

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

Version 3: 29 June 2020

## Introduction

1. The first aim of the partial closure of childcare settings has been 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. The second aim was to continue to care for priority children – those who are vulnerable, or whose parents are critical to the coronavirus 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.
2. The Executive has therefore been able to take further steps towards the full recovery of the childcare sector, in line with the Childcare Sector Recovery Plan (available at: <https://www.education-ni.gov.uk/faqs-childcare-recovery-plans-24-june-2020>). The full implementation of the Plan will depend on the continued progress in the fight against COVID-19. Implementation must be staged in order to minimise the chance of infections increasing again. Please note that this guidance is for registered group childcare settings. It will be updated regularly and available on <https://www.familysupportni.gov.uk/Support/91/covid19-childcare-options-and-associated-guidance>. Please consult the FSNi website at regular intervals.
3. While this Guidance is applicable to all registered childcare group settings, different sections may be more relevant to some types of provision than others. If a provider is in doubt they should contact the local HSC Trust Early Years Team for advice
4. The Guidance is intended to be helpful to providers, parents and children. Our aim is to support children when they are in settings. Nurturing and attached relationships are essential to creating the conditions for children to flourish in in childcare. Children also have the right to the best possible health, with their best interests a top priority in all decisions and actions that affect them. Adults, of course, also have fundamental rights in relation to their health and wellbeing.

5. Providers should exercise their judgement to ensure the safety and wellbeing of their staff, children and families is paramount, taking account of local circumstances. None of this guidance note affects the legal obligations of providers with regard to health and safety and public health advice. Providers must continue to adhere to all such duties when implementing this guidance and take regard of any advice relating to COVID-19 from the Public Health Agency.
6. The objective of the Childcare Sector Recovery Plan is to restore the childcare sector to pre-COVID-19 capacity levels as quickly and safely as possible. Under the plan, the link with the definition of keyworker will be broken from 29 June 2020. Instead, the aim will be to ensure that any parents can access childcare as and when they need it, including those parents who are working from home. **You will therefore no longer need to consider a parent's occupation before offering their child a place.**
7. In order to keep children and staff safe, it is considered necessary to continue to place a level of operating restriction on childcare settings. Children must continue to be cared for in separate Play Pods, which may mean that some settings will not be able to operate at full capacity, depending on how the setting is organised and the extent to which the use of outdoor space can be maximised. There may be additional staffing requirements and increased costs associated with operating Play Pods. Operating restrictions will be kept under review and may be subject to change, depending on medical and scientific advice.

### **Information on COVID-19 and children**

8. 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 or higher), runny nose, sore throat, diarrhoea and vomiting. It is important for parents and for those who deliver childcare 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.
9. The core public health measures that underpin reopening of services are:

- enhanced hand hygiene and cleaning practice;
- caring for children in small groups;
- minimising contact between these groups;
- maximizing the use of outdoor spaces; and
- physical distancing between adults and older children in the setting including parents at drop-off and pick-up times.

### **Vulnerable Children**

10. Childcare should be provided for any vulnerable child, if a HSC Trust Early Years Team determines that it is in the child's best interests. This includes a child who previously attended childcare prior to the COVID-19 pandemic.

### **Financial support**

11. Financial support for the childcare sector from 1 July 2020 will be subject to Executive agreement and the availability of funding. More information will be published in the coming weeks.

### **The Process to Re-Open a Childcare Setting**

12. If a provider wishes to re-open their setting they must first inform the local HSC Trust Early Years Team of their intention to do so. The Early Years Team will seek information from providers about their plans to provide care as safely as possible for children in each setting, including how they will adhere to this Guidance. This will allow the Certificate of Registration for the setting to be varied on a temporary basis to operate during COVID-19. Each setting will be required to complete a risk assessment to ensure that care can be provided as safely as possible to children.

### **Group Size and Restricted Numbers**

13. To reduce the risk of viral transmission, it is important 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
14. 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 advising that children should be cared for

in as small a group as possible. Within childcare settings, these small groups are being called Play Pods.

