

# COVID-19/Infectious Diseases Policy

## Safe Operating Procedures

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<b>Revised</b>	Annually



## **COVID-19/Infectious Diseases Policy**

### **Safe Operating Procedures**

COVID-19 has changed all of our lives in many ways. This includes what to expect from Nursery. This policy aims to guide us through the new protocols which have been put in place for the safety of our stakeholders.

In addition to this policy, please also find the attached guidance to support this documentation:

Appendix 1 - COVID-19 Phase 3 – Infection Prevention and Control

Appendix 2 - COVID-19 Phase 3 – Supporting the Workforce to be confident and safe

Appendix 3 - Exclusion criteria for childcare and childminding settings

Appendix 4 - Advice on the Coronavirus for places of Education

Appendix 5 - KingsWellies Nursery Re-opening Strategy as at 15<sup>th</sup> July 2020

Appendix 6 - KingsWellies Nursery Procedure if a child or staff member becomes ill with COVID-19

Appendix 7 - KingsWellies Nursery enhanced daily cleaning checks

Appendix 8 - Schedule of Duties – KingsWellies Cleaning Checklist

Appendix 9 - KingsWellies Nursery – NHS Track and Trace Survey for visitors

Appendix 10 - FAQs – Care Inspectorate

Appendix 11 - Best Practice – How to handwash

Appendix 12 - Best Practice – putting on and removing PPE

Appendix 13 - How to talk to children about COVID-19

Appendix 14 - Contingency Plan/Business Continuity Plan – Positional Statement

### **Introduction**

It is important that everyone complies with the latest Government guidance on Coronavirus.

We have developed these Safe Operating Procedures based on guidance from the Scottish Government, Care Inspectorate and Health Protection Scotland (HPS) for Early Learning and Childcare Settings. It is important that we adapt our everyday practices to ensure that we continue to offer the staff and children a safe environment. Hygiene and social distancing remain the two key elements of infection prevention and control. If any symptoms are displayed, families must be alert and self-isolate for the safety of everyone.

Covid-19 appears to affect young children less often and with less severity. Children's role in its transmission is unclear but it seems that it is not significant.

Everyone involved in the day to day running of the nursery will receive appropriate instruction and training on how to operate under the terms of the Safe Operating Procedures.

There is always a risk when children come into a childcare setting but we are doing everything possible to minimise this risk. We are constantly updating our procedures to take account of any changes in government or local authority guidelines.

We aim to work in partnership with parents and trust that everyone understands and follows these Safe Operating Procedures.

### **The key principles of these procedures are:**

1. Any child, staff member, parent or visitor with coronavirus symptoms must not attend nursery and must isolate at home.
2. Increased cleaning processes are in place, throughout and at the end of the day.
3. Children and team members will be social distancing as far as possible.
4. Each day children will stay in key family groups (a bubble) with a buddy group working alongside to ensure continuity of staffing and children.
5. Key family groups will be in place inside and outside.
6. Arrival and departure will be staggered where possible, and children will be dropped off at the entrance within the playground.
7. Parents will not come on site or visit the nursery rooms unless this is explicitly arranged with the Nursery Manager e.g. in the event of a child being distressed.

8. The process for settling in sessions will be managed away from the other children.
9. Children and employees are welcome to attend nursery but must not be displaying any coronavirus symptoms, the most common being a new continuous cough, a high temperature or a loss of taste and smell.

**It is important that you seek medical advice if you are unsure.**

**It is important that children do not attend nursery if unwell, for their own wellbeing and for the safety of others.**

If anyone is experiencing any symptoms, they cannot return to nursery until they have completed the required isolation period and be symptom free or have achieved a negative test results (proof will be required). Prompt exclusion is essential to preventing the spread of infection. Children and employees who are classed as clinically vulnerable should follow medical advice before entering nursery.

It is preferable that your child only attends one setting to avoid mixing with different groups of children. Risks assessments will be completed as appropriate.

## **1 COVID-19 Guidance**

Managers and staff in the setting must make themselves familiar with COVID-19 advice, available from HPS, before the service reopens. It is important that the most up-to-date guidance is used and that managers and staff are knowledgeable about current guidance. Staff must always access guidance online wherever possible and check regularly for any updated advice.

Managers and staff must be aware of Test and Protect arrangements should they experience an outbreak. If a member of the staff team has symptoms, they must contact the NHS to arrange to be tested at 0800 028 2816 or [www.nhsinform.scot](https://www.nhsinform.scot). You can find more information on the COVID-19 Test and Protect webpage.

Managers must notify the Care Inspectorate in the event of any confirmed or suspected outbreak of an infectious disease. Notification and guidance are available through eForms.

## **2 Attendance**

### **2.1 Drop off and collection of children**

Parents are asked to drop off and collect their children at the designated entrance within the playground and not to enter the nursery. Whilst parents are waiting, it is important to maintain social distancing by keeping a distance of 2 meters apart. It is preferable if only one parent does the drop off and collection.

Parents will be asked to arrive outwith busy periods for arrival and drop off to ease pressure in the car park or waiting outside. Please approach the nursery slowly when driving as there will be parents and children waiting to enter. If you can walk to nursery, please do so.

Children will be assigned to a key family group based on the room they are in and a team member from that group will be responsible for collecting and delivering that child back to the parents. We will give you a limited handover, unless there is an important issue to discuss as other parents may be waiting.

### **2.2 Temperature and Symptom monitoring**

Routine temperature testing is not recommended as a reliable methods for identifying coronavirus. Parents and employees should follow the NHS guidelines and, in particular, evidence of a high temperature and/or new continuous cough.

### **2.3 Travel to nursery**

It is better not to share transport and to travel by car, bike or walk. Face coverings have been advised by the Government for use on public transport and in shops.

### **3 Implementing social distancing**

It is very difficult to avoid a level of physical interaction with young children and it is important to have their wellbeing at the centre of everything we do. If a child is in need of a hug, then it would not be fair to deny this. To help with social distancing the children will be grouped in small groups (a bubble) with a practitioner and this group will work alongside a buddy group to ensure that an adult is always available. Social distancing will also apply to seating arrangements and sleeping.

#### **3.1 Playrooms and groups**

We aim to keep children in their groups which will be identified by their usual room name e.g. Wellie Beans, but will be further defined by colour names in order to continue with the small group approach. We will occasionally merge groups as appropriate.

We are fortunate that we already have a system in place of key family groups and so this arrangement will not be unusual for the children and will not interrupt their play.

The practitioners will organise designated areas, indoors and outdoors, for the children in their groups. Children will have access to the full range of activities that are considered safe at this time.

#### **3.2 Mealtimes**

- As always, children will eat in their rooms.
- Support staff will serve the children.
- No food will be eaten out of shared platters or containers.
- Drinks will be offered at 30 minute intervals instead of cups being at the children's level to avoid accidental sharing of cups.
- Rolling snack will not happen during this time. It will resume once restrictions are lifted.

#### **3.3 Employees**

All employees will undergo a return-to-work induction and training on the new Safe Operating Procedures, with emphasis on good hygiene practices and maintaining social distancing.

#### **3.4 Fire drills and lockdown practice**

If we have to respond to a fire or emergency lockdown, we will continue to manage social distancing, as far as possible. The safety of the children and employees will always come first. Our Fire Evacuation Plan has been risk assessed and reviewed as appropriate. Fire Drills will be carried out periodically, as always.

### **4 Wellbeing**

We have modified our environment in line with Scottish Government and Care Inspectorate guidance.

We will be concentrating on fostering secure attachments with our children and, whilst we will be constantly observing and assessing the children, we will not be posting our usual online observations or carrying out lengthy handovers. We want our team to spend time with the children, playing and building their relationships.

We would always speak to you immediately if we have any concerns. If your child is expressing any concerns or worries, it is important that you inform the key person/Nursery Manager immediately.

### **5 Visitors**

#### **5.1 Settling in sessions/Transitions**

Parents may enter the nursery garden for the purpose of settling-in sessions. The manager will give further guidance on the day. It is important that social distancing continues to be maintained. The

parents will not be able to spend time in the children's rooms in order to minimise any risk of infection. Settling in sessions will take place away from other children but with key adults.

We will aim to organise groups of children who are due to transition so they can transition together. However, some children who were due to transition, might need the reassurance of the family group they were part of in order to feel safe and secure. Parents might prefer them to stay within a particular age group. The Nursery Manager will assist with this.

## **5.2 Visitors**

Visitors will not be permitted to enter the nursery building. Visitors will be asked to complete the KingsWellies Track and Trace Survey. This can be found at the front door.

## **5.3 Nursery show-arounds**

Prospective parents should make use of the nursery website and Facebook page for information relating to the ethos and organisation of the nursery. There are lots of videos and photographs showing the nursery and also the activities that take place. The Nursery Manager will be able to give you all the information you require. You can visit the nursery playground in order to discuss transitions and new starts.

## **5.4 Contractors**

Any contractors to the nursery will be reminded of Public Health Scotland guidance prior to entering the building. Contractors will be asked to complete the KingsWellies Track and Trace Survey.

# **6 Health, Hygiene and Safety**

## **6.1 Reducing the spread of the virus**

It is recognised that good hygiene and cleaning practices will significantly reduce the spread and transmission of the virus as well as everyone being alert to the symptoms. Doors and windows will be opened as much as possible in order to provide increased ventilation.

## **6.2 Cleaning**

An enhanced cleaning schedule will be implemented throughout and at the end of the day. Communal areas, door handles and shared facilities e.g. hndl tablets, must be regularly cleaned. The Nursery Manager will be responsible for recording these cleaning schedules.

The rate of hand washing must be significantly increased. Everyone, including children, must wash their hands on arrival at nursery. If no washbasins are available, sanitiser will be used. There will be regular opportunities for hand washing throughout the day.

## **6.3 Use of Tissues**

The children will be supported in age-appropriate ways to understand the steps they can take to keep themselves and others safe. This includes sneezing into a tissue (or their arm if immediate) and then to dispose of the tissue into the bin immediately.

## **6.4 Toileting**

The children will be taken to the toilets and supervised. Hand washing signs will be displayed to ensure hand washing is thorough and the practitioners will talk to the children about why we are washing our hands. Good personal hygiene will be seen as a priority within our Health and Wellbeing Curriculum.

## **6.5 Clothing**

All employees and children should wear clean clothing every day. If you have travelled on public transport, it is advised that you change your clothing on arrival at nursery. Children should bring one

bag with at least 2 changes of clothing. This will last their weekly booking pattern and should be taken home with them at the end of the week.

## **6.6 Risk Assessments**

All risk assessments will reflect the risk of transmission of COVID-19. Certain activities will be adapted or removed to reflect this risk e.g. going on trips using buses. Risk assessments can be shared with stakeholders on request.

## **6.7 Items from home**

We would prefer no toys or comforters to be brought into nursery. These should be left at home. If brought in, they will be placed in a sealed box for the duration of the day. Dummies are permitted as these can be sterilised.

## **6.8 Resources at Nursery**

Toys and resources that are difficult to clean will be removed, including cushions and soft toys. The children will only share toys and activities within their groups. We will aim to sanitise items at the end of each day.

## **6.9 Infection Control**

All staff have been retrained in the management of infection control. See Infection Control Policy.

## **7 Responding to a person displaying symptoms of COVID-19**

### **7.1 A child**

If a child is suspected of displaying coronavirus symptoms whilst attending the nursery, they should be collected as soon as possible and isolate at home in line with NHS guidance. The child must be tested before they return.

Whilst waiting to be collected, they will be isolated from others in a designated area. An employee will stay with them and will wear PPE.

