

Operational guidance for COVID-safe delivery of the 2021 General Achievement Test

A practical guide

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Overview

The safety of our students, staff and community is front of mind in decision making for the delivery of VCE external assessments including the General Achievement Test (GAT). The VCAA has worked closely with the Department of Education and Training (DET) and the Department of Health to develop health and safety controls outlined in this document.

The *Operational guidance for COVID-safe delivery of the 2021 General Achievement Test* has been approved by the Department of Health (DH).

About coronavirus (COVID-19)

The information below provides a recap of what we know about the virus and how we can prevent its spread.

- COVID-19 is spread from an infected person to someone else through droplets, airborne aerosols, and contaminated objects that they have touched
- The symptoms of COVID-19 include fever, chills or sweats, cough, sore throat, shortness of breath, runny nose and loss or change in sense of smell or taste
- Some people may also experience headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea
- Someone is infectious from 48 hours before they have any symptoms

Further advice is available at: <https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#what-are-the-symptoms-of-coronavirus-covid-19>

If a student is unable to complete the GAT due to COVID-19

Every year there are some students who are unable to complete the GAT due to health issues. While the GAT plays an important part in determining final results for the VCE, if a student is unable to complete the GAT because of COVID-19, their final VCE results will be determined based on their school-based assessment and examination results as well as a range of additional data provided by the school to assist the VCAA to ensure all students receive fair and reliable results in 2021. There are established processes to ensure students receive fair results based on all assessments.

If a student feels unwell or is experiencing symptoms consistent with COVID-19, they must isolate at home until they receive a negative COVID-19 test and feel well. Any student who has tested positive to COVID-19, is a close contact or been advised by any State or Territory that they must self-quarantine and has not yet been cleared to come out of self-quarantine, must remain at home and will not be allowed to complete the GAT. The student will be eligible to apply for an exemption from the GAT.

2021 General Achievement Test

This document provides schools with operational guidance to ensure the 2021 General Achievement Test (GAT) can be conducted according to all COVID-19 related Health directions and Department of Education and Training guidelines.

This document should be used in conjunction with the following VCAA publications:

- [Examination rules](#)
- [How to complete the GAT](#)
- [Authorised materials and equipment](#)

As well as the following documents distributed to schools with the 2021 GAT materials and stationery:

- VCE Examination Manual 2021
- 2021 General Achievement Test (GAT) Session Details and Equipment Listing

All students enrolled in one or more VCE or scored VCE VET Unit 3 and 4 sequences are expected to sit the GAT.

The GAT is scheduled to be conducted on Tuesday 5 October, 2021 from 10.00am to 1.15pm.

VCAA key contacts

For queries specifically about the conduct and administration of the GAT contact:

- **Examinations Planning and Logistics** on vcaa.exam.logistics@education.vic.gov.au or (03) 9225 2237 or (03) 9225 2255.

For queries about **Special Examination Arrangements** for the GAT contact:

- VCAA Special Provision on vcaa.special.provision@education.vic.gov.au or 1800 205 455

Specific health controls for the administration of the GAT

The *Operational guidance for COVID-safe delivery of the 2021 General Achievement Test* has been approved by the Department of Health. The health and safety controls outlined in this document are consistent with the current COVID-19 school guidance.

The GAT is held in a variety of settings, referred to as 'Examination Centres', which are inclusive of schools and external venues. Supervisors should work with school principals to apply the school COVID-safe Plan for Examination Centres on school sites.

For Examination Centres in external venues, schools and supervisors should work with venue managers (if relevant) to comply with relevant record keeping, density and capacity limits as set out in the [Restricted Activity Directions](#).

Reinforce COVID-safe behaviours

- Stay at home and get tested if any staff or students have symptoms of coronavirus (COVID-19), however mild
- Practise good hygiene – wash hands regularly and cough and sneeze into an elbow or tissue and dispose of it
- Maintain physical distancing – stay at least 1.5 metres from others wherever appropriate and feasible
- Follow the [latest face mask requirements](#) from the Department of Health, and
- Adhere to maintaining a density requirement of 1 student per 4sqm in examination centre set-up.

QR codes and record keeping requirements

The use of Service Victoria QR code for electronic record keeping is now mandatory in most settings to enable the effective contact tracing of any COVID-19 cases. This includes visitors and parents entering school buildings and anyone attending external venues used to hold the GAT.

- Examination Centres will be required to collect and keep an accurate register of attendance and a seating plan. This is to assist with contact tracing should it be required and should include all students and staff (including support staff) with full names and contact numbers.
- Supervisors visiting schools for the GAT are required to adhere to record keeping obligations, including QR code check-in, when entering school sites and external venues.

School sites

- QR code check-in is required by all visitors on school site including supervisors and parents entering buildings to drop off young people for the GAT.
- QR code check-in **is not required** by students in Examination Centres at their home school site.

External venues

- QR code check-in is mandatory for both school staff, supervisors and students at external venues used to hold the GAT. Venues are required to use electronic record keeping that connects with the Service Victoria QR code.
- An electronic or hard copy list of attending student names (full name required) and contact numbers must be provided to the venue. Students are not required to individually check-in at the venue on the day.
- The Department of Health has strongly recommended that a contact number for each individual student (as per the student's school file) is provided to venues for recording purposes. If providing a private contact number for a student poses a privacy risk or the contact number is unknown, the school's 24-hr contact number may be used, but this should be the exception.

