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- Page 10 – section updated: What are the symptoms? (Additional symptoms in children removed)
- Page 11 – paragraph 5 updated
- Page 18 – paragraph 8 updated
- Page 30 – first bullet point updated in section: Will Childcare Providers need, have access to, or be provided with Personal Protective Equipment (PPE)?
Introduction

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

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

What are childcare settings responsible for?
Those childcare settings that are currently open are responsible for caring for children, including vulnerable children, during the coronavirus (COVID-19) pandemic. The first aim of the partial closure of childcare settings was to reduce the overall population of children and families moving around local areas as far as possible, in order to reduce the number of social interactions and thus flatten the upward curve of the coronavirus outbreak. Many childcare settings have remained open throughout the pandemic in order to meet the second aim which was to continue to care for vulnerable children and support those parents who were critical to the coronavirus response, so that they could continue to work.

Childcare settings continue to work with the local Health and Social Care (HSC) Trust Early Years Teams to agree the provision needed locally to support the ongoing need demand for childcare as other services return to normal.

What are the local Trust Early Years teams responsible for?
The Trust Early Years teams have been tasked with the responsibility for coordinating an informed response to the new arrangements. Working with childcare settings, they use the updated Department of Health (DoH) guidance (revised 01 August 2020) to ensure that there are sufficient childcare places available for parents as and when they need it, and for vulnerable children, if a HSC Trust Early Years Team determines that it is in the child’s best interests.

The Trust Early Years teams are also involved in monitoring demand and capacity for childcare places, now and going forward. This may involve the Early Years teams working with childcare settings who wish to reopen, where the demand exists in that area for vulnerable children and wider society as the situation improves. It may also involve working towards providing places in alternative settings if required. They are also responsible for supporting the setting in ensuring that the risk assessment provision in place promotes and protects the health and safety needs of the groups of children, and/or individual children attending.
What are our general aims and objectives in minimising the risk to children, families and staff?
As previously stated the first aim of the partial closure of childcare settings was to reduce the overall population of children and families moving around local areas as far as possible, in order to reduce the number of social interactions and thus flatten the upward curve of the coronavirus (COVID-19) outbreak.

The second aim was to continue to care for children who are vulnerable, or whose parents are critical to the coronavirus (COVID-19) response so that they can continue to work.

Due to the huge efforts of people to adhere to social distancing and the success of lockdown measures the transmission rate of coronavirus has decreased.

What does this resource hope to achieve?
This resource aims to offer advice and guidance to support infection prevention and infection control measures that registered childcare settings should have in place during the pandemic. Please use the associated self-assessment questionnaire, in conjunction with your line manager, to test your knowledge. If you have completed an older version of the questionnaire, we would advise you to re-read the amended sections of this resource and complete the most up-to-date questionnaire.

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


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

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

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

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

Previous pandemics include Spanish Influenza in 1918 or H1N1 Swine Flu in 2009. Only Type A influenza viruses have been known to cause influenza pandemics.
What is the COVID-19 virus?
COVID-19 is a new strain of coronavirus that has not been previously identified in humans. It was first identified in Wuhan, Hubei Province, China, where it has caused a large and ongoing outbreak. It has since spread more widely in China. Cases have since been identified in several other countries. The COVID-19 virus is closely related to a bat coronavirus.

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

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

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

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

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

What are the symptoms?
Patients may have temperature over 37.8°C, a new continuous cough and loss of or change in sense of smell or taste.

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

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

The speed of transmission is an important difference between the two viruses. Influenza typically has a shorter incubation period (the time from infection to appearance of symptoms) than COVID-19. This means that influenza can spread faster than COVID-19.
While the range of symptoms for the two viruses is similar, the fraction with severe disease appears to be higher for COVID-19. While most people have mild symptoms, approximately 15% of people have severe infections and 5% require intensive care in a hospital ICU. The proportions of severe and critical COVID-19 infections are higher than for influenza infections.

How long does the COVID-19 infection last?
The infection period for the virus will vary from person to person. Mild symptoms in an otherwise healthy individual may resolve over just a few days. Similar to influenza, for an individual with other ongoing health issues, such as a respiratory condition, recovery may take weeks and in severe cases could be potentially fatal.

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

Information on COVID-19 and children
The current evidence suggests that children seem generally less likely to catch the infection and are not more likely than adults to spread infection to other people. Children have rarely been the first within a household to catch the virus when household spread has occurred. Children appear more likely than adults to have mild or no symptoms.

Symptoms in children include a cough, a change in or loss of sense of taste or smell, fever (temperature of 37.8°C or higher). It is important for parents and for those who deliver childcare services to accept that no interpersonal activity is without risk of transmission of infection, but public health advice is that reopening on a phased basis and under certain conditions is now appropriate. Therefore there are a number of measures you will be required to put in place to enable you to operate as safely as possible in the interests of children and the staff who care for them.

Infection Control and Prevention

How can you prevent the spread of the virus?
Some simple measures significantly reduce the risk of catching COVID-19 and of spreading it:

- Clean your hands with soap and water for 20 seconds, or use an alcohol-based hand rub/sanitiser where soap and water are not available, and dry thoroughly.
- Cover your nose and mouth with a tissue when coughing and sneezing or use your elbow, not your hands.
- Avoid close contact with people unwell with cold or flu-like symptoms, and stay home if you have these symptoms.
- Avoid touching your face and avoid shaking hands with others.
- Try to maintain a distance of 2 metres from others as much as possible, and avoid crowded places.
Is there a cure or vaccine?
There are no vaccines that protect against COVID-19.