### **What is meant by a Play Pod?**

15. The term Play Pod is being used to describe a small group of children and the adults who remain with that group. The intention is that the same staff and children stay together each day, through the day, as far as possible. The purpose of 'play-pods' 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 implementing and operating Play Pods within a setting, the following will apply:

- Play Pods should be as small as possible and there should be no more than a maximum of 12 children in each pod. Only in an exceptional circumstance may a Trust agree that there can be more than 12 children in a pod. Pods consisting of very young children will ideally be smaller than 12. Pod size will be directly linked to the space available and the make-up of individual groups, including age.
- Children and adults should remain in the same small group at all times during the day and different groups should not mix during the day or on subsequent days.
- More than one pod may be accommodated in the same room, separated from each other by partitions of sufficient height to limit the spread of infection between adults and children between pods. Partitions will also stop children interacting with each other and enable providers to maximise the use of available physical space. Please refer to the additional advice on partitions below.
- There must be two adults in each play pod at all times. Depending on the size of the pod a floating/relief staff member may be necessary to ensure staff get breaks but this should be limited as much as possible.
- It may be possible to create two pods of 8 children aged 3+ years in a large room divided by a transparent partition, with each pod having one member of staff only, thus maintaining the 1:8 staffing ratio for this age group. Each member of staff must have clear sight across the two pods. This should be discussed [and agreed] with the Trust. This arrangement will not be agreed for children below this age.
- Toilets should be assigned to each pod so that means that twelve children will access one toilet. Sharing of toilets between pods should be avoided if at all possible. This represents a temporary relaxation of the requirement in the Minimum Standards to have 1 toilet and 1 wash hand basin per 10 children aged over 2 years.

- A record should be retained of the people (children and carers) in each pod on each day to facilitate contact tracing in the event of an episode of infection.
- Providers should ensure, as far as possible, that the same staff are assigned to each group every day and that the children use the same area of the setting every day with a thorough cleaning of the rooms at the end of the day.
- The Play Pod should aim to develop a team-like spirit between the children where they help each other while playing and learning together. They are a means of developing a cohesive, consistent group of children who feel safe. Children are returning to their setting having been with their parent(s)/guardian(s) for several months.
- Within a Play Pod, social distancing of young children is not recommended. It is important for children to feel secure and receive warmth and physical contact that is appropriate to their needs, in particular when they are receiving personal care, need comforting or reassurance. Daycare workers will need to be close to the children, particularly young children, and should feel confident to do so. This includes staff feeling confident to continue to hug children in line with their needs.
- As far as possible, there should be no contact between two Play Pods (children and staff). Play Pods should remain apart in shared spaces (including outdoors) and during drop-off and collection times.
- While groups should be kept apart as much as possible brief transitory contact such as passing in a corridor is low risk.
- A large room may contain more than one Play Pod provided the guidance below is adhered to.
- Different children entering Play Pods should be minimised as much as possible. However, it is acknowledged that many children attend childcare settings on a part-time basis and therefore additional children may be added to groups at different times and on different days. Every effort needs to be made to ensure that these children join the same pod on every occasion.
- Childcare settings that are sessional or have a number of different children at different times of the day may wish to consider having smaller group sizes to limit the number of children staff are in contact with. Each setting's circumstances will be different.
- The layout of the Play Pod should comply with the space requirements in the Minimum Standards, and with fire safety requirements. Where there are mixed age groups the space requirement should be that for the middle age range in the pod or where there is only two age ranges it should be the ratio for the largest proportion of children.
- Particular attention should be given to any shared entry or exit points to reduce contact between Play Pods.

- Toys should not be shared between Play Pods.
- Children from different Play Pods should not play together.
- As far as possible, staff should practice social distancing, including with other members of staff in the same Play Pod
- As far as possible, staff and parents should maintain social distancing.
- Where appropriate, children may be cared for in family groups as this minimises the contact between different households. The guidance on mixing of age groups in the Implementation Guidance that accompanies the Minimum Standards has been suspended until further notice to facilitate this.
- 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 a separate room will be suspended. Suspending this requirement allows siblings to be cared for together as a family group. It is important to take parents views into account in considering this arrangement. If non-mobile children are in a room with older children, then there should be a risk assessment carried out.
- Staff/child ratios as specified in the Minimum Standards still apply and may be used to group children [see below].
- Space requirements as specified in the Minimum Standards also still apply [see below].
- Each settings circumstance will be different. Any setting that cannot achieve these small groups should discuss this with the HSC Trust Early Years Team and they may need to both restrict and prioritise the children who attend their setting.
- In the context of continued furloughing arrangements, staffing arrangements should be as consistent as possible.
- Where settings need to use other essential professionals such as staff from other settings, agency staff, speech and language therapists or counsellors, settings should assess whether the professionals need to attend in person or can do so virtually. If they need to attend in person, they should closely follow the protective measures guidance and the number of attendances should be kept to a minimum.