If the child becomes very unwell, we will follow our normal emergency procedures and call 999.

The isolation area will be thoroughly cleaned once the child has been collected.

### **7.2 An employee**

In the event of an employee developing coronavirus symptoms whilst at work, they will leave work as soon as possible and isolate at home in line with NHS guidance. They will be required to have a test before they return.

### **7.3 PPE Equipment**

Government guidance is that PPE is not required for general use in nurseries to protect against COVID-19 transmission. Hand washing, effective cleaning and social distancing are the most effective measures. Gloves and aprons will be used for nappy changing and first aid. Aprons will be worn at mealtimes.

### **7.4 Reporting, testing and tracing**

Everyone over the age of five, children, parents and members of their households, is now eligible for a COVID-19 test, should they display coronavirus symptoms.

Any suspected or confirmed case must be reported to the Nursery Manager as soon as possible. If a positive result is confirmed, the practitioners and children associated with the group/bubble must self-

isolate for 14 days before returning to nursery. Positive tests will be reported to Health Protection Scotland and the Care Inspectorate by the Nursery Manager.

The government's tracing app is a way of helping to protect everyone.

Test and Protect is Scotland's way of putting into practice the test, trace, isolate, support strategy. It will prevent the spread of coronavirus in the community by:

- Identifying cases of coronavirus through testing
- Tracing the people who may have become infected by spending time in close contact with them
- Supporting those close contacts to self-isolate, so that if they have the disease they are less likely to transmit it to others.

This will allow the government to gradually change the restrictions that help to suppress the virus and instead to contain it, so that society and the economy can avoid a return to lockdown.

## **8 Further Guidance**

<https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19>

<https://www.gov.uk/government/publications/actions-for-educational-and-childcare-settings-to-prepare-for-wider-opening-from-1-june-2020>

<https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-services/>

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

<https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/>

<https://www.gov.uk/apply-coronavirus-test-essential-workers>

[https://www.careinspectorate.com/images/Professionals/SG\\_letters/CI\\_note\\_ELC\\_guidance\\_3\\_July\\_002.pdf?utm\\_medium=email&utm\\_source=govdelivery](https://www.careinspectorate.com/images/Professionals/SG_letters/CI_note_ELC_guidance_3_July_002.pdf?utm_medium=email&utm_source=govdelivery)

## **Appendix 1**

### **COVID-19 Phase 3 - Infection prevention and control**

There are a range of key practices that providers should consider in relation to hygiene and the prevention and control of the spread of infection.

- Cleaning practices
- Ventilation
- Enhanced hand hygiene
- Tooth brushing
- When a child or staff member becomes ill

#### **Cleaning practices**

If premises have been closed for many weeks or if parts of the building have been out of use for a long period, the provider must undertake appropriate and thorough cleaning of the premises prior to reopening.

Consideration should be given to the cleaning strategy to be adopted in the setting once it reopens. All cleaning should be carried out in accordance with COVID-19 – guidance for non-healthcare settings ([https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1\\_covid-19-guidance-for-non-healthcare-settings.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf)) and Infection Prevention and Control in Childcare Settings guidance (<https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/>).

This may be an extension of the cleaning regime normally used in early learning and childcare settings, with table tops, chairs, doors, light switches, banisters, equipment sinks, and toilets being cleaned more regularly. There should be routine cleaning and disinfection of frequently touched objects and hard surfaces, this should include equipment staff use, (e.g. telephones, keyboards, door handles, and tables). Toys and equipment that children access should be cleaned each day; between sessions and at the end of the day or in the morning before the session begins using standard detergent and disinfectant that are active against viruses and bacteria.

Careful consideration should be given to the cleaning regime for sensory rooms and soft play areas, to ensure safe use.

It is recommended that children access toys and equipment that are easy to clean. Resources such as sand, water and playdough should be used only by one cohort of children.

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.

Each setting should be cleaned every night or when children's sessions change, in preparation for a new group of children being in the next day/session. This may require a review of cleaning arrangements to ensure additional cleaning hours are available.

Children will require comfortable areas to play, however any soft furnishings such as throws should be removed, unless clearly required. If required, they should be used for individual children and should be washed after use. Where children sleep or nap in the setting, children should have individual bedding, stored in individual bags and this should be laundered frequently and as a minimum weekly.

Surfaces in dining or snack areas should be wiped down and disinfected in between use by each group of children.

All crockery and equipment used in the provision of meals and snacks for children should be cleaned with general-purpose detergent and dried thoroughly before being stored for re-use.



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.

## **Ventilation**

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, where it is safe to do so should be encouraged to increase natural ventilation and also to reduce contact with door handles. This should not include fire doors.

### **Enhanced hand hygiene**

Arrangements should be implemented for enhanced hand and respiratory hygiene by adults and children in the setting. Where possible, disposable paper towels or kitchen roll should be used. Where it is age appropriate services can also use hand dryers. Where this is not practical, individual towels must be available for each child, and these must be laundered each day. There are a range of resources available from the NHS to encourage children with handwashing. There is also a video to demonstrate the correct way to wash your hands from NHS Education for Scotland (NES). Antibacterial hand gel is not recommended for children when soap and water is available. Antibacterial hand gel should not be used by children under 12 months.

During this period ELC services must ensure that handwashing facilities are accessible for children and they may wish to have a supply of antibacterial hand gel available to parents and staff at the entrance to the setting. Staff should ensure enhanced hand hygiene measures are in place including washing their own hands and the hands of all children:

- ensure all staff and children wash their hands with soap and water for 20 seconds frequently
- handwashing should be encouraged on arrival at the setting:
  - o before and after eating
  - o after toileting
  - o at regular intervals throughout the day
  - o when moving between different areas (e.g. between different rooms or between inside and outside)
- encourage children where age appropriate not to touch their face, use distraction methods and keep children busy, rather than making this an issue. Use a tissue or elbow to cough or sneeze, and dispose of tissues appropriately
- supervise children washing their hands and provide assistance if required
- never share water in a communal bowl when washing hands
- always dry hands thoroughly

## **Tooth brushing**

Tooth brushing can continue where there are adequate facilities to do so. Only one child should be cleaning their teeth in the sink at any one time, and staff should ensure that sinks are cleaned after use. Toothbrushes must be stored separately and in closed containers.

## **When a child or staff member becomes ill**

Staff and children who develop symptoms consistent with COVID-19 must follow the Test and Protect guidance, which includes staying at home, self-isolating, and contacting the NHS for advice on testing. Those who do test positive for COVID-19 will be asked to continue to self-isolate for 7 days and their close contacts, identified through contact tracing, will be asked to self-isolate for 14 days.

We are working with Scottish Government colleagues developing and implementing the Test and Protect approach on the specific issue of how children under the age of 5 can be tested for COVID-19 while minimizing any upset or discomfort to any such children. Guidance for the ELC sector setting out detail on the process to be followed and the implications for ELC settings will be issued in advance of settings reopening.

To support those assessments, settings should also develop a clear procedure for what to do should a child or staff member display symptoms of COVID-19 when in the setting, including guidance on the appropriate use of Personal Protective Equipment (PPE) adhering to HPS non-healthcare facilities guidance (<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/>). If there is a suspected outbreak in a setting, for example if there are multiple cases among different groups, then the local health protection team may recommend the closure of the setting to prevent further transmission.

If a child becomes unwell while in the setting, a ventilated space must be available for children who become symptomatic to wait in until they can be collected by their parent. Where space allows, you should prevent contact between any other children in the setting. Care must be taken however for the appropriate levels of supervision of all children. Read the advice on what to do if someone is symptomatic.

All providers should plan as much as possible to minimise the operational impact of individual staff or groups of staff being required to self-isolate.

Settings should contact their local health protection team for advice if they have two or more cases (staff or children) or an increased rate of background illness. Contact details for local public health teams can be found in Appendix 1 of the Health Protection Scotland COVID-19 guidance for non-healthcare settings.

Settings should also maintain an accurate register of absences of children and staff and whether these are due to suspected or confirmed COVID-19. This will enable employers to maintain records on staffing capacity in individual settings and to make judgements about whether it will be necessary to close settings temporarily due to high levels of staff absence.

## **Appendix 2**

### **COVID-19 Phase 3 - Supporting the Workforce to be confident and safe**

We have a collective responsibility to enable all staff to feel confident when returning to the workplace. They should have the opportunity to read and discuss the following:

- Health Protection Scotland Guidance (<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/>)
- The Strategic Framework for Reopening Schools and ELCs (<https://www.gov.scot/publications/excellent-equity-during-covid-19-pandemic-strategic-framework-reopening-schools-early-learning-childcare-provision-scotland/pages/7/>), and
- The framework document (<https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/>)

As settings plan to welcome back children and families and staff, staff wellbeing must be protected. Staff will need time to re-connect, to meet, talk and 'check in' with each other.

Providers should communicate extensively with their staff to ensure that they are clear and confident in implementing the required public health measures and processes in advance of settings reopening.

As there is some evidence that COVID-19 may impact disproportionately on some groups (including Minority Ethnic communities), providers should ensure that occupational health services provide practical support and advice to Minority Ethnic staff, particularly where they are anxious about protecting themselves and their families.

### **Staff wellbeing and Professional learning support**

Practitioners may find it valuable to access support for their mental health and wellbeing in the lead-up to settings reopening and once they do reopen, given many will be balancing the return to work with managing their own childcare needs and any stressors linked to the COVID-19 pandemic, including potential illness and bereavement within their own families.

The Scottish Government is working with partners from across the childcare sector to develop a directory of existing mental health, wellbeing and professional learning support for early learning and childcare, and out of school care, practitioners and childminders. This will be published and shared widely across the sector in advance of settings reopening.

To ensure we can respond to specific mental health and wellbeing needs of professionals across the early learning and childcare and out of school care sectors, the Scottish Government has also undertaken a survey of the workforce, to seek views on the existing wellbeing and professional learning support which has been made available since the school and nursery closure period took effect, and the further support which would be beneficial. This will inform the development and dissemination of any further support, advice and resources for the workforce in advance of settings reopening.

This could include:

- resources for the workforce to aid them in supporting children and families who have been affected by bereavement
- supporting children who have experienced lockdown as a stressful and even traumatic period
- resources to aid managers and heads of centres in supporting their own staff with their mental health and wellbeing

It is also important that professionals from across the early learning and childcare sector are provided with safe and supportive spaces to connect with colleagues from across Scotland in a virtual environment, to allow for professional dialogue and peer support to take place during this challenging period. The Scottish Government will work with Education Scotland to create such opportunities, for example via further instances of the successful #BeingMeBlethers professional learning events, which have enabled practitioners from across the childcare sector to engage in shared learning via Twitter.

The Scottish Government and ADES will gather good practice examples of successful workforce deployment and workforce support models adopted during delivery of critical childcare and share this learning widely across the sector

## **Wellbeing, Nurture and Experiences**

As settings re-open staff will be aware that the pandemic will have had a unique impact on each child and their family, as well as themselves and their colleagues at work. It is important that the child is at the centre of their practice to ensure quality, whilst balancing safety and risk. Staff should support children and families to understand the need for the changes and encourage them, where possible to design the delivery of care.

It is essential, at this time of transition that ELC continues to be informed by the principles which underpin high quality provision. While aspects of practice may be delivered differently, practitioners will still be working to meet the needs of their children and their families. Practice that reflects the principles of nurture and the importance of relationships will be key.

