

# COVID-19 Guidance for Registered Group Childcare Settings (including Playgroups, Crèches, Summer Schemes, Daycare and School-age Childcare Settings)

Version 11 – 16 August 2021

## Introduction

1. This guidance is for registered group childcare settings. Providers are asked to consult the FSNI website at regular intervals on <https://www.familysupportni.gov.uk/News/index/178> to ensure that they are accessing the latest version. While applicable to all registered childcare group settings, different sections may be more relevant to some types of provision than others. If a provider is in doubt about any aspect of this guidance, they should contact their local HSC Trust Early Years Team for advice. Nothing in this guidance affects the legal obligations of providers. Providers must continue to adhere to all statutory duties when implementing this guidance and take account of any advice relating to COVID-19 from the Public Health Agency.
2. Nurturing and attached relationships are essential to creating the conditions for children to flourish in childcare. It is also essential to ensure that the risks to children, staff and families presented by a global pandemic are kept to a minimum. Providers should exercise their judgement to ensure the safety and wellbeing of their staff, children and families is paramount, taking account of local circumstances.

## Information on COVID-19 and children

3. Chief Medical Officers across the UK have acknowledged in a Joint Statement (<https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-schools-and-childcare-reopening>) that there is clear evidence of a very low rate of severe disease in children compared to adults, even if they catch COVID-19. There is clear evidence from many studies that the great majority of children and teenagers who catch COVID-19 have mild symptoms or no symptoms at all. There is also reasonable evidence that young children have a significantly lower rate of infection than adults (they are less likely to catch it).
4. Symptoms in children include a cough, a change in or loss of sense of taste or smell and a fever (temperature of 37.8 or higher). It is important for parents and for those who deliver childcare to accept that no interpersonal activity is without risk of transmission of infection. Therefore there are a number of

measures you will be required to put in place to enable you to operate as safely as possible in the interests of children and the staff who care for them.

5. The risk of the disease being transmitted is higher the closer the contact, the greater the exposure to respiratory droplets (for example from coughing), or the longer the duration of the contact. A person at higher risk of acquiring the infection is known as a close contact. Based on the national evidence, the definition of a close contact is a person who has had the following contact with a confirmed case from 2 days before the first day of symptoms to 7 days after:
  - anyone who lives in the same household as someone with COVID-19 symptoms or who has tested positive for COVID-19; or
  - anyone who has had any of the following types of contact with someone who has tested positive for COVID-19 with a PCR test:
    - face-to-face contact including being coughed on or having a face-to-face conversation within one metre
    - skin-to-skin physical contact for any length of time
    - been within one metre for one minute or longer without face-to-face contact
    - sexual contacts
    - been within two metres of someone for more than 15 minutes (either as a one-off contact, or added up together over one day)
    - travelled in the same vehicle or a plane

These definitions apply regardless of whether face coverings are worn. Short periods of contact do not represent a significant risk to staff or children where face-to-face conversation is avoided. Extra consideration should be given to interactions between staff which should be minimised in areas such as staff break rooms.

6. While they should be avoided wherever possible, brief interactions within social distancing guidance, such as limited numbers of people passing each other in corridors or, where one way systems are not possible, walking through learning spaces to go to the toilet (for example), are considered low risk and are permissible. Use of floor markings and the wearing of face coverings in relevant spaces may help minimise the extent of such encroachments.
7. The core public health measures that underpinned the reopening of services to date have been:
  - enhanced hand hygiene and cleaning practice;
  - caring for children in consistently constituted groups where possible;
  - minimising contact between these groups;
  - maximising the use of outdoor spaces;
  - physical distancing between adults in the setting, including parents at drop-off and pick-up times; and

- active engagement with Testing and Tracing (more information available at: (<https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19>)).

## Financial support

8. Information relating to any financial support available for the childcare sector and how it can be accessed will be available on the Department of Education website at <https://www.education-ni.gov.uk/>.

## The Process to Re-Open a Childcare Setting

9. If a provider wishes to re-open their setting after a period of closure during the pandemic which was due to lack of demand (not a positive case of COVID-19 in the setting) they must inform the HSC Trust Early Years Team. The Early Years Team will seek assurance from providers that they will adhere to this Guidance. In preparation for re-opening (if not already completed), all staff within the setting should complete the COVID-19 Infection Prevention and Control for Childcare Settings free web-based interactive digital learning course available at <https://learningzone.niscc.info/learning-resources/124/covid-19-infection-prevention-and-control-training-resource-for-childcare-settings> developed by the Childcare Partnership Team at the Health and Social Care Board. This replaces the COVID-19 Infection Prevention and Control Training Resource and Self-Assessment Questionnaire that were available from the Childcare Partnerships website. Each setting will be required to complete or update a risk assessment to ensure that childcare can be provided as safely as possible to children.

