

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

Version 7: 14 December 2020

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. The percentage of symptomatic cases requiring hospitalisation is estimated to be 0.1% for children aged 0 to 9 and 0.3% among those aged 10 to 19, compared to a hospitalisation rate of over 4% in the UK for the general population. Most of these children make a rapid recovery. 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 10 days after:
 - lives in the same household;
 - has been within 1 metre of the case and had face-to-face contact including:
 - being coughed on, or
 - having a face-to-face conversation;
 - has had skin-to-skin contact; or
 - has been within 2 metres for more than 15 minutes; or has shared a small enclosed space (such as a car).

Short periods of contact do not therefore present 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 in relevant spaces may help minimise the extent of such encroachments.

7. The core public health measures that underpin reopening of services are:
 - enhanced hand hygiene and cleaning practice;
 - caring for children in consistently constituted groups;
 - 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 is will continue to be published 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 they must first ask the Trust Early Years Team to reactivate their Certificate of Registration. The Early Years Team will seek information from providers about their plans to provide care as safely as possible for children in each setting, including how they will adhere to this Guidance. Each setting will be required to complete a risk assessment to ensure that childcare can be provided as safely as possible to children. The request form is available at: <https://www.familysupportni.gov.uk/NewsStory/98/requests-to-open-childcare-settings-during-covid19>.

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):

Age Range & Ratio as per Minimum Standards	Minimum Number of Staff Required in each Room	Easement
3-5 years Ratio 1-8	2	Easement of ratio from 1-8 to 1-10
5-8 years Ratio 1-8	2	Easement of ratio from 1-8 to 1-10
9-11 years Ratio 1-8	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 aged 2-12 years 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 some providers may seek to mix children in this age group primarily to enable children to be cared for in small consistent groups. 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. The easement in relation to the above requirement is now otherwise terminated from the date of issue of this Guidance.

Group Size and Restricted Numbers

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. At an earlier stage of the pandemic, it was recommended that children were maintained within Play Pods, with a maximum of 12 children in each Pod. At this stage, subject to continued maintenance of reduced rates of COVID-19 infection, the requirement to maintain children in Play Pods of 12 is no longer required. Instead, childcare settings are required to organise 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 consistently constituted groups.
19. The intention is that the same staff and children stay together each day, through the day, as far as possible and to limit the number of people a child has contact with. This will facilitate tracing, and support close, positive interactions between children and their adult caregivers. This system will also reduce the amount of contact adults have with each other. In working in this way, the following will apply:
 - Group sizes will comply with Minimum Standards, that is, a maximum of 26 children in each group in a daycare setting, or 30 children in an out of schools setting.
 - Staff to children ratios will comply with Minimum Standards, except in the circumstances described in paragraph 11. That is,
 - 0 to 2 years = 1:3
 - 2 to 3 years = 1:4
 - 3 to 12 = 1:8
 - Physical space requirements will comply Minimum Standards, that is, 2.3m² of clear space* per child in sessional care, and the following spaces per child in full day care:
 - 0-2yrs – 4.2m² (This includes the area in m² of a cot)
 - 2-3yrs – 2.8m²
 - 3-5yrs – 2.8m²
 - 5-12yrs – 2.3m²

*Clear space is usable floor space – i.e. space that can be used either for children to play in and the equipment that they use for play and other activities.

 - Consideration should be given to the removal of unnecessary items in the setting to maximise capacity and decrease the number of items requiring cleaning, while ensuring the children still have adequate resources and furnishings to support quality experiences.
 - Fire safety requirements continue to apply.

- Children and adults should remain in the same group at all times during the day and different groups should not mix during the day or on subsequent days.
- Sharing of toilets between groups should be avoided if at all possible.
- 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, as far as 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.
- Children from different groups should not play together.
- As far as possible, staff should practice social distancing, including with other members of staff in the same group.
- As far as possible, staff and parents should maintain social distancing.
- 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.
- The purpose of small, consistent groups is to limit the number of different interactions in any single day. It is recognised that children attending different school and/or childcare providers on the same day will be placed in different (but consistent) groups in each setting. All childcare and school settings will keep their own records for track and trace purposes, and it will be important that in the event of a pupil being exposed to, or testing positive for the virus, that parents are advised to alert all of the child's childcare providers and school if relevant.

Physical distancing between adults in the setting

20. Physical distancing between adults remains a fundamental protective measure. The following should apply at all times.