Getting it right for every child (GIRFEC), with its focus on wellbeing, recognises that children and young people have the right to expect appropriate support from adults to allow them to grow and develop and to have their voices heard. Working in partnership with parents is essential, with two way sharing of information being fundamental to this. The GIRFEC approach is about responding in a meaningful, supportive way which puts the wellbeing of children and families at the heart of any support.

The national practice guidance '[Realising the Ambition: Being Me](https://education.gov.scot/improvement/learning-resources/realising-the-ambition/)' (<https://education.gov.scot/improvement/learning-resources/realising-the-ambition/>) talks about the crucial role of the environment. This includes the importance of physical spaces; the human, social environment of positive nurturing interactions; and children's experiences. Settings need to be confident that they are providing experiences and sensitive interactions in a variety of outdoor and indoor spaces, in ways which best support the needs of children within the context of the recovery period. This will help develop the emotional resilience babies, toddlers and young children need to form a secure wellbeing base.

During the COVID-19 recovery period settings will require to adjust how they provide high quality provision. Some aspects of practice will need to be delivered in different ways to ensure the safety of all. Further information will be published to provide practical support with this. The principles that underpin that high quality however remain unchanged.

Best practice will:

- put the best interests of the child at the heart of decision making
- take a holistic approach to the wellbeing of a child
- work with children, young people and their families on ways to improve wellbeing
- advocate preventative work and early intervention to support children, young people and their families
- believe professionals must work together in the best interests of the child



## Appendix 3



# Exclusion Criteria for Childcare and Childminding Settings Recommended time to be kept away from daycare and childminding

### Main points

- Any child who is unwell should not attend, regardless of whether they have a confirmed infection.
- Children with diarrhoea and/or vomiting should be excluded until they have had no symptoms for 48 hours after an episode of diarrhoea and/or vomiting.
- Coughs and runny noses alone need not be a reason for exclusion but if the child is unwell they should not attend.
- Skin rashes should be professionally diagnosed and a child should only be excluded following appropriate advice.
- Certain individuals exposed to an infection, for example an immunocompromised child who is taking long term steroid treatment or has cancer, may require specific advice from their GP.
- Children should only be excluded when there is good reason. If in doubt contact a member of the Health Protection Team (HPT).
- If an outbreak of infection is suspected the local Health Protection Team should be contacted.

Further information can be found in Infection Prevention and Control in Childcare Settings (Day Care and childminding settings) <http://www.hps.scot.nhs.uk/haic/ic/guidelinedetail.aspx?id=47103>

Information on current immunisation schedule for children can be found at <http://www.immunisationscotland.org.uk/index.aspx>

If you have any questions please contact your local Health Protection Team (HPT)

Name: .....

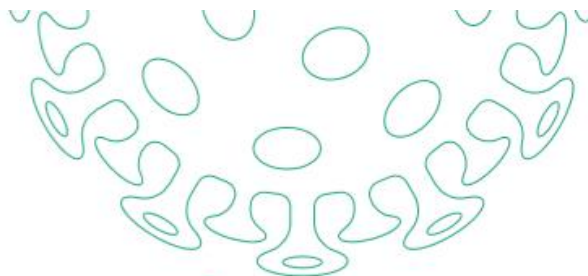
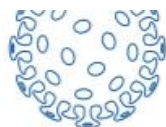
Telephone Number: .....

Infection/Virus	Exclusion period	Comments
<b>DIARRHOEA AND VOMITING ILLNESS</b>		
General advice	Exclude until 48 hours after the diarrhoea and/or vomiting has stopped. Depending on the specific infection, exclusion may apply to: • young children; • those who may find hygiene practices difficult to adhere to; • those who prepare or handle food for others. Your local HPT will advise.	Diarrhoea is the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual. If blood is found in the diarrhoea then the patient should get advice from their GP.
<b>Common Infections</b>		
Norovirus	48 hours from last episode of diarrhoea and vomiting.	
Campylobacter	48 hours from last episode of diarrhoea and vomiting.	Discussion should always take place between the HPT and Nursery
Salmonella	48 hours from last episode of diarrhoea and vomiting.	
<b>Less common Infections</b>		
Cryptosporidiosis	48 hours from last episode of diarrhoea and vomiting.	Exclusion from swimming is advisable for two weeks after the diarrhoea has settled
E.Coli O157	Your local HPT will advise.	
Shigella (Bacillary Dysentery)	Your local HPT will advise.	
Enteric fever (Typhoid and paratyphoid)	Your local HPT will advise.	
<b>RESPIRATORY INFECTIONS</b>		
Coughs/colds	Until recovered.	Consider influenza during the winter months.
Flu (influenza)	Until recovered.	Severe infection may occur in those who are vulnerable to infection.
Tuberculosis (TB)	Consult with your local HPT.	Not easily spread by children. Requires prolonged close contact for spread.
Whooping cough (Pertussis)	5 days from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccination. After treatment non-infectious coughing may continue for many weeks. Your local HPT will organise any contact tracing.
<b>RASHES/SKIN</b>		
Athlete's foot	None.	Athlete's foot is not serious. Treatment is recommended.
Chickenpox (Varicella zoster)	5 days from onset of rash.	Pregnant staff should seek advice from their GP if they have no history of having chickenpox. Severe infection may occur in vulnerable children.
Cold sores, (herpes simplex)	None.	Avoid kissing and contact with the sores. Cold sores are generally a mild self-limiting disease.
German measles (rubella)	6 days from onset of rash.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP.
Hand, foot and mouth (coxsackie)	None.	Contact your local HPT if a large number of children are affected.
Impetigo (Streptococcal Group A skin infection)	Until sores are crusted or healed or until 48 hours after antibiotic treatment has started.	Antibiotic treatment may speed healing and reduce infectious period.
Measles	4 days from onset of rash. Always consult with HPT.	Preventable by immunisation (MMR x 2 doses). Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children. Your local HPT will organise contact tracing.
Molluscum contagiosum	None.	A self limiting condition.
Ringworm	Exclusion not usually required.	Treatment is required.
Roseola (infantum)	None.	None.
Scabies	Child can return after first treatment.	Two treatments 1 week apart for cases. Contacts should have same treatment, include the entire household and any other very close contacts. If further information is required, contact your local HPT.
Scarlet fever	24 hours after commencing antibiotics.	Antibiotic treatment recommended for the affected child.
Slapped Cheek Syndrome (Erythrovirus B19)	None.	Pregnant staff should seek advice from their GP. Severe infection may occur in vulnerable children.
Shingles (Varicella zoster)	Exclude only if rash is weeping and cannot be covered, e.g. with clothing.	Can cause chickenpox in those who have not had chickenpox. Pregnant staff should seek advice from their GP.
Warts and Verrucae	None.	Verrucae should be covered in swimming pools.
<b>OTHER INFECTIONS</b>		
Conjunctivitis	None.	If an outbreak occurs contact local HPT.
Diphtheria	Exclusion will apply. Always consult with your local HPT	Preventable by vaccination. Your local HPT will organise all contact tracing.
Glandular Fever	If unwell.	
Head lice	None.	Treatment is recommended only in cases where live lice have definitely been seen. Close contacts should be checked and treated if live lice are found. Regular detection (combing) should be carried out by parents.
Hepatitis A or E	Exclude until 7 days after onset of jaundice (or seven days after symptom onset if no jaundice).	Your HPT will advise.
Hepatitis B and hepatitis C	None.	Blood borne viruses that are not infectious through casual contact.
Meningococcal meningitis/septicaemia	Until recovered. HPT will advise.	Meningitis C is preventable by vaccination. There is no reason to exclude siblings and other close contacts of a case. Your local HPT will provide advice for staff and parents as required and organise all contact tracing.
Meningitis* due to other bacteria	Until recovered.	Hib and pneumococcal meningitis are preventable by vaccination. There is no reason to exclude siblings or other close contacts of a case. Your local HPT will give advice on any action needed.
Meningitis viral	Until recovered.	Milder illness. There is no reason to exclude siblings and other close contacts of a case.
Mumps	Five days from onset of swollen glands.	Preventable by vaccination (MMR x 2 doses).
Threadworms	None.	Treatment is required for the child and all household contacts.

References: Guidance on Infection Control in School and other Child Care Settings Poster, HPA, April 2010. Definition of diarrhoea <http://www.who.int/topics/diarrhoea/en/>



## Appendix 4



# Advice on the coronavirus for places of education

### How serious is the coronavirus?

- it can cause flu-like symptoms, including fever, cough & difficulty breathing
- the infection is not serious for most people, including children
- there is currently no vaccine
- most people get better with enough rest, water to drink and medicine for pain

### How likely are you to catch the virus?

- you can only catch it if you have been close to a person who has the virus
- the chance of being in contact with the virus is currently low in the UK
- if you have travelled to areas where many people are infected, your chance of catching the virus is higher, i.e. China, Italy or other affected areas

## How can you stop coronaviruses spreading?

### If you need to cough or sneeze



**Catch it**  
with a tissue



**Bin it**



**Kill it**  
by washing  
your hands with  
soap & water or  
hand sanitiser

### You should wash hands with soap & water or hand sanitiser



**After breaks  
& sport  
activities**



**Before  
cooking  
& eating**



**SCHOOL  
ETC.**  
**On arrival at  
any childcare  
or educational  
setting**



**After using  
the toilet**



**Before  
leaving  
home**



Try not to touch your  
eyes, nose, and mouth  
with unwashed hands



Do not share items that come  
into contact with your mouth  
such as cups & bottles



If unwell do not share items  
such as bedding, dishes,  
pencils & towels

## What should you do if you feel unwell?

Keep away from others and stay at home to stop the infection spreading. Avoid public transport if you think you have symptoms of coronavirus. If you become unwell at a place of education, tell a member of staff and let them know if you have travelled to any other countries in the last 14 days or had contact with someone who has coronavirus illness.

If your staff member or parent thinks you have symptoms of coronavirus, they should call the GP or NHS24 (111) for advice. Teachers and support staff should follow the Health Protection Scotland (HPS) advice for childcare or educational settings <https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-to-educational-settings/>

Staff, students and pupils who have returned from Category 1 risk areas for COVID-19 within the last 14 days should self-isolate, and NOT attend education or work for 14 days, even if they feel well. You can find information about affected areas on the HPS website <https://www.hps.scot.nhs.uk/a-to-z-of-topics/wuhan-novel-coronavirus/>

Staff, students and pupils who think they have been in contact with someone infected with coronavirus should NOT attend education even if they are well, but should first contact their GP or NHS24 (111) for further assessment and advice.

See [nhsinform.scot](https://nhsinform.scot) for more information about coronavirus.

**If there is an emergency, call 999 immediately and tell the call handler/operator that person has been in a risk area for COVID-19 or had contact with a case**



## **Appendix 5**

### **Reopening Strategy – KingsWellies Nursery from 15<sup>th</sup> July 2020**

COVID-19 has changed all of our lives in many ways. This includes what to expect from Nursery. This letter aims to guide you through some of the new protocols which have been put in place from your and your child's safety.

All of the changed that we have made, are based around the principles from **Phase 3: Guidance on reopening early learning and childcare services**. This guidance was produced by the Care Inspectorate and Scottish Government and was issues to us on 15<sup>th</sup> June 2020. I have already issued all parents with this guidance. Many of the protocols listed below, are already part of our daily routines.