## **Partitions**

16. Physical partitions may be used in childcare settings to divide a large room to accommodate two Play Pods.
  - Partitions can be made of any safe material that can be cleaned properly and regularly.

- Partitions are proposed to serve the critical functions of intercepting the respiratory droplets that are thought to transmit the virus, However, as staff will be unmasked on opposing sides of these partitions in early years settings, it is essential that the partition has been designed, installed, and maintained such that it effectively prevents the co-mingling of droplets (and aerosols) produced by both parties.
- The most obvious critical factor for a partition is that its dimensions should exceed the breathing zone (30cm from the mouth) of partitioned staff by a wide margin. As staff members caring for children will often be standing the partition should reflect the height of the tallest standing person likely to be in the room.
- Because the purpose of these partitions is to ensure that one user's breathing zone is not contaminated by exhalations from another, speaking ports or grates should not be installed through the partition directly into the other half of the room and the next pod.
- The partition should be designed so as to minimize airflow around the edges of the partition. Particular care should be taken make sure there are no gaps in partitions other than the entrance and exit. Even small gaps between the partition and the wall etc. carry a risk of viral transmission and injury (e.g. choking, nipping of fingers/toes). Partitions should be firmly secured to avoid risk of collapse, for example when a child collides with the partition.
- Partitions should be installed with safety in mind, taking care not to hinder staff or children's escape in an emergency situation.
- Because partitions are intercepting respiratory droplets, all must be able to be treated as contaminated surfaces and should be thoroughly cleaned on a regular basis. Partitions that are not touched should be cleaned daily, whereas portions of the partition that are touched should be cleaned twice daily, or more frequently if visibly soiled, as with other high-touch surfaces.
- The surface should be cleaned with mild soap and water. If microfiber or other reusable cloths are used to wash or dry the partition, these should be considered contaminated and should be laundered before re-use. Providers may wish to install transparent partitions. These partitions are often made out of acrylic (Plexiglass) or polycarbonate plastics, which are lighter weight, more easily shaped, and have much greater impact resistance than glass.
- Where a room is divided to contain two pods there may be challenges in relation to both entrances to the pods and access to toilets. In these situation Trusts will work flexibly with providers to consider their proposals and seek solutions.
- Where a provider proposes to use mobile partitions (i.e. on wheels), the partitions require a form of locking mechanism to the feet/rollers to ensure they could be secured in one place to avoid injury or a lapse in infection

control. They should also be robust enough that they could not easily be pushed over if a child collided with them or whilst they were being moved into position. They must also be made from a material that is easily cleaned in accordance with this guidance. Consideration would need to be given to whether or not there was a gap between the bottom of the partition and the floor, and they would need to be of sufficient length to effectively partition the room without gaps.

### **Staff/Child Ratios**

17. The ratios set out in the Minimum Standards are as follows:

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

In the current pandemic, children may be cared for in mixed age groups. The ratio for mixed age groups should be that for the middle age range in the pod or where there is only two age ranges it should be the ratio for the largest proportion of children.

Risk assessments should also be completed in these circumstances, to ensure that children's needs are met and care can be provided as safely as possible. However, childcare settings remain responsible for ensuring the safety and security of children in their care.

### **Sleeping arrangements**

18. In full daycare 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. The cot must be thoroughly cleaned between use by different children. Each baby and toddler should have their own bedding, which should be laundered on a daily basis and, where possible, their own mattress. Where this is not possible, it is acceptable to have a waterproof wipe-clean cover that can be washed thoroughly between each use by different children. Due to Infection Control the use of travel cots in a full day care setting is not permitted.

