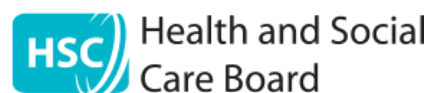




COVID-19: Infection Prevention and Control Training Resource for Childcare Settings



Contents

Introduction.....	5
Who this is the training resource for?.....	5
What role does the childcare sector have during a Pandemic?	5
What are childcare settings responsible for?.....	5
What are the local Trust Early Years teams responsible for?.....	5
What are our general aims and objectives in minimising the risk to children, families and staff?5	
What does this resource hope to achieve?	6
What is a pandemic?.....	6
What causes pandemics?	6
What is the COVID-19 virus?	6
How is the virus spread?.....	6
How long does COVID-19 last on surfaces?.....	7
What are the symptoms?.....	7
What is the difference between COVID-19 and the flu?	7
How long does the COVID-19 infection last?.....	7
How is COVID-19 diagnosed?	7
Infection Control and Prevention.....	8
How can you prevent the spread of the virus?.....	8
Is there a cure or vaccine?	8
How can I protect myself?.....	8
Do hand dryers prevent the spread of COVID-19?.....	8
Social Distancing.....	9
What is social distancing?	9
Who should practice social distancing?.....	9
Implementing social distancing in the childcare setting	9
Staffing	10
Things to consider as part of your regular Risk Assessment.....	10
What can staff encourage parents and communities to do to help?.....	11
What does the term shielding mean?.....	11
If childcare settings are open for children of key workers and vulnerable children, can they accept other children if they have enough staff and space?	11
Can childcare providers still take children outdoors?.....	12

Symptoms	13
What should I do if a child in my care displays symptoms of COVID-19?	13
What if a parent raises a concern about taking a sick child to their GP or hospital during the pandemic?	14
What do I do if a parent contacts the setting to advise that a child who recently attended has been diagnosed with COVID-19?	14
Someone in my early years setting has become unwell with Coronavirus (COVID-19) symptoms, what do I do?	15
What do I do if a parent contacts the setting to advise that the family has had to self-isolate because a close contact of a child, who has been in attendance, has been diagnosed with COVID-19?	15
How can we work in partnership with parents/caregivers to keep them informed?	15
How do we know the people who have had COVID-19 are no longer infectious?.....	16
Can I get tested?	16
Should childcare practitioners be using face coverings?	17
What is the meaning of the term infection control?.....	17
Why is there so much emphasis being put on hand washing?	18
What resources do you need to have in place to support hand washing?	20
Can we use alcohol rubs and gels?.....	20
What if children are reluctant to participate in hand washing?	20
Reporting outbreaks of Notifiable Disease	21
What additional infection control measures should I be putting in place during the pandemic?.....	22
Will Childcare Providers need, have access to, or be provided with Personal Protective Equipment (PPE)?	22
What you need to know about cleaning after a child or adult with suspected coronavirus (COVID-19) has left the premises?.....	23
Are there extra precautions staff need to take after work, for example washing clothes?	24
Self-Assessment Questionnaire	24
Further Training.....	24
Other useful sources of information	25
For Further Help and Support Contact the Early Years Social Services Teams in HSC Trusts ..	25
Contact the Childcare Partnership Training Team	26

Version History	Date	Summary of changes
V1.0	01 May 2020	First version of document
V2.0	06 May 2020	Please Note: there has been a change to paragraph 2 on page 8 (How can you prevent the spread of the virus?) and to the final paragraph on page 11 (Can childcare providers still take children outdoors?)
V3.0	22 May 2020	Please Note: there have been a changes to: paragraph 4 page 7 (What are the symptoms?); paragraph 3 page 11 (What does the term shielding mean?); paragraphs 1, 2 & 3 page 13 (What should I do if a child in my care displays symptoms of COVID-19?); bullet point 4 and new paragraph inserted (after bullet points) on page 13 (What should I do if a child in my are displays symptoms of COVID-19?); section Can I get tested? Pages 16 & 17; page 17 new section added: Should childcare practitioners be using face coverings? section Will Childcare Providers need, have access to, or be provided with Personal Protective Equipment (PPE)? Pages 22 & 23

Introduction

Who this is the training resource for?

This resource covers childcare providers registered with the local Health and Social Care Trust including Daycare Nurseries, Preschool, Afterschool, Crèche, Childminding Services and those individuals working as an Approved Home Childcarer during the duration of the COVID-19 outbreak period. As the situation develops please ensure that you and your staff are familiar with the most up to date guidance from the Public Health Agency (PHA). <https://www.publichealth.hscni.net/>

What role does the childcare sector have during a Pandemic?

Those who work in the education and childcare sector rightly take their place supporting our key workers, as listed by the Department of Health (DoH) and Department of Education (DE), as central to our efforts in battling this virus. Childcare settings across Northern Ireland are taking the lead in supporting families through this difficult time. We are keenly aware that the extraordinary measures that have been taken to prevent the spread of coronavirus (COVID-19) present an unprecedented challenge for childcare settings as well as the communities they serve.

What are childcare settings responsible for?

Childcare settings are currently responsible for caring for vulnerable children, and the children of key workers critical to the coronavirus (COVID-19) response. Where settings have remained open it is to support these children. (It is recognized this may change as the situation develops.) Those childcare settings should continue to work with the local Trust Early Years Social Services Teams to agree the provision needed locally to support the needs identified.

What are the local Trust Early Years teams responsible for?

The Trust Early Years teams have been tasked with the responsibility for coordinating an informed response to the new arrangements. Working with childcare settings, they should use the DoH key worker list and the definition of vulnerable children to support childcare settings to ensure that there are sufficient places for the children of key workers and vulnerable children. Definitions of both key workers and vulnerable children can be found on the [Family Support NI website for Keyworkers](#).

The Trust Early Years teams are also responsible for monitoring demand and capacity for childcare places, now and going forward. This may involve the Early Years teams working with childcare settings who may wish to reopen, in determining if the demand exists in that area for children of key workers and vulnerable children (or to the definition if it is widened or changed). It may also involve working towards providing places in alternative settings if required. They are also responsible for supporting the setting in ensuring that the risk assessment provision in place promotes and protects the health and safety needs of the groups of children, and/or individual children attending.

What are our general aims and objectives in minimising the risk to children, families and staff?