## Minimum Standards and Implementation Guidance

10. At the beginning of the pandemic the Department agreed easements to some aspects of the Minimum Standards (<http://childcarepartnerships.hscni.net/2018/11/05/minimum-standards-for-childminding-and-day-care-for-children-under-age-12/>) to facilitate providers to re-open with reduced numbers and care for children in small groups. **Please note that except in the cases identified below, all easements have now ended.**
11. ***The Registered Person ensures that a minimum ratio of staff to children is followed as below:***
  - 0-2 years – 1:3
  - 2-3 years – 1:4

• **3-12 years – 1:8**

**Standard 11 Minimum Standards for Childminding and Day Care for Children Under Age 12, July 2012 (Amended October 2018)**

In exceptional circumstances where staff are absent due to either testing positive for COVID-19 or being required to self-isolate due to close contact with someone who has tested positive, providers should notify the HSC Trust Early Years Team of the circumstances and that they intend to adhere to the following ratios on a time-limited basis (Please note that there is no easement to either the ratio for children under 3, or the requirement to have two adults in every room):

<b>Age Range &amp; Ratio as per Minimum Standards</b>	<b>Minimum Number of Staff Required in each Room</b>	<b>Easement</b>
3-5 years <b>Ratio 1-8</b>	2	Easement of ratio from 1-8 to 1-10
5-8 years <b>Ratio 1-8</b>	2	Easement of ratio from 1-8 to 1-10
9-11 years <b>Ratio 1-8</b>	2	Easement of ratio from 1-8 to 1-10

**12. Where a full day care setting has places for more than 20 children, a manager must be employed and is NOT included in the staff numbers for staff/child - Standard 11 Minimum Standards for Childminding and Day Care for Children Under Age 12, July 2012 (Amended October 2018)**

In exceptional circumstances relating to COVID-19 the supernumerary Manager in a daycare setting for more than 20 children can provide temporary cover in order to meet staff/child ratio requirements. The Provider should keep a note of this in their records and the Manager must be considered as a member of the small consistent group for that day for the purposes of subsequent group closure and contact tracing. The provider must report this arrangement including the expected duration immediately to the Trust Early Years Team.

**13. A suitably qualified person in charge on site at all times - Standard 11 Minimum Standards for Childminding and Day Care for Children Under Age 12, July 2012 (Amended October 2018)**

Where a provider has challenges in relation to meeting the requirement to have a suitably qualified person (Level 5) in charge at all times due to COVID-

19 related reasons they should contact their HSC Trust Early Years Team to discuss the alternative arrangements they wish to put in place for a specified period of time. For example, where both the Manager and the Deputy Manager are absent due to COVID-19 or self-isolation requirements then it may be agreed that an experienced person qualified to Level 3 (or a staff member working towards Level 5) may be able to provide cover for the specified period (no longer than two weeks). In this situation parents must be able to identify the person providing cover, and it is expected that the Registered Person will have greater oversight while the temporary arrangements are in place.

**14. Team leaders or supervisors should have at least a qualification at QCF Level 3 Diploma in Child Care, Learning and Development or Playwork - Standard 11 Minimum Standards for Childminding and Day Care for Children Under Age 12, July 2012 (Amended October 2018)**

Where a Team Leader or Supervisor (Level 3) is absent for COVID-19 related reasons (e.g. they have tested positive for COVID-19, or are required to self-isolate due to close contact with someone who has tested positive) and there are no other staff qualified to Level 3 available to provide cover, then a person qualified at Level 2 who is working towards Level 3 can provide cover over lunch & break for a specified period. The Provider should notify the HSC Trust Early Years Team and note this in his records including the duration of the arrangement.

**15. Separate sleeping room for babies - Standard 14 Minimum Standards for Childminding and Day Care for Children Under Age 12, July 2012 (Amended October 2018)**

While providers should try to meet the requirement to have a separate sleeping room for babies, it is recognised this may not be possible in some settings while at the same time maintaining small consistent groups during the pandemic. In exceptional COVID-19 related circumstances a provider may therefore request prior approval from the Trust Early Years Team to suspend this requirement on a time limited basis.

**16. Mixing of Age Groups - Implementation Guidance HSCB/HSCT**

In full daycare children are usually cared for in different age groups, as it can be challenging to meet the needs of this full age range in one room. However, it is recognised that during COVID-19 restrictions some providers may seek to mix children to enable them to be cared for in small consistent groups and to meet minimum staffing requirements. In these circumstances providers should seek prior approval from the Trust Early Years Team on a case by case basis to do this for a limited period of time.

## **Maintaining consistently constituted groups where possible**

17. To reduce the risk of viral transmission, it is important to reduce contact between people as much as possible. Public Health advice is clear that if early years settings do this, and crucially if they are also applying regular hand cleaning, hygiene and cleaning measures and handling potential cases of the virus in accordance with published advice, then the risk of transmission will be lowered. It is acknowledged that children, particularly young children, in childcare settings cannot be expected to remain two metres or one metre apart from each other.
18. It is therefore recommended that settings continue to consider organising children and adults in consistently constituted groups (in line with Department of Health Minimum Standards for Childminding and Daycare) and to prevent the mixing of these groups as much as possible. In addition to reducing the risk of viral transmission, this practice is likely to reduce the numbers of individuals identified through contact tracing each time the setting experiences a positive case of COVID-19.
19. Group sizes, staff to children ratios and space requirements must comply with the Minimum Standards, except in the circumstances described in paragraph 11. Mixing

## **Physical distancing between adults in the setting**

20. Physical distancing between adults remains a fundamental protective measure, and providers can continue to reduce the risk of viral transmission (and the numbers of close contacts identified through contact tracing) by implementing 2 metre social distancing between any adults in the setting, or the wearing of face coverings where this cannot be achieved. The wellbeing and needs of the children present should remain a focus of attention with a recognition that face coverings can limit communication, particularly for children with additional support needs (which includes any level of hearing loss). These impacts should be carefully considered as communication for these learners relies on the ability to see a person's face clearly. This is also important for children who are acquiring English and who rely on visual cues to enable them to be included in learning.