Early diagnosis and general supportive care are important. Most of the time, symptoms will resolve on their own. People who have serious disease with complications can be cared for in hospital.

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

- making sure to clean your hands thoroughly for at least 20 seconds with soap and water, or an alcohol-based hand rub where soap and water are not available, and dry thoroughly. If using a shared soap dispenser it is a good idea to clean it after use.
- covering your nose and mouth when coughing and sneezing with tissue or a flexed elbow
- avoiding close contact with anyone with cold or flu-like symptoms
- making sure you stay home if you are sick.

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

To protect yourself against COVID-19, you should clean your hands with soap and water for 20 seconds or use an alcohol-based hand rub/sanitiser where soap and water are not available. If using a shared soap dispenser it is a good idea to clean it after use. If you have washed your hands, dry them thoroughly by using paper towels. If there are no paper towels available, use a hot air dryer or let your hands air dry. Your hands must be dried completely.

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

Social Distancing

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

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

Who should practice social distancing?
Everyone should practice social distancing, as it reduces the potential for transmission.
Implementing social distancing in the childcare setting

In addition to hygiene measures, one of the main protective measures a childcare setting can take to reduce the risk of viral transmission is to reduce contact between people as much as possible. This can be achieved by ensuring that children and staff, where possible, only mix in a small, consistent group and that each small group stays away from other people and groups in the childcare setting.

Public Health advice is clear that if early years settings do this, and crucially if they are also applying regular hand cleaning, hygiene and cleaning measures and handling potential cases of the virus in accordance with published advice, then the risk of transmission will be lowered.

It is acknowledged that children, particularly very young children, in childcare settings cannot be expected to remain two metres apart from each other. As a result, the Department of Health is requiring childcare settings to organise children and adults in consistently constituted groups. The fundamental aim of the consistently constituted group is keeping children and adults in consistent groups and to, as far as possible, prevent the mixing of groups in each setting. Further information can be found in the DoH COVID-19 Guidance for Registered Group Childcare Settings (including Playgroups, Crèches, Summer Schemes, Daycare and School-age Childcare Settings) Version 4: 1 August 2020.

It is considered appropriate at this stage to remove the restriction currently placed on childminders in terms of the number of families to whom they can provide childcare at any one time. Consequently, from 01 August 2020, childminders can provide childcare for up to 6 children at any one time (8 if employing an assistant), in line with the Minimum Standards for Childminding and Day Care. (See COVID-19 Childcare - Guidance for Childminders Version 7 – 1 August 2020.)

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

This means that it is important where possible to ensure that children’s emotional needs are anticipated in considering what the requirements are for staffing. This will also be an anxious time for many of the staff too and it is essential that their health and wellbeing is considered.

Nurturing and attached relationships are essential to creating the conditions for children to flourish in childcare. It is also essential however to ensure that the risks to children, staff and families presented by a global pandemic are kept to a minimum. Providers should exercise their judgement to ensure the safety and wellbeing of their staff, children and families is paramount, taking account of local circumstances.

It is important for children to feel secure and receive warmth and physical contact that is appropriate to their needs, in particular when they are receiving personal care, need comforting or reassurance. Childminders and childcare staff will need to be close to the children, particularly young children, and should feel confident to do so. This includes feeling confident to continue to hug children in line with their needs.
For children and young people with the most complex additional support needs, practice remains that you ensure that you involve lead professionals and parents to decide how best to continue supporting them. There may be additional challenges helping these groups of children navigate this difficult time.

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

**What is a consistently constituted group and what purpose does it have?**
The term consistently constituted group is being used to describe a group of children and adults who stay together each day. The purpose is to limit the number of people a child has contact with, to facilitate tracing, and to support close, positive interactions between children and their adult caregivers. This system will also reduce the amount of contact adults have with each other.

In working in this way, the following will apply: group sizes will comply with DoH Minimum Standards that are a maximum of 26 children in each day-care setting, or 30 children in an out of school setting. Ensure staff-to-child ratios comply with the requirements within the DoH Minimum Standards. The current standard recommends staff child ratios as follows:

- 0 to 2 years - 1:3
- 2 to 3 years - 1:4
- 3 to 12 years - 1:8

Physical space requirements should also comply with DoH Minimum Standards e.g. 2.3m² of clear space per child in sessional care and the following spaces per child in full day-care:

- 0-2 year. – 4.2m² (this includes the area in m² of a cot)
- 2-3 years – 2.8m²
- 3-5 years – 2.8m²
- 5-12 years – 2.3m²

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

Settings may wish to consider mixing very young children into smaller groups with their older siblings – firstly, because it is not possible to implement social distancing measures with young children; and secondly, keeping families together will minimise the mixing of different households. In order to accommodate this, the current requirement to have children of less than 2 years of age in separate room will be suspended. It is important to take parents’ views into account in considering this arrangement. If non-mobile children are in a room with older children, there should be a risk assessment carried out. These COVID-19 easements will be kept under continual review and may be subject to change at a later date. It is envisaged that the easement in relation to having a separate room for babies and toddlers to sleep in will end on 31 August 2020.