The first aim of the partial closure of childcare settings is to reduce the overall population of children and families moving around local areas as far as possible, in order to reduce the number of social interactions and thus flatten the upward curve of the coronavirus (COVID-19) outbreak.

The second aim is to continue to care for children who are vulnerable, or whose parents are critical to the coronavirus (COVID-19) response so that they can continue to work where alternative childcare arrangements cannot be made.

What does this resource hope to achieve?

This resource aims to offer advice and guidance to support infection prevention and infection control measures that registered childcare settings should have in place during the pandemic. Please use the attached [self-assessment](#) questionnaire, in conjunction with your line manager, to test your knowledge.

What is a pandemic?

A pandemic is an epidemic (infectious disease outbreak) that spreads on a global scale. Pandemics usually occur when a new infectious disease emerges that can spread rapidly around the world.

The World Health Organization (WHO) declared the outbreak of COVID-19 a pandemic on 11 March 2020.



(To visit World Health Organization – Click the above image)

What causes pandemics?

A pandemic can occur when a new virus emerges and there is worldwide spread of the disease. Most people do not have immunity to a new virus. Viruses that have caused past pandemics usually come from animal viruses that have mutated to affect humans.

For a new virus to have pandemic potential it must meet three criteria:

- humans have little or no pre-existing immunity against the virus
- the virus causes disease in humans
- the virus can spread efficiently from person to person.

Previous pandemics include Spanish Influenza in 1918 or H1N1 Swine Flu in 2009. Only Type A influenza viruses have been known to cause influenza pandemics.

What is the COVID-19 virus?

COVID-19 is a new strain of coronavirus that has not been previously identified in humans. It was first identified in Wuhan, Hubei Province, China, where it has caused a large and ongoing outbreak. It has since spread more widely in China. Cases have since been identified in several other countries. The COVID-19 virus is closely related to a bat coronavirus.

There is much more to learn about how COVID-19 is spread, its severity, and other features associated with the virus; epidemiological and clinical investigations are ongoing.

How is the virus spread?

Human coronaviruses are spread from someone infected with the virus to other close contacts with that person through contaminated droplets spread by coughing or sneezing, or by contact with contaminated hands, surfaces or objects.

The time between when a person is exposed to the virus and when symptoms first appear is typically 5 to 6 days, although may range from 2 to 14 days. For this reason, people who might have been in contact with a confirmed case are being asked to self-isolate for 14 days.

Most COVID-19 cases appear to be spread from people who have symptoms. A small number of people may have been infectious before their symptoms developed.

How long does COVID-19 last on surfaces?

According to the World Health Organization, it is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment).

What are the symptoms?

Patients may have temperature over 37.8⁰C, a new continuous cough and loss of or change in sense of smell or taste.

What is the difference between COVID-19 and the flu?

The first symptoms of COVID-19 and influenza (flu) infections are often very similar. They both cause fever and similar respiratory symptoms, which can then range from mild through to severe disease, and sometimes can be fatal.

Both viruses are also transmitted in the same way, by coughing or sneezing, or by contact with hands, surfaces or objects contaminated with the virus. As a result, the same public health measures, such as hand hygiene (hand washing), good respiratory etiquette (coughing into your elbow or into a tissue and immediately disposing of the tissue) and good household cleaning are important actions to prevent both infections.

The speed of transmission is an important difference between the two viruses. Influenza typically has a shorter incubation period (the time from infection to appearance of symptoms) than COVID-19. This means that influenza can spread faster than COVID-19.

While the range of symptoms for the two viruses is similar, the fraction with severe disease appears to be higher for COVID-19. While most people have mild symptoms, approximately 15% of people have severe infections and 5% require intensive care in a hospital ICU. The proportions of severe and critical COVID-19 infections are higher than for influenza infections.

How long does the COVID-19 infection last?

The infection period for the virus will vary from person to person. Mild symptoms in an otherwise healthy individual may resolve over just a few days. Similar to influenza, for an individual with other ongoing health issues, such as a respiratory condition, recovery may take weeks and in severe cases could be potentially fatal.

How is COVID-19 diagnosed?

Infection with COVID-19 is diagnosed by finding evidence of the virus in respiratory samples such as swabs from the back of the nose and throat or fluid from the lungs.

Infection Control and Prevention

How can you prevent the spread of the virus?

Some simple measures significantly reduce the risk of catching COVID-19 and of spreading it:

- Clean your hands with soap and water for 20 seconds, or use an alcohol-based hand rub/sanitiser.
- Cover your nose and mouth with a tissue when coughing and sneezing or use your elbow, not your hands.
- Avoid close contact with people unwell with cold or flu-like symptoms, and stay home if you have these symptoms.
- Avoid touching your face and avoid shaking hands with others.
- Try to maintain a distance of 2 metres from others as much as possible, and avoid crowded places.



Is there a cure or vaccine?

There are no vaccines that protect against COVID-19.

There is no specific treatment for COVID-19. Early diagnosis and general supportive care are important. Most of the time, symptoms will resolve on their own. People who have serious disease with complications can be cared for in hospital.

How can I protect myself?

The best way to protect yourself is the same as you would against any respiratory infection. Practice good hygiene by:

- making sure to clean your hands thoroughly for at least 20 seconds with soap and water, or an alcohol-based hand rub
- covering your nose and mouth when coughing and sneezing with tissue or a flexed elbow
- avoiding close contact with anyone with cold or flu-like symptoms
- making sure you stay home if you are sick.



Do hand dryers prevent the spread of COVID-19?

Hand dryers are not effective in killing or preventing COVID-19 on their own, and they may increase **the risk of spreading COVID-19** if used on hands that have not been cleaned properly.

To protect yourself against COVID-19, you should clean your hands with soap and water for 20 seconds or use an alcohol-based hand rub/sanitiser. If you have washed your hands, dry them thoroughly by using paper towels. If there are no paper towels available, use a hot air dryer or let your hands air dry. Your hands must be dried completely.

If you are using hand towels to dry your hands, such as in the bathroom at home, it is important to wash them regularly. If someone in your home is unwell, they should use their own hand towel.