#### **Risk Assessment**

- A full health and safety check has been carried out by SMT prior to reopening
- Risk assessments have been completed in relation to risks identified in respect of COVID-19
- Fire evacuation risk assessment reviewed
- Risk assessments can be viewed by parents on request

#### **Communication**

- We have been told to reduce face to face contact with parents and other adults
- When face to face communication is appropriate, the physical distancing guidance of 2m must be adhered to
- Phone calls, emails, photographs, facebook, will be used to ensure clear lines of communication with parents and staff
- ILDs/child observations will start again over the next couple of weeks

#### **Infection Prevention and Control**

- Social distancing of 2m between ALL adults will be paramount
- The nursery will be fully and thoroughly deep cleaned on 13/07/2020 prior to reopening
- An updated and revised Cleaning Strategy has been put in place. This has been shared with all staff
- Table tops, chairs, doors, light switches, sinks, toilets, hard surfaces, telephones, keyboards will all be cleaned and disinfected at regular intervals
- All cleaning will be carried out in accordance with COVID-19 – guidance for non-healthcare settings and Infection Prevention and Control in Childcare Settings
- Toys and equipment that children access, are cleaned throughout the day and after each group has used them
- Additional staff have been dispatched to ensure that enhanced cleaning practices are fully carried out (two staff per room)
- Children will be enabled to access toys and equipment that are easy to clean
- Sand, water and playdough will only be used by one group of children and not shared with other groups
- **Children are not allowed to bring toys from home**
- The nursery will be cleaned every night for four hours
- Soft furnishings have been removed from rooms
- Individual bedding will be stored in individual named bags and washed at a minimum of once weekly
- Opening of doors and windows (where it is safe to do so) will be encouraged to increase ventilation
- Enhanced hand and respiratory hygiene will be practiced by all staff and children

- Anti-bacterial hand gel will be available for parents at pick up and drop off points and at the reception entrance
- Tooth brushing will be discouraged unless individual children wish to do so
- Children will be supervised when washing their hands and toileting
- If a child or staff member becomes ill with symptoms consistent with COVID-19, we will follow the NHS Test and Protect guidance. We have developed a clear procedure for what to do in these circumstances. This is attached for your information.
- An accurate register of absences of children and staff will be kept

### **Groups and Cohorts**

- Groups of 8 children (in pre-school), 5 children in toddlers and 3 children in babies have been established
- The aim of small group working is to limit the number of close contacts for each child and member of staff. This will reduce the risk of spread of infection
- These groups will work consistently throughout the day together
- Each group will have one key worker who will work consistently with them. They will work with the same staff member and same children (as much as possible) during both indoor and outdoor play
- There will be times when other staff members may need to provide cover for children from a group (e.g. during lunch and snack) but this will be for limited periods
- Physical distancing is not appropriate between young children and children will be permitted to mix but will work in their groups for the majority of the time
- Physical distancing will remain between adults at all times
- There is no negotiation around which children are in which group. This has been carefully considered by staff
- Children will use a one-way system when moving about the nursery. They will be encouraged to walk outside to get to other parts of the building
- Loose furniture has been removed to increase more space for children
- There will be minimal sharing of equipment or resources between groups, both inside and outside and cleaning will be carried out between uses

### **Maximising use of Outdoor Spaces**

- Outdoor environments can limit transmission
- We will be using our garden, forecourt, local environment as much as possible across the day
- Outdoor equipment will be cleaned between groups
- Within public areas, staff will be aware of the need to physically distance from other children and adults
- **ALL children must have suitable clothing with them. This includes at least two changed of clothes (clothes will not be provided from nursery), wellies, waterproofs, sun hat etc. Nursery bags will remain in nursery for the duration of the child's whole week and will do home at the end to be washed**
- Please provide sunscreen for your child. Sun Safety Policy is attached for your information

### **Physical Distancing/Drop off and Pick Up**

- Physical distancing of 2m applies to staff, parents, visitors to the nursery
- Staffroom – only 4 staff allowed at any one time
- We must ensure that large gatherings of people are avoided and physical distancing maintained
- **Parents will not be permitted to enter the building. Drop-off and pick-ups will be done from the area outside the baby room, in the playground. It is clearly sign posted. A member of staff will be at this area at all times throughout the day**
- The children will head straight to the area in which their group is working, which could be indoors or outdoors, after washing their hands



- It is recognised that a physical handover of very young children will be required. Staff and parents should wash their hands thoroughly following this handover
- Parents must wait in the car park area at drop off and pick up times until they are called forward. We must socially distance. We must avoid congestion. Please be patient
- If a child becomes distressed, the parent should comfort them without coming in to contact with staff or other children. This will happen outdoors
- Handover information will not be as detailed as usual. We must limit face to face contact where possible. Any issues will therefore be conveyed to you by email, phone, ILD as appropriate. Daily updated will be posted on facebook

#### **Settling-in**

- We are very sensitive to the needs of our children who may require additional support to settle back in to nursery
- New children will be settled-in an outdoor environment with their parent and away from other children
- Children will be supported to familiarise themselves with the revised layouts. This will be made fun for them
- Parents of children with specific additional support needs, will be contact individually and will be asked to complete and update medical care plans
- All parents will be asked to update individual care plans prior to reopening
- Our aim is to settle our own children in first. We will then contact our new parents to arrange appropriate settling-in sessions and start dates

#### **Movement in and around Nursery**

- Children and staff will be encouraged to use a one way system where possible. They will make use of the playground to move between areas. The corridors and reception areas will be restricted unless being used by individual groups

#### **Evacuation Procedures**

- Fire drills to be carried out next week and weekly thereafter
- Risk assessment completed

#### **Blended Placements/Meals and Snacks**

- Blended placements of split placements between different settings, should be avoided and are currently not permitted. This is in order to minimise the risk of transmission

#### **Provision of Meals and Snacks**

- No need for additional PPE as it is already worn
- Cohort groups will eat snacks and lunch together to minimise the spread of infection
- Groups will have set times for lunch and snacks
- Additional staff will be employed to serve lunch and snacks. This will allow key worker staff to have their own lunch and breaks
- The outdoor environment will be used for dining as much as possible
- Children will not serve themselves e.g. rolling snack. All snacks and meals will be plated up and served directly to the children
- Relaxed, enjoyable and sociable time

#### **Capacity/Opening Hours**

- Opening hours will remain the same. 7.30am until 6pm daily
- **Please be patient if there are parents waiting during pick up and drop off times. Please try to avoid the busiest times where you can. This will avoid long and frustrating queues**
- Capacity – we cannot increase our capacity until the 2m rule is lifted. This has an impact on our capacity
- Staffing models have been reviewed in accordance with guidance. A greater number of staff have been employed in order to fulfil all guidance. Additional supervisors, managers, support staff have been employed over and above our usual ratios

**Financial Impact**

- The reduction in capacity and the increase in staffing has adversely affected the cost of delivery of our service, per child
- Places have and will be allocated in a clear and transparent manner. These criteria have already been shared with you

**Supporting the Staff to feel confident and safe**

- We have held a range of meetings with staff prior to reopening
- ALL staff have completed COVID-19 CPD training course and have accredited qualification
- ALL staff have completed 3 additional courses in relation to COVID-19 – Azilo Handwashing, Azilo Legionnaires disease, Azilo COVID-19 Guidance: Reopening Childcare and Early Years Settings
- ALL staff have been included in a question and answer webinar session with the Care Inspectorate
- All staff have read Health Protection Scotland guidance
- All staff have read the Strategic Framework for Reopening Schools and ELC
- All staff have read COVID-19 – A Framework for Decision Making
- All staff have read Phase 3 – Guidance on reopening ELC services
- All staff are fully aware of Test and Protect arrangements and what to do if any staff or children are symptomatic

**Curriculum**

- We will continue to follow the Experiences and Outcomes in Curriculum for Excellence for our 3-5 age range
- We will continue to follow our Pre-Birth to Three curriculum for our 0-3 age range
- Topic to be developed will be Happy Healthy Me with a focus on transition to P1 (where appropriate)

**All staff, parents and visitors will be expected to fully adhere to the protocols that we have listed above and put in place during these challenging times. If these are not adhered to, parents, staff and visitors will be asked to leave the premises immediately. We appreciate your support.**

## **Appendix 6**

### **Procedure if a Child or Staff Member becomes ill with Covid-19 July 2020**

If a child or staff member becomes unwell while at nursery please adhere to the following procedure:

- Kerry/Marcia or Laura to call parent to come collect their child.
- Staff Member to be sent home to contact NHS and follow the Test and Protect procedure. If a negative result then staff member can return to their duties but if a positive result then you must follow the Test and Protect guidelines.
- Keyworker to remove symptomatic child from their cohort group and sit with them in a well ventilated area (Outside Playroom Door) Support Staff to go into cohort group whilst Keyworker sits with child outside until parents collect their child.
- If a child or staff develop symptoms consistent with COVID-19 they must follow the **Test and Protect** procedure. If a positive result for COVID-19 they need to Self Isolate at home for 7 days. Close contacts will be required to Self Isolate for 14 days.
- If 2 or more cases of COVID-19 we will contact Health Protection Team for advice and follow their advice as required.

### **Symptoms of Covid-19**

- New Continuous Cough.
- High Temperature 38c or higher.
- Loss of/change in sense of smell or taste.

These can range from a mild to moderate illness to severe acute respiratory infection.

Children could also show the following symptoms:

- Rash.
- High temperature that's lasted 5 days and won't reduce with Paracetamol.
- Refusing food, not usual self, dehydrated, dry nappies, sunken eyes, no tears when crying.

## Appendix 7

### Daily Cleaning Checks

Date \_\_\_\_\_

Room \_\_\_\_\_

	7:30	9:30	11:30	1:30	3:30	5:30
Hazards – wet floor, trip hazards						
Clean sinks in all areas						
Clean toilets and toilet inserts						
Toilet roll stocked						
Soap dispensers stocked						
Hand towels stocked						
Clean changing mats						
Clean changing stations						
Nappy bin checked and emptied as required. Clean Nappy bin						
Potty cleaned, dried and in a box with a lid.						
Lids on all storage boxes in toilet areas.						
Soiled clothing gone home each day.						
Creams in sealed boxes/bags						
Nappy and toileting sheets displayed and up-to-date						
Sprays – correctly labelled sprays in changing area and refilled (PROTECT). KEEP OUT OF REACH OF CHILDREN.						
Wipe down door handles, door panels and door surfaces						
Wipe down phone and keyboards						
Wipe down Light Switches						

Check and initial once done.