Schools should contact the venue prior to the GAT, to discuss record keeping arrangements, particularly to clarify responsibility for entering student details into the digital system to meet mandatory record keeping requirements in these environments.

- This is best achieved by setting up a "Kiosk" check-in service. Kiosk check-in is a simple form to help staff record a visitor's first name, family name and contact phone number electronically on the venue's device. It can be linked to a defined location or area at the external venue, registered with the Victorian Government QR Code Service. The form can be set up on any device with a modern web browser, such as a desktop, laptop, tablet or mobile phone. To setup a Kiosk check-in service, please follow the instructions [here](#).
- Consideration should be given to having a **COVID Check-in Marshal** at all entrances to an external venue to ensure check-in occurs.
 - A COVID Check-in Marshal is a worker who is responsible for ensuring that each person who enters a venue uses the Service **Victoria** QR code to **check** in on arrival (or an alternative record keeping method, where relevant). See <https://www.coronavirus.vic.gov.au/covid-check-in-marshals>
 - When assigning a worker to the role of COVID Check-in Marshal, they can be assigned to more than one role at the same time if they have the capacity and ability to meet all the requirements of each role.

Health and safety controls for examination centre set-up

- Students should be spread out across as many separate spaces as practical for the examination centre, **maintaining a density requirement of 1 student per 4sqm.**
- Wherever possible, examination centres must be located in rooms/locations with external ventilation. Fresh air flow indoors must be maintained wherever possible, including through use of door jambs to keep doors open and by opening windows and doors.
- Students should be alerted to wear appropriate clothing to ensure personal comfort in such environments
- Wherever possible switch air handling units with central recirculation to 100% outdoor air.
- For public areas, signage must be displayed to indicate the maximum number of members of the public that may be present in the space at a single time.
- Identify a space as a suitable isolation area to manage an unwell student or staff member. See Appendix 2 .

- Communicate the strategies in place through local signage and communications remind staff, students and families of the need for behaviours that support physical distancing.

Face masks

Face masks must be worn at all times by students and staff when travelling to and from the GAT.

Face masks must be worn indoors and outdoors at the Examination Centre (lawful reasons for not wearing a face mask continue to apply).

Schools must ensure there is an adequate supply of disposable face masks to provide to students who do not have a face mask.

Arrival and departure processes

Schools must put arrangements in place to limit congregation of students in and around the examination centre.

This includes for large schools the use of staggered examination commencement and end times. These times can be staggered up to one hour from the first commencement time.

Staff should monitor student entry to and exit from the school to ensure no congregation of students occurs.

Movement of students across schools and mixing of students from different schools should be minimised wherever possible.

Personal hygiene

Promote use of hand hygiene facilities by keeping them well stocked and in readily accessible locations, for example at the entrance to buildings.

Hand sanitiser should be accessible in every occupied room, particularly where access to running water and soap is not readily available.

All school staff, supervisors and students to perform regular hand hygiene, including on entry to and exit from the venue.

Schools are responsible for sourcing supplies of personal hygiene products including hand sanitiser and personal protective equipment (PPE) to meet the requirements of the [Personal protective equipment guide for education settings](#) (Appendix 1) and the [management of students displaying COVID-19 symptoms in education settings](#) (Appendix 2).

Cleaning arrangements

Cleaning of exam venues should take place in line with existing **COVID-safe Routine Cleaning** arrangements for schools, involving end-of-school-day cleaning, with a particular focus on cleaning and disinfecting of high touch surfaces.

Schools should work with their cleaning provider to schedule relevant local arrangements. For cleaning information and advice please contact cleaning@education.vic.gov.au

Schools are responsible for ensuring appropriate cleaning arrangements if the GAT is held at a non-school venue, with reference to Department of Health advice on [cleaning and disinfecting to reduce COVID-19 transmission](#).

External venues used for the GAT

Schools are responsible for ensuring all external venues that are being used for the GAT, comply with relevant health and safety controls outlined in this guide including in relation to record keeping and density limits.

Additional supervision to support health and safety measures

To ensure appropriate COVID-19 health and safety measures are in place, schools may need to utilise more rooms and secure additional assistant supervisors.

Chief Supervisors are independent, appointed and trained by the VCAA, to support the integrity of the GAT.

Schools are able to source additional assistant supervisors from the following list as long as they meet eligibility criteria, i.e. they do not have a close personal association with any students completing one or more VCE or scored VCE VET Unit 3 and 4 sequences:

- Educational support staff
- Casual Relief Teachers
- Retired teachers
- University students
- Early childhood learning personnel
- Primary school personnel

For the administration of the GAT only, and where all other reasonable alternatives have been exhausted, the school must contact [Examinations Planning and Logistics](#) for approval of any teacher as an assistant supervisor. The only teachers who will be approved are those not involved in teaching or delivery of any VCE or scored VCE VET Unit 3 and 4 sequences and with no close personal association with any student completing one or more VCE or scored VCE VET Unit 3 and 4 sequences.