- Individual physical distancing applies to staff, parents (and any other adults who may attend the setting) and any external contractors or delivery people. It is essential that all these groups are taken into consideration.
- Adults in settings should stay 2 metres apart in line with physical distancing principles.
- All staff rooms, bases and offices should be reconfigured to ensure the physical distancing rule of 2 metres is able to be maintained.
- Where adults cannot keep 2 metres distance from other adults, and are interacting face-to-face with other adults for 15 minutes or more, face coverings should be worn. In other circumstances, adults should not need to wear face coverings. Some children may need additional support/reassurance about the reasons for adults wearing face coverings. Face coverings should not be required for most children or adults (those clinically advised to wear a covering would be an exception).
- The wellbeing and needs of the child, should remain a focus of attention with a recognition that face coverings can limit communication, which young children often rely on with the ability to view faces and non-verbal cues being important to learn effectively.
- The use of face masks could have an impact 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.

Social Distancing for Contractors and Deliveries

21. Where any work is being carried out within the setting, contractors should adhere to the principles of social distancing. If this is not possible, then consideration should be given to possible mitigation measures to minimise the closeness and duration of time that is spent within 2m. A risk assessment should be undertaken.

22. Where contractors are required to undertake facilities management/repair tasks in an establishment, they must undertake these works in accordance with the latest regulations. If spaces are to be used in different ways from those originally designed/intended and with less/more overall footfall, consideration should be given to the ongoing management of these spaces.

23. Procedures should be put in place for deliveries to minimise person-to-person contact. Deliveries should be timed to avoid drop off/pick up times, with methods devised to reduce the frequency of deliveries, e.g. ordering larger quantities less often. Settings should consider providing appropriate hand hygiene facilities at drop off points, with clear signage on access rules. Given that these will involve face-to-face conversation, face coverings should be worn regardless of duration unless 2m can be maintained

Sleeping arrangements

24. All babies and toddlers must have appropriate sleeping arrangements. If cots are used, a minimum of one cot for each two babies is appropriate. The cot must be thoroughly cleaned between use by different children. Each baby and toddler should have their own bedding, which should be laundered on a daily basis and, where possible, their own mattress. Where this is not possible, it is acceptable to have a waterproof wipe-clean cover that can be washed thoroughly between each use by different children. Due to Infection Control the use of travel cots in a full day care setting is not permitted.

Infection Control

25. It is acknowledged that Childcare settings have policies already in place in relation to infection control and, if this has not happened already, they must be updated to take account of COVID-19. This additional guidance is specifically in relation to COVID-19. The Person in Charge should promote and facilitate best infection-control practice, including the following:

- 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;
- Reminding Childcare workers to avoid touching their face and encouraging children not to touch theirs.
- Advising Childcare workers that there is no need to take a shower at work but workers should take off their work clothes and shoes when they arrive home, and take a shower. They should wash their clothes at the highest temperature for the longest cycle which the fabric can withstand. They should not bring pens and pencils home from the setting and ensure that personal items e.g. phone, keys and purse are cleaned regularly. While Coronavirus can land on fabrics and remain for some time, childcare settings are not considered a high risk environment and while all children should be encouraged to wear fresh clothes each day, this is not essential and childcare providers should be mindful of creating additional pressure/expense on parents.
- 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. Children must wash their hands thoroughly before engaging in sand play and after playing with sand. Sand play has a high play value and therefore it may be used if:
 - (i) there are individual trays for each child **or** changed on a daily basis;
 - (ii) The pit or holder of the sand is cleaned between uses; and
 - (iii) Dry sand is used rather than wet sand.

- Water play can also be used in childcare settings. The water should have soap added before use to enhance cleaning ability and promote infection control.
- Children must wash their hands thoroughly before playing with play dough and afterwards. Children should have their own individual pots/plastic bags for the play dough, clearly labelled with their name to ensure they use the same dough each time. Alternatively, the dough can be made fresh each day and sharing between children minimised.
- It is accepted that soft toys and other soft furnishings can support the needs and development of some children. These items may therefore be used but sharing between children should be minimised as far as possible and there should be no sharing between groups of children. Where used, such items should be sprayed with anti-bacterial spray regularly throughout the day and washed every evening.
- Children and adults can sing in childcare settings in line with risk assessment procedures. In early years setting the benefits of singing would outweigh any potential risks.
- Childcare Workers are advised and children should be encouraged 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, songs 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>.

Risk assessments

26. 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
- updated appropriately considering any issues identified and changes in public health advice

27. 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>.