Social Distancing

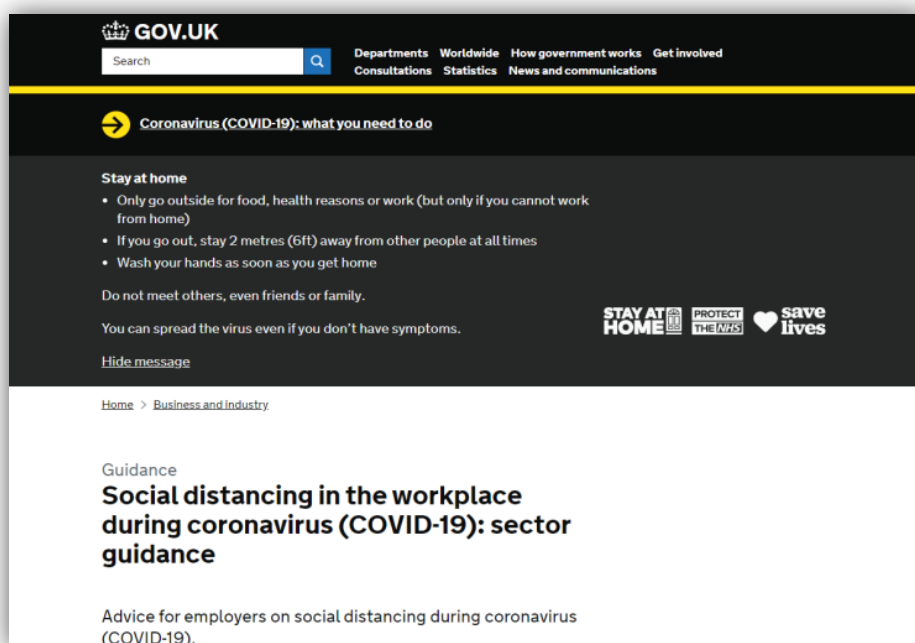
What is social distancing?

Social distancing means reducing the number of close physical and social contacts we have with one another.

Combining social distancing with good personal hygiene slows the spread of a pandemic. This helps protect the most vulnerable members of the community and reduces the impact of the pandemic on essential, life-saving health services.

Who should practice social distancing?

Everyone should practice social distancing, as it reduces the potential for transmission. For more information about social distancing click the image below:



Gov.UK – Social Distancing Guidance in the workplace sector

Implementing social distancing in the childcare setting

It is recognised that social distancing within childcare settings with very young children and those with some disabilities will be harder to maintain.

Staff should implement the measures outlined in the non-healthcare settings guidance, whilst ensuring children are kept safe and well cared for within their settings.

It is essential that a holistic approach is maintained in caring for children and that education and care providers are alert to the stress that many of the children that are attending the setting may be experiencing. For vulnerable children difficult home situations may be exacerbated. For children of key workers, there may be anxieties related to their parent's welfare and health while at work.

This means that it is important where possible to ensure that children's emotional needs are anticipated in considering what the requirements are for staffing.

This will also be an anxious time for many of the staff too and it is essential that their health and wellbeing is considered.

For children and young people with the most complex additional support needs, practice remains that you ensure that you involve lead professionals and parents to decide how best to continue supporting them. There may be additional challenges helping these groups of children navigate this difficult time.

It is important to tailor the care situation to the child where possible.

Staffing

- Consider how you need to support staff who are working in your setting.
- Ensure that the facilities for staff allow for social distancing.
- Ensure that the staff attending are aware of the most up to date COVID-19 information.
- Ensure that you have the right staff to support the physical and emotional needs of children and staff.
- Ensure staff-to-child ratios are tailored to the requirements due to social distancing (i.e. fewer children in a room).

Things to consider as part of your regular Risk Assessment

- Consider how you can implement social distancing in your setting.
- Evaluate what additional support you need to implement social distancing measures in your setting.
- Ensure group sizes reflect the numbers of staff available and are kept small enough to allow for social distancing.
- Ensure enough staff numbers to keep group sizes small.
- Ensure enough equipment is available for each room/group space.
- Discourage parents and carers from gathering outside the setting.
- Discourage unnecessary entry of parents and others to the setting.
- Consider how children travel to and arrive at the childcare setting to facilitate social distancing.
- Stagger arrival and departure times.
- Reduce any unnecessary travel on coaches, buses or public transport.
- Consider how you structure the care environment to allow for social distancing.
- Routines/transitions: Stagger lunch times, break times and the movement of children around the setting to reduce large groups of children gathering together.
- Review catering provisions (limit or avoid shared foods). (Check the following link for further advice: [https://www.food.gov.uk/business-hygiene.](https://www.food.gov.uk/business-hygiene))
- Review the number of rooms available and size of space.
- Review table top or play equipment spacing.
- Review the arrangements for the availability, circulation and cleaning of toys.
- Consider additional resource requirements to support the delivery of intimate care, toileting and hand washing.
- Tell children, parents, carers or any visitors such as suppliers not to visit the setting if they are displaying any symptoms of coronavirus (COVID-19).

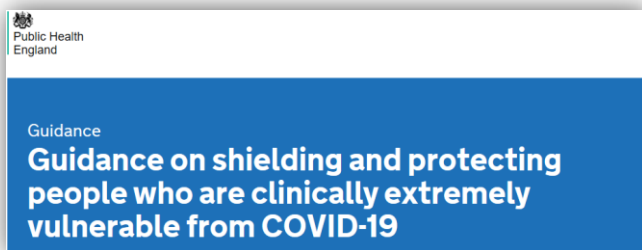
- Promote outdoor play using appropriate social distancing measures.
- Suspend the use of soft toys and play with sand, water and plasticine/play dough until the outbreak is over — sand or play dough may have to be replaced as necessary.

What can staff encourage parents and communities to do to help?

- Inform parents and communities about the measures that you are taking and get their help to implement them.
- Talk to their children about coronavirus (COVID-19), social distancing and hand washing.
- Do not gather at entrances or in playgrounds, and model social distancing so that their children learn good practice.
- Be asked to advise the childcare setting if their child becomes unwell, is tested positive or if a family member is isolating/tested positive.

What does the term shielding mean?