## **Infection Control**

21. Providers should continue to implement the following infection-control practices, which will assist in the prevention of a wide range of infections in addition to COVID-19:

- ensuring that all staff members have access to online information/training on COVID-19, including how the illness is spread, how to prevent its spread, symptoms, and when to seek medical assistance for sick children or staff. They must ensure that all staff are fully familiar with the Childcare Partnership Training Resource on COVID-19 and Childcare available free on this link <http://childcarepartnerships.hscni.net/wp-content/uploads/2020/05/COVID-19-IPC-Resource-for-CC-Settings-1.pdf>. Please ensure that you are reading the latest version as this resource is updated regularly as public health and scientific advice changes.
- ensuring accurate recording of attendance and records of group movements will prove helpful in circumstances where a member of staff or a child develops symptoms of the virus. The Test, Trace and Protect strategy requires early identification and isolation of such cases, rapid testing, tracing of close contacts and early, effective and supported isolation to break transmission chains.
- ensuring that sufficient handwashing facilities are available. Where a sink is not nearby, provide hand sanitiser in rooms. Posters on hand hygiene which should be displayed in your setting, are available for download from <https://www.familysupportni.gov.uk/>. The importance of frequent handwashing with soap and water for 20 seconds (or using hand sanitiser where soap and water are not available) and drying thoroughly is emphasised, including:
  - When Childcare workers arrive at the setting and before they leave the setting;
  - Before and after handling food, feeding a child, or eating;
  - Before and after using the toilet, changing a nappy, or helping a child use the bathroom (also wash the child's hands after helping the child use the bathroom or changing their nappy); After a child or Childcare worker uses the toilet, the lid should be put down first before flushing. Afterwards the Childcare worker should always wash their own and the child's hands;
  - Ensure there is always extra cleaning of the toilets, taps and door handles;
  - If using a shared soap dispenser it is a good idea to clean after use;
  - After helping a child wipe their nose or mouth or tending to a cut or sore;
  - Before and after giving medicine to a child;
  - After handling waste baskets or garbage;
  - Washing a child's hands on arrival at the setting and before they go home;
- Supporting children and young people to understand why public health measures are being followed. The use of meaningful symbols and social stories to support children to understand how to follow rules is advised. As

far as possible, use innovative methods to inform children, appropriate to their age, on how they can help prevent the spread of COVID-19, including:

- Promoting good coughing and sneezing etiquette (cover coughs and sneezes with a tissue or sleeve; not hands);
- Discouraging children from sharing food, drinking cups, eating utensils, towels, toothbrushes, etc.
- Encouraging staff members not to bring pens and pencils etc. home from the setting and to ensure that personal items e.g. phone, keys and purse are cleaned regularly.
- Ensuring that the surfaces that children and staff are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters are cleaned more regularly than normal.
- Ensuring that all children wash their hands thoroughly before and after engaging in sand or dough play.
- Adding soap to water during water play.
- Minimising the sharing of soft toys and other soft furnishings between children, unless they can be sprayed with anti-bacterial spray between periods of use.
- Encouraging staff and children to use a tissue or elbow to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it').
- Ensuring that help is available for children and young people who have trouble cleaning their hands independently.
- Encouraging young children to learn and practise these habits through games and repetition.
- Ensuring that bins for tissues are emptied throughout the day
- Where applicable, ventilation systems should be checked or adjusted to ensure they do not automatically reduce/increase ventilation levels due to differing occupancy levels. The opening of doors and windows should be encouraged to increase natural ventilation and also to reduce contact with door handles. However, propping open of doors into corridors, external doors, security access systems and any other fire safety doors is prohibited. It should be sufficient for windows to be open dependent on climates and for existing mechanical ventilation where desired to achieve thermal comfort.
- Children should be discouraged from bringing toys from home to the setting. We recognise however that some children may require a transitional object or toy as a comforter, and consideration should be given as to how to safely manage this to ensure children are supported in their transition from home to the setting to feel reassured and comforted.
- Further guidance on infection prevention and control: best practice advice for nurseries and childcare settings is available at the Northern Ireland



Regional Infection Prevention and Control Manual website at:

<https://www.niinfectioncontrolmanual.net/nursery-guidance>.