Under no circumstances may teachers of VCE or scored VCE VET Unit 3 and 4 sequences be used as assistant supervisors.

Schools must ensure:

- any newly appointed supervisors are trained jointly by school personnel responsible for the administration of the GAT and their Chief Supervisor.
- they keep a record of staff used as assistant supervisors and notify [Examination Planning and Logistics](#) of any changes to supervisor arrangements.
- **staff complete the Supervisor Relationships Statutory Declaration and Conditions of Appointment** (crossing out point 5 if they are full or part-time school employees)

The VCAA will fund all approved use of an external examination centre and supervision for all non-full or part-time school employees.

School closure due to COVID-19

In the event your school is closed prior to the GAT, contact [Examinations Planning and Logistics](#) to discuss options to enable your students to complete the test.

Managing student onsite attendance, isolation, quarantine and medical vulnerability

The VCAA recognises that health issues linked to the pandemic may impact some students participating in the GAT. Some students may become unwell before or during the test, others may be required to enter quarantine prior to the test. There may be students that are deemed to be severely medically vulnerable.

While the GAT plays an important part in determining final results for the VCE, students who are unable to complete the GAT because of COVID-19 should be reassured that their final VCE results will be determined based on their achievement in their school-based assessments, external assessments and a range of additional data available that will be used in this year's quality assurance processes.

The information in Tables 1 – 3 below will indicate the actions required in each of these circumstances.

Table 1: Students in quarantine

Scenario	Action	Additional Information
Student unwell or experiencing symptoms* consistent with COVID-19, requiring the student to isolate at home (this could be before or after completing a COVID-19 test, or after testing positive to COVID-19).	<p>Student to remain at home and contact school via phone.</p> <p>The staff member should advise the student/parent/carer via phone that the student must be tested for COVID-19 and stay home until they receive a negative test result and feel well, if they have not yet done so.</p>	<p>*Symptoms that DH have published to look for are:</p> <ul style="list-style-type: none">• Fever, chills or sweats• Cough• Sore throat• Shortness of breath• Runny nose• Loss or change in sense of smell or taste <p>Some people may also experience headache, muscle soreness, stuffy nose, nausea, vomiting or diarrhoea.</p> <p>Further advice is available at: https://www.dhhs.vic.gov.au/victorian-public-coronavirus-disease-covid-19#what-are-the-symptoms-of-coronavirus-covid-19</p> <p>Student will be eligible to apply for an exemption from the GAT.</p>

Scenario	Action	Additional Information
Student asymptomatic but in quarantine having been identified as a close contact of a confirmed case of COVID-19 or because they have otherwise been advised to self-quarantine e.g. they have visited a public exposure site.	Student to remain at home and contact school via phone.	Student will be eligible to apply for an exemption from the GAT.

Table 2: Students who are unwell onsite

Scenario	Action	Additional Information
Student presents to school/exam venue with COVID-19 symptoms.	<p>Student to be isolated while they await collection by a parent or carer, as per management of students displaying COVID-19 symptoms in education settings (Appendix 2).</p> <p>The attending staff member should advise the student/parent/carer that the student must be tested for COVID-19 and stay home until they receive a negative test result and they feel well.</p>	<p>Student will be eligible to apply for an exemption from the GAT.</p>
Student experiences COVID-19 symptoms during the GAT (e.g. episode of repeated coughing, fever or self-report they are feeling unwell).	<p>Student to be isolated while they await collection by a parent or carer, as per management of students displaying COVID-19 symptoms in education settings (Appendix 2).</p> <p>The attending staff member should advise the student/parent/carer that the student must be tested for COVID-19 and stay home until they receive a negative test result and they feel well.</p>	<p>Student will be eligible to apply for an exemption from the GAT.</p> <p>Should a student notify their school that they have tested positive to COVID-19 and they were infectious at the time they completed the GAT, the school should follow standard notification processes for their sector and contact the VCAA immediately.</p>

Table 3: Students with medical vulnerabilities

Scenario	Action	Additional Information
Students with low-moderate medical vulnerabilities	<p>Special Examination Arrangements application to be submitted to the VCAA.</p> <p>Evidence to support low-moderate medical vulnerability to include a letter from a student's medical practitioner.</p>	VCAA to provide reasonable arrangements to allow student to sit the GAT in isolation on school premises with appropriate health and safety controls in place.
Students with severe medical vulnerabilities	<p>Special Examination Arrangements application to be submitted to the VCAA.</p> <p>Evidence to support severe medical vulnerability to include a letter from a student's treating consultant medical practitioner to be reviewed by the VCAA.</p> <p>VCAA to consider alternative arrangements to enable student to complete the GAT.</p>	If arrangements cannot be made, the student will be eligible to apply for an exemption from the GAT.

Students with Hay Fever Symptoms

As there are some similarities between hay fever symptoms and those of COVID-19, students who have a known history of hay fever are advised to consider how this will be proactively managed during the VCE external assessment period.

The symptoms of hayfever and asthma can be similar to COVID-19 and it can be difficult to tell the difference between them. It is important that students or parents/carers/guardians do not assume these symptoms are due to hayfever or asthma. If the student has symptoms in any way different to their usual symptoms of asthma or hayfever, they should get tested for COVID-19 and stay home until they receive a negative result.