### **Demand for childcare places**

19. If the demand for places is higher than the setting's capacity when protective measures are in place, it may be necessary for some settings to restrict the numbers of children attending the setting until Guidance is changed. Solutions might involve contacting other nearby open settings on the familysupportNI website or working with the HSC Trust Early Years Team to support children

attending a nearby setting on a consistent basis. If necessary, settings should prioritise providing places to vulnerable children, younger age groups and children who attended the setting previously.

## **Infection Control**

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

- ensuring that all staff members have access to online information/training on COVID-19, including how the illness is spread, how to prevent its spread, symptoms, and when to seek medical assistance for sick children or staff. They must ensure that all staff are fully familiar with the Childcare Partnership Training Resource on COVID-19 and Childcare available free on this link <http://childcarepartnerships.hscni.net/wp-content/uploads/2020/05/COVID-19-IPC-Resource-for-CC-Settings-1.pdf>. Please ensure that you are reading the latest version as this resource is updated regularly as public health and scientific advice changes.
- ensuring that sufficient handwashing facilities are available. Where a sink is not nearby, provide hand sanitiser in rooms. Posters on hand hygiene which should be displayed in your setting, are available for download from <https://www.familysupportni.gov.uk/>. The importance of frequent handwashing with soap and water for 20 seconds (or using hand sanitiser where soap and water are not available) and drying thoroughly is emphasised, including:
  - When Childcare workers arrive at the setting and before they leave the setting;
  - Before and after handling food, feeding a child, or eating;
  - Before and after using the toilet, changing a nappy, or helping a child use the bathroom (also wash the child's hands after helping the child use the bathroom or changing their nappy); After a child or Childcare worker uses the toilet, the lid should be put down first before flushing. Afterwards the Childcare worker should always wash their own and the child's hands;
  - Ensure there is always extra cleaning of the toilets, taps and door handles;
  - If using a shared soap dispenser it is a good idea to clean after use;
  - After helping a child wipe their nose or mouth or tending to a cut or sore;
  - After working in sandboxes and similar children's play areas;
  - Before and after giving medicine to a child;

- After handling waste baskets or garbage;
- Washing a child's hands on arrival at the setting and before they go home;
- Reminding Childcare workers to avoid touching their face and encouraging children not to touch theirs.
- Advising Childcare workers that there is no need to take a shower at work but workers should take off their work clothes and shoes when they arrive home, and take a shower. They should wash their clothes at 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 the surfaces that children and staff are touching, such as toys, books, desks, chairs, doors, sinks, toilets, light switches, bannisters are cleaned more regularly than normal.
- Advising Childcare Workers and encouraging children to use a tissue or elbow to cough or sneeze and use bins for tissue waste ('catch it, bin it, kill it').
- Ensuring that help is available for children and young people who have trouble cleaning their hands independently.
- Encouraging young children to learn and practise these habits through games, songs and repetition.
- 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.
- 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.

### **Risk assessments**

21. Managers must ensure that risk assessments take place on a setting by setting basis. These are expected to consider all risks identified in respect of COVID-19 and must take account of the relevant guidance from the Public Health Agency
22. 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.

## **Ventilation**

23. 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.

## **Maximising use of outdoor spaces**

24. 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.

25. Where childcare services 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.

26. 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. 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.

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

28. Outdoor equipment should not be used unless the setting is able to ensure that it is appropriately cleaned between groups of children and young people using it, and that multiple groups do not use it simultaneously. Please see advice on cleaning of non-healthcare settings at:  
<https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>.

## **Shared Spaces and Shared Resources**

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

- use dining areas and other facilities for lunch and exercise at half capacity. If groups take staggered breaks these areas can be shared as long as different groups do not mix and adequate cleaning between groups is in place, following the COVID-19: cleaning of non-healthcare settings guidance.
- 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.
- rooms that are used by more than one pod must be properly cleaned between cohorts.

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

30. It should be noted that some children and young people will need additional support to help them understand why the public health measures being recommended by this Guidance are being followed. The use of meaningful symbols and social stories to support children to understand how to follow rules is advised. As far as possible, use innovative methods to inform children, appropriate to their age, on how they can help prevent the spread of COVID-19, including:

- Frequent hand washing;
- As far as possible, avoiding close and direct contact with other children and Childcare setting staff;
- Telling their childcare staff as soon as possible if they feel sick;
- Promoting good coughing and sneezing etiquette (cover coughs and sneezes with a tissue or sleeve; not hands);
- Discouraging children from sharing food, drinking cups, eating utensils, towels, toothbrushes, etc.