- Books should be wiped down, with a proprietary cleaning solution proven to be effective against COVID-19 where possible (<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings/covid-19-decontamination-in-non-healthcare-settings>), between use by different children.
- Fire safety requirements continue to apply.
- Sharing of toilets between groups should be avoided if at all possible or if not they should be cleaned between different groups using the facilities.
- A record should be retained of the people (children and carers) in each group on each day to facilitate contact tracing in the event of an episode of infection.
- Providers should ensure, where possible, that each group of children use the same area of the setting every day with a thorough cleaning of the rooms at the end of the day.
- Within groups, social distancing of young children is not recommended. It is important for children to feel secure and receive warmth and physical contact that is appropriate to their needs, in particular when they are receiving personal care, need comforting or reassurance. Daycare workers will need to be close to the children, particularly young children, and should feel confident to do so. This includes staff feeling confident to continue to hug children in line with their needs.
- Groups should remain apart in shared spaces, including any shared entry or exit points, outdoors and during drop-off and collection times.
- While groups should be kept apart as much as possible brief transitory contact such as passing in a corridor is low risk.
- Toys should not be shared between groups unless they can be effectively cleaned beforehand.
- Where settings need to use other essential professionals such as staff from other settings, agency staff, speech and language therapists or counsellors, settings should assess whether the professionals need to attend in person or can do so virtually. If they need to attend in person, they should closely follow the protective measures guidance and the number of attendances should be kept to a minimum.

## **Risk assessments**

22. Managers must ensure that risk assessments take place on a setting by setting basis. These are expected to consider all risks identified in respect of COVID-19 and must take account of the relevant guidance from the Public Health Agency. All risk assessments should be reviewed regularly and as circumstances change. Settings should ensure that they implement pragmatic

and proportionate control measures which reduce risk to the lowest reasonably practical level. They should have active arrangements in place to monitor that the controls are:

- effective;
- working as planned; and
- updated appropriately considering any issues identified and changes in public health advice

23. You will find helpful advice in the HSCB COVID–19: Infection Prevention and Control Training document which can be found on the family support NI website at: <http://childcarepartnerships.hscni.net/wp-content/uploads/2020/09/COVID-19-IPC-Resource-for-CC-Settings.pdf>.

24. Staff should be consulted in the development of risk assessments. Plans and risk assessments should be communicated to parents and all staff. This must include staff who are employed within the setting but do not provide direct care to children such as catering or cleaning staff. Support staff have a key role to play in reducing the risk from COVID-19 and it is important that they understand and follow the changes to procedures required to reduce the risk of the spread of infection.

### **Evacuation Procedures**

25. If the layout of the setting is changed, and/or circulation routes or entry/exit points are altered, consideration should be given to evacuation procedures (e.g. in the event of a fire or other incident). Evacuation points should also be considered to ensure appropriate social distancing arrangements are maintained between individuals/groups as far as practically possible. This should be included as part of the risk assessment for the setting. Evacuation arrangements for children with complex needs or disabilities should be reviewed in light of any changes.

### **Maximising use of outdoor spaces**

26. Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for natural physical distancing between children, and staff should consider how they can safely maximise the use of their outdoor space.

27. Where childcare services have access to an outdoor area or garden, they should try to use this space as much as possible throughout the day. If outdoor equipment is being used, settings should ensure that multiple cohorts of

children do not use it simultaneously, as well as considering appropriate cleaning between cohorts of children using it.

28. Staff should plan for children to enjoy active energetic play throughout the day and this may include making use of other areas near to the service. Within any public spaces staff should be aware at all times of the need to physically distance and to keep cohorts of children distanced from any other children or adults who may be in the vicinity.

29. Staff should take the necessary precautions to protect children from the elements and this should include suitable clothing, head coverings and sunscreen.

30. Advice on the managing playgrounds and outdoor gyms is available at [COVID-19: Guidance for managing playgrounds and outdoor gyms](#).

31. Outdoor equipment should be appropriately cleaned between groups of children and young people using it, and multiple groups should not use it simultaneously. Please see advice on cleaning of non-healthcare settings at <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>.

### **Shared Spaces and Shared Resources**

32. Shared spaces and shared resources should be used in more restricted ways than in normal operating circumstances. The following advice is recommended:

- stagger the use of staff rooms and offices to limit occupancy, with face coverings worn where social distancing cannot be maintained.
- limit the amount of resources that are taken home and limit exchange of resources between children and staff.
- any shared materials and surfaces should be cleaned and disinfected more frequently.
- rooms that are used by more than one group should be properly cleaned between cohorts.