# Kingswellies Nursery Cleaning Solutions

Product	Area
QDet THEN Esteem	Food contact surfaces
	Food prep areas
	Hard surfaces
	Tables and chairs
Protect	Toilets
	Changing mats
	Potties
	Furniture/cots
	Door Handles
	Door surfaces
	Light switches
	Corridor doors/handles
	Bodily fluids on floors
Milton	All toys
	Dummies
Spray protect on hand towel then wipe.	Room Phones/Hudl's/Keyboards
Lift	Corridor floors
	Playroom floors



## Appendix 8

### Schedule of Duties – KingsWellies Cleaning Checklist

Activity	Daily	Weekly	Monthly
<b>All General Areas – Weekly</b>			
Dust fire extinguishers		x	
<b>Entrance, Reception and Waiting Area</b>			
Damp wipe, dry and polish reception counter	X		
Empty rubbish bins	X		
Replace rubbish bin liners as necessary	X		
Vacuum carpeted areas	X		
Remove cobwebs	X		
Dust/polish furniture and fittings	X		
Damp wipe and dry ledges, skirting boards and windowsills	X		
Damp wipe, disinfect and dry light switches		X	
Damp wipe, disinfect and dry door handles		X	
<b>Offices</b>			
Empty rubbish bins	X		
Replace rubbish bin liners as necessary	X		
Vacuum carpeted areas	x		
Dust office equipment		X	
Dust/polish desks as accessible		X	
Dust artwork and picture frames		X	
Remove cobwebs		X	
Clean marks from doors and frames		X	
Damp wipe and dry ledges, skirting boards and windowsills		X	
Damp wipe, disinfect and dry light switches		X	
Damp wipe, disinfect and dry door handles			X
Dust air conditioner/heater/ventilation ducts and grills			X
Dust chair bases			X
<b>Baby/toddler/pre-school/sleep room</b>			
Vacuum carpeted areas and rugs/mats	X		
Microfiber mop hard floor surfaces	X		
Damp wipe and dry ledges, skirting boards and windowsills	x		
Dust artwork and picture frames		X	
Remove cobwebs		X	
Damp wipe, disinfect and dry light switches		X	
Damp wipe, disinfect and dry door handles		x	
Dust air conditioner/heater/ventilation ducts and grills			X
<b>Baby changing area</b>			
Microfiber mop hard floor surfaces	X		
Damp wipe, disinfect and dry baby changing tables	x		
Damp wipe and dry ledges, skirting boards and windowsills		X	
Damp wipe, disinfect and dry light switches		X	
Damp wipe, disinfect and dry door handles		X	
Dust air conditioner/heater/ventilation ducts and grills		x	

<b>Toilets (adult and children's)</b>			
Clean and disinfect sinks, plugholes, scrub and polish taps	X		
Clean and polish mirrors	x		
Clean and disinfect toilets and urinals, inside and out	X		
Clean and disinfect all pipes and fittings	X		
Clean and disinfect all hand driers, soap and towel dispensers	X		
Damp wipe, disinfect and dry light switches	X		
Damp wipe, disinfect and dry door handles	X		
Empty rubbish bins	X		
Replace rubbish bin liners as necessary	X		
Microfiber mop hard floor areas	X		
Replenish all consumables (toilet paper, hand towels etc) as required	X		
Remove cobwebs	X		
Clean marks from doors and frames		X	
Clean marks from walls		X	
Damp wipe and dry ledges, skirting boards and windowsills		X	
Dust air ducts, grills and radiators			x
<b>Staff room</b>			
Empty rubbish bins and replace liners as necessary	X		
Vacuum carpeted areas	X		
Replenish all consumables (hand towels, blue roll etc) as required	X		
<b>Hallway</b>			
Microfiber mop hard floor areas	X		
Dust shelving units		x	





## **Appendix 9**

### **NHS Track and Trace Survey**

Have you or any of your immediate family living in the same household visited any international country in the last 3 months? YES/NO

If yes, please specify which country \_\_\_\_\_

---

Have you suffered from or are you currently suffering from any of the following symptoms in the last month:

- |                       |        |
|-----------------------|--------|
| - A cough             | YES/NO |
| - A high temperature  | YES/NO |
| - Shortness of breath | YES/NO |

*These symptoms do not necessarily mean you have the illness. However, they may be an indication you need to seek medical advice.*

---

Thank you for completing our survey and for helping us keep infection control one of our highest priorities.

Name: Sign:

Date: Contact no:

We may be in touch with you following the NHS Test and Trace Procedure.

## **Appendix 10**

### **Frequently Asked Questions Day Care of Children and ELC settings except Childminders**

#### **General Guidance links and signposting**

Make sure you follow Health Protection Scotland's guidance for any issues in relation to coronavirus, COVID-19. This is available on Health Protection Scotland's website. You can find information on our website here (<https://www.careinspectorate.com/index.php/coronavirus-professionals>). It is important that you check these websites daily to stay up to date.

We have captured some of the most frequently asked questions below. We are updating this regularly as more information becomes available. The response to the coronavirus COVID-19 outbreak is complex and fast moving. It is important that you continue to check information on the relevant websites that we have linked to below.

#### **Personal Protective Equipment**

Updated guidance is available here (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>).

Please note there is also PPE guidance on our website.

PPE access information for social care providers and unpaid carers can be found here (<https://www.gov.scot/publications/ppe-access-for-social-care-providers-and-unpaid-carers/>).

#### **What is the advice around face coverings in public?**

The first minister has recommended that these may be useful in public places where it is not possible to always keep at least two metres apart. Face coverings are now mandatory on public transport. Guidance on face coverings can be found here (<http://www.gov.scot/publications/coronavirus-covid-19-phase-3-staying-safe-and-protecting-others/>).

#### **Should children wear masks?**

If you are using public transport with children above the age of five, they should wear a mask, unless they have a medical condition that would prevent them from doing so. Children under the age of five, particularly babies and toddlers. You may wish to seek more guidance from the Scottish Cot Death Trust.

#### **Do we have to wear face coverings whilst working with children?**

The National Clinical Director of the Scottish Government, Jason Leitch, made a short statement explaining face coverings do not work well for prolonged periods in professional settings. These are for the general public in crowded places. The following video promotes excellent hygiene and infection prevention measures: <https://twitter.com/SCISSchools/status/1261329679375622144>

#### **Will staff be wearing PPE?**

Staff in ELC settings will not generally need to use PPE unless they would normally. PPE is only needed in a very small set of circumstances. This might include where the care of children already involves the

use of PPE for example wearing gloves and an apron for nappy changing, toileting accidents or cleaning up after a child has been sick or cut themselves (bodily fluids). If services cannot source PPE after having fully explored local supply routes you can access PPE through one of two procurement processes:

1. If you are a local authority setting you will access through your usual route, most likely Scotland Excel.
2. Registered private, voluntary, and independent providers that cannot obtain PPE through their usual suppliers will be able to purchase PPE via the Lyreco agreement. If you wish to open an account with Lyreco, please complete the attached form which must include your Care Inspectorate CS number and return it to: [PPEDirectorate@gov.scot](mailto:PPEDirectorate@gov.scot). Once your CS number is confirmed as being a registered care service your account will be set up. This may take a few days depending on the volume of forms returned. Lyreco will then provide access to their online ordering site, where you will be able to see the full range of products available and current prices. Opening an account does not place you under any obligation to place an order.

## **Infection control and health**

### **The children in my service play with sand, play dough and water. Can they still do this?**

It is recommended that children access toys and equipment that are easy to clean. Resources such as sand, water and playdough should be used only by one cohort of children.

### **Should we take children's temperatures on arrival?**

The presence of a temperature is only one of the common symptoms of coronavirus. Information from Health Protection Scotland states that some of the symptoms of the virus are a fever, a new persistent cough and a change or loss of smell and taste. It is important that all symptoms are considered, temperature checks on arrival are not recommended for early learning and childcare services.

### **Lots of children have coughs and colds. How will I know if they should be excluded because they could have the virus?**

Information from Health Protection Scotland states that some of the symptoms of the virus are a fever, a new persistent cough and a change or loss of smell and taste. When children display these symptoms, the advice should be to stay at home. You should advise parents of children above the age of five to book a test as per the Test and Protect strategy (<https://www.gov.scot/publications/coronavirus-covid-19-getting-tested/>). You can access information from NHS Inform about when to stay at home and how long for. <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-general-advice>

### **We have children attending our service who have underlying health conditions, how do we ensure they are protected?**

Following good practice in relation to infection prevention and hand hygiene are key to ensuring all children's wellbeing. We understand the concern that providers have about the children attending their services, particularly young babies and those with underlying health conditions. If you have any queries about specific children, we encourage you to discuss this with their parents in the first instance and direct them to the NHS inform advice (<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19#stay-at-home-advice>).

### **Should we be asking visitors to disclose if they have had any cold, flu, or coughs?**

It would be reasonable to ask these questions to inform your risk assessment and to have clear guidance for visitors displaying this and sending to people. Please refer to the Scottish Government's clinical guidance for more information

(<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/04/coronavirus-covid-19-nursing-and-community-health-staff-guidance/documents/coronavirus-covid-19-nursing-and-community-health-staff-clinical-guidelines/coronavirus-covid-19-nursing-and-community-health-staff-clinical-guidelines/govscot%3Adocument/Covid-19%2B-%2BNational%2BClinical%2BGuidance%2Bfor%2BNursing%2Band%2BAHP%2BCommunity%2BHealth%2BStaff%2B-%2B9%2BApril%2B2020.pdf>).

### **What is the difference between physical distancing and shielding?**

Long term care facilities will be subject to 'physical distancing' and 'shielding' to reduce the risk of the spread of infection.

**Physical Distancing:** This measure reduces social interaction between people in order to reduce the transmission of the virus.

**Shielding:** This is for people (inc. children) who are at very high risk of severe illness from COVID-19. The aim of shielding is to minimise interaction between individuals and others to protect them from coming into contact with the virus. If they did contract the virus, this could be very serious for them due to their underlying health conditions. Information on which people are in this category and what to do are on the NHS Inform website.

Guidance about physical distancing in educational and childcare settings can be found here (<https://www.gov.scot/publications/coronavirus-covid-19-physical-distancing-in-education-and-childcare-settings/pages/physical-distancing/>).

### **Will there be physical distancing in ELC?**

Physical distancing simply isn't desirable or appropriate when caring for younger children, either practically or in terms of child development. Instead, ELC settings will be introducing other measures to ensure the safety and wellbeing of staff and children, for example, caring for children in cohorts and making more use of outdoor space. There is still a need for adults to physically distance, including staff and parents/carers. New arrangements may be put in place for drop off and pick up times to help parents and carers physically distance too. These measures will be based on public health advice and the experiences of ELC settings that are currently open to provide critical childcare. Guidance published on the 15 June 2020 by the Scottish Government explains more about the re-opening of ELC settings (<https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-services/pages/infection-prevention-and-control/>).

### **What if a child attending my service is confirmed as having the virus, can I tell the other parents?**

You should not breach confidentiality of your families without express consent. Where there is a confirmed case the local health protection team will want to contact any close contacts of the children. This may include staff or the parents of children who have attended the service, as well as any other carers. Dependent upon individual situations, family members may also be included. You will be guided by your local health protection team who are well prepared to support this type of situation.

## **Reopening of schools and childcare provision**

### **Will ELC settings open in August like the schools?**

On 15 June 2020 the Scottish Government published non-statutory guidance for early learning and childcare (ELC) providers in the local authority, private and third sectors to support a safe reopening of these settings during Phase 3. The Scottish Government have given an indicative date of 15 July 2020 for the re-opening of ELC services. Schools are expected to open after the summer holidays, with measures in place. More information on the re-opening of ELC services can be found on our FAQ's page below and within the guidance here (<https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-services/>). Currently childminders (guidance) and wholly outdoor settings (guidance) are operational along with services which are providing critical childcare.

### **What is the definition of a keyworker?**

This is detailed in the Scottish Government Guidance.  
<https://www.gov.scot/publications/coronavirus-guide-schools-early-learning-closures/>

### **Will there be a transition process for children returning to ELC?**

You should take account of the fact that unless children have attended one of the childcare hubs that they will likely not have attended ELC for an extended period of time and parents or children may be anxious. ELC settings are thinking about the best way to support children who are starting at a new setting or returning to a familiar setting that looks and feels a bit different. Your local authority or ELC setting can let you know how they will be supporting children. The Scottish Government produced guidance on 15 June 2020 to support the recovery and return of early learning and childcare settings.

### **If I have a COVID-19 condition stated within my registration certificate after the 6 months period is up, will I need to apply for a new variation to have it removed?**

Yes. The Care Inspectorate developed intermediate guidance to support settings during the pandemic. Some settings may have a time limited condition to support children and families at this time. The Public Services Reform (Scotland) Act 2010 requires providers to apply for a variation to remove or vary a condition of registration. There is no cost to the applicant.