Shielding is a measure to protect people who are clinically extremely vulnerable, including children, who are at very high risk of severe illness from COVID-19 because of certain underlying health conditions. People who fall into this category should have received a letter telling them they are in this group or been told by their General Practitioner (GP). The aim of shielding is to minimise interaction between these individuals and others to protect them from coming into contact with the virus that causes COVID-19. People with these serious underlying health conditions are strongly advised to self-isolate as quickly as possible and rigorously follow shielding measures in order to keep themselves safe. Further information can be accessed using the following link:



Public Health England – Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19

Childcare practitioners will need to give specific consideration to those people who are clinically extremely vulnerable, including children when carrying out a risk assessment to facilitate safe working practice. Childcare staff should follow normal policy and procedure for notifying their employer, or in the case of a childminder their Trust Early Years Social Services Team, of their absence need to self-isolate. Daycare staff who are self-isolating, but are otherwise well enough to work, should agree with their line managers whether working from home is a possibility. Line managers should consider the work that can be done remotely, and organisations should consider developing and/or updating their working from home policy.

If childcare settings are open for children of key workers and vulnerable children, can they accept other children if they have enough staff and space?

No. Care should be provided to children of key workers and vulnerable children as listed by the Department of Health only, in order to limit the spread of the virus. Other children should remain at home, in order to further reduce the number of social interactions and thus flatten the upward curve of

the coronavirus (COVID-19) outbreak. Many working parents who are keyworkers may also be able to ensure their child is kept at home.

Can childcare providers still take children outdoors?

Outdoor activity in private outdoor space should continue while following social distancing guidance as far as possible. In line with this guidance childcare providers should avoid using public spaces. If children are being taken for a walk outside the childminder's home, social distancing with other children and adults (not part the childminder's household) should be observed, parents' prior consent sought, and children's hands washed before they go and as soon as they return to the childminder's house. The usual risk assessment process should be applied.

Guidance
Coronavirus (COVID-19): implementing social distancing in education and childcare settings
Updated 7 April 2020

Contents
Background
Which children can continue to attend education and childcare settings?
How to implement social distancing
Q&A

Background

- children are likely to become infected with coronavirus (COVID-19) at roughly the same rate as adults, but the infection is usually mild
- the most common symptoms of coronavirus (COVID-19) are a new, continuous cough or a high temperature (over 37.8 degrees)
- for the vast majority of children and staff, coronavirus (COVID-19) will not cause serious illness

From 20 March 2020, schools, colleges, nurseries, childminders, and other registered childcare settings in England, closed for all but the most [vulnerable children](#) and for children of [critical workers](#).

Vulnerable children, in this context, include children who have a social worker, and those children and young people with education, health and care (EHC) plans. Those who have a social worker include children who have a child protection plan and those

*Government guidance
COVID-19: Implementing social distancing in education and childcare settings*

Public Health England

Guidance
Guidance on social distancing for everyone in the UK
Updated 30 March 2020

Contents
Background and scope of guidance
Getting assistance with foods and medicines if you are reducing social contacts
What should you do if you have hospital and GP appointments during this period?
What is the advice for visitors including those who are providing care for you?
What is the advice if I live with a

Background and scope of guidance

This guidance is for everyone, including children. It advises on social distancing measures we should all be taking to reduce social interaction between people in order to reduce the transmission of coronavirus (COVID-19). It is intended for use in situations where people are living in their own homes, with or without additional support from friends, family and carers. If you live in a residential care setting [guidance is available](#).

We are advising those who are at increased risk of severe illness from coronavirus (COVID-19) to be particularly stringent in following social distancing measures.

This group includes those who are:

Public Health England: COVID-19 Guidance on social distancing for everyone in the UK

Symptoms

What should I do if a child in my care displays symptoms of COVID-19?

If a child becomes unwell and presents with a new, continuous cough or a high temperature (over 37.8°C) and or reports a loss of or change in sense of smell or taste in a childcare setting they should be sent home and advised to follow the home isolation advice on the PHA website.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision as required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least two metres away from other people.

If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else. Personal Protective Equipment (PPE) should be worn by staff caring for the child while they await collection. Refer to Page 22 which provides further guidance on the use of PPE.

Childcare providers do not need to take children's temperatures every morning, but should be vigilant about signs of a temperature.

Providers should **establish a plan for children who become sick while attending the setting**. If a child does display symptoms the provider should:

- Contact the parents.
- Move the child to a safe designated area where the child can rest be isolated and be attended by a limited number of staff.
- If direct care is required while awaiting collection of the child, staff should wear a mask, plastic aprons and gloves. Refer to Page 22 which provides further guidance on the use of PPE.



If you download the COVID-19 NI app and insert the child's symptoms you will receive personalised advice. <https://check.covid-19.hscni.net/SymptomChecker/Introduction>

If a member of staff has helped someone who was taken unwell with Covid 19 Symptoms, they do not need to go home unless they develop symptoms themselves. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people.

Refer to the **COVID-19 Childcare Guidance for Registered Childminders and Daycare Providers** listed on the Family Support NI Website. This provides additional information on infection prevention and control for Daycare providers and Childminders. [Family Support NI Website – Childcare Options and Associated guidance](#)

What if a parent raises a concern about taking a sick child to their GP or hospital during the pandemic?

The PHA and the Health and Social Care Board (HSCB) are urging parents and caregivers to be vigilant of other childhood illnesses during the COVID-19 pandemic.

While it is essential to be aware of and follow the guidance associated with COVID-19, it is also important to ensure that parents trust their instinct.

Parents should be advised that if a child is unwell and needs medical attention, they should continue to seek help.

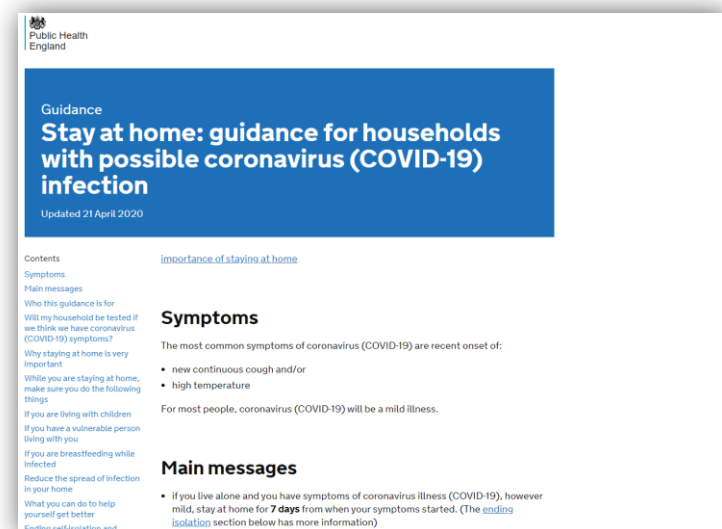
While many children will be receiving appropriate care and treatment at home, parents should be advised not to put off bringing their children for medical attention because they are concerned about overloading the service or afraid that their child may come into contact with COVID-19 in a healthcare setting.