### **Drop Off, Pick Up and Deliveries to the Settings**

33. When children are being dropped off and picked up by their parents, the following steps should be considered:

- tell children, young people, parents, carers [or any visitors, such as suppliers] not to attend the childcare setting if they are displaying any symptoms of coronavirus (COVID-19) (following the COVID-19: guidance

for households with possible coronavirus (COVID-19) infection:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>);

- reducing unnecessary entrance to the setting by parents and carers, with children collected at the door if possible
- stagger drop off and collection times as much as possible and tell parents the process for doing so, including protocols for minimising adult to adult contact (for example, which entrance to use);
- make clear to parents that they cannot gather at entrances or doors, or enter the site (unless they have a pre-arranged appointment, which should be conducted safely). Parents should be reminded to social distance from others when coming to collect or drop off children;
- ensure parents and young people are aware of recommendations on transport to and from childcare setting (including avoiding peak times). Read the Coronavirus (COVID-19): safer travel guidance for passengers <https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>;
- active travel such as walking and cycling should be recommended as a means of travelling to or from childcare, where it is safe to do so. Using active travel carries the lowest risk of transmission of COVID-19 and will bring a range of health benefits as part of a healthier lifestyle.
- talk to staff about the plans (for example, safety measures, and staggered arrival and departure times), including discussing whether training would be helpful;
- communicate early with contractors and suppliers that will need to prepare to support your plans for opening for example, cleaning, catering, food supplies, hygiene suppliers; and
- discuss with cleaning contractors or staff the additional cleaning requirements and agree additional hours to allow for this.

### **Dedicated childcare transport**

34. The COVID-19 guidance relating to public transport does not apply to dedicated childcare transport. Children on dedicated childcare transport do not mix with the general public on those journeys, and will often be transported in the same group on a regular basis, and that group may also be together in the childcare setting. In order to mitigate the risk of viral transmission in a dedicated childcare transport vehicle:

- Children should be spaced out as much as possible given the space available within the vehicle, and the ability to minimise the number of children transported on one journey;
- Windows should be opened where possible, and in-vehicle air conditioning or ventilation systems should remain switched off. Where windows are opened

consideration should be given to children's clothing given the potential for lower temperatures;

- No food or drink should be consumed during a journey;
- Any adults in the car should wear appropriate face coverings;
- Vehicles should be cleaned between each journey, with a specific focus on touch points such as door handles and seat belts;
- Wipes, tissues and hand sanitiser should be available in the vehicle, and all passengers should sanitise their hands before entering the vehicle; and
- Items that children may be carrying such as school bags or lunch boxes should be kept in a designated place to reduce the risk of other children coming into contact with them.

### **Sharing premises**

35. Some providers operate from school or other community premises. Where services have their own entrance, exit and general facilities including toilets and kitchen facilities they should follow this guidance. Where services share these facilities, they should consider the following:

- early discussion with the head teacher of the school, or the manager of the premises to agree use.
- consider potential implications of other services' operating model.
- maintaining physical distance with other users.
- arrangements for use of outdoor spaces.

### **Staff who are pregnant**

36. Childcare employers should regularly check (and share with any pregnant staff) the new [www.ni-maternity.com](http://www.ni-maternity.com) website, which offers specific advice in relation to pregnancy and incorporates the latest COVID-19 advice for pregnant women. The guidance includes a link to a separate piece of helpful guidance available at <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/>.

37. All pregnant employees, regardless of gestation, require a work based risk assessment. UK Guidance for Employees who are pregnant including information on occupational risk assessments can be found at: <https://www.gov.uk/government/publications/coronavirus-covid-19-advice-for-pregnant-employees/coronavirus-covid-19-advice-for-pregnant-employees>.

### **Safeguarding**

38. The DoH Minimum Standards relating to safeguarding continue to apply, including requirements relating to child protection arrangements. Providers should consider whether any refresh or review of their child protection arrangements is needed, including policy and procedures, in light of current circumstances. All planned activities should be risk assessed, taking account of current circumstances, in conjunction with relevant staff where applicable, and due consideration given to how usual practice may need to be adapted.

### **Children with symptoms of COVID-19**

39. The Person in Charge must have in place procedures to follow when children become sick outside the setting and to protect children and Childcare workers from COVID-19. A plan should be put in place for sharing information and guidelines with parents and guardians that includes:
- A system to check with parents and guardians daily on the status of their children when children are dropped off at the setting;
  - Ensuring that up-to-date email addresses and home, work, and mobile phone numbers from parents and guardians of children at the setting so the setting can reach them at all times and testing that methods of communication work;
  - Providing parents and guardians with information on COVID-19 symptoms, transmission, prevention, when to remain at home and when to seek medical attention;
  - Establishing voluntary methods for parents and guardians to help screen their children for COVID-19 symptoms (For example, ask parents and guardians to check their children every day before coming to the Childcare setting and to keep their children at home if their temperature is high, that is, if they feel hot to touch on the chest or back - they do not need to measure the child's temperature.)
  - Requiring parents to advise the Registered Person or Person in Charge if they, their child or any other family member with whom they live or have had contact has tested positive for COVID-19.
  - The requirement and process to notify the Public Health Agency and the HSC Trust Early Years Team upon learning that any child or member of staff who has attended the setting has tested positive for COVID-19. This includes any individuals who test positive while isolating at home.

### **If a Child Becomes Sick at the Setting**

40. Each setting should establish a plan which sets out clearly what steps need to be taken if a child becomes sick at the setting, both in relation to a child who does not display symptoms of COVID-19 and a child who develops symptoms (new continuous cough, a change in or loss of sense of taste or smell, fever

(temperature of 37.8 or higher)). A child with nasal or other cold symptoms may continue to attend childcare provided: the child is otherwise well and active; the child does not have any of the above symptoms of COVID-19; and no other person in the child's household has a suspected or confirmed case of COVID-19.