The best way to prevent symptoms of hayfever or asthma is to have an up-to-date hayfever or asthma treatment plan and follow it. If students don't yet have a plan, now is the time to check in with your GP.

Parents/carers and staff should also consider getting a medical certificate from their treating GP to confirm that it is safe for them to attend school with persistent symptoms that may overlap with some of the symptoms of COVID-19 such as cough or runny nose.

Students may want to seek medical advice about having medication on hand to take pre-emptively on exam days if hay fever symptoms are likely.

Personal Protective Equipment (PPE)

- The use of PPE at the GAT should follow the [Personal protective equipment guide](#) for education settings (**Appendix 1**) and the [management of students displaying COVID-19 symptoms in education settings](#) (**Appendix 2**).
- At the time of writing, all supervisors, staff and students involved with VCE external assessments are required to wear face masks in line with current guidance for Victorian schools. This includes before, during and after the assessments.
- All supervisors, staff and students will also be required to perform regular hand hygiene, including upon entry and exit of the examination centre.
- Wearing gloves is not recommended for the distribution or collection of GAT papers or materials. Hand hygiene is recommended.

Evidence for exemption from the GAT due to COVID-19

Students will be eligible for an exemption from the GAT if they are prevented from completing the GAT due to COVID-19. Evidence requirements include:

- Supporting letter/incident report from the school
- Evidence of testing for COVID-19 (includes a Medical certificate from an independent health professional recommending testing) or direction to self-isolate or self-quarantine from any State or Territory department of health.

Appendix 1 – Personal Protective Equipment Guide for Education Settings (June 2021)

Use of the correct levels of personal protective equipment (PPE), in addition to other health and safety controls, will ensure all workforces in education settings are protected from infection. PPE is only one element of worker protection and it is essential that health and safety controls as outlined in the School Operations Guide are implemented to reduce the risk of COVID-19 transmission.








Table 1 outlines the required PPE for the education sector based on the current public health advice.

Table 2 provides a list of definitions and examples of application within an education setting. The provided examples are not exhaustive but are intended as a guide.

Please note that other infectious diseases requiring PPE as part of transmission-based precautions are not addressed in this document. Please refer to the [DET Infection Diseases Policy](#) for further information.

This guidance will be regularly reviewed and updated on the direction of the Department of Health, including in the event of an increase in community prevalence of COVID-19.

Table 1: DET guidance

TIER	For use <i>Staff should refer to the School Operations Guide (login required) for current face covering requirements in Victoria</i>	 Hand hygiene	 Disposable gloves	 Plastic apron	 Disposable gown	 Surgical mask	 P2 / N95 respirator	 Eye protection (Goggles or face shield)
Tier 0 – Standard precautions	Currently not applicable based on public health advice.	✓	As per standard precautions	As per standard precautions	As per standard precautions	As per standard precautions	✗	As per standard precautions
Tier 1 – COVID-19 standard precautions	While providing clinical care or assisting with health care needs (see Table 2) in an education setting on an individual not displaying COVID-19 symptoms .	✓	As per standard precautions	As per standard precautions	As per standard precautions	✓	✗	As per standard precautions
Tier 2 – Droplet and contact precautions - COVID-19 symptoms present	Care of and exposure to individuals deemed low-risk suspected cases of COVID-19 (see Table 2) - excluding where there is a risk of aerosol generating behaviours or an aerosol generating procedure needs to be performed.	✓	✓	✗	✓	✓	✗	✓ Face shield preferred








TIER	For use <i>Staff should refer to the School Operations Guide (login required) for current face covering requirements in Victoria</i>	 Hand hygiene	 Disposable gloves	 Plastic apron	 Disposable gown	 Surgical mask	 P2 / N95 respirator	 Eye protection (Goggles or face shield)
	<i>Note: Students with COVID-19 symptoms must be isolated while awaiting collection by a parent or carer.</i>							
Tier 3 – Airborne and contact precautions (including aerosol generating procedures and behaviours) - COVID-19 symptoms present	<p>Care of and exposure to individuals deemed to be high-risk suspected cases of COVID-19 (see Table 2).</p> <p>Care of and exposure to individuals deemed to be low or high-risk suspected cases of COVID-19 where there is a risk of aerosol generating behaviours (AGB) or an aerosol generating procedure (AGP) needs to be performed.</p> <p><i>Note: Students with COVID-19 symptoms must be isolated while awaiting collection by a parent or carer. Only essential AGPs that support emergency care should be undertaken. All other AGPs should be postponed until the child or young person is collected by their parent/carers.</i></p>	✓	✓	✗	✓	✗	✓	✓ Face shield preferred

Table 2: Definitions with examples and potential applications

Table 2 provides definitions of key terms used within Table 1. Examples of how these are intended to be applied are provided. It is intended that the examples will inform local application.