28. 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

29. 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

30. 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.
31. 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.
32. 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.
33. Staff should take the necessary precautions to protect children from the elements and this should include suitable clothing, head coverings and sunscreen.
34. Advice on the managing playgrounds and outdoor gyms is available at [COVID-19: Guidance for managing playgrounds and outdoor gyms](#).
35. 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

36. 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.
 - 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 must be properly cleaned between cohorts.

Helping Children and Young People Understand the Public Health Measures in Place

37. It should be noted that some children and young people will need additional support to help them understand why the public health measures being recommended by this Guidance 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:

- Frequent hand washing;
- As far as possible, avoiding close and direct contact with other children and Childcare setting staff;
- 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.

Drop Off, Pick Up and Deliveries to the Settings

38. 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 enter 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>);
- tell parents that if only one parent should attend to drop off or collect their child. Parents and carers should not be allowed into the setting unless this is essential, and children should be collected at the door if possible. Use physical distancing markers outside the setting;
- 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);
- 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.
- where a setting shares facilities such as their entrance, exit or general facilities including toilets and kitchen facilities with another organisation, they should consider: early discussion with the leader or manager to discuss potential implications on the other organisation; maintaining physical distance with other users; and arrangements for shared use of outdoor spaces.

Dedicated childcare transport

39. 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;

- 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; and
- Where possible, children being transported in consistent groups should have their own designated seats for journeys.

Sharing premises

40. 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

41. Childcare employers should regularly check (and share with any pregnant staff) the new 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/globalassets/documents/guidelines/2020-04-27-occupational--health--advice--for--employers-and--pregnant-women.pdf>.

Safeguarding

42. 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

43. 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, and when to seek medical attention;
- Encouraging parents and guardians to share the information with their children as appropriate;
- Communicating with parents and guardians that children should stay at home if:
 1. They or someone in their household has **symptoms** of COVID-19 (loss of taste or smell, new, continuous cough, fever). Arrangements should be made for the symptomatic person to be tested. The household should remain at home until the test result is available.
 2. The child has tested positive for COVID-19 i.e. a **confirmed case**. In this instance the child needs to self-isolate for 10 days from the first day of symptoms and their household for 10 days.
 3. Someone in their household has tested positive for COVID-19 i.e. a **confirmed case**. In this instance everyone in the household (including the child needs to self-isolate for 10 days from the first day of symptoms.
 4. They have been identified as a **close** contact (as per definition above) of someone who has tested positive for Covid-19 by the PHA Contact Tracing Service. In this instance they need to remain in self-isolation for 10 days
- 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 someone who has been at the childcare setting has a COVID-19 infection.

If a Child Becomes Sick at the Setting

44. 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.
45. The plan should cover the following:
- Procedures for contacting parents and guardians immediately and criteria for seeking medical assistance.
 - Designated areas where sick children can rest, be isolated and attended to by a limited number of trained staff. If direct care is required while waiting for the child to be collected, you should wear PPE - a mask, plastic apron and gloves.
 - The COVID-19 NI (Health and Social Care Northern Ireland) APP can be downloaded (download links available at: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-overview-and-advice>) and used to access advice based on the child's specific symptoms.
 - If a child is awaiting collection, they should be moved, if possible and safe, to a room where they can be isolated behind a closed door, and with appropriate adult supervision if required. This will depend on the age of the child. 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 2 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.
 - PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).
 - In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.
 - 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.

- There have been reports recently that ‘tummy bugs’ may be a symptom of COVID-19 in children and young people. Whilst recent research provides useful early findings, there needs to be a wider discussion at a UK wide level about this. 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

46. 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 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>.
47. If a member of staff has helped someone 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 (see ‘Confirmed case of coronavirus (COVID-19) in a setting’ below).
48. 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

49. 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). It should be noted that normal cleaning activity should be sufficient and that hand hygiene is the most effective method of combatting the spread of the virus.

50. 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.
51. All cleaning products must be stored and used in accordance with Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003.
52. 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.
53. 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.
54. 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.
55. 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. COVID-19: cleaning of non-healthcare settings - GOV.UK'.
56. 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.

The Use of Personal Protective Equipment (PPE) in Childcare

57. Staff in childcare settings will not require PPE other than for certain tasks deemed to be of higher risk of transmission. PPE is only needed in a very small number of cases. These 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).

58. Where PPE is recommended, 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.

59. 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.

60. 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.

61. Children should not wear PPE.

Test, Trace and Protect

62. 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 symptomatic staff and children are expected to obtain a test for COVID-19.

