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| **Department: Education and Children’s Services** | | **RISK ASSESSMENT (ELC Settings)** |  |
| **Process/Activity: Infection Prevention & Control** | | **Location:** **Alehousewells School** | **Date: 21.03.2022** |
| **Describe activity**: Location of staff at ELC establishments open during Covid-19 outbreak. Staff providing childcare and access to sites. | | | |
| **\*Establishment Name and Location: Alehousewells School Nursery** | **\*Isolation Room Location in Establishment: Under Cover Area** | | |

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| **Hazard** | **Person Affected** | **Risk** | **Risk levels before controls are in place** | | | **Control Measures** | **Risk levels after controls are in place** | | |
| Spread of infection | Staff  Children & young people  Visitors | Cross contamination of infection.  Infection of staff, children & young people and visitors. | **L** | **M** | **H** | COVID-19 GUIDANCE Managers and staff in the setting must make themselves familiar with COVID-19 advice available from Public Health Scotland, and regularly review that information. It is important that the most up-to-date guidance is used, and that managers and staff are knowledgeable about current guidance. Always access guidance online wherever possible and check regularly for any updated advice.  **Supporting the workforce**  Staff in the childcare sector have worked incredibly hard to support children and families throughout the pandemic, under very challenging circumstances.  The following resources area available to staff to support their wellbeing:   * we worked with Early Years Scotland to develop a [Team ELC Wellbeing Hub](https://teamelcwellbeinghub.org/) that contains a wealth of practical hits and advice to help staff manage their wellbeing, connect with each and engage in shared learning * [resources on mental health, wellbeing and professional learning](https://education.gov.scot/media/q4qfo1ps/covid19educationrecoverygroupprofessionallearningwellbeingsupportoctober2020.pdf) have been developed to support schools and childcare practitioners   **Self-Isolation Support Grant**  As isolation guidance evolves the Scottish Government continues to consider where targeted isolation support, including financial support, is required to support communities experiencing enduring transmission and COVID-19 related health inequalities. The Self-Isolation Support Grant is available for some members of staff (who are eligible) who test positive for COVID-19, or for staff who are not yet fully vaccinated and are identified as a close contact by Test and Protect and are asked to self-isolate. Eligibility criteria can be found at: [Self-isolation Support Grant](https://www.mygov.scot/self-isolation-grant).   * Updated guidance is shared with staff as soon as it is available. * We will hold regular staff meetings to discuss any updates to procedures or processes within the setting. * All updates to process/procedures will be agreed by the staff team. * EYSP to ensure enough staff to cover ratios.   **Supporting children**  The pandemic has been challenging for everyone but has had a disproportionate impact on some children, families and communities. As we recover from COVID-19 settings should be confident that they are providing experiences and sensitive interactions in a variety of outdoor and indoor spaces, in ways which best support the needs of children and help to develop the resilience and wellbeing of babies, toddlers and young children.  The national practice guidance ‘[Realising the Ambition: Being Me’](https://education.gov.scot/improvement/learning-resources/realising-the-ambition/), supported by the [National Health and Social Care Standards](https://hub.careinspectorate.com/national-policy-and-legislation/health-and-social-care-standards/), emphasises the crucial role that high quality early learning and childcare can play in supporting children and families and giving children the best start in life by offering a nurturing environment. This is also outlined in [Space to Grow](https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorate-programmes-and-publications/space-to-grow/), the design guidance for early learning and childcare and out of school care settings which notes the importance of  positive interactions, health and wellbeing, and supporting play and other positive experiences. This continues to be crucial as we support children and families to recover from COVID-19.  Support and guidance on [supporting children’s mental health](https://www.parentclub.scot/articles/supporting-your-childs-mental-health), as well as [supporting children with worries about nursery or childcare](https://www.parentclub.scot/articles/helping-your-child-with-their-worries-about-nursery) is available online.  Resources are available online [to support young children at points of transitions](https://wakelet.com/wake/Ak-iCPVY8503BxzWBQxLu) as well as guidance on [transitions in the context of COVID-19](https://education.gov.scot/improvement/learning-resources/transitions/).   * Key workers are in place to identify individual children’s needs and from this put in place support to meet these needs. * Regular key worker meetings encourage conversations about children’s development and current needs and how this can be supported. * All children are encouraged and have daily access to the outdoors at Alehousewells Nursery. * Staff have attend a vast variety of training to develop their knowledge and understanding of how they can support children with a variety of needs and with their needs due to the pandemic. * Staff know they can talk to EYSP or HT if they need advice and support on how they can support a child. * Identified child protection officer is ESYP (Michelle Morrison) or HT (Carol Hughes). | **L** | **M** | **H** |