Confirmed cases of coronavirus (COVID-19)	1. A person who tests positive to a validated SARS-CoV-2 test.	<ul style="list-style-type: none"> • A person contacted by public health authorities or health professional notifying them of a positive coronavirus (COVID-19) test result. • Have not yet been informed by public health that they have completed the required isolation period.
High-risk suspected cases of coronavirus (COVID-19)	<ul style="list-style-type: none"> □ A person in quarantine for any reason (including: being a close contact of a confirmed case of coronavirus (COVID-19) or a returned traveller from overseas or a relevant interstate area with outbreaks (as defined by public health in the last 14 days) with or without a compatible clinical illness. This group is also referred to as “at-risk”. □ A person with a compatible clinical illness who meets one or more of the following epidemiological risk factors in the 14 days prior to illness onset: <ul style="list-style-type: none"> ○ Contact with a confirmed case or an exposure site as defined by public health ○ Was employed in an area where there is an increased risk of coronavirus (COVID-19) transmission, for example: <ul style="list-style-type: none"> - hotel quarantine workers or any workers at ports of entry - aged care workers/ healthcare workers working in a location where there are active outbreaks - other high-risk industries (such as abattoirs) where there are known cases or high levels of community transmission ○ Lived in or visited a geographically localised area at higher risk as determined by public health ○ Has been released from a quarantine facility 	<ul style="list-style-type: none"> • Is a close contact of a confirmed case. • Returned from international travel in the past 14 days. • A person with symptoms consistent with coronavirus (COVID-19) who lives in an area where there are known coronavirus (COVID-19) cases or outbreaks. • A healthcare worker with symptoms consistent with coronavirus (COVID-19) who has had direct contact or exposure with a coronavirus (COVID-19) patient in the last 14 days.
Low-risk suspected cases of coronavirus (COVID-19)	1. Have symptoms that could be consistent with coronavirus (COVID-19) (for example, cough, sore throat, fever, shortness of breath or runny	<ul style="list-style-type: none"> • A person who has acute respiratory infection symptoms but no epidemiological risk factors for coronavirus (COVID-19).

	<p>nose) but no epidemiological risk factors as listed in the high-risk definition.</p> <p><i>Where a student's history cannot be obtained, they should be considered as a low-risk suspected case until further screening information can be obtained, at which point appropriate changes to PPE implemented.</i></p>	<ul style="list-style-type: none"> • An unconscious person who presents to an emergency department. • An unconscious person in the community.
Negative coronavirus (COVID-19) cases	<ol style="list-style-type: none"> 1. A person who tests negative to a validated SARS-CoV-2 nucleic acid test. 2. A person who is a cleared case. 3. A person who screens negative and/or has no clinical or epidemiological risk factors for coronavirus (COVID-19). 	<ul style="list-style-type: none"> • A person who has been tested and has been notified that the test is negative. • A person without compatible symptoms or potential exposure to coronavirus (COVID-19) in the previous 14 days, who has been screened as negative for coronavirus (COVID-19).
Isolated	<ol style="list-style-type: none"> 1. A person who is isolated is confined to their room alone. 	<ul style="list-style-type: none"> • A person located in a healthcare facility single room with own bathroom. • A single person in a home (or area of a home).
Clinical care in education settings	<ol style="list-style-type: none"> 1. Performing a clinical procedure with risk of exposure to blood and other body fluids or substances, including provision of first aid, responding to gastroenteritis. 2. Attending to routine health care needs. 	<p>Examples of clinical procedures include:</p> <ul style="list-style-type: none"> • Wound management. • Enteral (tube) feeding. • Tracheostomy care and suctioning (also see aerosol generating procedures).
Aerosol generating procedures (AGP)	<ol style="list-style-type: none"> 1. Procedures performed on patients are more likely to generate higher concentrations of infectious respiratory aerosols. 	<p>Examples of AGPs include:</p> <ul style="list-style-type: none"> • non-invasive ventilation (e.g. BiPAP, CPAP) • high flow nasal oxygen therapy • cardiopulmonary resuscitation (CPR) • suctioning • nebuliser use.
Aerosol generating behaviours (AGB)	<ol style="list-style-type: none"> 1. Behaviours that are more likely to generate higher concentrations of infectious respiratory aerosols. 	<p>Examples of AGBs include:</p> <ul style="list-style-type: none"> • Persistent and/or severe coughing. • Screaming and shouting. • Spitting.

Appendix 2 – Management of Students Displaying COVID-19 Symptoms in Education Settings (June 2021)

This document contains the following:

- ☐ Section A: Procedural guidance for the management of students with COVID-19 symptoms
- ☐ Section B: Types of PPE
- ☐ Section C: Putting on and removing PPE
- ☐ Section D: Setting up an isolation area

This guidance should be used in combination with the [DET PPE Guide for Education Settings](#). This guidance is published separately as it will be regularly reviewed and updated on the direction of the Department of Health (DH), including in the event of an increase in community prevalence of COVID-19.

Guidance on general face mask requirements for Victorian schools is located in the School Operations Guide (login required) and at [Face masks study and school](#).

Schools are responsible for sourcing supplies of personal hygiene products and PPE, including hand sanitiser. Refer to the School Operations Guide (login required) for advice on the procurement of PPE.