Childminders must continue to comply with the DoH Minimum Standards as they relate to ratios, that is, with the specified maximum number of children who may be cared for as identified on the Registration Certificate. This number includes their own children under 12 years of age. The ratios are:

- 1:6 – six children under 12, of whom no more than three are under compulsory school age;
- Normally no more than one child under a year old.
In accordance with the Minimum Standards, where the childminder employs an assistant the same ratios must be met for any additional children, and arrangements must comply with the Trust’s registration decisions regarding the ages and total number of children, up to a maximum of 8.

Further information on the implementation and operating of consistently constituted groups within a setting is set out within the COVID-19 Guidance for Registered Group Childcare Settings (Version 4: 1 August 2020) which can be accessed using the following link: https://www.familysupportni.gov.uk/Content/uploads/userUploads/Covid%20Advice%20for%20Group%20Settings%20Version%204%201%20Aug.pdf. Please note the guidance is updated on a regular basis to reflect changing circumstances.

**Social distancing measures should be part of your COVID-19 Risk Assessment**

- Evaluate what additional support you need to implement social distancing measures in your setting.
- Ensure group sizes reflect the numbers of staff available and are kept small enough to allow for social distancing.
- Ensure enough equipment is available for each room/group space.
- Discourage parents and carers from gathering at entrances or doors, or entering the setting (unless they have a pre-arranged appointment, which should be conducted safely).
- Consider how children travel to and arrive at the childcare setting to facilitate social distancing.
- Stagger arrival and departure times.Communicate the process for drop off and collection times including protocols for minimising adult to adult contact (for example which entrance/exit to use).
- Tell parents that if only one parent should attend to drop off or collect their child. Parents and carers should not be allowed into the setting unless this is essential, and children should be collected at the door if possible. Use physical distancing markers outside the setting.
- Talk to staff about the plans (for example, safety measures, and staggered arrival and departure times), including discussing whether training would be helpful.
- Consider how you structure the care environment to allow for social distancing.
- Review the number of rooms available and size of space.
- Routines/transitions: Stagger lunch times, break times and the movement of children around the setting to reduce large groups of children gathering together.
- Stagger the use of staff rooms and offices to limit occupancy.
- Limit the amount of shared resources that are taken home and limit exchange of take-home resources between children, young people and staff.
- Prevent the sharing of stationery and other equipment where possible. Shared materials and surfaces should be cleaned and disinfected more frequently.
- Review catering provisions (limit or avoid shared foods). (Check the following link for further advice: [https://www.food.gov.uk/business-guidance/food-hygiene-for-your-business](https://www.food.gov.uk/business-guidance/food-hygiene-for-your-business).)
- Communicate early with contractors and suppliers that will need to prepare to support your plans for reopening for example, cleaning, catering, food supplies, and hygiene suppliers.
- Discuss with cleaning contractors or staff the additional cleaning requirements and agree additional hours to allow for this.
- Review table top or play equipment spacing.
• Consider additional resource requirements to support the delivery of intimate care, toileting and hand washing.
• Tell children, parents, carers or any visitors such as suppliers not to visit the setting if they are displaying any symptoms of coronavirus (COVID-19).
• Promote outdoor play using appropriate social distancing measures.
• Reduce any unnecessary travel on coaches, buses or public transport.
• Ensure parents and young people are aware of recommendations on transport to and from childcare setting (including avoiding peak times).
• If a setting uses a separate transport provider, ensuring that they follow hygiene rules and try to keep distance from their passengers and do not work if they, or a member of their household, are displaying any symptoms of coronavirus (COVID-19).
• Substituting smaller vehicles with larger ones, or running 2 vehicles rather than one, where possible, to reduce the number of passengers per vehicle and increase the amount of space between passengers.
• Cordonoff seats and eliminating face-to-face seating, where vehicle capacity allows, helping children and staff spread out.
• In full day-care settings, the requirement in the Minimum Standards to have a separate sleep room for babies under 2 is temporarily suspended until further notice during COVID-19. All babies and toddlers must have appropriate sleeping arrangements. If cots are used, a minimum of one cot for each two babies is appropriate. Cleaning arrangements are discussed further on in this document. These COVID-19 easements will be kept under continual review and may be subject to change at a later date.

What can staff encourage parents and communities to do to help?
Settings should be mindful that many parents may be anxious about sending their child back to childcare. Clear communication with parents regarding the infection prevention and control measures being taken to ensure the safety of their children, the staff and others will be necessary, including the role that they play, as parents, in the safe operating procedures. Departmental Guidance should be shared with the parents and or carers.

Settings should consider how to ensure communications are accessible to specific groups of parents (e.g. parents with English as an additional language, a parent with a disability) and parents of vulnerable children. Particular care will be needed in planning for children with additional needs to return to their settings. Re-adjustment to the routines in a setting may prove more challenging for some children with additional needs than others, and consideration and planning will need to be given as to how support children to settle back into their setting. This may include liaison with a range of Allied Health Professionals.

Encourage parents and members of the local community to talk to children about coronavirus (COVID-19), social distancing and the need for hand washing. Encourage them to model social distancing so that the children learn good practice.
Ask them to advise the childcare setting if their child or a member of the extended family becomes unwell, is tested positive or is isolating.

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

The trajectory of the virus has been such that shielding has been paused from 31 July 2020. (See Coronavirus (COVID-19): pausing of shielding for extremely vulnerable people at [https://www.nidirect.gov.uk/articles/coronavirus-covid-19-pausing-shielding-extremely-vulnerable-people](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-pausing-shielding-extremely-vulnerable-people).) It is expected that children and assistants/staff who have been shielding will be able to return to childcare from this date, unless given advice from a GP or healthcare provider not to. People in this group should refer to the latest advice on the need to shield. This guidance will continue to be updated if there are a high number of local cases or there is a need to resume shielding.