Parents should be made aware that robust infection control procedures are in place in Health and Social Care (HSC) settings to reduce the risk of spread of COVID-19.

What do I do if a parent contacts the setting to advise that a child who recently attended has been diagnosed with COVID-19?

General interventions may include increased cleaning activity to reduce risk of retention of virus on hard surfaces (including play equipment), and keeping property properly ventilated by opening windows whenever safe and appropriate.

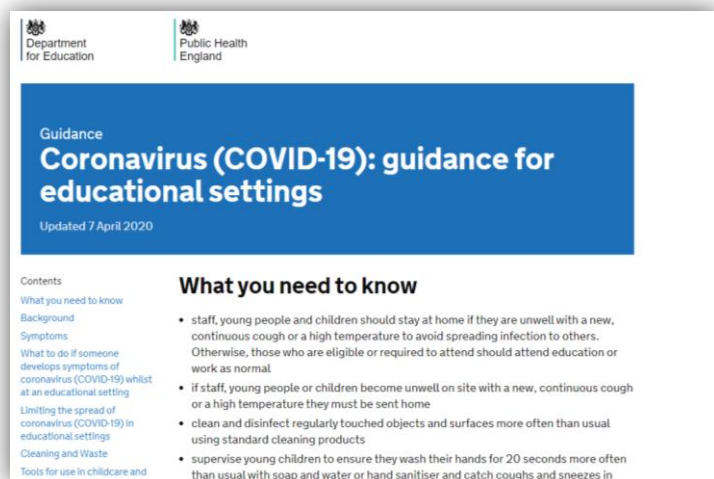
Childcare settings should reiterate to parents/caregivers the need to follow the advice on coronavirus (COVID-19), including the whole household entering 14 days of self-isolation if anyone in the household develops a fever or a new, continuous cough. They are advised to follow the staying at home guidance.



Public Health England – Stay at home: guidance for households with possible coronavirus (COVID-19) infection.

Someone in my early years setting has become unwell with Coronavirus (COVID-19) symptoms, what do I do?

The Government has issued advice on what to do in educational and childcare settings if someone becomes unwell.



Department for Education & Public Health England – COVID 19 Guidance for Education settings

What do I do if a parent contacts the setting to advise that the family has had to self-isolate because a close contact of a child, who has been in attendance, has been diagnosed with COVID-19?

General interventions may include increased cleaning activity to reduce risk of retention of virus on hard surfaces, and keeping property properly ventilated by opening windows whenever safe and appropriate.

Childcare settings should reiterate to parents/caregivers the need to follow the advice on coronavirus (COVID-19), including the whole household entering 14 days of self-isolation if anyone in the household develops symptoms as referenced on page 13. They are advised to follow the staying at home guidance.

How can we work in partnership with parents/caregivers to keep them informed?

Parents/caregivers will be a major source of comfort and reassurance to their children. It will be important for the Childminder or Daycare Provider to keep parents/caregivers informed of what the facility is doing to protect their children including how they are preventing the spread of respiratory infections and what parents can do at home (e.g. reinforce hand hygiene and respiratory etiquette, environmental cleaning and increased reassurance).

Parents/caregivers will be the ones who will make decisions about keeping their children home if they are sick and as such, open and frequent communication to parents will be important in ensuring sick children are not sent to your facility or homebased setting.

Establish a plan for sharing information and guidelines with parents/caregivers that includes:

- A system to check with parents/caregivers daily on the status of their children when children are dropped off at the setting.
- Maintaining up-to-date email addresses and home, work, and mobile phone numbers from parents and guardians of children at the setting so that you can reach them at all times and testing that methods of communication work.

- Providing parents/caregivers with information on COVID-19 symptoms, transmission, prevention, and when to seek medical attention.
- Encouraging parents/caregivers to share the information with their children as appropriate.
- Communicating with parents/caregivers that children should stay at home if they are sick, have been in contact with someone who has tested positive for COVID-19, or if someone in the household has symptoms (cough, fever, shortness of breath).
- Establishing voluntary methods for parents/caregivers to help screen their children for COVID-19 symptoms. Communicating such methods with parents/caregivers. (For example, ask parents/caregivers to check their children's temperatures 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 childcare provider if they, their child or any other family member with whom they live or have had contact has tested positive for COVID-19.

How do we know the people who have had COVID-19 are no longer infectious?

People with confirmed COVID-19 infection, stay in isolation under the care of medical specialists until they are no longer experiencing symptoms of COVID-19 infection. Before they are released from isolation, they have tests to see if they still have COVID-19 and the specialist care team assesses they are no longer infectious. Once they are discharged, they have a follow up assessment by the medical team to make sure they remain well.

Can I get tested?

Access to testing for those with symptoms of coronavirus (COVID-19) is being extended across Northern Ireland to include key workers who are self-isolating because they are symptomatic or because a household member is symptomatic. Everyone over five years of age in Northern Ireland with symptoms of coronavirus is now eligible for testing.

Please note different procedures are in place for HSC staff, who will be advised of local testing arrangements by their line manager.

Testing will be provided to employees of key services with symptoms of COVID-19 and/or to household members of these individuals with symptoms.

Symptoms include a new continuous cough and/or high temperature (over 37.8⁰C) and/or a loss of or change in sense of smell or taste.

Testing of workers who are self-isolating will allow them to discuss the results with their employer with a view to agreeing a return to work date.

Relevant employers will be provided with information on how their employees can make an appointment for a test through the PHA's booking system. Employees who meet the criteria to be tested or have a family member who needs to be tested will be asked to contact their employer who will provide the email details of the booking system. On receipt of this email, PHA staff will contact them for further details and book an appointment. Test results will be returned within 72 hours – until these are received individuals should continue to follow the self-isolation advice.

All centres are open from 10.00am to 4.00pm, 7 days a week. Those attending must arrive by car and follow the instructions they have received. By attending with a prior appointment, this will enable the test centres to run smoothly and efficiently.