Section A

PROCEDURAL GUIDANCE FOR THE MANAGEMENT OF STUDENTS WITH COVID-19 SYMPTOMS

<p>Step 1: Student is displaying COVID-19 symptoms, or they are informed they need to quarantine as a primary or secondary close contact of a confirmed COVID-19 case or because they have otherwise been advised to self-quarantine e.g. they have visited a public exposure site.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The symptoms to watch out for are: <ul style="list-style-type: none"> • 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. <input type="checkbox"/> See What to do if you are a close contact for further information about quarantine.
<p>Step 2: Student and staff member put on a single use face mask.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Schools should ensure easy access to single use face masks in classrooms or corridors for this purpose. <input type="checkbox"/> Face masks should not be used in situations where an individual is unable to safely or practically tolerate a face mask (e.g. breathing difficulty).
<p>Step 3a: Staff member to escort the student to the school's designated isolation area.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Reassure the unwell student and remain mindful of their wellbeing and safety. <input type="checkbox"/> Urgent medical attention should be sought where indicated as per DET First Aid policy and applying DRSABC.

	<ul style="list-style-type: none"> <input type="checkbox"/> Conduct a risk assessment (if appropriate for age/developmental stage of student). See Step 3b <input type="checkbox"/> It is not suitable for an unwell student to travel home unsupervised. <input type="checkbox"/> The door to the isolation area should be closed. <input type="checkbox"/> If the student is only experiencing minor symptoms and they will be collected promptly, consider locating the student outdoors, weather permitting and with appropriate supervision. Any designated outdoor space should not be accessible by others. <input type="checkbox"/> See Section E: <i>Setting up an isolation area</i>
Step 3b: Conduct risk assessment (to be undertaken by a trained staff member)	<ul style="list-style-type: none"> <input type="checkbox"/> Ask the student (or their parent/carer) if they have: <ul style="list-style-type: none"> o had contact with a confirmed case of COVID-19 o visited a known exposure site - https://www.dhhs.vic.gov.au/case-locations-and-outbreaks-covid-19 o live in or visited a geographically localised area at higher risk as determined by public health or have recently been released from a quarantine facility. <input type="checkbox"/> If they answer 'yes' to any of the above, they should be considered a 'high-risk suspected case' to inform PPE requirements.
Step 4: Contact parent/carer to collect the student as soon as possible.	<ul style="list-style-type: none"> <input type="checkbox"/> Complete the risk assessment (where additional information/confirmation required from the parent/carer)
Step 5. If required to enter the isolation area, personal protective equipment (PPE) to be put on prior to entering.	<ul style="list-style-type: none"> <input type="checkbox"/> If required to enter the isolation area, the staff member should put on, or "don", required PPE before entering in the following order: <ol style="list-style-type: none"> 1. Hand hygiene 2. Gown 3. Single use face mask OR P2 respirator (as per <i>PPE guide for education settings</i>) 4. Eye protection 5. Gloves <input type="checkbox"/> See Section D: <i>Putting on and removing PPE</i> <input type="checkbox"/> Unless close contact care required, physical distancing (1.5m) should be maintained when in the isolation space. <input type="checkbox"/> For students with complex medical needs, only essential aerosol generating procedures (AGPs) that support emergency care should be undertaken at this time. All other AGPs should be postponed until the student is collected by their parent/carer.
Step 6: Parent or carer to collect the child from the isolation area.	<ul style="list-style-type: none"> <input type="checkbox"/> Parent or carer should be directed to the isolation area to collect the student and offered a single use face mask if they don't already have one to wear. The staff member should advise that the student must be tested for COVID-19 and stay home until they receive a negative test result and feel well. <input type="checkbox"/> Refer the parent or carer to Where to get tested for further information on testing locations. <input type="checkbox"/> Refer the parent or carer to Managing illness in schools and early childhood services during the COVID-19 pandemic for further information about returning to school following a period of illness.

	<p><input type="checkbox"/> Where a student or several members of a family/household have been directed by the Victorian Department of Health (or any other State or Territory) to isolate or quarantine, schools should follow public health advice in relation to the collection of students. In some cases, it may be appropriate for a parent/carer to collect the student from the school gate rather than coming onto school premises. In this situation the accompanying staff member should wear appropriate PPE as per Step 6.</p>
<p><u>Step 7: Staff member to remove and dispose PPE</u></p>	<p><input type="checkbox"/> Once the student has left school premises, the supervising staff member should remove, or 'doff', PPE in an order that minimises the potential for cross contamination. The sequence for doffing PPE is as follows:</p> <ol style="list-style-type: none"> 1. Gloves 2. Hand hygiene 3. Gown 4. Hand hygiene 5. Eye protection 6. Single use face mask OR P2 respirator (as per PPE guide for education settings) 7. Hand hygiene <p><input type="checkbox"/> Used PPE should be put into a plastic bag and tied up or sealed and placed in a secure bin or bin with a lid, with hand hygiene performed afterwards.</p> <p><input type="checkbox"/> See Section D: <i>Putting on and removing PPE</i></p>
<p><u>Step 8: Isolation areas cleaned and disinfected appropriately</u></p>	<p><input type="checkbox"/> Any other spaces accessed by the student, including bathrooms, should also be cleaned and disinfected.</p> <p><input type="checkbox"/> Linen, if used, should be laundered at the highest possible washing machine temperature setting. Linen should be placed in a bag and taken to laundry, with gloves worn and hand hygiene performed.</p>

Section B: Overview of personal protective equipment



Hand hygiene

Effective hand hygiene is one of the most important strategies in preventing infection.