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

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

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

for households with possible coronavirus (COVID-19) infection:  
<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>);

- tell parents that if only one parent should attend to drop off or collect their child. Parents and carers should not be allowed into the setting unless this is essential, and children should be collected at the door if possible. Use physical distancing markers outside the setting;
- stagger drop off and collection times as much as possible and tell parents the process for doing so, including protocols for minimising adult to adult contact (for example, which entrance to use);
- make clear to parents that they cannot gather at entrances or doors, or enter the site (unless they have a pre-arranged appointment, which should be conducted safely);
- ensure parents and young people are aware of recommendations on transport to and from childcare setting (including avoiding peak times). Read the Coronavirus (COVID-19): safer travel guidance for passengers <https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>;
- talk to staff about the plans (for example, safety measures, and staggered arrival and departure times), including discussing whether training would be helpful;
- communicate early with contractors and suppliers that will need to prepare to support your plans for opening for example, cleaning, catering, food supplies, hygiene suppliers; and
- discuss with cleaning contractors or staff the additional cleaning requirements and agree additional hours to allow for this.

## **Transport Arrangements**

32. Transport arrangements should be adjusted where necessary, including:

- encouraging parents and staff follow the Coronavirus (COVID-19): safer travel guidance for passengers when planning their travel <https://www.gov.uk/guidance/coronavirus-covid-19-safer-travel-guidance-for-passengers>.
- 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.
- cordoning off seats and eliminating face-to-face seating, where vehicle capacity allows, to help children and staff spread out.

## **Suitably qualified person in charge and on site at all times**

33. A suitable person must be in charge of the setting at all times, and they must have a Level 5 Diploma or equivalent. If a provider is unable to secure this for any reason they should seek prior approval from their Trust Early Years Team who may be able to agree an exception.

## **Safeguarding**

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

## **Children with symptoms of coronavirus**

35. The Person in Charge must have in place procedures to follow when children become sick at the setting and to protect children and Childcare workers from COVID-19 illness. The following procedure should be developed and implemented to help prevent the spread of COVID-19:
- Children should not attend if they have symptoms or are self-isolating due to symptoms in their household.
  - A plan should be put in place for sharing information and guidelines with parents and guardians that includes:
    - A system to check with parents and guardians daily on the status of their children when children are dropped off at the setting;
    - Ensuring that up-to-date email addresses and home, work, and mobile phone numbers from parents and guardians of children at the setting so the setting can reach them at all times and testing that methods of communication work;
    - Providing parents and guardians with information on COVID-19 symptoms, transmission, prevention, and when to seek medical attention;
    - Encouraging parents and guardians to share the information with their children as appropriate;
    - Communicating with parents and guardians that children should stay at home if they are sick, have been in contact with someone who has tested positive for Covid-19, or if someone in the household has symptoms (loss of taste or smell, cough, fever, shortness of breath);
    - Establishing voluntary methods for parents and guardians to help screen their children for COVID-19 symptoms (For example, ask

parents and guardians to check their children every day before coming to the Childcare setting and to keep their children at home if their temperature is high, that is, if they feel hot to touch on the chest or back - they do not need to measure the child's temperature.)

- Requiring parents to advise the Registered Person or Person in Charge if they, their child or any other family member with whom they live or have had contact has tested positive for COVID-19.
- Know how to notify the Public Health Agency and the HSC Trust Early Years Team's Early Years Team upon learning that someone who has been at the childcare setting has a COVID-19 infection.