63. 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 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 above) in readiness for the test result and the potential need to inform the PHA.
- 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. The child continues to self-isolate until 10 days after the onset of their symptoms and the household continues to self-isolate for 10 days since the onset of symptoms in the child. If anyone else in the household develops symptoms during their 10 day self-isolation period, they should seek a test and if positive their 'clock' restarts meaning they have to self-isolate for 10 days from the onset of their symptoms. Anyone else in the household who remains symptom free can return to normal activities after the initial 10 day self-isolation period finishes.
- When a child tests positive the PHA Contact Tracing Centre will contact the parent/carer, as appropriate, and:
 1. identify all close contacts (as per definition above) **outside** the childcare setting and determine who their childcare provider is
 2. contact close contacts aged 16 years or over (if aged under 16 years they will contact the parents or guardians of the child or contact) and advise them to self-isolate for 10 days, irrespective of whether the contact has had a negative COVID-19 test.
 3. speak to the childcare provider in order to establish all close contacts (as per definition above) **inside** the childcare setting (children and staff). Contact the parents or guardians of close contacts and advise them to self-isolate for 10 days, irrespective of whether the contact has had a negative COVID-19 test.
 4. As long as the close contact and everyone else in their household has no COVID-19 symptoms, the remainder of the close contact's

household can carry on with their normal activities including attending work and school.

- If a child was identified as a close contact of confirmed case in the childcare setting subsequently develops COVID-19 symptoms (a new continuous cough, a fever/high temperature or loss of smell/taste) they should seek a test. This child and their household should also now self-isolate pending the result of that test.
 1. If the test is negative: the close contact (child) should **still** complete their 10 days self-isolation period. Their household can resume normal activities.
 2. If the test is positive: the close contact (child) becomes a case and the 'clock' resets for a new period of self-isolation for 10 days from the date of onset of symptoms. Their household will also need to complete a 10 days self-isolation period from the date of onset of symptoms.

PLEASE NOTE THAT PEOPLE IN CONTACT WITH AN ASYMPTOMATIC CLOSE CONTACT ARE NOT AT RISK OF EXPOSURE TO THE SYMPTOMATIC CONFIRMED CASE AND HAVE NO RESTRICTIONS ON THEIR NORMAL ACTIVITIES.

64. Testing is only recommended if an adult or child has any of the symptoms of COVID-19:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature), or;
- a new, continuous cough – this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual), or;
- anosmia - the loss or a change in your normal sense of smell (it can also affect your sense of taste).

65. If a member of staff or a child has:

- Symptoms of coronavirus and no test, they will need to stay at home until they have arranged a test
- Symptoms of coronavirus and a negative test, they need to stay at home until they have had a normal temperature for 2 days, unless they have been assessed physically or remotely by a GP and the GP has advised that a) the individual is not believed to have COVID-19 or any other infection that could be transmitted in the setting; and b) that the individual can return to the childcare setting. In this case the setting may decide whether or not to admit the child in advance of the child having had a normal temperature for 2 days.
- Symptoms of coronavirus and a positive test they will need to stay at home for at least 10 days.

- No symptoms and a positive test, they will need to stay at home for at least 10 days.

66. It is likely that people living within a household will infect each other or be infected already. Staying at home for 10 days will greatly reduce the overall amount of infection the household could pass on to others in the community.

67. Those living with a child or member of staff who has a positive test, will need to stay at home for 10 days from the day the first person in the home started having symptoms. Anyone who develops symptoms during this 10-day period, will need to self-check in accordance with Test and Trace guidance and stay at home for 10 days from the day the symptoms started; If, 10 days after symptoms started, there is no high temperature, there is no need to continue to self-isolate. If the individual still has a high temperature, they must keep self-isolating until their temperature returns to normal. There is no need to self-isolate if the only symptom after 10 days is a cough, as a cough can last for several weeks after the infection has gone.

Non Compliance with Test Trace and Protect

68. 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.

69. Where it is clear to a childcare provider that such an individual has been:

- in a location that requires 10 days quarantine on return,
- a contact of a confirmed case; 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

70. 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.

71. 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

72. Settings should be mindful that many parents may be anxious about sending their child back 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.

73. 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.

74. 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

75. The 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

76. The inspection process for registered childcare settings which was paused at the beginning of the pandemic will commence again on 8 October 2020. HSC Trust Early Years Teams will be making contact with all providers in the coming weeks with further information.

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.

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

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

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

Annex A - 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