Hands should be washed with soap and water if they are visibly soiled, otherwise alcohol-based hand rub with at least 60 percent alcohol should be used.

Gloves are NOT a substitute for hand hygiene.

Detailed instructions on hand washing are available from DHHS - [Wash your hands regularly - poster](#).



Gloves

Gloves are recommended when there is direct hand contact with blood or body substances, mucous membranes or wounds or if there is a chance that touching could transmit infection.¹

Hand hygiene should be performed prior to putting on gloves and after gloves are removed.

Alcohol-based hand rub should NEVER be applied to gloves.

Gloves must be changed between individuals and after every episode of individual care.² Individuals who are sensitive to latex should ensure that they wear non-latex gloves.³

Gloves should be worn when providing care to suspected cases of COVID-19.



Disposable fluid repellent gown

Fluid repellent gowns are worn to protect body areas and prevent contamination of clothing with blood, body substances, and other potentially infectious material.⁴

Gowns should be removed in a manner that prevents contamination of clothing or skin. The outer, 'contaminated', side of the gown is turned inward and rolled into a bundle, and then discarded appropriately (see Putting on and removing PPE).⁵

Please note – gowns are recommended and preferred for use where available in education settings instead of coveralls.

¹ [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#)

² [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#)

³ DHHS. Coronavirus disease 2019 (COVID-19) Case and contact management guidelines for health services and general practitioners 14 April 2020 Version 18

⁴ [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#)

⁵ [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#)



Eye protection

For protection against sprays, splashes and respiratory droplets, safety glasses (with side protection), goggles or a face shield should be used.

Personal eyeglasses and contact lenses are not considered adequate eye protection.

If reusable, protective eyewear should be cleaned and disinfected according to the manufacturer's instructions, generally with detergent solution, dried then wiped over with a disinfectant (for example, > 70% alcohol) and be completely dry before being stored.⁶

Disposable protective eyewear must be discarded after removal.



Single use face masks

Single use face masks (commonly called surgical masks) are used as part of standard precautions to keep splashes or sprays from reaching the mouth and nose of the person wearing them and preventing infections transmitted via the droplet route.⁷

A surgical mask can be worn for up to 4 hours. A surgical mask must be changed following episodes of care as required, and if the mask becomes damaged, soiled, wet or damp at any time it must be changed. As these are single use masks they can't be washed and used again.

DH advise the following for correct use of a surgical mask:⁸

- Perform hand hygiene before putting on a mask.
- Check for defects in the mask, such as tears or broken loops.
- Position the coloured side of the mask outward.
- If present, make sure the metallic strip is at the top of the mask and positioned against the bridge of your nose.
- If the mask has:
 - Ear loops: Hold the mask by both ear loops and place one loop over each ear.
 - Ties: Hold the mask by the upper strings. Tie the upper strings in a secure bow near the crown of your head. Tie the bottom strings securely in a bow near the nape of your neck.
 - Dual elastic bands: Pull the bottom band over your head and position it against the nape of your neck. Pull the top band over your head and position it against the crown of your head
- Mould the bendable metallic upper strip to the shape of your nose by pinching and pressing down on it with your fingers.
- Pull the bottom of the mask over your mouth and underneath the chin.
- Be sure the mask fits snugly.
- Don't touch the mask once in position.

⁶ [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#)

⁷ [Australian Guidelines for the Prevention and Control of Infection in Healthcare \(2019\)](#)

⁸ DHHS. Coronavirus disease 2019 (COVID-19) Case and contact management guidelines for health services and general practitioners 14 April 2020 Version 18

Surgical masks should not be used in situations where an individual is unable to safely or practically tolerate a mask. For example:

- A child or young person with an underlying health condition, including but not limited to respiratory conditions.
- A child or young person who is resistant to wearing a mask (either due to age, developmental or behavioural challenges). A surgical mask should not be put on a child under 2. In this situation it is better for the staff member to wear a mask (where available) while maintaining distance and good hand hygiene.

Please note - Some settings may have received a supply of P1 masks in addition to surgical masks. Figure 1 illustrates the difference in appearance these two types of masks. Wherever possible a surgical mask should be used.

When a surgical mask is unavailable, a P1 mask can be used for a short period as a replacement for a single-use face mask. However, as P1 masks have not been designed for fluid resistance they should be disposed of immediately if they are splattered on (for example, if a child/young person were to cough during the provision of direct care).

P1 masks should not be worn by individuals with underlying respiratory conditions or used for children.

Figure 1: Appearance of surgical masks and P1 masks

Surgical mask



P1 mask



P2/N95 (filtering facepiece) respirators

Respirators prevent the inhalation of small particles that may contain infectious agents transmitted via the airborne route.

Check specifications to ensure fluid resistance. Where a mask is not fluid resistant, the respirator must be used in combination with a face shield (refer to section on face shields).

Respirators that have not been designed for fluid resistance should be disposed of immediately if they are splattered on.

Please note - P2/N95 respirators for use in education settings must not have a one-way valve (see Figure 2). These respirators do not provide appropriate protection.

Figure 2: Correct and incorrect P2/N95 respirators



Fit checking

Fit checking is the process of ensuring a P2/N95 respirator/mask seals properly once it has been applied. It makes sure the respirator is sealed over the bridge of the nose and mouth and that there are no gaps between the respirator and face.