41. The plan should cover the following:

- Procedures for contacting parents and guardians immediately and criteria for seeking medical assistance.
- Designated areas (ideally with open windows and 2m from other children) where sick children can rest and be attended to by a limited number of trained staff. If direct care is required while waiting for the child to be collected PPE should be worn - a mask, plastic apron and gloves.
- If they need to go to the bathroom while waiting to be collected, the bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.
- In an emergency, call 999 if they are seriously ill or injured or their life is at risk.
- A child with nasal or other cold symptoms may continue to attend childcare provided: the child is otherwise well and active; the child does not have any of the above symptoms of COVID-19; and no other person in the child's household has a suspected or confirmed case of COVID-19.
- Children with gastrointestinal symptoms such as vomiting or diarrhoea do not therefore require a COVID-19 test. However, they should not attend childcare until after their symptoms have resolved for at least 2 days (this means they should not have been sick or had diarrhoea for at least 2 days before they return to childcare).

### **If a member of staff becomes unwell at a childcare setting**

42. If a member of staff in a childcare setting becomes unwell with a new, continuous cough or a high temperature (37.8 or higher), or has a loss of, or change in, their normal sense of taste (ageusia) or smell (anosmia), they must be sent home immediately and advised to follow the COVID-19: guidance for households with possible coronavirus (COVID-19) infection guidance <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>.

43. If a member of staff has helped a child with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive and the staff member is identified as a close contact (see 'Confirmed case of coronavirus (COVID-19) in a setting' below).

44. The staff should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>.

## **Cleaning**

45. Consideration should be given to the cleaning strategy to be adopted in the setting. This may be an extension of the cleaning regime, with desk surfaces, chairs, doors, light switches, banisters, sinks and toilets being cleaned more regularly. There should be routine cleaning and disinfection of frequently touched objects and surfaces (e.g. telephones, keyboards, door handles, desks and tables).
46. Any cleaning measures will only support reducing the risk of transmission where hand hygiene and hand washing are adhered to. Materials such as disinfecting spray and paper towels should be readily available and can be used to easily spray and wipe surfaces. Normal cleaning products used throughout the year are sufficient in supporting hand hygiene and the 'catch it, bin it, kill it' measures. Whilst there are no cleaning products available that have been tested and proved to definitively eradicate COVID-19 viral strains, a standard range of cleaning materials such as 'Shield', 'Protect', 'Milton' and on occasion 'chlorine solution tablets' can support hygiene measures. Bleaching agents (such as sodium hypochlorite or a chlorine dioxide solution) are not recommended, however, on occasion these can be deployed to address more specific cleaning requirements such as where bodily fluids on surfaces are present.
47. All cleaning products must be stored and used in accordance with Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003.
48. Wherever possible, resources which are not easily washable or wipe-able should be removed. Surfaces in eating areas should be wiped down and disinfected in between each sitting.
49. Cleaning of the staff areas should be considered as part of the overall cleaning strategy. Staff should use their own cup/cutlery and ensure these are cleaned straight after use. Any crockery and cutlery in shared staff kitchen areas should be cleaned with warm general purpose detergent and dried thoroughly before being stored for reuse.



50. Settings may wish to consider continuous cleaning of toilets and wash facilities. Clear signage regarding the washing of hands after using the toilet should be displayed and appropriate hand drying equipment (hand dryer/paper towels) should be provided. Clean work vehicles (such as mini-buses, etc.), between different passengers or journeys, as appropriate.
51. Enhanced and Terminal Cleaning are only recommended during an outbreak of COVID-19. For further detailed information read 'COVID-19: cleaning of non-healthcare settings' at <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>.
52. All settings should be aware that where a confirmed COVID-19 case is identified within a group, any material that cannot be effectively cleaned will need to be quarantined for 72 hours or disposed of. Anything being disposed of should be stored safely for at least 72 hours before disposal with normal waste.

### **The Use of Personal Protective Equipment (PPE) in Childcare**

53. Staff in childcare settings will not require PPE other than for certain tasks deemed to be of higher risk of transmission. However, any member of staff who wishes to wear a face covering, due to clinical vulnerability or otherwise, should be supported to do so.
- The circumstances in which PPE is required are:
- working with children, young people and pupils whose care routinely already involves the use of PPE, due to their intimate care needs; and
  - giving children medication.
- PPE in these situations means:
- fluid-resistant surgical face masks;
  - disposable gloves;
  - disposable plastic aprons; and
  - eye protection (for example a face visor or goggles).
54. Where PPE is recommended (as above), this means that:
- a facemask should be worn if a distance of 2m cannot be maintained from someone with symptoms of COVID-19 (symptomatic children should not be in the setting );
  - if contact is necessary, gloves, an apron and a facemask should be worn; and
  - if a risk assessment determines that there is a risk of fluids entering the eye (e.g. from coughing, spitting or vomiting), eye protection should also be worn.

55. When PPE is used, it is essential that it is used properly. This includes scrupulous hand hygiene and following guidance on donning (putting on) and doffing (taking off) PPE safely to reduce the risk of contamination.

