) settings in Tasmania.

They provide instructions on the management of cases and outbreaks of COVID-19 at ECECs. Please refer to [ECU Living with COVID-19 Guidance for ECEC guideline](#) for additional information.

The purpose of the guideline is to support ECEC's to continue to deliver face-to-face, high-quality education and care to children in a safe environment with minimal disruption.

The objectives are to:

- prevent and prepare for cases of COVID-19 in ECEC settings
- identify and respond to cases commensurate with the level of risk, to slow the spread of illness among children and protect individuals at high-risk of severe illness
- support strong partnerships between the Department of Education and the Department of Health.

This document describes the roles and responsibilities of the organisations involved in the management of COVID-19 in Tasmanian ECECs, across each stage of pandemic management.

These guidelines were developed during a period when COVID-19 was highly prevalent in the Tasmanian community. They have been informed by the Australian Health Protection Principal Committee [statement on COVID-19, schools and ECEC](#), and the current testing and public health capacity in Tasmania and align with the *Case and Outbreak Management Framework for Tasmanian Settings (Version 2, February 2022)* and the *Tasmanian Government's Schools Re-opening Plan*.

The information in these guidelines is subject to change as the situation continues to develop.

Background:

The management of COVID-19 in ECECs requires a collaborative approach between Public Health and the education sector. Public Health is committed to providing high-level support to the ECEC sector to assist in the management of cases and outbreaks in ECECs.

The COVID-19 response team comprises staff from that ECEC who plan, prepare, and respond to COVID-19 cases and outbreaks. The COVID-19 response team is responsible for:

- ensuring the ECEC is ready for COVID-19 cases and outbreaks
- COVID-19 communication between the ECEC and Public Health
- ensuring COVID-19 measures are applied across ECEC sites and activities
- establishing measures to prevent unwell children, staff, and visitors from entering the ECEC site
- advising children and staff to get tested if they develop symptoms
- responding to outbreaks in consultation with Public Health as required.

Overview of COVID-19 symptoms and testing

The common [symptoms](#) of COVID-19 are:

- fever (or signs of fever, including chills or night sweats)
- runny nose
- cough
- sore or itchy throat
- shortness of breath
- loss of taste or smell

Other symptoms that can occur are:

- gastrointestinal symptoms (e.g. nausea, diarrhoea, and vomiting).
- headache
- muscle and joint pains
- loss of appetite
- fatigue

It is important to get tested for COVID-19 if individuals have any of these symptoms, even mild, *unless it is less than 12 weeks since the person was released from isolation for COVID-19.*

- If individuals have symptoms, they should stay home and get tested for COVID-19. *If it is less than 12 weeks since they had COVID-19, they should not get tested but should still stay at home if unwell, to slow the spread of other respiratory viruses.*
- If the test is positive and the person has not had a COVID-19 infection in the last 12 weeks, the person is considered a case.
- Testing for SARS-CoV-2, the virus that causes COVID-19, can be by rapid antigen test (RAT) or PCR, depending on RAT availability, laboratory testing capacity and Public Health advice.
- If the initial test result is negative and symptoms continue, individuals with ongoing symptoms are advised to seek a second test the following day. The second test can be done by PCR or RAT.
- If the second test remains negative, this is sufficient evidence to enable a return to care, *if they feel well.*
- If symptoms change or increase in severity, or if the individual is unwell, medical assessment is recommended.
- Positive RAT results must be registered on the Tasmanian Government COVID-19 website by the case or their parent/carer. This is a requirement under Section 16 of the *Public Health Act 1997* and ensures:
 - families can access the care and support they may need through the COVID@home program, and access financial assistance if eligible
 - Public Health can track the amount of COVID-19 in the community and implement control measures as appropriate

Stage I: Prevent and prepare

ECECs should plan to prevent and prepare for cases within their services.