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| Spread of infection | Staff  Children & young people  Visitors | Cross contamination of infection.  Infection of staff, children & young people and visitors. | **L** | **M** | **H** | General Control Measures  **Vaccines**  Vaccines are the most effective method of reducing the public health impact of COVID-19 and they are highly effective against serious illness. All settings should encourage and enable staff who have not been fully vaccinated to seek vaccination as soon as possible. [NHS inform](https://www.nhsinform.scot/nhs-scotland-covid-status/covid-status-common-questions/covid-status-guidance-common-questions/) provides information and FAQs on the definition of ‘fully vaccinated’ and eligibility criteria.  **Accessing a vaccine**   * advice and guidance on how to access COVID-19 vaccinations can be found at: [registering for a coronavirus vaccine](https://www.nhsinform.scot/covid-19-vaccine/invitations-and-appointments/registering-for-a-coronavirus-vaccine) * you do not need an appointment to access a vaccine, you can attend a walk-in vaccination clinic. More information on vaccines and eligibility is available on [NHS Inform](https://www.nhsinform.scot/covid-19-vaccine) * [COVID-19 vaccines are recommended in pregnancy](https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding/covid-19-vaccination-a-guide-for-women-of-childbearing-age-pregnant-planning-a-pregnancy-or-breastfeeding)   **Encouraging staff to be vaccinated**  Vaccines are a safe and effective way of reducing the spread of COVID-19. We published a communications toolkit in February 2022 which provides ELC settings with posters, videos and scripts to discuss with staff to encourage COVID-19 vaccine uptake. You can access the toolkit at: [Vaccine and Testing Communications Toolkit – Simplify your life](https://www.dropbox.com/sh/wtdwtyjeviws8lf/AABVIca0L92HAzgn3yZ-5qe-a?dl=0).  **Testing**  Updated advice on testing is available online at [Test and Protect | NHS inform](https://www.nhsinform.scot/campaigns/test-and-protect) or [getting tested on gov.scot](https://www.gov.scot/publications/coronavirus-covid-19-getting-tested/pages/no-covid-symptoms/).  As set out in the [Testing Transition Plan](https://www.gov.scot/publications/test-protect-transition-plan/), up until 17 April 2022 staff should continue to test twice weekly using a Lateral Flow Device (LFD) and report those results online (whether the results are positive, negative or void).  From 18 April 2022, staff in childcare settings will no longer be advised to test twice weekly.  From 29 March 2022, ELC settings will no longer have the facility to order LFD kits via the ELC testing programme.  From 18 April 2022, local health protection teams will still be able to deploy testing as one of a site of measures for outbreak management purposes if it is necessary in their expert judgement.  **Respiratory and cough hygiene**  Respiratory and cough hygiene is designed to minimise the risk of the transmission of respiratory illness such as COVID-19. We appreciate that it is difficult to follow respiratory and cough hygiene practices, especially when working with very young children. Where possible, we recommend that staff and children should always try to:   * cover their nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing their nose. If a disposable tissue is not available, use their elbow to cover their nose and mouth when coughing or sneezing * dispose of used and/or contaminated tissues and face masks immediately into a waste bin after use * wash hands with liquid soap and warm water after coughing, sneezing, using tissues, or after contact with spit or mucus * when away from the childcare facility, and if there is no running water available, hand wipes may be used by staff and children and ABHR then applied (over the age of 5). Hands should then be washed at the first available opportunity * keep contaminated hands away from the eyes nose, mouth and other people * encourage children not to touch their face   **Face coverings**  Wearing a face covering is one of the ways you can help prevent the spread of COVID-19. However, we recognise the importance of faces being visible to children to aid in communication, and relationship building.  Face coverings are not needed when:   * working directly with children, including on the floor or supporting children to move around the building or with toileting, or as a result of being in close physical proximity to children    When face coverings should be worn:   * by staff and professional visitors when in communal areas and not working directly with children, except where a person is unable to wear a face covering, in line with [general guidance for safety in the workplace](https://www.gov.scot/publications/coronavirus-covid-19-general-guidance-for-safer-workplaces/). Examples of communal areas are: the office and administration areas, canteens, staff rooms and other confined communal areas, including staff toilets. * by parents and other visitors into the setting, in line with wider Scottish Government [guidance on the wearing of face coverings](https://www.gov.scot/publications/coronavirus-covid-19-public-use-of-face-coverings/). * it is not recommended that children aged 5 and under wear face coverings in childcare settings.  However, children and adults wishing to wear a face covering in any part of the setting should be supported to do so   **Face coverings and children's wellbeing**  The use of face coverings may have an impact on babies and young children, especially those with additional support needs. The ability to see a person’s face clearly contributes to babies and young children’s communication and understanding. This is particularly the case for children with hearing loss, children who are learning English or another language and those who rely on visual cues to enable them to be included in learning.  Some children may need additional support and reassurance around the reasons for adults wearing face coverings, and the wellbeing and needs of children should remain a priority.  Clear instructions should be provided to staff on how to put on, remove, store and dispose of face coverings in all the circumstances above to avoid inadvertently increasing the risks of transmission. [Advice on face coverings](https://www.gov.scot/publications/coronavirus-covid-19-public-use-of-face-coverings/) is available.   * Staff at Alehousewells Nursery have made the decision to wear Type IIR masks when indoors. When working individually with a group of children, staff have the option to remove their mask if they feel comfortable to do so. While outdoors they do not need to wear a mask but will keep one on their person in case it is required. * Staff at Alehousewells Nursery will wear face coverings when in communal areas unless eating or drinking and if so, they will be 2 metres away from any other adult.   **Physical distancing**  It is important for children to feel secure and well cared for, including through physical contact that is appropriate to their needs, especially when they are receiving personal care, need comfort or reassurance. Therefore, it is not appropriate to ask young children to maintain physical distancing from adults or other children.  Staff and visitors should follow [general guidance for safety in the workplace](https://www.gov.scot/publications/coronavirus-covid-19-general-guidance-for-safer-workplaces/) in indoor communal areas and when not working directly with children, and when moving around the building.   * All staff rooms, bases & offices have been reconfigured to ensure that physical distancing of 2m can be maintained. * Signage and information added to the entrance of the setting. Information shared on websites, emails and social media. * Families will need to maintain a 1m distance at drop off and pick up. * Only one adult to accompany child at drop off/pick up. * One way system in place for parents entering and exiting the nursery garden. * Signs to show direction of movement around the school. * Parent/carers reminded to socially distance in the playground. * Staff remind each other to maintain 1 metre distance.   **Ventilation**  [Advice published on 3 August 2021](https://www.gov.scot/publications/coronavirus-covid-19-advisory-sub-group-on-education-and-childrens-issues---phased-return-to-in-person-learning-in-schools-and-elc-settings---next-steps/) emphasised the need for a renewed focus on the importance of good ventilation to help reduce the risk of transmission of COVID-19. The primary effective method of increasing natural ventilation remains the opening of external doors, windows and vents. All settings should work to increase natural ventilation where practicable, whilst maintaining appropriate internal temperatures. Guidance on heating, ventilation, lighting, noise and sustainability in ELC settings is available online as part of [early learning, childcare and out of school care services design guidance](https://www.gov.scot/publications/space-grow-design-guidance-early-learning-childcare-out-school-care/pages/5/). ****Ways to improve ventilation****  * partially open doors and windows to provide ventilation while reducing draughts. Fire doors must never be propped open * open high-level windows in preference to low level windows to reduce draughts when weather conditions allow, and it is safe to do so. You may wish to open windows at different sides of the building to get a cross flow of ventilation * refreshing the air in spaces by opening windows, vents and external doors at times which avoid user discomfort (e.g. between sessions or when children are outdoors). This may be particularly appropriate during winter periods to balance ventilation and thermal comfort * flexible uniform/staff dress policies to help ensure that children, young people and staff can stay warm if/when windows or doors require to be opened * maintaining appropriate heating strategies   Settings should consider safety risks when opening windows and doors, and ventilation must be considered as part of local risk assessments.  The suitability of ventilation solutions will depend on a range of local factors including building type, occupancy patterns and weather conditions. All settings must ensure as a minimum, that adequate levels of ventilation are provided in line with existing guidance, the [Care Inspectorate’s Space to Grow design guidance](https://hub.careinspectorate.com/how-we-support-improvement/care-inspectorate-programmes-and-publications/space-to-grow/) and the [Workplace (Health, Safety and Welfare) Regulations 1992.](https://www.legislation.gov.uk/uksi/1992/3004/made)  Relevant guidance on ventilation can be found at [ventilation guidance on gov.scot](https://www.gov.scot/publications/coronavirus-covid-19-ventilation-guidance/) and on the [Health and Safety Executive website](https://www.hse.gov.uk/toolbox/harmful/ventilation.htm).  Additional advice on ventilation, heating, temperature control and air cleaners which will also be applicable to childcare settings is available online in the updated [Coronavirus (COVID-19) guidance on reducing the risks in schools](https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reducing-the-risks-in-schools/). ****CO2 monitors**** CO2 monitors is used to support good air quality and they can be particularly beneficial in enclosed spaces. Local authorities should ensure that all local authority schools and relevant ELC settings have access to CO2 monitoring, whether via mobile or fixed devices. This is to support the goal of all settings being assessed regularly for issues with a view to remedial action being taken when that is required.  Non local authority settings are encouraged to use CO2 monitors and should contact their [local authority for advice](https://www.gov.scot/pagenotfound). CO2 monitors have not been required in childminding settings, and therefore this guidance does not apply to most childminding settings (other than larger settings).  It is important that [local authority advice](https://www.gov.scot/publications/coronavirus-covid-19-early-learning-and-childcare-services/pages/co2-monitors-local-authority-contacts/) is sought on the use of CO2 monitors to ensure their proper specification, installation, location, calibration and effective use. Further guidance on using CO2 monitors from the Health and Safety Executive can be found here: [Identifying poorly ventilated areas by using CO2 monitors.](https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation/identifying-poorly-ventilated-areas.htm)   * Janitorial Support Teams are able to support with the logging of any calls concerning window opening faults if detected. FES have been advised to prioritise any calls for windows that cannot open / are hard to open. * Minimum temperature is 17C for local authority settings. * Nursery windows will be opened when weather allows. * We encourage free flow outdoors and often have the door to the garden open. We will continue to do this when the weather allows. * CO2 monitor is in the setting available for all staff to view, if this is recorded as red it must be reported to EYSP or HT, yellow is an indication that the air quality require refreshing, the undercover door is to be open to allow for fresh air exchange.   **Outdoor learning and play**  [Outdoor play-based learning](https://www.gov.scot/publications/out-play-practical-guidance-creating-outdoor-play-experiences-children/) is an integral, every day, part of early learning and childcare in Scotland. It has many benefits for children’s physical and cognitive development, physical health, and mental wellbeing. It improves their social competence and connection with their communities and helps them develop a connectedness with nature.  It is our vision that children in Scotland will spend at least as much time outdoors as they do indoors as part of their ELC experience. The [Playwork principles](https://www.playscotland.org/play/playful-learning/information-on-playwork/) specifically support school age childcare development.  Being outdoors also helps to limit the transmission of viruses and illnesses, including COVID-19. Staff should consider how they can safely maximise the use of outdoor space, as well as the opportunities of day visits and excursions.   * Outdoor resources will be cleaned at the end of each session. * For outdoor sandpits or mud kitchens, staff will clean equipment which the children use at the end of each session. * Equipment that cannot be cleaned will be quarantined for 72 hrs. * There is free flow outdoors offered daily at Alehousewells. * Staff should take the necessary precautions to protect children from the elements and this should include suitable clothing, head coverings and sunscreen. Advice on sun safety is available from the NHS. We will follow our sun cream policy. * Parents should provide all weather appropriate clothing, if they can, to avoid children sharing items. If children do not have their own outdoor clothing this will be provided by the setting and allocated to one child. These will be washed regularly. * Items fixed in the garden that can be cleaned will be cleaned at the end of a session.   **Risk assessments**  Infection prevention and control in childcare settings involves carrying out risk assessments and putting mitigations in place to manage any risks identified. Risk assessments are a legal requirement, and risks and mitigations should be reviewed and updated regularly, including taking reasonable steps to protect staff, children, and others from COVID-19.  Managers must ensure that risk assessments take place on a setting and individual basis, where required, and that these include input from staff and assistants, and trade unions. Student placements should also be part of risk assessments. To help with setting-level risk assessments, the Health and Safety Executive has provided [an example COVID-19 risk assessment](https://www.hse.gov.uk/simple-health-safety/risk/risk-assessment-template-and-examples.htm) and guidance on [Talking with your workers about preventing coronavirus (COVID-19) - Supporting vulnerable workers](https://www.hse.gov.uk/coronavirus/working-safely/talking-to-your-workers/supporting-vulnerable-workers.htm).  Setting-level risk assessments are expected to consider all risks identified in respect of COVID-19 and other illnesses. These must take account of relevant [guidance from Public Health Scotland](https://publichealthscotland.scot/publications/covid-19-guidance-for-non-healthcare-settings/covid-19-information-and-guidance-for-non-health-and-care-settings-version-50/) and the [Health and Safety Executive](https://www.hse.gov.uk/coronavirus/index.htm). All risk assessments should be reviewed regularly and as circumstances change.  It is advised that, alongside workplace risk assessments, providers should also undertake individual risk assessments for staff who are at highest risk of COVID-19. [Advice about individual risk assessments and the COVID-19 Age tool](https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-individual-risk-assessment-for-the-workplace/) is available online. | **L** | **M** | **H** |

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| Spread of infection | Staff  Children & young people  Visitors | Cross contamination of infection.  Infection of staff, children & young people and visitors. | **L** | **M** | **H** | **Special Consideration for Certain Groups**  We have records of Staff and Children who are clinically extremely vulnerable are accurate and up to date. ***Identified Lead is: Michelle Morrison***  **People on the Highest Risk List**  The Chief Medical Officer is continuing to advise that people on the Highest Risk List can follow general population advice unless advised otherwise by their GP or clinician.  Taking up all vaccinations offered remains the most important thing everyone, including those on the Highest Risk List, can do to protect against severe illness from the virus. There are very few people who may not be suitable for getting COVID-19 vaccinations (the main reason being allergies to the ingredients), and anyone who is unsure should consult with their clinician.  Ongoing adherence to measures, as set out in this guidance and those that apply in wider society, will also continue to provide protection and reassurance to people on the Highest Risk List. Further information and advice are available at [Coronavirus (COVID-19): advice for those at highest risk](https://www.gov.scot/publications/covid-highest-risk/).  **Staff on the Highest Risk List**  It continues to be the employer’s responsibility to regularly carry out workplace risk assessments and put in place measures to make the workplace as safe as is reasonably practicable to try and minimise the risk to staff including contracting COVID-19. Employees also have a responsibility to comply with safe working practices.  It is essential that employers conduct a COVID-19 risk assessment which will help them to identify measures which can be implemented to reduce the risk of transmission in the workplace and employers can be asked for a copy of this.  The Distance Aware scheme includes a toolkit to help those worried about mixing with others as we adapt to living with COVID-19. More information is available online at [Coronavirus (COVID-19): distance aware scheme](https://www.gov.scot/publications/coronavirus-covid-19-distance-aware-scheme/).   * Individual risk assessments will be carried out for any staff identified as high risk. * Procedures are in place to reduce the spread of the virus   **Children on the Highest Risk List**  The Chief Medical Officer’s advice, is that children on the highest risk list can follow the same advice as the rest of the population. This includes attending childcare settings, unless their clinician has advised them otherwise.   * Individual risk assessments for children identified as high risk will be carried out, this will include other professionals if required. * Procedures are in place to reduce the spread of the virus.   **Children with additional support needs**  Every child and young person will have different levels of required support. Risk assessments play a key part in considering the individual needs of a child or young person.  Risk assessments, which may be integrated into a Child’s Plan, should already exist for children and young people with complex additional support needs. These risk assessments should be reviewed and updated as appropriate, reflecting current circumstances. Where they are not in place, or they have not been updated they must be undertaken or reviewed swiftly. Where there is a need to work in close proximity with adults and children and young people the safety measures to protect adults and children and young people alike should be followed. Staff should wear a face covering or PPE where a risk assessment has deemed it appropriate (e.g., when carrying out Aerosol Generating Procedures), and regularly wash their hands before and after contact.  [Guidance on supporting children and young people with additional support needs](https://www.gov.scot/publications/coronavirus-covid-19-support-for-continuity-in-learning/pages/overview/) is published by the Scottish Government and continues to apply.   * We will ensure there is an individual risk assessment, considering individual needs. * EYSP will regularly review existing documentation for individual pupils (Inc. behavioural/medical risk assessments, Child Plan, PEEP) with and update considering current guidance. * EYSP to ensure Personal Plans are in place for all children and updated within 28days of starting setting, EYSP to ensure theses are shared with Team & Parent Carers.   **Considerations related to pregnancy**   * Pregnant staff will have individual risk assessments in place which will be reviewed regularly. * Procedures and risk assessments in place to ensure safety to all staff, children and adults using the service. * Pregnant staff follow the advice for the rest of the population   UK Government advice on health and safety in the workplace for pregnant staff and their employers is available online at [Coronavirus (COVID-19): advice for pregnant employees](https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees). | **L** | **M** | **H** |

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| Spread of infection | Staff  Children & young people  Visitors | Cross contamination of infection.  Infection of staff, children & young people and visitors. | **L** | **M** | **H** | **Infection Control and Cleaning Practices**  **Routine cleaning practices**  It is important to maintain high levels of cleaning within childcare settings to reduce the risk of transmitting COVID-19 and other infections.  Settings should produce local cleaning schedules which stipulate how frequently cleaning should take place and who is responsible for carrying it out.  A full routine clean should take place at least daily, which includes touch surfaces such as door handles, telephones and keyboards. This should then be followed by a second clean later in the day of touch surfaces only.  General purpose detergent is sufficient for general areas and staff undertaking cleaning should wear apron and gloves. Disinfectants should be used to clean toilet areas and food preparation areas.  Surfaces in dining or snack areas should be wiped down and disinfected between use by each group of children. A disinfectant should also be used in any general area of the childcare setting if there is visible contamination with blood or body fluids. Cleaning staff areas should be an integral part of the routine and enhanced cleaning strategy.  Refillable spray containers should not be used for cleaning products as there is a risk of contamination and other associated risks, which will prevent effective cleaning standards. Cleaning products which come in non-refillable spray containers may be used as long as they conform to [EN standards](https://www.nipcm.hps.scot.nhs.uk/infection-prevention-and-control-manual-for-older-people-and-adult-care-homes/#disclaimer).  Enhanced cleaning should also be carried out in the event of an outbreak (see the next chapter for information on this).  **Equipment cleanliness**  All toys and equipment must be safe for use and well maintained to reduce the spread of COVID-19. Advice on general equipment management can be found at: [Infection Prevention and Control in Childcare Settings](https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/).  We recommend:   * toys and equipment that children access will, as far as possible, be cleaned daily at the end of each day. * sand does not need to be changed daily and standard cleaning and changing protocols should suffice if good hand hygiene is carried out prior to and following the use of the sand * if soft furnishings (such as throws and bedding) have been used by a child who shows symptoms of COVID-19, they should be removed and laundered as quickly as possible at the highest recommended temperature in accordance with the manufacturer’s instructions * children are allowed to bring toys from home to the setting, but if visibly contaminated in the setting or shared among other children then the toy should be cleaned appropriately   In the event of a COVID-19 outbreak (two or more confirmed positive cases within a 14-day period), regular cleaning regimes should be temporarily enhanced. See the next chapter for more information on cleaning during COVID-19 outbreaks.   * Toys and equipment are cleaned at the end of the day using standard detergent and disinfectant that are active against viruses and bacteria. * Toys and equipment are easy to clean. * Resources such as sand, water & playdough are used with regular cleaning of equipment/resources. Water & Playdough is replaced on a daily. * Paper towels will be available instead. Please discard of paper towels in the bin and not the hygiene bin. * The dishwasher is used to ensure toys are sterilised before use the next day.   **Clothing**   * Parents are encouraged, where possible, provide clothing for outdoor play. * Children will not share outdoor clothes or footwear. * Clothing belonging to the setting will be allocated to one child, within the session & laundered/cleaned before being used by another child. * Any soiled clothing will be double bagged and returned to parents   **Products and Cloths**   * SANI 4 in 1: Acidic based Cleaner Disinfectant (Accelerated Hydrogen Peroxide) – only suitable for use in toilets * OXIVIR: broad Spectrum Cleaner Disinfectant (Accelerated Hydrogen Peroxide) – suitable for all areas during outbreak. DO NOT use at same time as COVIDguard * **SUMA BAC D10:** Cleaner Disinfectant – suitable for all areas during an outbrea | **L** | **M** | **H** |