Guidance for people with underlying health conditions has been prepared and will continue to be updated (see Coronavirus (COVID-19): advice for vulnerable people at [https://www.nidirect.gov.uk/articles/coronavirus-covid-19-advice-vulnerable-people](https://www.nidirect.gov.uk/articles/coronavirus-covid-19-advice-vulnerable-people)). Staff and parents of children who have underlying health conditions will wish to be aware of this advice in order to inform discussions with their employer or childminder and/or their healthcare team. Similarly, parents and carers may wish to have a discussion with their child’s GP/healthcare team if they are unsure or have queries about returning to settings because of their health condition.

Clinically vulnerable staff/assistants and children can return to the childcare setting, following a dynamic risk assessment, and arrangements should be made to enable appropriate physical distancing wherever possible. If they have to spend time within 1 metre of others, settings must carefully assess and agree with the staff/assistants or the child’s parents whether this involves an acceptable level of risk.

**Can childcare providers still take children outdoors?**
Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for natural physical distancing between children, and staff should consider how they can safely maximise the use of their outdoor space.

Where childcare services or childminders have access to an outdoor area or garden, they should try to use this space as much as possible across the day. If outdoor equipment is being used, settings should ensure that multiple cohorts of children do not use it simultaneously, as well as considering appropriate cleaning between cohorts of children using it.

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

Daycare staff and childminders should obtain parents’ consent before taking children to a play park. In addition to the usual risk assessment required before taking children to a play park, daycare staff and childminders should prepare to leave the park if it is, or becomes, crowded. Children’s hands must be washed and or sanitised before and after touching park equipment, and they should be encouraged to refrain from touching their faces while playing in the park. Daycare staff and childminders should check with their local Council or check www.playboard.org for any additional guidance on the use of play parks.

Childminders who plan to meet up with other childminders in parks or other public areas should include this in their risk assessment, ensure they adhere to current Government Guidance, seek parental consent and implement social distancing measures when in the company of other adults.

If children are being taken for a walk outside a daycare setting or childminder's home, social distancing with other children and adults (not part the childminder’s household) should be observed, parents’ prior consent sought, and children's hands washed before they go and as soon as they return to the childminder’s house or daycare setting. The usual risk assessment process should be applied.

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

Consider using outside space for exercise and breaks, where possible, as this can limit transmission and more easily allow for distancing between children and staff.

Outdoor equipment should be appropriately cleaned between groups of children and young people using it, and multiple groups should not use it simultaneously. Refer to and read the COVID-19: cleaning of non-healthcare settings outside the home guidance: https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings

Symptoms

What should I do if a child in my care displays symptoms of COVID-19?
If a child becomes unwell and presents with a new, continuous cough or a high temperature (over 37.8°C) and or reports a loss of or change in sense of smell or taste, in a childcare setting they should be sent home and advised to follow the home isolation advice on the PHA website.

If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision as required.

Childcare providers do not need to take children’s temperatures every morning, but should be vigilant about signs of a temperature. There should be a system in place to check with parents and guardians daily on the status of their children’s health when children are dropped off at the setting.

Providers should establish a plan for children who become sick while attending the setting. If a child does display symptoms the provider should:
• Have in place policies and procedures for contacting parents and guardians and seeking medical assistance.
• The COVID-19 NI app can be downloaded you can insert the child’s symptoms you will receive personalised advice. [https://check.covid-19.hscni.net/SymptomChecker/Introduction].
• Move the child to a safe designated area preferably to a room behind a closed door where the child can rest be isolated and be attended by a limited number of trained staff. Ideally, a window should be opened for ventilation. If it is not possible to isolate them in another room move them to an area which is at least 2 metres away from other people.
• PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs). Additional guidance on the use of PPE is referenced further on in this document.
• If the child needs to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.
• If direct care is required, such as nappy changing, while waiting for the child to be collected, staff should wear PPE – a mask, plastic apron and gloves.
• In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

If a member of staff has helped a child or an adult who was taken unwell with COVID-19 symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child or adult subsequently tests positive. They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. Refer to and read the COVID-19: cleaning of non-healthcare settings outside the home guidance: [https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings].

If a member of staff becomes unwell with a new continuous cough or a high temperature (37.8°C or higher), or has a loss of or change of in their normal sense of taste or smell they must be sent home immediately and advised to follow the COVID-19 stay at home guidance (see link below).

What if a parent raises a concern about taking a sick child to their GP or hospital during the pandemic?
The PHA and the Health and Social Care Board (HSCB) are urging parents and caregivers to be vigilant of other childhood illnesses during the COVID-19 pandemic.

While it is essential to be aware of and follow the guidance associated with COVID-19, it is also important to ensure that parents trust their instinct.
Parents should be advised that if a child is unwell and needs medical attention, they should continue to seek help.

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

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

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

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

Childcare settings should reiterate to parents/caregivers the need to follow the advice on coronavirus (COVID-19), including the whole household entering 10 days of self-isolation if anyone in the household develops a fever or a new, continuous cough or has a loss of or change in their normal sense of taste or smell (anosmia). They are advised to follow the staying at home guidance.

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

When a child, young person, staff member or visitor develops symptoms compatible with coronavirus (COVID-19) they should be sent home, advised to self-isolate for 10 days, arrange to have a test to see if they have COVID-19 and follow all further medical advice. Further information is available at https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/testing-covid-19.