Roles and responsibilities

	School/ECEC	DoE/IST/CET	Public Health/ DoH
Outbreak response planning and coordination	<p>Develop and review COVID-19 Safety Plans and Case and Outbreak Management Plans.</p> <p>Establish a COVID-19 response team for the setting.</p> <p>Liaise with parent/carers of children at risk of severe illness from COVID-19, about additional protective measures that may be required.</p>	<p>Establish outbreak response team and case advisors.</p> <p>Maintain and implement Tasmania's Operational Plan for Managing COVID-19 in ECEC, where appropriate to the setting.</p>	<p>Maintain outbreak response specialists for the setting.</p>
Communication templates	<p>Be familiar with communication templates (e.g., standard letters) for use by ECECs.</p>	<p>Maintain communication templates.</p>	<p>Provide input to communication templates.</p>
Testing – supply and use of equipment	<p>A final distribution of RATs to parents/carers was made on 11 March 2022.</p> <p>Advise students and parents/carers on the correct use of RATs.</p> <p>Close contacts, individuals with symptoms, or those who are directed to test by Public Health will be provided with RATs. These can be accessed by calling the Public Health hotline or via the website Request a Rapid Antigen Test Kit (health.tas.gov.au)</p>	<p>RATs were provided to all services, for distribution to parents/carers.</p> <p>ECEC providers are responsible for subsequent supplies of RATs, for use by staff and children.</p>	<p>Maintain supply chains of RATs, for use by staff and children.</p> <p>Maintain community access to COVID-19 laboratory testing.</p>
Management of close contacts	<p>Advise identified close contacts to follow Public Health requirements. For up-to-date guidance see Coronavirus disease (COVID-19)</p>		
COVID-Safety measures	<p>Advise cases and unwell individuals not to enter ECEC sites.</p> <p>Encourage individuals to stay home and get tested if they have any COVID-19 symptoms, even mild (<i>testing is not required if it is less than 12 weeks since the person was released from isolation following COVID-19 infection</i>)</p> <p>Ensure other COVID-safety measures listed in ECEC plans are applied, including use of face masks</p>	<p>Ensure ECEC are informed on the COVID-19 safety measures to be in place and supported to apply those measures.</p>	<p>Continue to advise on COVID-19 safety measures for the ECEC environment.</p> <p>Continue to monitor the effectiveness of COVID-19 safety measures and review these according to changes in the</p>

	by staff and children above the age of 12 years.		response and level of risk.
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Stage 2: Respond to cases

Roles and responsibilities

Continue all roles and responsibilities identified in Stage 1 and activate the roles and responsibilities listed below.

	School/ECEC	DoE/IST/CET	Public Health/DoH
Testing (reporting of positive results) and case management	<p>Encourage parents to register each student's positive RAT results online and to notify the ECEC.</p> <p>Encourage staff to register their positive RAT result online and to notify the ECEC.</p> <p>Manage reports of individual cases and be alert for significant transmission</p> <p>Schools do not need to notify Public Health when individual cases occur within the ECEC where there is not concern about significant transmission.</p>	<p>Support:</p> <ul style="list-style-type: none"> notification of children and staff positive RAT results to the ECEC management of those results by the ECEC 	<p>Support ECECs to meet notification requirements and monitor trends in cases.</p>
Identifying significant transmission or outbreaks	<p>To contact Public Health where there are concerns such as:</p> <ul style="list-style-type: none"> when a significant transmission event has occurred e.g. in a group/room where there is an increasing number of cases e.g. 20-30% of a cohort are active cases when cases in staff are such that the ECEC is unable to meet operational requirements 	<p>Support ECECs to review case numbers and recognise significant transmission</p>	<p>Provide advice and support to ECECs to manage outbreaks.</p> <p>Monitoring trends among children.</p>
Management of school/ECEC contacts	<p>Identify and inform ECEC contacts and their parents/carers of their potential exposure where appropriate. Tell them to be alert for signs of COVID-19.</p>	<p>Assist with identification of ECEC contacts.</p>	
Response communication	<p>Communicate concerns about increased transmission within ECECs to Public Health. This may be via regular scheduled meetings, telephone or email as appropriate. There may be circumstances where Public Health may ask for additional information such as a line list. If this is required</p>		<p>Establish communication channels.</p> <p>Provide reports to DoE on current outbreaks in ECECs.</p>