This situation is subject to change; please check the Public Health Agency website using the following link: <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-covid-19> on a regular basis for further updates.

The number of tests available for the general population will increase as capacity continues to expand. The Government would advise caution about obtaining testing from non-governmental sources. A positive or negative test will not be recognised by the HSC and will not change the advice given. You will still have to observe recommended isolation periods.

Should childcare practitioners be using face coverings?

PHA advice is that it is recommended that you should think about using face coverings in particular circumstances - short periods in enclosed spaces where social distancing is not possible. In practice, these circumstances will largely mean on public transport and in shops.

The use of face coverings will not be mandatory.

Crucially, do not get a false sense of security about the level of protection provided by wearing a face covering. It is essential that everyone continues to:

- practice social distancing as much as humanly possible;
- wash their hands thoroughly throughout the day;
- 'catch it, kill it, bin it' when they sneeze or cough.

This is still the best way to protect yourself and others from COVID-19.

What is the meaning of the term infection control?

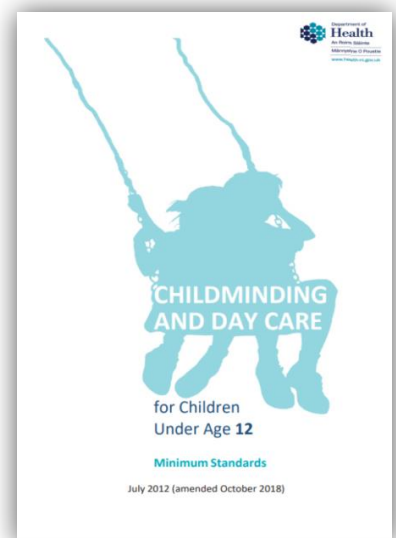
Infection control is the name given to policies and procedures intended to prevent the spread of infectious diseases. Everyone in a childcare setting is at risk of spreading infection if they do not take sensible precautions. Those who come into contact with bodily fluids, such as urine, faeces, vomit or sputum, are at most risk. Such substances may contain micro-organisms, such as bacteria and viruses. Also at risk of spreading infection are those involved in food preparation and handling.

To combat the spread of such diseases, ensure that the environment is kept in a clean and hygienic state and that staff comply with effective hygiene practice.

It is a requirement for Daycare Providers and Childminders to have an up-to-date Infection Prevention and Control Policy in Place. (*Department of Health Minimum Standards for Childminding and Daycare for Children under Aged 12 – July 2012. updated, October 2018*).

Existing policies and procedures **must be updated to reflect the added risks associated with the current pandemic** and should incorporate updates from the Public Health Agency.

The Health and Social Care Trust Early Years Team will contact you to **ensure you have reviewed your Infection Prevention and Control Policy** and have carried out a **full Risk Assessment**. You will be asked to provide a copy of this.



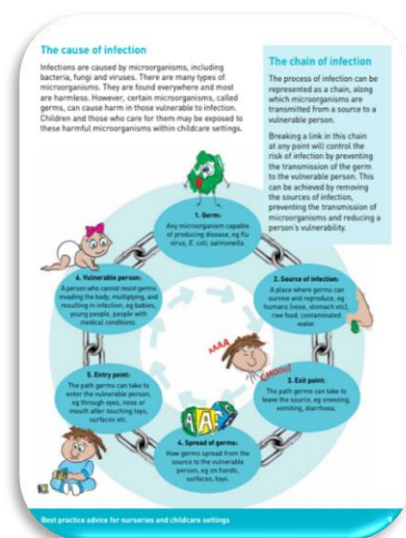
It is important that all members of staff have a clear understanding of their role in preventing the spread of infection.

They should be familiar with the policies and procedures that are in place to prevent and control infection in childcare settings.

Additional information on infection prevention and control is available within the guidance listed for Daycare providers and Childminders on the Family Support NI Website:



Staff should also receive appropriate training and supervision. It is important that the information in this guide is utilised alongside the PHA document Infection and Prevention Control and it is recommended that a record of such training is kept.



Public Health Agency – Infection prevention and control, Best practice advice for nurseries and child care settings

Why is there so much emphasis being put on hand washing?

Unwashed or poorly washed hands provide an effective transfer route for micro-organisms such as bacteria.

Effective hand washing is therefore perhaps the single most effective way to prevent the spread of disease. It removes the micro-organisms from the hands and prevents them being transferred to another person or to a toy or piece of equipment.

All staff and children should be encouraged to wash their hands regularly and thoroughly. Below are some of the occasions when this should occur. This is not an exhaustive list:

- on arrival and before going home;
- before and after going to the toilet;
- before and after nappy changing;
- after handling any body fluids, waste or soiled items;
- before and after handling foodstuffs, feeding a child or eating;
- before and after giving medicines;
- after messy play, indoors or outdoors;
- after wiping their nose or mouth or tending to a cut or sore;
- after handling wastebaskets or garbage.

The childcare worker should avoid touching her/his own face and where it is age appropriate discourage the children from touching their own faces.



*Northern Ireland Social Care Council (NISCC)
Learning Module – Supporting Good Infection
Control*



*Public Health Agency – Hand
Washing Video*



*Public Health Agency – Hand
Washing Video (Romanian)*



*Public Health Agency – Hand
Washing Video (Bulgarian)*

Some children and young people with special educational needs and disabilities may require additional support in following public health advice, or may find frequent hand washing distressing. Where needed this should be reflected in their individual care plan so that staff will know where this is likely to be the case, and how they can best support individual children and young people.

What resources do you need to have in place to support hand washing?

To enable effective hand washing, childcare providers should ensure that the premises are equipped with an adequate number of sinks that:

- are easily accessible
- have robust, easy-to-use dispensers for liquid soaps
- have a supply of disposable towels.

Liquid soaps are preferable to bars of soap which can rapidly become soiled. Disposable paper towels are preferable to linen towels which can also become soiled and damp. Thorough drying of the hands should be encouraged after washing as this further reduces the number of micro-organisms that remain on the hands.

Childcare staff are advised to:

- keep nails short and clean
- cover visible cuts and abrasions with a waterproof dressing.

It is recommended to place signs and or posters by sinks reminding adults and children of the importance of effective hand hygiene and hand washing techniques. Catch it, Bin It, Kill it advice should be displayed prominently.

Can we use alcohol rubs and gels?