You must read the manufacturer's instructions for fit checking the respirator you are using and practise doing it properly before using a P2/N95 respirator.

You must perform a fit check every time you use a P2/N95 respirator, even if you have fit checked the same kind before.

You should not provide care or support until your respirator fits properly.

If you have facial hair (including 1–2 day stubble), please be aware that an adequate seal cannot be achieved between the P2/N95 respirator and your face. You will need to shave.

You must read the manufacturer's instructions for fit checking the respirator you are using and practise doing it properly before using a P2/N95 respirator with a student.

Fitting the respirator starts the same as putting on a surgical mask. The difference is that you need to fit check your respirator with a colleague (buddy).

The procedure for fit checking is:

- While breathing in and out place your hands around the top and sides of the respirator to check for leaks. You should not feel any air coming out and the respirator should be drawn in when inhaling
- Cover the respirator with both hands and inhale sharply
- If the respirator is not drawn in towards the face, or air leaks around the face seal then there is not a good seal. This must be fixed
- Readjust the respirator if necessary and repeat the process. You may have to do this several times
- If it still does not work, your buddy should check that you have the respirator on correctly, that the ties are not crossed or that there are no defects
- If it still does not seal after your buddy checks it, change the respirator for one of a different size or shape.

A video developed the Royal Australian College of General Practitioners, [How to fit a P2/N95 mask](#), is a useful resource for undertaking a fit check for a P2/N95 respirator.



Face shields

Face shields are primarily used for eye protection, in combination with a face mask or respirator.

As face shields do not cover the nose and mouth, they no longer meet Victorian requirements as an alternative to a face mask, providing a lower level of protection for both the user and those around them.

There are limited situations where a face shield is used where it is not practical or safe for an individual to wear a face mask.

Face shields may be considered for use in education settings in the following circumstances:

- As a substitution for eye protection, where goggles or glasses are unavailable.
- In place of a surgical mask when providing routine care and support to a well child or young person whose care may be impacted by not being able to see staff member's facial expressions. This should only be in exceptional circumstances.
- In combination with a P2/N95 respirator A face shield should never be used in place of a face mask when providing supervision or to care to someone displaying symptoms of COVID-19.

Face shields should be properly designed to cover the sides of the face and below the chin. Reusable face shields should be cleaned and disinfected after each use with a detergent/disinfectant wipe. Disposable face shields should only be worn for single use.

SECTION C: Putting on and removing PPE

General principles

It is important that staff are mindful of their own health and wellbeing when using PPE. Staff should remember to hydrate themselves prior to putting on and after removing PPE. Staff must practice hand hygiene and avoid touching their faces.⁹

Sequence for putting on (donning) and taking off (doffing) PPE

Donning (putting on)

The sequence for donning PPE is as follows:

1. Hand hygiene
2. Gown
3. Mask
4. Protective eyewear (or face shield where applicable)
5. Gloves

Doffing (taking off) PPE

PPE should be removed in an order that minimises the potential for cross contamination.

In education settings it is recommended that gown and gloves are **removed separately.**

The sequence for doffing PPE is as follows:

1. Gloves
2. Hand hygiene
3. Gown
4. Hand hygiene
5. Protective eyewear (or face shield where applicable)
6. Mask
7. Hand hygiene

Detailed instructions are available from DHHS - [How to put on and take off your personal protective equipment \(PPE\) - gown and gloves removed separately \(PDF\)](#)

Also see [Coronavirus \(COVID-19\) wearing personal protective equipment for acute care](#) video from the Australian Government and [How to fit a P2/N95 mask from the](#) Royal Australian College of General Practitioners

Disposing of PPE

Used PPE should be put into a plastic bag and tied up or sealed and placed in a secure bin or bin with a lid, with hand hygiene performed.

SECTION D: preparing an isolation area

Key considerations for preparing an isolation area are as follows:

- The area should have a door that can be closed (and ideally a window that can be used to aid supervision of the student from outside the room while they are awaiting collection).
- The area should have good ventilation, ideally with windows that can be opened to outdoors when in use.
- Ensure any existing items in the area can easily be removed prior to use, or if left, that they can be easily cleaned following use, i.e. hard rather than porous surfaces.
- Personal protective equipment (PPE) should be stored outside the area, or in a sealed cupboard within the area to protect this from contamination, accompanied by signage on appropriate use of PPE. If stored inside the space, it should be removed prior to use by a student.
- An area for donning (putting on) PPE should be marked out outside the isolation area. This area should be at least 1.5m from a separate area marked out for doffing (taking off) PPE, with waste disposal bag available in both areas.
- Posters setting out PPE donning and doffing sequence should be displayed outside the room for staff to follow.
- Display signage on how to wear a face mask correctly inside the area.
- Ensure bathroom access is available, ideally to a bathroom that can be closed to other users and cleaned before it is reopened to others after use.
- Keep record keeping sheets to document when the area has been used for isolation and cleaned.
- Easy access to a waste disposal bin inside the area (for the student to access and dispose of items such as tissues).
- Only one unwell student should use the area at any one time. Additional back-up isolation areas may need to be identified in the event of multiple cases.