## **Notifications and surveys**

### **I am re opening my service, what notification do I submit?**

The Scottish Government guidance states that prior to recommencing your service, you must complete a "Changes to Service Delivery due to Coronavirus (COVID-19)" notification via e-forms. You should also complete the Scottish Government's early learning and childcare (ELC) monitoring return weekly every Wednesday during the school holidays. You can access the survey here ([https://www.smartsurvey.co.uk/s/40Q72E/?utm\\_medium=email&utm\\_source=govdelivery](https://www.smartsurvey.co.uk/s/40Q72E/?utm_medium=email&utm_source=govdelivery)).

For all other information about notifications please visit the Care Inspectorates' web page here.

## Staffing

**We have many peripatetic managers registered in services. Are they able to move between their services to fulfil their management and leadership responsibilities where possible, without being part of any cohorts?**

Yes, it is important that managers are able to fulfill their role to support services. They must not work with cohorts at this time due to the nature of their role which requires them to move around services. Their visits to the service should be considered as part of the cleaning schedule. Offices/workspaces must be fully disinfected before and after use. Physical distancing must be adhered to and frequent hygienic practices, e.g. hand washing.

**How do we process a disclosure during the pandemic?**

Disclosure Scotland will prioritise checks for the workers Scotland needs to deal with the coronavirus.

You do not have to pay for disclosures for coronavirus response workers. This will remain in place until midnight on Friday 25 December 2020.

If the disclosure is not for a coronavirus response worker, you can apply by email for routine disclosures.

**Who is a coronavirus response worker?**

A coronavirus response worker is someone:

- in a role only supporting the response to coronavirus
- working in a qualifying sector
- who only needs a disclosure because of their coronavirus work

**What are the Care Inspectorate expectations around staffing, if our staff are off sick or at home self isolating?**

We understand the concerns you may have around staffing. We ask that you plan contingencies for how to staff your service as normal in the event colleagues are unwell. Child to adult ratios feature in our registration and inspection of early learning and childcare (ELC) settings.

At this extremely challenging time, we will support all services in their need to apply flexibility and judgement around staffing to ensure the safety and wellbeing of people using the service. We recognise services will need to be creative and make use of a wider range of resources. This could potentially include staff from other public services and volunteers. We recognise that this will mean services may not be able to undertake all normal recruitment checks as quickly and easily as they did before.

However, during this period it is important that providers put in place structures to support and oversee staff in their role, including any volunteers and unregistered staff. The Scottish Social Services Council (SSSC) is responsible for registering the social care workforce. People can now work in registrable roles for a period of 12 months without being registered, which enables services to adopt a flexible approach.

Employers should continue to carry out recruitment checks for new staff and volunteers, but immediate flexibility may be applied under the current emergency. Therefore, the Care Inspectorate and the SSSC can confirm that employers should continue to request PVG checks and references, **but that employers no longer need to wait for these to be returned satisfactorily before deploying individuals to regulated roles directly supporting and caring for people.** Disclosure Scotland will

be prioritising PVG checks, but the UK Coronavirus Bill means that organisations recruiting staff ahead of a PVG check can do so without the risk of committing an offence. Barred individuals who seek to exploit this will be reported to Police Scotland.

Providers of registered services should insist that any new staff or volunteers, whether redeployed or new to a caring role, complete an application form. This must include a self-declaration regarding any relevant health, regulatory or criminal history, as well as previous experience and qualifications. Providers should then carry out a risk assessment to determine the most appropriate deployment of individuals and ensure that knowledge, skills and experience are spread most effectively in order to meet the needs of people in the service. While continuity of care is important for people, reallocating roles and deploying workers to front-line and auxiliary positions is expected to be a dynamic process that will impact on the care and support people receive.

Significant disruption to staffing is expected during the pandemic and services are best placed to make decisions regarding optimum recruitment and deployment in a rapidly changing situation. The Care Inspectorate and the SSSC will support providers and staff to operate flexibly and realistically under these circumstances.

Further information is available on SSSC website.

### **What if we are short staffed?**

The Care Inspectorate no longer requires care services to submit notifications around staffing issues under the Red Amber Green (RAG) system.

This notification was brought in April to assist care services to flag up where there were particular staffing shortages and allowed the Care Inspectorate, SSSC, Health and Social Care Partnerships, the NHS and Scottish Government to provide a rapid response.

Our intelligence and data gathered in the past month indicates that care services now have good access to staffing resources directly as required, and as such we are now removing the obligation on care services to report staffing issues to us.

Any services that do experience staffing issues going forward can still access the SSSC NES portal [here](#).

### **Questions related to Care Inspectorate operations**

#### **What should I do about our CSQs (care standard questionnaires) and staffing questionnaires?**

We do not expect services to process these currently.

### **Miscellaneous**

#### **Providing care is my main source of income, where can I get advice if I am struggling financially as a result of coronavirus COVID-19?**

Guidance is available on the UK Government's website.

## **Frequently Asked Questions – Re-opening of Early Learning and Childcare Settings**

On 15 June 2020 the Scottish Government published non-statutory guidance for early learning and childcare (ELC) providers in the local authority, private and third sectors to support a safe reopening of these settings during Phase 3.

The guidance is based on a set of principles for all services across Scotland that recognises that safeguarding the health and wellbeing of the child, and adults who work with them, must be central to any plans to reopen. The principles in this document support planning for reopening in a manner which is consistent with wider efforts to control transmission of the virus and protects the health of children, their families, and the staff group.

It is important that providers use these principles to plan for safe re-opening using their knowledge of their children, families, local context and own risk assessments. We have included some of the most frequently asked questions to support providers in utilising the guidance. A key strength of early learning and childcare settings in Scotland is that they are individual and often bespoke to the needs of families.

### **PPE**

#### **Will staff be wearing PPE?**

Staff in ELC settings will not generally need to use PPE unless they would normally. PPE is only needed in a very small set of circumstances. This might include where the care of children already involves the use of PPE for example wearing gloves and an apron for nappy changing, toileting accidents or cleaning up after a child has been sick or cut themselves (bodily fluids). If services cannot source PPE after having fully explored local supply routes you can access PPE through one of two procurement processes:

1. If you are a local authority setting you will access through your usual route, most likely Scotland Excel.
2. Registered private, voluntary, and independent providers that cannot obtain PPE through their usual suppliers will be able to purchase PPE via the Lyreco agreement. If you wish to open an account with Lyreco, please complete the attached form which must include your Care Inspectorate CS number and return it to: [PPEDirectorate@gov.scot](mailto:PPEDirectorate@gov.scot). Once your CS number is confirmed as being a registered care service your account will be set up. This may take a few days depending on the volume of forms returned. Lyreco will then provide access to their online ordering site, where you will be able to see the full range of products available and current prices. Opening an account does not place you under any obligation to place an order.

### **Environment**

#### **What are the spacing standards for children?**

The current floor space requirements can be found in the 'Space to Grow' document –

- For children under two years – a minimum of 3.7 square meters, per child
- For children aged two to under three years – a minimum of 2.8 square metres per child
- For children three and over – a minimum of 2.3 square metres per child.

#### **Can children walk past each other in corridors?**

Brief or transitory interactions such as passing in corridors or crossing play spaces to access other space are considered low risk. Maintaining physical distances between cohorts of children will reduce risks further. Providers should ensure that settings have sufficient space available to ensure that cohorts are not in close contact. Cohorts of children should be supported to stay 2 metres apart wherever practicable and appropriate. To provide capacity to accommodate this guidance, a flexible approach to the use of all existing spaces within the setting may need to be taken.



### **Should cohorts have their own toilet?**

No, providers should put measures in place to satisfy themselves that children can safely travel to a toilet without close contact with another cohort. Toilets should be cleaned regularly throughout the day.

Consideration should be given to the cleaning strategy to be adopted in the setting once it reopens. All cleaning should be carried out in accordance with COVID-19 – guidance for non-healthcare settings and Infection Prevention and Control in Childcare Settings guidance.

### **Can we put children to sleep in buggies to better manage the space? Can we have children sleeping in our outdoor classroom to help us manage space better? Do children need their own sleep mat?**

It is important that best practice is followed for the children attending and that their comfort and safety is not lessened to enable a service to care for more children. Buggies indoors may increase the risk of infection (bringing dirt in on the wheels). You should try to keep the sleeping procedures similar to how they were before the outbreak. This can help children feel relaxed with a familiar routine. As usual, children should have their own bed sheet and covers which are laundered regularly. It is important that children sleep in a safe and comfortable position, in an environment which is ventilated and a comfortable temperature. More information can be found here (<https://scottishcotdeathtrust.org/wp-content/uploads/2019/02/early-years-safe-sleep-guide.pdf>).

### **Should we get a cleaning company in to do fogging?**

You should follow the infection control guidance detailed on Health Protection Scotland's website. Consideration should be given to the cleaning strategy to be adopted in the setting once it reopens. All cleaning should be carried out in accordance with COVID-19 – guidance for non-healthcare settings and Infection Prevention and Control in Childcare Settings guidance. You should contact your local health protection team if you need more advice.

### **Do I need Perspex screens across my settings?**

No, there are helpful suggestions within the guidance; 'consideration should be given to what additional space is required to minimise interactions between cohorts. This could include use of loose furniture to create spaces within playrooms, floor markings for circulation where appropriate, etc. 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. Each setting should ensure that adequate space is available for cohorts to transition between spaces (i.e. from indoors to outdoors or to the toilet) while minimising contact.'

### **If cohorts are sharing a large room which has only one entrance door how do we ensure the two meter rule between cohorts as children move in and out?**

Plans will need to be risk assessed about how this is managed while giving consideration to potential contact and how to solve this. For example, staggered arrival times and avoiding having children gathered at the doorway at the same time. As stated in answer above, loose furniture, signs and floor markings could be used to help children to navigate their new environment.

### **Can we visit the playground or playing fields?**

Yes, you can however your cohort cannot mix with other children. As children tend to gravitate towards each other you may find this becomes unmanageable. Consider taking walks instead to quieter areas and more open spaces where you can keep your distance. Giving children tasks such as a plant or tree treasure hunt can help keep them stimulated as the benefit from fresh air and activity.

### **Should we take children's temperatures on arrival?**

The presence of a temperature is only one common symptom of coronavirus. Information from Health Protection Scotland states that some of the symptoms of the virus are a fever, cough and change or loss of smell and taste. It is important that all symptoms are considered, temperature checks on arrival are not currently advised for early learning and childcare services.

### **Cohorts**

#### **Is there flexibility in numbers of children per cohort?**

Cohorts should be a maximum of 8 children, there is no minimum.

#### **Do cohorts of children have to stay the same all the time? For example, days where a cohort may vary slightly with differing children on different days?**

Current public health advice states it is still important to reduce contact between people as much as possible, and we can achieve that and reduce transmission risk by ensuring children, young people and staff where possible, only mix in a small, consistent group and that small group stays away from other people and groups.

The ELC Guidance (15 June 2020) sets out that "membership of the cohorts should not change" this means that cohorts must be consistent and cannot change on a daily basis. This may have an impact on services capacity and the offer to families in the reopening on ELC in Phase 3, however this is based on Public Health advice and requires to be followed. The restrictions of lockdown will continue to be reviewed in line with Health Protection Scotland's updated position and guidance as we move out of the pandemic. As services reopen in Phase 3 it is important that this guidance is followed to ensure safe provision of ELC.

#### **Guidance in England also refers to cohorts of 8 being ideal, but capable of being drawn from pools or groups of children not exceeding 16. Can we do this in Scotland?**

No, as stated above this is not the guidance given by Health Protection Scotland and until advice in Scotland changes cohorts of children should be no greater than 8.