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| Spread of infection | Staff  Children & young people  Visitors | Cross contamination of infection.  Infection of staff, children & young people and visitors. | **L** | **M** | **H** | **Hand hygiene**  Ensuring that everyone within a setting carries out hand hygiene practices thoroughly, at the right time, using appropriate facilities and products helps to prevent the spread of COVID-19 and other infections.  **Hand hygiene for staff**  Hand washing must be performed after exposure to any blood and or body fluids e.g. toileting (including nappy changing), after providing care to a child with a diarrhoeal or vomiting illness, after exposure to respiratory secretions and when hands are visibly soiled/dirty.  In all other circumstances, hand hygiene can be performed using an alcohol-based hand rub (ABHR) provided this is stored securely out of the reach of children.  Read [best practice on the use of ABHR](http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-2-best-practice-how-to-hand-rub/) online as part of the National Infection Prevention and Control advice. It is not recommended that children under the age of 5 use ABHR.  **Hand hygiene for children**  It is important that children understand why it is important to wash their hands and are supported to do so. They should be taught how to wash, rinse and dry their hands correctly from an early age.  There are a range of resources available from the NHS such as the [Children’s Pack](https://www.nipcm.hps.scot.nhs.uk/resources/hand-hygiene-wash-your-hands-of-them/childrens-pack/) to encourage children with handwashing. NHS Education for Scotland (NES) has [produced a video](https://vimeo.com/212706575) to demonstrate the correct way to wash hands with liquid soap and warm water.  Support children with handwashing at the following times:   * on arrival to the setting * before and after eating or handling food * after toileting * when returning from play outside * after blowing your nose, coughing or sneezing * after contact with contaminated surfaces * at regular intervals throughout the day   Best practice for hand washing can be found at:[how to hand wash](https://www.nipcm.hps.scot.nhs.uk/appendices/appendix-1-best-practice-how-to-hand-wash/).  The following are good practice points pertaining to hand washing:   * use warm water, wash hands for 20 seconds and never share water in a communal bowl * use liquid soap (there is no need to use soaps advertised as antibacterial or antiseptic) and rub hands in the order described in the link above * dry hands thoroughly using disposable paper towels (childminders may use kitchen roll or a designated hand towel, which should be washed every day or more often if visibly dirty). A designated, lined bin that the children can operate easily should be provided for the disposal of hand towels * all visible cuts and abrasions should be covered with a waterproof dressing * when away from the childcare facility, and if there is no running water available, hand wipes may be used (children and staff should wash their hands at the first available opportunity) * encourage children not to touch their face   **Hand washing when outdoors**  When learning is undertaken outdoors, considerations should be made on how to continue to provide suitable hand hygiene facilities for both staff and children.  We recommend liquid soap and warm water for children under the age of 5 and where hands are visibly soiled.   * Encourage children not to touch face – use distracting methods rather than asking them to stop * Staff will supervise and support the children wash hands effectively. There will be daily reminders/demonstrations of how to do this. * There is signs and posters to support children handwashing while in the bathroom. * We will not share communal bowl to wash hands. | **L** | **M** | **H** |

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| Spread of infection | Staff  Children & young people  Visitors | Cross contamination of infection.  Infection of staff, children & young people and visitors. | **L** | **M** | **H** | **Specific Controls – Use of PPE**  **PPE - personal protective equipment**  The term ‘PPE’ includes single-use disposable gloves, disposable plastic aprons, and fluid resistant surgical masks (FRSMs). PPE should be readily available, and staff should be trained on its use.  The use of PPE by staff within childcare facilities should continue to be based on a clear assessment of risk and need for an individual child or young person, such as personal care where staff encounter blood and body fluids. Beyond the advice set out on the use of face coverings, no additional PPE measures are required for general use in childcare settings.  Specific advice on PPE in education, childcare and children's social care settings can be found at: [Infection Prevention  and Control in Childcare Settings advice](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1_infection-prevention-control-childcare-2018-05.pdf)   * PPE will be readily available to staff * Staff are trained how to use it, including how to put on, take off and dispose of appropriately. * Waste Facilities are provided – contaminated waste bin in back room children’s toilet. * PPE requirements are set out in individual policies and procedures. * PPE required for suspected or symptomatic cases are detailed in the section below. * PPE required for enhanced cleaned is detailed in infection control and cleaning practices above.   It is the responsibility of the Head Teacher to ensure that they have sufficient stocks of PPE within their school (inc EYSP in the ELC Setting) at all times – the current guidance from procurement is always having 4 weeks stock on site.   * Staff are required to inform EYSP of PPE stock running low. | **L** | **M** | **H** |