56. Face masks:

- MUST cover both nose and mouth;
- MUST be changed when they become moist or damaged;
- MUST be worn once and then discarded – hands must be cleaned after disposal;
- MUST NOT be allowed to dangle around the neck; and
- MUST NOT be touched once put on, except when carefully removed before disposal.

57. Children should not wear PPE.

### **Staff and children who are vulnerable in relation to COVID-19**

58. Providers and parents should continue to seek the latest information in relation to those considered to be vulnerable or clinically extremely vulnerable available at <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-guidance-clinically-extremely-vulnerable-and-vulnerable-people>. Definitions of the vulnerable and clinically extremely vulnerable categories are available at <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-definitions-clinically-extremely-vulnerable-and-vulnerable>. Where clinically vulnerable individuals are attending childcare, dynamic risk assessments should be carried out in partnership with parents (where the individual is a child rather than a member of staff) or the relevant member of staff and arrangements should be made to enable appropriate physical distancing wherever possible.

### **Test, Trace and Protect**

59. Children who exhibit any of the symptoms associated with COVID-19 (new, continuous cough, fever, change in taste or smell) should not attend childcare and anyone who develops symptoms at childcare will be sent home. The N.I. Executive has rolled out a Test and Trace and Protect strategy designed to control the spread of COVID-19 and all symptomatic staff and children are expected to obtain a test for COVID-19 (<https://covid-19.hscni.net/testing/>) and should self-isolate along with the relevant household members while awaiting the result.

60. If a child has symptoms and is not attending childcare or has developed symptoms while attending childcare the following should happen:

- The child should have a test arranged by their parent by phoning 119 or via the web portal <https://COVID-19.hscni.net/testing/>; pending the result of this the child self-isolates as does their household.
- The childcare provider should identify other children who were potentially exposed to the symptomatic child and **meet the definition of a close contact** (as outlined on page 2) in readiness for the test result and potential symptoms in those contacts.
- If the result of the test is negative the child can return to childcare, as long as they have been fever free for 48 hours, and the household can return to normal activities. In this outcome there are no further implications for the provider.
- If the test is positive the parent should inform the setting at the earliest opportunity.

### **Close contacts of COVID-19**

61. From Monday 16 August, **if you are fully vaccinated** (more than 14 days since you received the second dose of an approved COVID-19 vaccine), you no longer need to self-isolate for 10 days if someone you have been in close contact with tests positive for COVID-19. Instead of staying at home and isolating, you should get a PCR test on day two and day eight of the 10 day period following last contact with the positive person. If the PCR test is positive, whether or not you have symptoms, you are now a confirmed case and should complete a period of 10 days self-isolation from the date of symptom onset or the test was taken if there were no symptoms. If you have been identified as a close contact and are fully vaccinated, you are advised not to visit hospitals or care homes for 10 days and to minimise contact with those known to be at higher risk if they contract COVID-19, such as the Clinically Extremely Vulnerable Group (CEV) for 10 days. This applies to close contacts only. If you have symptoms of coronavirus (COVID-19), whether vaccinated or not, you should immediately isolate and book a PCR test.

62. Children and young people (aged five to 17) who are not fully vaccinated and are identified as a close contacts should self-isolate and book a PCR test as soon as possible. If the PCR test is negative, they can end their self-isolation and should arrange to take another PCR test eight days after the last known contact. If the child or young person who is a close contact develops symptoms at any time they should immediately self-isolate and book a PCR test, even if the earlier PCR tests were negative. If any of the PCR tests are positive, this means they have the infection and they should self-isolate for 10 days, in line with advice for confirmed cases.

63. Children under the age of five will be encouraged, but not required, to take a PCR test. They do not need to isolate unless they develop symptoms or have a positive PCR result.
64. A close contact who is fully vaccinated, or under the age of 18 and has had a positive PCR test within 90 days of the date of contact with a person testing positive for COVID-19, does not need to isolate and does not need to book tests at day two and day eight. However, if symptoms develop, they should isolate and book a PCR test.
65. Anyone identified as a close contact and asked to isolate for 10 days before 16 August can stop self-isolating on 16 August, only if fully vaccinated. They should have a PCR test on day two and day eight of the 10 day self-isolation period. Anyone aged between five and 17 who has had a negative PCR test can stop isolating on 16 August. Children aged four and under can also stop isolating on 16 August.
66. Please note that settings are still always required to inform the HSC Trust Early Years Team of a positive case of COVID-19 in the setting, and in any of the following circumstances:
- When a setting has to close a group/setting for a temporary period due to:
    - a positive case of COVID-19 and related self-isolation requirements;
    - or
    - a member of staff self-isolating and consequently the setting being unable to meet the staff/child ratios and a group or the whole setting close temporarily as a result.
  - When the setting closes down completely for a temporary period due to lack of demand or staff shortages.
  - When a provider decides to close the setting permanently they must notify the HSC Trust Early Years Team as soon as possible so that the setting may be removed from the Family Support NI public register of childcare providers.