#### **Do children need to start at the same time as the staff for their cohort and finish at the same time too?**

No, staff may arrive before children, for example to set up the play resources. Children may have staggered arrival times to help reduce groups of parents gathering in the car park or entrance areas.

#### **Do they need a separate person to cover lunch and breaks for each cohort?**

No, however, having different people to cover lunches and breaks of staff would help to reduce the risk of the spread of infection. If the same person is covering all staff breaks across more than one cohort then scrupulous personal hygiene and infection control practices will be required.

#### **How do they organise the cohorts for children with split placements?**

The guidance advises any blended care or split placements should be avoided at present. Where you have children with split placements you should group these children within one cohort, minimising the contact for children may result in cohorts being reduced at some times.

#### **Can we get a variation to take our staff's school aged children when they aren't at school?**

Variations are considered on an individual basis. During this pandemic, providers may request a variation by submitting a notification through E-forms.

## **Staffing**

**Do we have to have the same staff per cohort, (where cohorts attend on different days across the week), or do we have a number of staff linked to each cohort that will cover over the week and for staff holidays, shifts etc.**

'Cohorts should work with the same staff members, as much as possible, throughout the session during both indoor and outdoor learning and play. Membership of the cohort should not change. In practice we understand that there are times when other staff members may need to provide cover for children from another cohort. However, this should be for limited periods and physical distancing must be maintained between adults. Staff should ensure strict hygiene practices are carried out if they are caring for different groups.' Therefore, plans should be made for the same staff to work with the same cohorts every week whenever possible. However, depending on the settings operating model, a staff member may care for more than one cohort of children over the week.

**Can they have a floating staff member working between 2 cohorts to help with supervision/needs/break cover?**

In practice we understand that there are times when other staff members may need to provide cover for children from another cohort. However, this should be for limited periods and physical distancing must be maintained between adults. Staff should ensure strict hygiene practices are carried out if they are caring for different groups.'

**In a bigger nursery that may have many cohorts who attend one or two days each. Can the same staff who worked with the Monday and Tuesday groups work with the Thursday and Friday groups?**

As with the previous responses, whenever possible staff teams should remain consistent. Staff who may work with different cohorts throughout the week should exercise strict infection control practices.

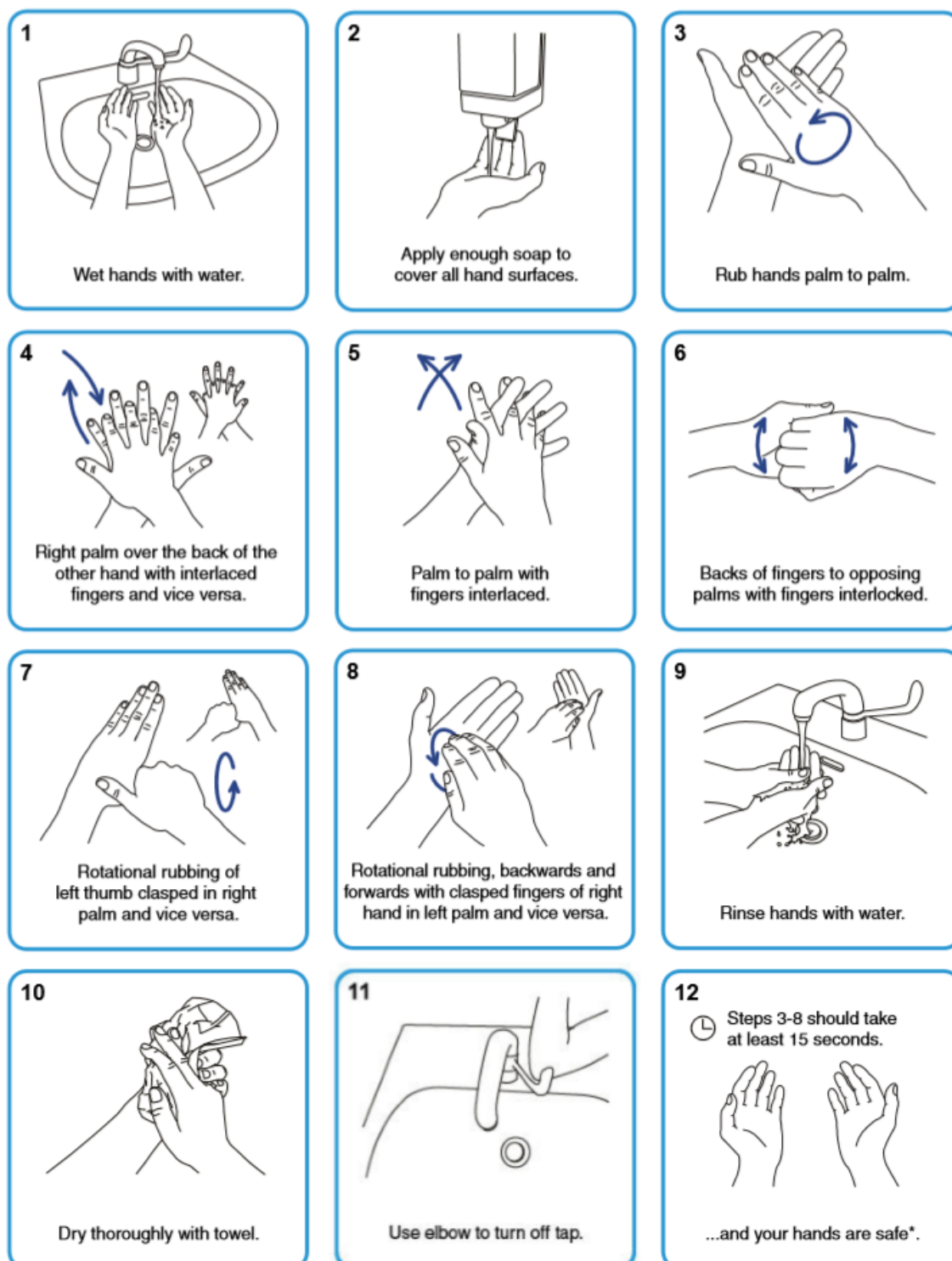
**We have many peripatetic managers registered in services. Are they able to move between their services to fulfil their management and leadership responsibilities where possible, without being part of any cohorts?**

Yes, it is important that managers are able to fulfil their role to support services. They must not work with cohorts at this time due the nature of their role which requires them to move around services. Their visits to the service should be considered as part of the cleaning schedule. Offices/workspaces must be fully disinfected before and after use. Physical distancing must be adhered to and frequent hygienic practices, e.g. hand washing.

## Appendix 11

### Best Practice: Appendix 1 - How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.



\*Any skin complaints should be referred to local occupational health or GP.



## Appendix 12

### Best Practice: Appendix 6 - Putting on and removing PPE

Use safe work practices to protect yourself and limit the spread of infection

- Keep hands away from face and PPE being worn.
- Change gloves when torn or heavily contaminated.
- Limit surfaces touched in the patient environment.
- Regularly perform hand hygiene.
- Always clean hands after removing gloves.

NB Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.

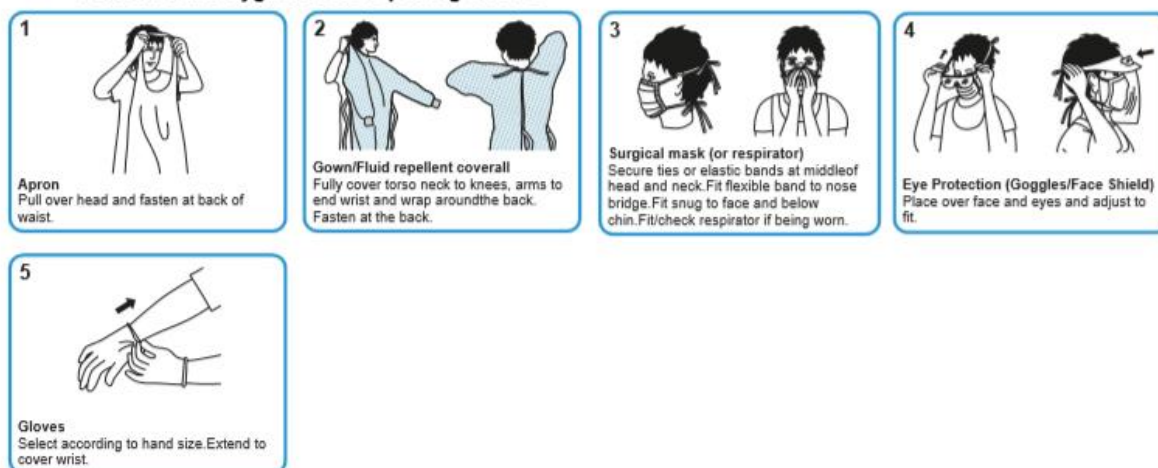
The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required.

The order for putting on PPE is Apron or Gown, Surgical Mask, Eye Protection (where required) and Gloves.

The order for removing PPE is Gloves, Apron or Gown, Eye Protection, Surgical Mask.

#### 1. Putting on Personal Protective Equipment (PPE).

- Perform hand hygiene before putting on PPE



#### 2. Removing Personal Protective Equipment (PPE)



- Perform hand hygiene immediately on removal.
- All PPE should be removed before leaving the area and disposed of as healthcare waste.

## **Appendix 13**

### **How to Talk to Children about COVID-19**

**Sam Cartwright-Hatton, Professor of Clinical Child Psychology. Abby Dunn, Research Fellow.**

**University of Sussex, and Sussex Partnership NHS Trust.**

It's a worrying time, isn't it? At the Flourishing Families Clinic, we spend all our time thinking about how parents can raise happy, confident children, when they themselves are anxious. At the moment, you don't have to be a particularly anxious person to be feeling worried and upset. So, what have we learned about keeping children on an even keel, when you yourself are not? Here are some tips that we think might help in the current situation. We are using ourselves with our own children.

#### **Should I talk to my children about this...?**

Yes, DO talk about it. It is tempting to try to shield children from knowing about frightening things. But, chances are they've heard it about it school, or even nursery. And, in all likelihood, they will have heard things that have scared them. They've also probably heard things that are just plain wrong – rumours and myths do seem to flourish in playgrounds. So, DO answer any questions that your children ask. And if they don't ask any questions, try starting a conversation with them: "Have you heard anything about this new bug that is going round?" Keep your tone casual and light. Try to keep the worry out of your voice and out of your face.

#### **What do I say...?**

Start by finding out what they know. And by this, we mean, what they think they know... Ask open questions such as "What are the kids at school saying? What do you think about it?" If they're carrying round any weird ideas ("Mr Smith the PE teacher has got it, and if you go near him YOU WILL DIE"), you can then set them straight!

#### **How much detail do I go into...?**

The general and not very helpful advice that we always give to parents is to give just enough, but not too much. By this, we mean, listen to your child and just answer the question they are asking. If your six year old has asked how you catch COVID-19, they don't need an undergraduate-level seminar in virology. Just a few words about germs getting on our fingers and into our mouths. And if they asked about how you catch it, you don't need to start telling them about fatality rates – save that for if/when they ask. Which brings us to our next question...

#### **How honest should I be...?**

If your child asks a straightforward question about the risk of dying, do answer it. If you fudge the issue, they will make up an answer themselves and chances are it will be worse than the truth. But, again, read your child a bit, and try to give just what they need to know. So, a seven year old doesn't need to know chapter-and-verse on percentage estimates. A teenager may want detailed information and benefit from a discussion of it. But, for a younger child, a simple "most people will be just fine, but some people get very poorly and need to go to hospital and sadly, some people will die."