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| Spread of infection | Staff  Children & young people  Visitors | Cross contamination of infection.  Infection of staff, children & young people and visitors. | **L** | **M** | **H** | **Symptomatic and suspected positive cases**  **Managing single cases and outbreaks of COVID-19**  Stay away from settings if you have symptoms or test positive.  Staff, parents and carers should continue to be vigilant to the symptoms of COVID-19. It is essential that children and staff stay at home and self-isolate if they display symptoms (whether they feel unwell or not), or if they have tested positive for COVID-19.  Those with symptoms should follow the latest advice on [NHS Inform](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-guidance-for-individuals-with-possible-coronavirus-infection/).  **Symptomatic children and adults in the setting**  Staff must report immediately to the person in charge if they or any child in their care has a fever/high temperature, a new continuous cough or a loss of taste and/or smell, or they are advised that a child or staff member who is currently in the setting has tested positive.  Staff should isolate themselves or keep the child safe and away from other children (where space allows) and they should travel directly home or ask the child’s parent or guardian to collect the child as soon as possible. Advice can be found at [NHS Inform](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/test-and-protect/coronavirus-covid-19-guidance-for-individuals-with-possible-coronavirus-infection/) and in Public Health Scotland [COVID-19 - guidance for non-healthcare settings](https://publichealthscotland.scot/publications/covid-19-guidance-for-non-healthcare-settings/covid-19-information-and-guidance-for-non-health-and-care-settings-version-50/).  **PPE when providing direct care for a suspected COVID-19 case:**   * + wear a fluid resistant surgical mask when within 2 metres of the child   + in addition, wear eye protection (goggles or a visor) if the child is symptomatic and you are having to provide direct care or hold the child   + in addition wear gloves and an apron if you are having to provide direct care to the child or hold the child   All PPE must be disposed of after use and hand hygiene performed.   * Symptomatic staff will be sent home straight away * Children will be isolated in the parent’s room and windows opened for ventilation * Staff will dispose of any PPE worn while with the symptomatic child in the bags provided in the parent’s room. This will be disposed of in the hygiene bin in the back-room toilet. * Once the child has left the setting, the staff member in the isolation room must clean all areas the child has came into contact with using covid guard or D10 and use disposable cloths which will be double bagged and disposed of in the hygiene bin. * Children, young people and staff must stay at home and self-isolate if they:   + have symptoms of COVID-19, whether they feel unwell or not   + have tested positive, even if asymptomatic   + are required to self-isolate for any other reason e.g. travel related reasons   + are identified as a close contact and are over 18 years and 4 months and not fully vaccinated   Public health advice on testing, self-isolation and managing confirmed cases of COVID-19 should be followed as per the relevant [Test and Protect guidance on gov.scot](https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/pages/summary/) and [Test and Protect on NHS inform](https://www.nhsinform.scot/campaigns/test-and-protect). See the next chapter for details on the Self-isolation Support Grant.  **Pregnant contacts**  Pregnant staff who come into contact with someone who is COVID-19 positive-should follow the same advice as the rest of the population. If a pregnant person test positive for COVID-19 and has an appointment with a member of the maternity team within their self-isolation period they should speak to their midwife to discuss arrangements.  More advice is available at NHS Inform at [Coronavirus (COVID-19): general advice](https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice).  UK Government advice on health and safety in the workplace for pregnant staff and their employers is available online at [Coronavirus (COVID-19): advice for pregnant employees](https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees).  **Identifying and dealing with outbreaks**  An outbreak is suspected if you are notified of two or more confirmed cases of COVID-19 in the setting within 14 days, particularly if there is a suspected link between the cases. Suspected outbreaks may also involve blended placements, positive testing in childminder setting households, or where school and community premises are shared.  Identifying outbreaks relies on good absence reporting. The reason for staff and child absence should be recorded and reviewed by the setting regularly. Where an unusually high number of absences for a similar cause are noted, an outbreak may be suspected.  Suspected outbreaks will be:   * reported to the Care Inspectorate and * trigger an internal review of risk and mitigation measures, and any improvements that can be made to their implementation   **Health protection teams**  Childcare settings are considered to be low risk settings due to the relatively lower vulnerability of children to harm arising from COVID infection, and the high vaccination coverage of the working age adult population.  There is no longer a need to inform local Health Protection Teams of all suspected outbreaks, or single cases of COVID-19. NHS Public Health/Health Protection Teams may make the decision to engage with settings in the handling of individual cases, clusters or outbreaks but it is expected that the majority of cases and clusters will be managed by individuals and settings themselves through usual sickness and absence processes for staff and children. Additional enhanced cleaning measures and the importance of communication during an outbreak are set out below. Any decisions on measures beyond these will be taken at a local level by Health Protection Teams.   * Grampian Health Protection Office Hours Tel No. 01224 558520; Out of Hours Tel No. 0345 456 6000 (Ask for Public Health on Call) Email Address: [**Gram.contacttracing@nhs.scot**](mailto:Gram.contacttracing@nhs.scot)   **Cleaning during outbreaks**  In the event of an outbreak of COVID-19 within a setting, certain routine [cleaning protocols](https://publichealthscotland.scot/media/11230/19-01-22-covid-19-information-and-guidance-for-non-health-and-care-settings-v50.pdf) may need to be temporarily intensified (see also section [1.6](https://www.gov.scot/publications/coronavirus-covid-19-early-learning-childcare-services/pages/managing-suspected-cases/#CleaningPractices) on routine cleaning). These include the following:   * gloves and aprons should be used by staff when cleaning areas where a person suspected of having COVID-19 has been identified * environmental cleaning and disinfection should be undertaken using disposable cloths and mop heads using standard household detergent and disinfectant. All cloths and mop heads used must be disposed of in waste bags * areas that the individual has directly used (such as desk space or locker) should be cleaned first using a detergent product and followed with a disinfectant. It is important to use a detergent first, as this improves the effectiveness of the disinfectant * any public areas where a possible case has only passed through (spent minimal time in) such as corridors, and which are not visibly contaminated (e.g. with any body fluids), do not need to be further decontaminated beyond routine cleaning measures * if soft furnishings (such as throws and bedding) have been used by a child who shows symptoms of COVID-19, they should be removed and laundered as quickly as possible at the highest recommended temperature in accordance with the manufacturer’s instructions * guidance is available online on the [use of fog, mist, vapour or UV (ultraviolet) treatments](https://www.hse.gov.uk/coronavirus/disinfecting-premises-during-coronavirus-outbreak.htm), which includes the use of disinfectant applied as a fog, mist or vapour * If there is an outbreak identified in the setting, staff will follow the above procedures and carry out the ‘weekly’ clean on a daily basis.   **Communications during an outbreak - warn and inform letters**  From 18 April 2022, there is no longer a requirement for settings to issue individual information ('warn and inform') letters to low-risk contacts when positive cases are identified, or for them to test prior to returning to the setting provided they remain without symptoms.  Communication with parents, care givers, staff and children remain important. Although letters do not need to be sent following every case given the transition away from universal asymptomatic testing, it remains good practice to keep people updated where it is expected that concerns may arise in relation to an outbreak. | **L** | **M** | **H** |

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| Spread of infection | Staff  Children & young people  Visitors | Cross contamination of infection.  Infection of staff, children & young people and visitors. | **L** | **M** | **H** | **Pick-ups/drop off, visits and trips**  Head teachers, managers and childminders are best placed to make risk assessments and take decisions for their individual setting about the best approach to movements in and out of settings, including pick-ups and drop-offs, visits, events and trips out. This should be in line with their overall approach to risk assessment and the sections of this guidance on face coverings, physical distancing and hand hygiene. Subject to local risk assessments:  **Pick-up and drop-off arrangements**   * Arrangements should be decided locally based on the best interests of children, families and staff. * Parent/carers to wear face coverings at drop off and pick up unless exempt. * Parent/carers reminded to stay 1 metre distance from other families and staff. * Signage to remind parents about distancing and face coverings. * We encourage only one adult to attend with the child for drop off and pick up. * Children will wash hands as soon as they enter the setting and are settled.   **Visits into the setting**   * Specialist, peripatetic and agency staff, parents, carers and other visitors are welcome to attend settings, recognising the important role that they can play in supporting children’s development and wellbeing. * All visitors will be asked to wear face coverings. * Visitor will be asked to maintain a 1 metre distance from all other adults. * Hand sanitiser and hand washing facilities will be available at all times. * We will ensure room is well ventilated and windows are opened.   **In house events and parental engagement**   * In house events such as stay and plays, and activity to support parental and carer engagement such as face-to-face meetings can take place. However, it may therefore be difficult for settings to accommodate large groups of parents and carers at one time. * Each activity will be individually risk assessed.   **Things to keep in mind are:**   * Social distancing of at least 1 metre between all adults. * Face coverings to be worn. * Reduced numbers within groups so guidance can be adhered to. * Well ventilated room. * Hand gel and hand washing facilities available. * Event postponed if there is an outbreak in the setting. * Parents asked not to attend if unwell or a positive case in the household.   **Visits out, to and from other settings and day trips**   * Visits out and day trips can take place. Settings should continue to follow the usual risk assessment processes and ensure that they adhere to population-wide COVID-19 guidance, as well as any guidance that applies at the destination. * Individual risk assessments will take place for any trip/day out ensuring current guidance is being followed. | **L** | **M** | **H** |

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| **Process/Activity: Infection Prevention & Control** | | **Location:** **Alehousewells Nursery** | **Date: 22.03.22** |
| **Establishment RA Author: Michelle Morrison** | **Date of Review: Ongoing** | | |