### **Non Compliance with Test Trace and Protect**

67. Regrettably there may be some staff members and/or parents who do not wish to comply with the public health guidance in relation to COVID-19, including choosing not to follow the advice to get tested or self-isolate.
68. Where it is clear to a childcare provider that such an individual has been:
- in a location that requires quarantine on return,
  - a close contact of a confirmed case and required to self-isolate; or,
  - is displaying clear COVID-19 symptoms

in line with their general duty of care for all children and staff, the provider should inform them/the child's parents that they cannot attend the setting until 10 days of self-isolation has been completed. Where such an individual attends childcare they should be isolated and sent home.

### **Paediatric First Aid Certification**

69. The Minimum Standards require that is at least one member of staff with up to date paediatric first aid training is present at all times. This requirement remains unchanged. It is acknowledged that face to face Paediatric First Aid Training is not possible currently but successful completion of online Paediatric First Aid Training is available through the Childcare Partnership Training Programme accessible on this link <http://childcarepartnerships.hscni.net/training-quality/training-quality-courses/>. This training is acceptable on condition that the participant completes the practical exercise component completed on a face to face basis as soon as it is available. If settings cannot meet the above requirement they must notify the HSC Trust Early Years Team.
70. If staff need to renew their paediatric first aid certificates they also should visit the Childcare Partnership website for information on the online training on offer. If Paediatric First Aid certificate requalification training is prevented for reasons associated directly with coronavirus (COVID-19), or by complying with related government advice, the validity of current certificates can be extended with the agreement of the HSC Trust Early Years Team. This applies to certificates expiring on or after 16 March 2020. If asked to do so, providers should be able to explain why the first aider hasn't been able to requalify and demonstrate what steps have taken to access the training. Employers or certificate holders must do their best to arrange requalification training at the earliest opportunity.

### **Communication with Parents**

71. Settings should be mindful that many parents may be anxious about sending their child to childcare. Clear communication with parents regarding the measures being taken to ensure the safety of their children will be necessary, including the role that they play, as parents, in the safe operating procedures. Staying at home for a prolonged period and the change of routine may have caused difficulties for some children, such as changes in behaviour or mood.
72. Settings should consider how to ensure communications are accessible to specific groups of parents (e.g. parents with English as an additional language) and parents of vulnerable children. Particular care will be needed in planning for children with additional needs to return to their settings. Re-adjustment to the routines in a setting may prove more challenging for some children with

additional needs than others, and consideration and planning will need to be given as to how support children to settle back into their setting.

73. Settings should share the Department of Health's latest childcare guidance for parents with the parents of any children in your setting.

### **StopCOVID NI APP**

74. The StopCOVID NI Proximity App (<https://www.nidirect.gov.uk/articles/coronavirus-covid-19-stopcovid-ni-proximity-app>) was released in July 2020 to assist in stopping the spread of COVID-19 in Northern Ireland, by anonymously contacting people who have been in close contact with someone who has tested positive for COVID-19. All childcare providers are encouraged to download this free application to help reduce the spread of COVID-19.

### **Inspections of Registered Childcare Settings**

75. The inspection process for registered childcare settings re-commenced on 8 October 2020. Adherence to this guidance will form part of the inspection process.

### **Useful Contacts**

*Daycare including full Daycares that provide school age childcare*

**Early Years – the organisation for young children** promotes and supports the provision of high quality early childhood care, education and play facilities for children and their families. They offer support, training and information to people concerned with early years care and education, including parents, early years providers and students.

Early Years – the organisation for young children can be contacted by email to: [support@early-years.org](mailto:support@early-years.org).

Tel: 028 9066 2825

www.early-years.org

### School Age Childcare

**PlayBoard** is the lead agency for children's play and the development of school age childcare in Northern Ireland. The ethos and remit of the agency is grounded in a commitment to meet the play needs of all children.

PlayBoard can be contacted by email to: [info@playboard.org](mailto:info@playboard.org)

or by phone on 02890 803380.

**Employers For Childcare** is a registered charity aimed at removing the barrier that a lack of affordable, quality childcare presents to working parents. The charity encourages employers to implement family friendly policies in the workplace and also has a free, confidential and impartial advice and information Freephone helpline.

<https://www.employersforchildcare.org/>

Telephone

Tel: 028 9267 8200

Freephone: 0800 028 3008

Email [hello@employersforchildcare.org](mailto:hello@employersforchildcare.org)

**Parentline NI** is a helpline which can provide information for parents and direct them quickly to sources of childcare support. The helpline can also offer emotional support.

<http://www.ci-ni.org.uk/parentline-ni>

Freephone: 0808 8020 400

### **Resources to help children to learn about coronavirus and how to keep themselves and others safe**

- [Professional association for children and early years \(PACEY\): supporting children in your setting](#)
- [Dr Dog explains coronavirus](#)
- Busy Bees:
  - [2 metres apart activity \(PDF, 2MB\)](#)
  - [Our hand washing song \(PDF, 958KB\)](#)
- [Bright Horizons: Talking to Children about COVID-19 \(novel coronavirus\)](#)
- [https://www.careinspectorate.com/images/ELC\\_practice\\_note.pdf](https://www.careinspectorate.com/images/ELC_practice_note.pdf)