### **How much reassurance should I give...?**

Give plenty of reassurance. In particular, make it very clear that children and teenagers are extremely unlikely to get very ill – a cough or a sore throat at worst. At time of writing, we don't believe that any child under 10 has died anywhere in the world. If you, yourself, are youngish and reasonably healthy, you can also give some assurance that you are also very unlikely to get seriously ill. However, be wary of giving absolute guarantees. For instance, it is very tempting to say "Oh Granny and Grandpa will be fine, I promise!" The chances are that they will be fine, but if they are not, then it might be difficult for your child to trust your assurances in future.

### **Let your kids see you in control**

Let your children see that you are taking steps to control the situation – feeling that your parents know what they are doing is very reassuring. So, maybe you can take everyone's temperature in the morning, and remind everyone to wash their hands lots. But, try to do these things calmly – giving an air that it's all under control, rather than a vibe that you are panicking! Even better, let your kids get involved in preparations. Maybe they can take their own temperature, or disinfect a few doorknobs. This will help them feel in control too.

### **Is there anything I shouldn't tell my kids...?**

In general, we say that honesty is the best policy – if a child asks a question, it is best to answer it, even if you do so quite simply. However, we do advise that you keep young children (up to the age of about 10) away from all sources of news. We say this all the time – not just when there is a scary story in the news. Children just don't need that level of information. They can't put it into context, and they definitely don't need some of the scare stories that are out there. Turn off the TV and radio when the news comes on, or when people start talking about the coronavirus. Don't leave newspapers lying around.

After about the age of 10 (you know your own child best) we usually say it's OK to see a little careful news – CBBC Newsround is good for taking a calm, child-centred approach. But, watch it with them, and be ready to discuss anything that it brings up.

If your child uses the internet, be aware that there are a lot of horrible, scary stories out there. You have probably got quite good at filtering out the most ridiculous bits, but they haven't learnt how to do that yet. Keep a close eye on what they are viewing.

### **How do I help my kids deal with the big life changes...?**

If there are going to be big life changes, explain these to kids, again keeping a calm and practical tone of voice. So, if Granny has decided to self-quarantine for a few months, do tell your child this and explain why. Explain that it is a good thing that Granny is doing this to look after herself. Explain that you will chat to Granny lots on the phone and Skype.

If you can, get your children on board with any changes that are happening in your family. So, for example, one of us (SCH) has explained the need to reduce social contact to her 10-year-old, and then asked her to think of ways that she could reduce her social contact. She suggested cutting circus skills this week, and then trampolining next week. In all probability, both will have been cancelled within days, but if not, she 'owns' this decision. This will hopefully mean less moaning about not being able to go, and it gives her a small feeling of control over the situation.

At Flourishing Families, we are always looking for opportunities for 'emotion coaching'. These are times when a child experiences a strong emotion, such as anger and fear. It is only through experiencing

these feelings that children can learn to deal with them – with our help. So, one of us (AD) has been using her child's upset at a cancelled Easter holiday to help her daughter talk about, understand, and tolerate frustration and disappointment.

### **What if we get locked down...?**

Children will react to a lockdown in different ways. Some will see it as an adventure, and if so, go with that! Others will take it as a sign of impending doom and will need more reassurance. If your child takes it badly, to try to keep the daily routine going as much as possible – same time to get up, same to go to bed. Do a bit of schoolwork if you like. But, spot the opportunity here - use it as a real chance to re-connect as a family. We are all so busy usually – most children say that they don't get enough time with their parents. Well, here's your chance! Play silly games, watch films together, read to them. Encourage them to take control and find ways of making new types of fun – can you play Monopoly over Skype...? Who knows – give it a go! Have fun and try to find the silver lining – if you can do that in a situation like this, you are teaching your children a truly wonderful lesson.

Children need a lot of exercise. If they don't get enough, they can get antsy and stressed and badly behaved. This might be difficult to arrange in a lockdown. Get them out in the garden if you have one – kick a ball around, bounce on the trampoline, do cartwheels. If not, see if you can find some fun dance videos online and do them together in the sitting room.

Children need a lot of play. They really do NEED it. If you've got more than one child and they play well together, great. If you haven't, then you may need to get stuck in yourself. Playing with kids can be unbelievably dull, but dive in and try to do it. They really, really need it! With older kids, you might be able to arrange some Skype playdates.

### **What if I am feeling really anxious...?**

Many of us are feeling quite anxious at the moment. But what if you are really struggling? The first advice is talk, talk, talk. Call a friend, Skype your sister, talk to your partner. But, try to make sure that your children do not overhear these conversations. Little ears are surprisingly good at hearing things (when they want to...) so if you are having a big worry session, make absolutely sure no children can overhear.

When we feel anxious, it is very easy to become over-protective, and this is quite bad for kids. The problem is, at the moment, we are all having to be quite protective about things – keeping clean, social contact, staying healthy. Make a big effort to stop this protectiveness from spilling over into other areas of your child's life. It's still OK to swing upside-down from the climbing frame if that's what they normally do. It's still OK to be out of sight for a few minutes, if that's what they normally do. In other words, try to be the same parent you would usually be.

If you find talking to your kids about the coronavirus too upsetting, it's OK – delegate to someone else. Get your partner to do it, or your friend – anyone who you can trust to talk calm good sense.

### **What if my child is very anxious...?**

If your child is really struggling, here are some extra things that you can do.

- Whenever there is something scary in the news, we tell parents and children to 'look for the helpers'. So, rather than focusing on the virus, focus on the nurses and doctors who are working really hard to help people get better. Look at the scientists who are working really hard to come



up with a cure. Look at the cleaners who are working really hard to keep everywhere clean and germ-free. Everyone is working together to try to sort this problem out.

- Reassure them (and yourself) that it's OK to feel worried. We all feel worried at times – it's a normal human emotion. But if it really does get too much and you feel as if they are constantly worrying and looking for reassurance, you could try 'worry time'. This is a technique that we use with kids who are real worriers. It's where the parent and the child agree a time each day that will be 'worry time'. Say, 5pm, just before dinner. Then, for 20-30 minutes, sit down with your child and let them worry to their heart's content. Your job is mostly to listen. If there is a worry that you can easily resolve, do so. But, mostly listen and be sympathetic. Then outside of that time, when your child starts worrying, gently ask them to save the worry to 'worry time'. It can be a good way of getting children to start feeling a bit of control over their worries.
- Do something positive to help the situation. Helping other people is a really good way of dealing with a bad situation. It releases feel-good chemicals in our brain and makes us feel more in control. So, with your child, think of what you can do to help other people. Could you make a small donation to the local foodbank (most take cash online, if your own supplies are running low)? Can you phone an elderly neighbour and offer to get shopping for them? Do ask your child if they have any ideas.
- Do some meditation or relaxation exercises. There are tons of these on the internet. Find something aimed at children and then do it together.
- Do something fun! Fun is a great distraction – play a game, bounce on the trampoline, bake a cake. Whatever floats your child's boat.

Finally, if you have read this, you are clearly a good parent. You are making your child's wellbeing a priority at this difficult time. Remember, when they have caring parents, children are incredibly resilient. They will be fine!

# Contingency Plan/Business Continuity Plan

## Positional Statement

<b>Published Reviewed</b>	October 2014 (V1) March 2016 (V2) April 2020 (V3)
<b>Revised</b>	Annually



## **Contingency Plan/Business Continuity Plan - Positional Statement**

The purpose of this Contingency Plan/Business Continuity Plan is to safeguard the safety and wellbeing of service users in the event of a sudden closure of the KingsWellies Nursery.

In the event of sudden closure, the following steps would be undertaken as a matter of priority:

1. All parents / carers informed immediately – telephone calls made as necessary.
2. Closure information to be posted on nursery website, Facebook and Instagram immediately
3. A designated Parent Helpline to be set up.
4. All staff informed immediately – face to face contact.
5. All stakeholders and partners to be informed immediately – telephone and email
6. Care Inspectorate and Aberdeen City Council informed immediately – telephone, email and e-forms (notifications).
7. Children retained in KingsWellies Nursery for as long as possible prior to closure, in order to ensure a smooth transition period to their next child care setting.
8. Nursery Director to make direct contact with other nurseries in local area in order to ascertain spaces and to provide alternative provision for KingsWellies children.
9. Nursery Director to contact local schools / Aberdeenshire and Aberdeen City Councils to ascertain spaces for children in 3 – 5 age range.
10. KingsWellies staff to be re-distributed to other nurseries (where appropriate) in order to ensure continuity of staff and stability for children.
11. Nursery Director to work in partnership with Care Inspectorate to support other partner providers to extend provision if possible. Additional staffing, resources and equipment to be provided by KingsWellies Nursery in order to support alternative childcare provisions for all children.
12. Nursery Director to fully support parents to ensure appropriate information on alternative education options for all children is available and accurate (as appropriate).
13. Staff to work from home (where appropriate).
14. In the event of staff short falls due to illness, bank/supply staff will be utilised where appropriate and able. The nursery capacity may be reduced. We must consider how this affects the number of children that can be safely provided for in the setting. We will assess what capacity is available and advise parents immediately.
15. Physical Capacity – The physical capacity of the nursery may be affected by public health measures, including the need to work in small cohorts, minimise contact between groups as far as is possible, ensure physical distancing for adults, and ensure enhanced hygiene practices. Providers should review the layout of nursery and consider how many children can be accommodated safely at any one time while meeting these requirements. This may be below the normal Care Inspectorate registered capacity of the setting based on current floor space requirements, after circulation space, distance between groups and access to toilets and sinks has been accommodated.
16. Staffed Capacity – The staffing requirements to support a given number of children may be affected by public health measures, or staff illness. Working in cohorts may affect staffing requirements to ensure groups remain separate, to accompany children to the toilet, to cover

breaks, holidays or absence. Staff may also need to clean play equipment etc. on a more regular basis as well as monitoring and supporting children's hygiene practices. Potential absence and reduced staff availability due to, for example self-isolation, may also affect capacity to deliver services. Consideration should be given to the impact on vulnerable staff in line with published guidance. Providers should review staffing models and consider how many children can be safely accommodated throughout the day, it may be that this will be below the physical capacity of the setting.

17. Financial Impact – We recognise that any reduction in capacity may affect the cost of delivery of services per child. If the number of children that can be accommodated in the nursery, or within a given staffing model, is reduced, there may be an increase in the cost per hour of childcare. Opportunities for generating income from the sale of childcare hours will also be reduced. The extent of this impact will vary from setting to setting, and will be closely linked to any change in operating capacity. There may also be additional costs, both capital and revenue, relating to implementation of public health measures for cleaning and hygiene requirements. These cost increases may apply throughout the period where these public health measures are in place.
18. Allocation of places – If capacity is reduced, careful consideration must be given to the allocation of places within the nursery. Before making offers to parents, providers should consider the capacity within the nursery, and ensure that there is a clear and transparent approach to how allocations will be made. Where capacity is limited, providers should ensure that the following three groups have priority to access to that capacity:
  - a. Children who may be provided with access to daycare services under section 2 of the Children (Scotland) Act 1995
  - b. Children eligible for the funded entitlement of 600 hours of ELC i.e. eligible 2 year olds and all 3 and 4 year olds
  - c. Key worker families requiring critical childcare
19. Staff welfare and their protection from harm, will be at the core of our Business Continuity Plan.
20. Child and stakeholder welfare and their protection from harm, will be at the core of our Business Continuity Plan.
21. If KingsWellies Nursery has to close due to no fault of their own e.g. due to COVID-19 or infectious diseases, then parents may be asked to pay a percentage retainer fee to secure their space.