What do we do if we have a confirmed case of coronavirus (COVID-19) in a setting?

If anyone in a childcare setting develops symptoms of coronavirus (COVID-19): a high temperature, new and persistent cough or a loss of, or change in, normal sense of taste or smell (anosmia), however mild, they should self-isolate for at least 10 days from when the symptoms started; or if they are not experiencing symptoms but have tested positive for coronavirus (COVID-19) they should self-isolate for at least 10 days starting from the day the test was taken.
Where a child or staff member tests positive, the rest of their consistently constituted group i.e. staff and children, should be sent home and advised to self-isolate for 14 days. Their fellow household members of the group do not need to self-isolate unless the child or staff member they live with subsequently develops symptoms. If they develop symptoms during the isolation period, they should restart the 10 day isolation period from the day they develop symptoms. Further information is available at https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19#testing-for-essential-workers.

Please note even if an individual has had a negative result, the PHA advises that it is important to still apply caution. It is vital those who test negative continue to follow guidance including precautions related to social distancing.

If everyone with symptoms who was tested in their household receives a negative result, they can return to work if their work cannot be done from home, providing they are well enough, and have not had a fever for 48 hours.

If, after returning to work, they develop symptoms they should follow the guidance and self-isolate. Employees should discuss their return to work with their employing organisation.

The test will confirm if a person - who is showing symptoms of the virus - actually has it. It will not confirm whether they have had it and have now recovered.

The number for the NHS Contact Centre for results enquiries is 119.

As part of the national test and trace programme, if other cases are detected within the cohort or in the wider setting, Public Health Agency will conduct a rapid investigation and will advise settings on the most appropriate action to take. In some cases a larger number of other children may be asked to self-isolate at home as a precautionary measure – perhaps the whole consistently constituted group or setting. Where settings are observing guidance on infection prevention and control, which will reduce risk of transmission, closure of the whole setting will not generally be necessary. Further information is available at: https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19/contact-tracing.

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

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

Childcare settings should reiterate to parents/caregivers the need to follow the advice on coronavirus (COVID-19), including the whole household entering 14 days of self-isolation if anyone in the household develops symptoms in line with the stay at home guidance.

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

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

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

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

- A system to check with parents/caregivers daily on the status of their children when children are dropped off at the setting.
- Maintaining up-to-date email addresses and home, work, and mobile phone numbers from parents and guardians of children at the setting so that you can reach them at all times and testing that methods of communication work.
- Settings should consider how to ensure communications are accessible to specific groups of parents e.g. parents with English as an additional language and parents of vulnerable children.
- Providing parents/caregivers with information on COVID-19 symptoms, transmission, prevention, and when to seek medical attention.
- Encouraging parents/caregivers to share the information with their children as appropriate.
- Communicating with parents/caregivers that their children should stay at home if they are sick, have been in contact with someone who has tested positive for COVID-19, or if someone in the household has symptoms (cough, fever, anosmia).
- Establishing voluntary methods for parents/caregivers to help screen their children for COVID-19 symptoms. Communicating such methods with parents/caregivers. (For example, ask parents/caregivers to check their children’s temperatures every day before coming to the childcare setting and to keep their children at home if their temperature is high, that is, if they feel hot to touch on the chest or back - they do not need to measure the child’s temperature.)
- Requiring parents to advise the childcare provider if they, their child or any other family member with whom they live or have had contact has tested positive for COVID-19.

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

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

**Can I get tested?**

Everyone in Northern Ireland with symptoms of coronavirus is now eligible for testing. Parents will have a number of routes for accessing testing themselves and for their children, and should contact their GP in the first instance. It is recommended that children under 5 are tested using the home testing kits as the experience will generally be less stressful for them than attending a testing facility.

Access to priority testing is already available to all essential workers including any staff involved in childcare. Please note different procedures are in place for HSC staff, who will be advised of local testing arrangements by their line manager.

A network of new **Primary Care COVID-19 centres** has been established to manage coronavirus cases in the community. Patients will not be able to report directly to these centres without being
referred by their GP or out-of-hours provider. For further information click this link Primary care COVID-19 centres.

The new **StopCOVID NI app** will alert users if they have been in close contact with other users who have tested positive for COVID-19.

The app was designed using the Information Commissioners Office “Privacy by Design” principles and therefore uses only anonymised information in its operation.

- StopCOVID NI on Apple app store
- StopCOVID NI on Google Play

Further information on the App is available at:

- Coronavirus (COVID-19): StopCOVID NI Proximity App


The Government would advise caution about obtaining testing from non-governmental sources. A positive or negative test will not be recognised by the HSC Trust and will not change the advice given. You will still have to observe recommended isolation periods.

**Should childcare practitioners be using face coverings?**

A face covering is a covering of any type which covers your nose and mouth

In a childcare setting, face coverings should not be required for most children or adults (those clinically advised to wear a covering would be an exception). Children under the age of 13 are exempt from wearing a face covering. However, where adults cannot keep 1 metre distance from other adults, and are interacting face-to-face with other adults for 15 minutes or more, face coverings should be worn. In other circumstances, adults should not need to wear face coverings. Some children may need additional support/reassurance about the reasons for adults wearing face coverings.

Since 10 July 2020 it has been the law to wear a face covering when using public transport services. Since 10 August the use of face coverings in certain indoor settings, such as shops or shopping centres, has been mandatory.