Antibacterial gels and rubs were originally introduced to provide higher levels of infection control in hospitals but these have now become popular as an additional form of defense against infections. However, they must be used with care.

Antibacterial gels or hand sanitisers are useful in circumstances where normal soap, water and paper towels are not available, such as during farm visits, or where additional protection is required. However, they should never take the place of routine hand washing with soap and water. Hand gels do not kill some disease carriers, for example Norovirus, and may give a false sense of security. They are also ineffective where hands are visibly soiled or where they are wet.

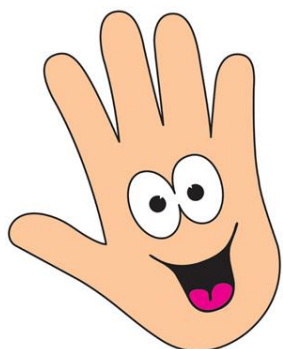
Where a gel is used ensure it is compliant with BS EN1500: *Standard for Efficacy of Hygienic Hand rubs using a Reference of 60% Isopropyl Alcohol.*

What if children are reluctant to participate in hand washing?

Young children can sometimes be reluctant to wash their hands and may need encouragement. Making hand washing fun by using foaming soaps is one idea, as is the use of songs or poems to ensure that they wash their hands for long enough.



Find Below: Links to child hand washing resources



National Infection Prevention and Control
Manual – Children's Pack



Public Health England has a [suite of materials](#) that contains public health advice about how you can help stop the spread of viruses, like those that cause coronavirus (COVID-19), by practicing good respiratory and hand hygiene. To access, download and share this information, you will need to register for an account which only takes a couple of minutes.

Use [e-Bug](#) resources to teach children about hygiene.



Reporting outbreaks of Notifiable Disease

An outbreak is defined as “**having two or more children or staff with an infection, caused by the same microorganism, at the same time in the same place**”. However, a single case of a serious disease may also require an outbreak response, e.g. *E. coli* O157, diphtheria or measles.

Childcare settings must report as normal to the PHA and the Trust Early Years teams any serious or unusual illness, including:

- Escherichia coli (VTEC) (also called *E. coli* VTEC or *E.coli* 0157) infection
- food poisoning
- hepatitis
- measles, mumps, rubella (also called German measles)
- meningitis
- tuberculosis
- typhoid
- whooping cough (also called pertussis)
- COVID-19

Outbreaks: If a Daycare provider or Childminder suspects an outbreak they should inform the Health Protection Duty Room by **telephone: 0300 555 0119 and contact their Early Years Team**. Contact details for the Trust Early Years Team are listed in the further information section.

What additional infection control measures should I be putting in place during the pandemic?

The childcare setting should promote and facilitate best infection-control practice, including the following:

- Safely using cleaners and disinfectants on surfaces and objects, this includes
 - ✚ Wearing gloves;
 - ✚ Ensuring cleaners and disinfectants are used in a manner that does not endanger childcare workers or children at the setting.
- 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.

You should also

- ✚ Ensure there is always extra cleaning of the toilets, taps and door handles.
- ✚ If using a shared soap dispenser, remember, it is a good idea to clean it after use.
- Remembering to routinely clean personal items like a phone, keys, purse, pens and pencils.
- Stressing the importance of childcare workers and children staying home if they have a frequent cough, sneezing, fever or difficulty breathing.
- Establishing procedures to routinely clean and disinfect frequently touched surfaces and objects (e.g. doorknobs, light switches, classroom sink handles, countertops, toys, books, shared keys etc.).
- Providing suitable disposable wipes for childcare workers to wipe down commonly used surfaces (e.g. keyboards, desks, remote controls) before use.
- Following the manufacturer's instructions for all cleaning and disinfection products (e.g. safety requirements, protective equipment, concentration, and contact time).
- Ensuring as far as possible that there are adequate supplies to support cleaning and disinfection practices.

Establish additional educational methods, over and above good hand washing as previously mentioned, to inform children appropriate to their age on how they can help prevent the spread of COVID-19, including:

- Telling their childcare staff as soon as possible if they feel sick;
- 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.

Will Childcare Providers need, have access to, or be provided with Personal Protective Equipment (PPE)?

Current PHA guidance is that **where staff and children are not symptomatic**, then **no PPE is required** above and beyond normal good hygiene practices

Childcare settings should however **have in place a supply of PPE** and use their **local supply chains** to obtain it for use in the following circumstances:

- **If a child, or staff member becomes unwell with symptoms of coronavirus** (e.g. new continuous cough, temperature, a loss of, or change in, normal sense of taste or smell) while in the setting they must be sent home in line with the advice from the PHA www.publichealth.hscni.net. If contact with a child or young person is necessary for example while waiting for the child to be collected, disposable gloves, a disposable apron and a fluid-

resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn. Refer also to page 13 for further information on caring for a child who is waiting for collection.

- **Children, whose care routinely already involves the use of PPE** due to their **intimate care needs** should continue to receive their care in the same way.

If there is a **difficulty in obtaining PPE** providers should **approach the local Trust Early Years teams** for assistance with sourcing PPE.

What you need to know about cleaning after a child or adult with suspected coronavirus (COVID-19) has left the premises?

- Cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people.
- Wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.
- Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles.
- If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron.
- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.
- Spillages of body fluid, such as urine, vomit, faeces or blood, are cleaned up as quickly as possible. Staff should be encouraged to treat every spillage of body fluids or body waste with caution as potentially infectious.
- Chlorine-based disinfectants should not be applied directly to acidic bodily fluids, such as urine or vomit, as potentially dangerous chlorine vapour may be released. Such spills should be cleaned up with paper towels and washed with warm water and a general purpose detergent before being treated with a disinfectant solution. In all cases, staff should follow the manufacturer's instructions for any disinfectant product they are using.
- Carpets and upholstery should be thoroughly cleaned with warm soapy water or a proprietary liquid carpet shampoo, rinsed, and where possible, dried.
- Mops should never be used for cleaning up blood and body fluid spillages.
- Laundry – Wash items in accordance with the manufacturer's instructions. Use the warmest water setting (60 degrees) and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people's items.



- Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.
- Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.
- Playing with toys or using equipment such as climbing apparatus and slides is an important part of the child's day in an early years/childcare setting. However, these items can quickly become soiled or unhygienic and a child's habit of putting toys in their mouth can lead to a situation where disease can be spread. Childcare staff should always ensure that toys and equipment are inspected and cleaned regularly throughout the working day.
- The infection risk from coronavirus (COVID-19) following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses in the same family suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours.