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

36. Each setting should establish a plan which sets out clearly what steps need to be taken if a child becomes sick at the setting, both in relation to a child who does not display symptoms of COVID-19 and a child who develops symptoms (cough, a change in or loss of sense of taste or smell, fever (temperature of 37.8 or higher). The plan should cover the following:

- Procedures for contacting parents and guardians immediately and criteria for seeking medical assistance.
- Designated areas where sick children can rest, be isolated and attended to by a limited number of trained staff. If direct care is required while waiting for the child to be collected, you should wear PPE - a mask, plastic apron and gloves.
- For children over 5 years of age, the APP COVID-19 NI (Health and Social Care Northern Ireland) can be downloaded (download links available at: <https://www.nidirect.gov.uk/articles/coronavirus-covid-19-overview-and-advice>) and used to access advice based on the child's specific symptoms.
- If a child is awaiting collection, they should be moved, if possible, to a room where they can be isolated behind a closed door, depending on the age of the child and with appropriate adult supervision if required. Ideally, a window should be opened for ventilation. If it is not possible to isolate them, move them to an area which is at least 2 metres away from other people.
- If they need to go to the bathroom while waiting to be collected, they should use a separate bathroom if possible. The bathroom should be cleaned and disinfected using standard cleaning products before being used by anyone else.
- PPE should be worn by staff caring for the child while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).
- In an emergency, call 999 if they are seriously ill or injured or their life is at risk. Do not visit the GP, pharmacy, urgent care centre or a hospital.

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

37. If a member of staff in a childcare setting becomes unwell with a new, continuous cough or a high temperature (37.8 or higher), or has a loss of, or change in, their normal sense of taste or smell (anosmia), they must be sent home immediately and advised to follow the COVID-19: guidance for households with possible coronavirus (COVID-19) infection guidance <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>.
38. If a member of staff has helped someone with symptoms, they do not need to go home unless they develop symptoms themselves (and in which case, a test is available) or the child subsequently tests positive (see 'Confirmed case of coronavirus (COVID-19) in a setting' below). They should wash their hands thoroughly for 20 seconds after any contact with someone who is unwell. Cleaning the affected area with normal household disinfectant after someone with symptoms has left will reduce the risk of passing the infection on to other people. See the COVID-19: cleaning of non-healthcare settings guidance <https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>.

## **Confirmed case of coronavirus (COVID-19) in a setting**

39. When a child, young person or staff member develops symptoms compatible with coronavirus (COVID-19) they should be sent home, advised to self-isolate for 7 days, and arrange to have a test to see if they have COVID-19. Further information is available at <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19#testing-for-essential-workers>. Their fellow household members should self-isolate for 14 days. All staff who are attending the childcare setting will have access to a test if they display symptoms of coronavirus (COVID-19), and are encouraged to get tested in this scenario.
40. Where the child 5 years and over, young person or staff member tests negative, they can return to their setting and the fellow household members can end their self-isolation.
41. Where the child or staff member tests positive, the rest of their Play Pod within their childcare setting should be sent home and advised to self-isolate for 14 days. The other household members of the Play Pod do not need to self-isolate unless the child, or staff member they live with in that group subsequently develops symptoms. Further information is available at <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19#testing-for-essential-workers>.

42. 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 pod 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>.

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

43. Staff in childcare settings will not require PPE even if they are not always able to maintain a distance of 2 metres from others. PPE is only needed in a very small number of cases including:
- children whose care routinely already involves the use of PPE pre-COVID-19 due to their particular circumstances and intimate care needs. In these situations they should continue to receive their care in the same way as they did pre-COVID-19; and
  - if a child becomes unwell with symptoms of coronavirus (COVID-19) while in the setting and needs direct personal care until they can return home, a face mask, plastic apron and gloves should be worn by the supervising adult if a distance of 2 metres cannot be maintained. If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, or spitting, then eye protection should also be worn.

### **Coronavirus Testing for Children Parents and Staff Members attending a Childcare Setting**

44. Children over the age of 5 years and members of their households, will have access to testing if they display symptoms of coronavirus (COVID-19). This will enable them to get back into childcare and their parents or carers to get back to work, if the test proves to be negative. Parents will have a number of routes to access testing for themselves and their children 5 years and over, and should contact their GP in the first instance. Access to priority testing is already available to all essential workers including any staff involved in childcare. Further information is available at <https://www.publichealth.hscni.net/covid-19-coronavirus/testing-and-tracing-covid-19>

### **Shielded and clinically vulnerable children and young people**

45. For the vast majority of children and young people, coronavirus (COVID-19) is a mild illness. Children and young people (0 to 18 years of age) who have been classed as clinically extremely vulnerable due to pre-existing medical

conditions have been advised to shield. It is not expected these children will be attending childcare and they should continue to be supported at home as much as possible. Clinically vulnerable (but not clinically extremely vulnerable) children are those considered to be at a higher risk of severe illness from coronavirus (COVID-19). The parents of children in this category should follow medical advice if their child is in this category.