Emerging evidence suggests that the risk of transmission may be reduced by using thicker fabrics or multiple layers but it should still be breathable.

A face covering should:

- cover your nose and mouth while allowing you to breathe comfortably
- fit comfortably but securely against the side of the face
- be secured to the head with ties or ear loops
- be made of a material that you find to be comfortable and breathable, such as cotton
- ideally include at least two layers of fabric (the World Health Organization recommends three depending on the fabric used)
- unless disposable, it should be able to be washed with other items of laundry according to fabric washing instructions and dried without causing the face covering to be damaged
A vent is not recommended. Masks with valves allow air breathed out to pass unfiltered into the environment, along with potential droplets, defeating the key purpose of protecting those around you.

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

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

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

Further information on the use of face coverings and the exemptions that will apply is available at: [www.nidirect.gov.uk/coronavirus-safer-travel-guidance](http://www.nidirect.gov.uk/coronavirus-safer-travel-guidance) and [www.nidirect.gov.uk/face-coverings](http://www.nidirect.gov.uk/face-coverings).

**What is the meaning of the term infection control?**

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

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

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

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

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

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

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

Additional information on infection prevention and control is available within the guidance listed for Daycare Providers and Childminders on the Family Support NI Website:
Staff should also receive appropriate training and supervision. It is important that the information in this guide is utilised alongside the PHA document Infection and Prevention Control and it is recommended that a record of such training is kept.

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

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

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

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

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

The childcare worker should avoid touching her/his own face and where it is age appropriate discourage the children from touching their own faces.
Some children and young people with special educational needs and disabilities may require additional support in following public health advice, or may find frequent hand washing distressing. Where needed, this should be reflected in their individual care plan so that staff will know where this is likely to be the case, and how they can best support individual children and young people.

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

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

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

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

Childcare staff are advised to:

- keep nails short and clean
- cover visible cuts and abrasions with a waterproof dressing.
It is recommended to place signs and or posters by sinks reminding adults and children of the importance of effective hand hygiene and hand washing techniques. Catch it, Bin It, Kill it advice should be displayed prominently.

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

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

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

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

Find below links to child hand washing resources:

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

Use [e-Bug](https://www.ebug.co.uk/) resources to teach children about hygiene.

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

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

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

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

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

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

- Safely using cleaners and disinfectants on surfaces and objects, this includes:
  - wearing gloves;
  - ensuring cleaners and disinfectants are used in a manner that does not endanger childcare workers or children at the setting.
- After a child or childcare worker uses the toilet, the lid should be put down first, before flushing. Afterwards the childcare worker should always wash their own and the child's hands.
  
  You should also
  - Ensure there is always extra cleaning of the toilets, taps and door handles.
  - If using a shared soap dispenser, remember, it is a good idea to clean it after use.
- Remembering to routinely clean personal items like a phone, keys, purse, pens and pencils.
- Stressing the importance of childcare workers and children staying home if they have a frequent cough, fever, loss of taste or smell, sneezing, or difficulty breathing.
- Establishing procedures to routinely clean and disinfect frequently touched surfaces and objects (e.g. doorknobs, light switches, sinks, toilets, countertops, chairs, banisters, toys, books, shared keys, etc.).
- Providing suitable disposable wipes for childcare workers to wipe down commonly used surfaces (e.g. keyboards, desks and remote controls) before use.
- Following the manufacturer’s instructions for all cleaning and disinfection products (e.g. safety requirements, protective equipment, concentration, and contact time).
- Ensuring as far as possible that there are adequate supplies to support cleaning and disinfection practices.
- Advising childcare workers that here is no need to take a shower at work but workers should take off their work clothes and shoes when they arrive home, and take a shower. They should wash their clothes at 60 degrees. They should not bring pens and pencils home from the setting and ensure that personal items e.g. phone, keys and purse are cleaned regularly.
- Ensuring that bins for tissues are emptied throughout the day.
- Where possible, ensuring all spaces are well ventilated using natural ventilation (opening windows) or ventilation units.
- Ensuring that doors are propped open only if they are not fire doors, and where it is safe to do so (bearing in mind fire safety and safeguarding), to limit use of door handles and aid ventilation.
- Review the arrangements for the availability, circulation and cleaning of toys.
- In accordance with public health advice, removing all soft toys, and any toys that are hard to clean, such as those with intricate parts; and, where practicable, removing soft furnishings, for example pillows, bean bags and rugs.
- Children should be discouraged from bringing toys from home to the setting. It is recognised, 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.
- If cots are used, a minimum of one cot for each two babies is appropriate. The cot must be thoroughly cleaned between uses by different children. Each baby and toddler should have their own bedding, which should be laundered on a daily basis and, where possible, their own mattress. Where this is not possible, it is acceptable to have a waterproof wipe-clean cover that can be washed thoroughly between each use by different children. Due to Infection Control the use of travel cots in a full day care setting is not permitted.
- 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 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.
- If a setting or childcare provider is required to transport children during the working day they must ensure good hygiene and cleaning practices are followed before, during and after journeys. Where possible, they should substitute smaller vehicles with larger ones, or run 2 vehicles rather than one, to reduce the number of passengers per vehicle and increase the amount of space between passengers. To help children and staff spread out, seats should be cordoned off and face-to-face seating eliminated, where vehicle capacity allows.
- Rearranging, limiting or removing seating to try and ensure social distancing is observed and that it can be cleaned regularly using a rota or some other tracker – this may include: blocking off seats that are in close proximity to a driver or other workers and passengers; maximising separation for example by sitting in back left-hand seat of a car.
- Using screens to create a physical barrier between people.
- Introducing more one-way-passenger-flow through vehicles – for example, have a one-way entry and exit for vehicles where possible.
- Where possible, daycare providers and childminders should ensure that a fresh air supply is consistently flowing through vehicles.
- Using wipes to clean fuel covers and pumps before and after use.
- Cleaning vehicle keys before and after handling.
- Undertaking joint planning with other transport organisations at transport interchanges to ensure aligned approaches.