Are there extra precautions staff need to take after work, for example washing clothes?

Current guidance states that there is generally no need for stringent cleaning of people's clothes following a day in a childcare setting. This is only required by medical and care professionals providing intimate care to people with coronavirus (COVID-19). However, we would encourage staff at the end of each day or as necessary, to wash personal clothing in line with the guidance listed above. The advice for settings is to follow steps on social distancing (as well as possible), hand washing and other hygiene measures including [cleaning](#) of surfaces.

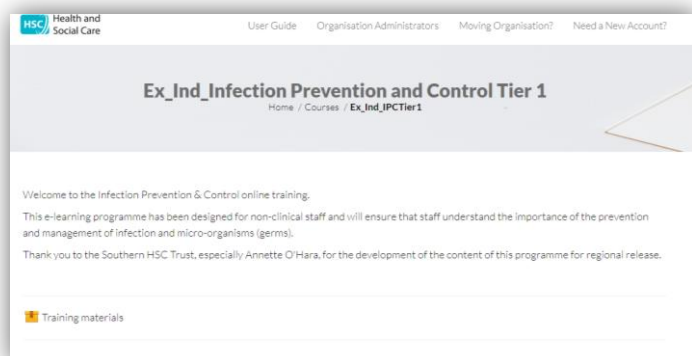
Self-Assessment Questionnaire

Please use the attached [self-assessment](#) questionnaire, in conjunction with your line manager, to test your knowledge.

Further Training

Additional training opportunities during the pandemic will be signposted on the Childcare Partnership website <http://childcarepartnerships.hscni.net/>.

The Northern Ireland Social Care Council (NISCC) and the HSC Leadership Centre provide training on infection control these can be accessed by using the following links:

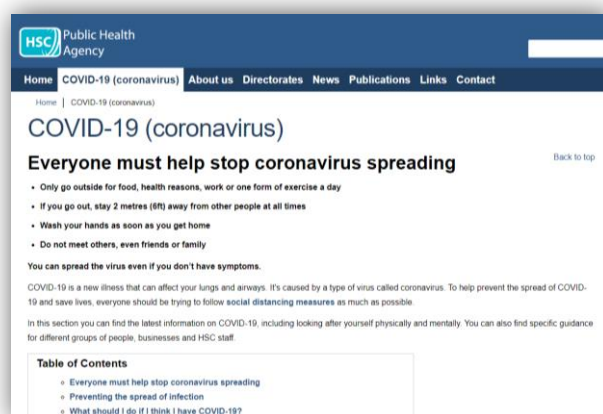


Other useful sources of information



Government Infection prevention and control

NI Direct – COVID-19 Information leaflets



HSENI – Minister for DfE publishes workplace safety guidance and list of priority sectors

Public Health Agency Guidance and Advice

For Further Help and Support Contact the Early Years Social Services Teams in HSC Trusts

Belfast HSC Trust

Belfast Health and Social Care Trust

Everton Complex
585-587 Crumlin Road
BELFAST
BT14 7GB
Tel: 02895 042811
Email: earlyyears@belfasttrust.hscni.net

Southern HSC Trust

Southern Health and Social Care Trust

Armagh Team
87 Lisanally Lane
ARMAGH
BT61 7HW
Tel: 02837 564020
Email: Dianne.calvert2@southerntrust.hscni.net

Banbridge Office
Banbridge Health and Social Care Centre
10 Old Hospital Road
BANBRIDGE
BT32 3GN
Email: earlyyears.banbridge@southerntrust.hscni.net
Email: zoe.morton@southerntrust.hscni.net

Northern HSC Trust

Northern Health and Social Care Trust

Route House
Route Complex
8e Coleraine Road
BALLYMONEY
BT53 6BP
Tel: 028 2766 1340
Email: northernearlyyearsteam@northerntrust.hscni.net

Ellis Street
CARRICKFERGUS
BT38 8AZ
Tel: 028 9331 5112
Email: southeasterlyearlyyearsteam@northerntrust.hscni.net

Ballymena North Business Centre
120 Cushendall Road
BALLYMENA
BT43 6HB
Tel: 028 2563 5111
Email: centrallyearlyyearsteam@northerntrust.hscni.net

Western HSC Trust

Western Health and Social Care Trust

Londonderry Team
Clooney Hall Centre
36 Clooney Terrace
LONDONDERRY
BT47 6AR
Tel: 02871 320950
Email: josephine.doherty@westerntrust.hscni.net

Omagh Team
Tyrone and Fermanagh Hospital
OMAGH
BT79 0NS
Tel: 02882 835108
Email: marian.donaghy@westerntrust.hscni.net

Fermanagh Team
Ward 10, Level 1
South Western Acute Hospital
124 Irvinestown Road
ENNISKILLEN
BT74 6DN
Tel: 02866 327734
Email: marian.donaghy@westerntrust.hscni.net

South Eastern HSC Trust

South Eastern Health and Social Care Trust

Grove House
Antrim Road
BALLYNAHINCH
BT24 8BA
Tel: 02844 513807
Email: early.years@setrust.hscni.net

Contact the Childcare Partnership Training Team



Ashleigh Brown

Training Coordinator
HSCB
Social Care & Children's Directorate
12-22 Linenhall Street
BELFAST
BT2 8BS

Email:
Ashleigh.Brown@hscni.net

Tel: 028 9536 3022

Siobhan Hughes

Training Coordinator
HSCB, Southern Office
Main Building
Social Care & Children's Directorate
Towerhill
ARMAGH
BT61 9DR

Email:
Siobhan.Hughes@hscni.net

Tel: 028 9536 2004

Anita Mason

Training and Quality Improvement Officer
HSCB - Western Office
Gransha Park House
Social Care & Children's Directorate
15 Gransha Park
Clooney Road
LONDONDERRY
BT47 6FN

Email:
Anita.Mason@hscni.net

Tel: 028 9536 1042

Jenny Adair

Manager
Northern Childcare Partnership
HSCB
Social Care & Children's Directorate
County Hall
BALLYMENA
BT42 1QB

Email:
Jenny.Adair@hscni.net

Tel: 028 9536 2807