### **Communication with Parents**

46. Settings should be mindful that many parents may be anxious about sending their child back to childcare. Clear communication with parents regarding the measures being taken to ensure the safety of their children will be necessary, including the role that they play, as parents, in the safe operating procedures. Staying at home for a prolonged period and the change of routine may have caused difficulties for some children, such as changes in behaviour or mood.
47. Settings should consider how to ensure communications are accessible to specific groups of parents (e.g. parents with English as an additional language) and parents of vulnerable children. Particular care will be needed in planning for children with additional needs to return to their settings. Re-adjustment to the routines in a setting may prove more challenging for some children with additional needs than others, and consideration and planning will need to be given as to how support children to settle back into their setting.
48. You should share the Department of Health's latest childcare guidance for parents with the parents of any children in your setting.

### **Shielded and clinically vulnerable adults**

49. Clinically extremely vulnerable individuals are advised not to work outside the home. We are strongly advising people, including childcare staff, who are clinically extremely vulnerable (those with serious underlying health conditions which put them at very high risk of severe illness from coronavirus (COVID-19) and have been advised by their clinician or through a letter) to rigorously follow shielding measures in order to keep themselves safe. Staff in this position are advised not to attend the childcare setting. Childcare settings should endeavour to support this, for example by asking staff carry out other roles which can be done from home. If clinically vulnerable (but not clinically extremely vulnerable) individuals cannot work from home, they should be offered the safest available on-site roles, staying 2 metres away from others wherever possible, although the individual may choose to take on a role that does not allow for this distance if they prefer to do so. If they have to spend time within 2 metres of other people, settings must carefully assess and discuss with them whether this involves an acceptable level of risk.

50. If a child, or a member of staff lives with someone who is clinically vulnerable (but not clinically extremely vulnerable), including those who are pregnant, they can attend their childcare setting.
51. If a child, young person or staff member lives in a household with someone who is extremely clinically vulnerable, as set out in the COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable, it is advised they do not attend a childcare setting as stringent social distancing cannot be adhered to. Read COVID-19: guidance on shielding and protecting people defined on medical grounds as extremely vulnerable for more advice.
- <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

### **Paediatric First Aid Certification**

52. The Minimum Standards require that is at least one member of staff with up to date paediatric first aid training is present at all times. This requirement remains unchanged. It is acknowledged that face to face Paediatric First Aid Training is not possible currently but successful completion of online Paediatric First Aid Training is available through the Childcare Partnership Training Programme accessible on this link <http://childcarepartnerships.hscni.net/training-quality/training-quality-courses/>. This training is acceptable on condition that the participant completes the practical exercise component completed on a face to face basis as soon as it is available. If settings cannot meet the above requirement they must notify the HSC Trust Early Years Team.
53. If staff need to renew their paediatric first aid certificates they also should visit the Childcare Partnership website for information on the online training on offer. If Paediatric First Aid certificate requalification training is prevented for reasons associated directly with coronavirus (COVID-19), or by complying with related government advice, the validity of current certificates can be extended 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.

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

54. Trust Early Years Teams may carry out an inspection of a setting during COVID-19, where it is considered necessary or appropriate.

## Indemnification

55. A formal letter of indemnification will issue to each 'open' Childcare provider, intended to cover any COVID-19 related claims which are not covered under the provider's usual insurance arrangements for July and August 2020.

## Useful Contacts

### Daycare including full Daycares that provide school age childcare

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

Early Years – the organisation for young children can be contacted by email to:

support@early-years.org.

Tel: 028 9066 2825

www.early-years.org

### School Age Childcare

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

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

or by phone on 02890 803380.

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

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

Telephone

Tel: 028 9267 8200

Freephone: 0800 028 3008

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

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

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

Freephone: 0808 8020 400

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

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