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

- Telling their childcare staff as soon as possible if they feel sick;
• Promoting good coughing and sneezing etiquette (cover coughs and sneezes with a tissue or sleeve: not hands);
• Discouraging children from sharing food, drinking cups, eating utensils, towels, toothbrushes, etc.

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

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

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

• **If a child, or staff member becomes unwell with symptoms of coronavirus** (e.g. new continuous cough, temperature, a loss of, or change in, normal sense of taste or smell) while in the setting they must be sent home in line with the advice from the PHA [www.publichealth.hscni.net](http://www.publichealth.hscni.net). If contact with a child or young person is necessary, for example they need direct personal care, while waiting for the child to be collected, disposable gloves, a disposable apron and a fluid-resistant surgical face mask should be worn by the supervising adult. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection should also be worn. Refer also to page 17 for further information on caring for a child who is waiting for collection.

• **Children, whose care routinely already involves the use of PPE due to their particular circumstances and intimate care needs**, should continue to receive their care in the same way as they did pre-COVID-19.

• **Children who require Aerosol Generating Procedures.** (See below for further detail.)

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

**What specific steps should be taken to care for children who require Aerosol Generating Procedures (AGPs)?**

There are a small number of medical procedures which increase the risk of transmission through aerosols (tiny droplets) being transferred from the patient to the caregiver. These are known as Aerosol Generating Procedures (AGPs)*. Within childcare settings, these are only undertaken for a very small number of children with complex medical needs, for example those receiving tracheostomy care, administration of medicine by nebulization or administration of high flow nasal oxygen.

*Procedures currently considered to be potentially infectious Aerosol Generating Procedures for COVID-19 include respiratory tract suctioning, manual ventilation, tracheal intubation and extubation, non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP), High Frequency Oscillatory Ventilation (HFOV), induction of sputum using nebulised saline and high flow nasal oxygen (HFNO).

If you are caring for, or planning to care for, these children you should notify your HSC Trust Early Years Team as soon as possible, to ensure that anyone carrying out these procedures is appropriately trained in the safe donning and removal of PPE.

Staff performing AGPs should follow HSC guidance and wear the correct PPE, which is:

• a FFP2/3 respirator
- gloves
- a long-sleeved fluid repellent gown
- eye protection

The respirator required for AGPs must be fitted by someone trained to do so. This is known as ‘fit testing’. Staff in childcare settings who need support with accessing PPE and fit testing should contact the appropriate health lead for the child or young person e.g. the HSC Trust’s Infection Control Nurse and or the Community Nursing Team. Contact details will be made available via the local Trust Early Years Team.

Click the above images for information on donning (putting on) and doffing (taking off) personal protective equipment (PPE) for aerosol generating procedures (AGPs)

Children and young people should be taken from the shared area for any AGP to be carried out in a designated room with the doors closed and any windows open. If this is not possible, for example in children and young people who require sporadic care, such as urgent tracheostomy tube suction, individual risk assessments should be carried out. There should be 2 staff with the child at all times including when the child needs to be taken to the separate room or isolated for the procedure. The child’s parents must be fully involved in the process and give informed consent to what is agreed.

In all instances, efforts should be made to:

- ensure that only staff who are needed to undertake the procedure are present and that no other children or young people are in the room;
- minimise clutter to make the process of cleaning the room as straightforward as possible;
- clean all surfaces and ventilate the room following a procedure and before anyone not wearing appropriate PPE enters. Clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room. For a room without ventilation, this may take an hour.
- ensure proper disposal of PPE after use. Advice will be provided by the HSC Trust team.
How should I care for children who regularly spit or require physical contact?
If non-symptomatic children present behaviours which may increase the risk of droplet transmission (such as biting, licking, kissing or spitting) or require care that cannot be provided without close hands-on contact, they should continue to receive care in the same way, including any existing routine use of PPE.

The issues will be specific to each child or young person and individual responses will be required. Staff should review and update existing risk assessments.

In these circumstances, to reduce the risk of coronavirus (COVID-19) transmission, no additional PPE is necessary because these are non-symptomatic children in a non-healthcare setting and so the risk of viral transmission is very low. However, additional space and frequent cleaning of surfaces, objects and toys will be required. Cleaning arrangements should be increased in all settings, with a specific focus on surfaces which are touched a lot. Refer to and read guidance on cleaning for non-healthcare settings.

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

- Cleaning an area with normal household disinfectant after someone with suspected coronavirus (COVID-19) has left will reduce the risk of passing the infection on to other people.

- Wear disposable or washing-up gloves and aprons for cleaning. These should be double-bagged, then stored securely for 72 hours then thrown away in the regular rubbish after cleaning is finished.

- Using a disposable cloth, first clean hard surfaces with warm soapy water. Then disinfect these surfaces with the cleaning products you normally use. Pay particular attention to frequently touched areas and surfaces, such as bathrooms, grab-rails in corridors and stairwells and door handles.