	Public Health will provide appropriate support.		
Management of cases and contacts	<ul style="list-style-type: none"> • Ensure all cases stay away from the ECEC for their isolation period (seven days from the positive test result and an additional three days if they continue to have symptoms). • Identify where there has been an exposure within the setting and notify children (or parents/carers of children) who are known to be medically vulnerable to COVID-19 and/or have medically vulnerable household members. • In consultation with Public Health, additional messaging to families informing them of COVID-19 exposures within the setting may be recommended. 		Support ECECs to manage cases and contacts as required.
Testing	<ul style="list-style-type: none"> • Where there is concern and Public Health recommends testing, inform families about testing requirements. • Testing can be performed by RAT or PCR based on test availability and Public Health advice. • Positive RATs must be self-registered on the Tasmanian coronavirus website Coronavirus disease (COVID-19) 		Advise on testing requirements in affected ECECs where outbreaks are declared, or where there is concern about significant transmission.
Additional outbreak measures	Review planned gatherings with the affected room/group and the rest of the ECEC.		If a significant transmission event is identified in a ECEC, Public Health may advise additional containment measures to prevent further spread of illness.

Appendix I: Definitions and additional information for case and contact management as described in this document:

The definition of a case is a person newly diagnosed with COVID-19, by laboratory polymerase chain reaction (PCR) testing or a self-administered rapid antigen test (RAT).

The definition of a ECEC-associated case is a child staff member who has been physically present in the ECEC setting, or participated in a ECEC activity within seven days of testing positive for COVID-19

Case notification to ECEC settings:

- All children and staff cases must notify the relevant ECEC setting if they attended the setting during their infectious period (see definition below).

There is no need for ECECs to notify Public Health when cases occur within the setting, unless requested by Public Health.

Return to ECEC: If symptoms have stopped cases can return to the ECEC seven days after their positive test result. If they still have symptoms, they should stay at home for an extra three days (a total of 10 days).

Close contacts are people who live or stay overnight in the same premises as a case, or spend more than four hours (cumulative, over a 24-hour period) with a case in a residential setting during the case's infectious period.

- In most situations, cases are responsible for identifying and notifying their close contacts.
- Close contacts must comply with Public Health requirements
- See the Tasmanian Government coronavirus website for more information

ECEC contacts are children and staff who spend more than four hours (cumulative, over a 24-hour period) in the same room as a case during the case's infectious period, regardless of facemask use.

- ECECs are responsible for identifying and notifying ECEC contacts where appropriate.
- ECEC contacts do **not** need to get tested or quarantine but should monitor closely for symptoms and isolate and get tested as soon as any symptoms develop, even mild, unless requested by the ECEC or Public Health.
- ECEC contacts do not need to get tested or quarantine if they are within 12 weeks of their release from isolation of a previous confirmed COVID-19 infection
- If children or staff are requested to test, but do not have symptoms, they do not need to quarantine while awaiting test results; they can attend care and continue their normal activities
- If children or staff have *any* symptoms, they should stay home and seek testing *if they have not had a recent COVID-19 infection and been released from isolation within the last 12 weeks.*

The infectious period is the period extending from 48 hours before the start of symptoms or the positive result (whichever comes first), until a case has been released from isolation.

Isolation is the separation of a probable or confirmed case from other people.

An outbreak may be declared by Public Health in consultation with the ECEC when there is concern about significant transmission within the setting.

If ECECs have any concerns about a recent increase in cases, exposure of children with medical vulnerabilities or significant transmission within the ECEC they should contact Public Health.

Previously infected means a person has previously tested positive for COVID-19 and has subsequently recovered and been released from isolation.

- Any children, students or staff who have recently recovered from COVID-19 are exempt from testing and quarantine requirements for 12 weeks from their release from isolation.

Quarantine is the separation of a person from other people when that person is well but has been exposed to COVID-19, during their potential COVID-19 incubation period.

If they are well, cases are released from isolation seven days after their positive COVID test result. If cases continue to have symptoms, they should isolate for a further three days, for a total of 10 days, and seek medical advice if symptoms continue. Cases with mobile phones who have had a PCR test or have registered their RAT result, should receive a 'release from isolation' message from Public Health. Cases do not need to wait to receive this message to leave isolation.