- If an area has been heavily contaminated, such as with visible bodily fluids, from a person with coronavirus (COVID-19), use protection for the eyes, mouth and nose, as well as wearing gloves and an apron.

- Wash hands regularly with soap and water for 20 seconds, and after removing gloves, aprons and other protection used while cleaning.

- Spillages of body fluid, such as urine, vomit, faeces or blood, are cleaned up as quickly as possible. Staff should be encouraged to treat every spillage of body fluids or body waste with caution as potentially infectious.

- Chlorine-based disinfectants should not be applied directly to acidic bodily fluids, such as urine or vomit, as potentially dangerous chlorine vapour may be released. Such spills should be cleaned up with paper towels and washed with warm water and a general purpose detergent before being treated with a disinfectant solution. In all cases, staff should follow the manufacturer’s instructions for any disinfectant product they are using.

- Carpets and upholstery should be thoroughly cleaned with warm soapy water or a proprietary liquid carpet shampoo, rinsed, and where possible, dried.
• Mops should never be used for cleaning up blood and body fluid spillages.

• Laundry – Wash items in accordance with the manufacturer’s instructions. Use the warmest water setting (60 degrees) and dry items completely. Dirty laundry that has been in contact with an unwell person can be washed with other people’s items.

• Do not shake dirty laundry, this minimises the possibility of dispersing virus through the air.

• Clean and disinfect anything used for transporting laundry with your usual products, in line with the cleaning guidance above.

• Playing with toys or using equipment such as climbing apparatus and slides is an important part of the child’s day in an early years/childcare setting. However, these items can quickly become soiled or unhygienic and a child’s habit of putting toys in their mouth can lead to a situation where disease can be spread. Childcare staff should always ensure that toys and equipment are inspected and cleaned regularly throughout the working day.

• The infection risk from coronavirus (COVID-19) following contamination of the environment decreases over time. It is not yet clear at what point there is no risk. However, studies of other viruses in the same family suggest that, in most circumstances, the risk is likely to be reduced significantly after 72 hours.

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

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

**Training Requirements**

**Self-Assessment Questionnaire**

To test your knowledge and understanding after reading this training resource, please complete the associated self-assessment questionnaire, in conjunction with your line manager. If you have completed an older version of the questionnaire, we would advise you to re-read the amended sections of this resource and complete the most up-to-date questionnaire.

**Paediatric First Aid Certification**

The Minimum Standards require that at least one member of staff with up to date Paediatric First Aid training is present at all times. This requirement remains unchanged. It is acknowledged that face to face Paediatric First Aid training is not possible currently but successful completion of online Paediatric First Aid training is available through the Childcare Partnership Training Programme accessible on this link [http://childcarepartnerships.hscni.net/training-quality/training-quality-courses/](http://childcarepartnerships.hscni.net/training-quality/training-quality-courses/).

This training is acceptable on condition that the participant completes the practical exercise component completed on a face to face basis as soon as it is available. If settings cannot meet the above requirement they must notify the HSC Trust Early Years Team.
If Paediatric First Aid certificate requalification training is prevented for reasons associated directly with coronavirus (COVID-19), or by complying with related government advice, the validity of current certificates can be extended by up to 3 months with the agreement of the HSC Trust Early Years Team. This applies to certificates expiring on or after 16 March 2020. If asked to do so, providers should be able to explain why the first aider hasn’t been able to requalify and demonstrate what steps have taken to access the training. Employers or certificate holders must do their best to arrange requalification training at the earliest opportunity.

Additional online training opportunities during the pandemic will also be signposted on the Childcare Partnership website [http://childcarepartnerships.hscni.net/](http://childcarepartnerships.hscni.net/).

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

**Other useful sources of information**

<table>
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<tr>
<th>Government Infection prevention and control</th>
<th>NI Direct – COVID-19 Information leaflets</th>
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![Ex_Ind_Infection Prevention and Control Tier 1](image1)

![LEARNING MODULE](image2)

![Other useful sources of information](image3)
HSENI – Minister for DFE publishes workplace safety guidance and list of priority sectors

Public Health Agency Guidance and Advice

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

**Belfast HSC Trust**

**Belfast Health and Social Care Trust**

Everton Complex
585-587 Crumlin Road
BELFAST
BT14 7GB
Tel: 028 9504 2811
Email: earlyyears@belfasttrust.hscni.net

**Southern HSC Trust**

**Southern Health and Social Care Trust**

Armagh Team
87 Lisanally Lane
ARMAGH
BT61 7HW
Tel: 028 3756 4020
Email: Dianne.calvert2@southerntrust.hscni.net

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

**Northern HSC Trust**

**Northern Health and Social Care Trust**

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

**Western HSC Trust**

**Western Health and Social Care Trust**

Londonderry Team
Clooney Hall Centre
36 Clooney Terrace
LONDONDERY
BT47 6AR
Tel: 028 7132 0950
Email: josephine.doherty@westerntrust.hscni.net

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

Omagh Team
Tyrone and Fermanagh Hospital
OMAGH
BT79 0NS
Tel: 028 8283 5108
Email: marian.donaghy@westerntrust.hscni.net
### South Eastern HSC Trust
**South Eastern Health and Social Care Trust**
Grove House  
Antrim Road  
BALLYNAHINCH  
BT24 8BA  
Tel: 028 4451 3807  
Email: early.years@setrust.hscni.net

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## Contact the Childcare Partnership Training Team

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