Department: Educati	on and Children's Services		(ASSESSMENT ELC Settings)	Aberdeenshire COUNCIL			
Process/Activity:	Infection Prevention & Control	Location:	Fishermoss School Nursery	Date: 13/11/2020			
Describe activity:	Location of staff at ELC establishments open during Covid-19	oviding childcare and access to sit	es.				
Fishermoss School I	Nursery	General Purpose Room is our isolation area					

Hazard	Person/s Affected	Risk	Risk level before controls are in place. (Highlight as appropriate)h		Risk le contro place. (Highli approp	-			
			LOW	MED	HIGH		LOW	ME D	HIGH
Spread of infection	Staff Children & young people Visitors	Cross contaminatio n of infection. Infection of staff, children and visitors				The response to the coronavirus COVID-19 outbreak is complex and fast moving. Advice from Government sources will be shared with staff daily on the Aberdeenshire Council staff COVD-19 site: https://covid19.aberdeenshire.gov.uk/ PROTECTION LEVEL 3 – ENHANCED PROTECTIVE MEASURES • Parent/Guardians should discuss with their GP whether children with the highest clinical risk should attend Fishermoss Nursery. • Fishermoss Nursery will ensure that individualised risk assessment for staff with the highest clinical risk are in place and updated appropriately. Staff should speak to their employer to ensure all appropriate protections are in place. • Use individualised risk assessments to ensure appropriate protections are in place – protective measure in workshop, option to work remotely or carrying out different tasks in workplace. If protections cannot be put			

in place, staff should contact their GP to see if they require a 'fit to work' note. Peripatetic staff or relief staff who attend various settings, should only attend Fishermoss, in person, where it demonstrably supports the Health and Wellbeing of young children. Staff with a single employer should only work in more than one childcare setting or service, if absolutely necessary. Staff who are employed by more than one employer should be risk assessed. PROTECTION LEVEL 4 – ENHANCED & TARGETED PROTECTIVE MEASURES Children one the shielding list should not attend settings (if level 4
continues for an extended period individualised risk assessment may make it possible for these children to attend Fishermoss Nursery. This decision would be made by the secondary care (hospital) clinical team caring for the child. • Fishermoss Nursery will ensure that individualised risk assessment for staff with the highest clinical risk are in place and updated appropriately. Staff should speak to their employer to ensure all appropriately protections are in place. • Use individualised risk assessments to ensure appropriate protections are in place – protective measures in workplace, option to work remotely or carrying out different tasks in workplace. If protections cannot be put in place staff should contact their GP to see if they need a 'fit to work' note. (The Chief Medical Officer will issue a letter, which is like a fit note. This letter will last as long as the level 4 restrictions apply. Being a receipt of this letter does automatically mean staff should not attend work, but very careful consideration should be made as to how they can be protected if they do). • Fishermoss Nursery are prepared to engage in enhanced testing, if recommended by Incident Management Team. • Fishermoss may be asked to implement additional Public Health Measures which may affect the number of children/adults attending the nursery (small cohorts, restrictions on blended placements etc). These decisions will be made by the Local Director of Public Health.
COVID-19 GUIDANCE: Managers and staff must make themselves familiar with COVID-19 advice from Health Protection Scotland and review regularly.

SERVICE STATUS: 'Change to service delivery due to Coronavirus (COVID-19)' notification - this is a new notification that Fishermoss must use to inform Care Inspectorate about operational changes that are specifically related to Covid-19. This is available through e forms. Identifying staff or pupils who are, or who live with someone who is symptomatic or a confirmed case of COVID-19 Staff and Children cannot return to Fishermoss Nursery until self-isolation is over, or a negative test is received. Set up clear, repeated messaging to parents/guardians that children must not attend if they, or a member of their household, has COVID-19 like symptoms or a positive test. Updated 14.08.20 – all school staff, nursery staff and children who feel they have been infected can request a test even if not symptomatic. Identified Lead: Natalie Munro The general purpose room within the nursery is the isolation room where potentially symptomatic children can be located until collected. Parents, carers, professionals, visitors, contractors will come on site by appointment only, unless in emergencies. Staff to adhere to health and safety guidelines. Records: At Fishermoss we take registers twice a day for our morning and afternoon cohorts. And record appropriately codes both existing and COVID-19 related. Registration must be in accordance with Guidelines on Managing and Promoting Pupil Attendance in Nursery, Primary and Special Schools. Clear information about individual circumstances and meeting the needs of children will be shared from current records on SEEMIS. Emergency contacts double checked and updated. First Aid: Staff with relevant training in place: first aid, food hygiene etc to be identified

and shared across Fishermoss Nursery.

We will ensure that there is always qualified First Aid Staff in ELC. If cover not available seek guidance from school SLT. **GENERAL CONTROL MEASURES** How Coronavirus Spreads: updated 09.09.20 1. **Directly:** from close contact from an infected person (within 2m where respiratory secretions can enter the eyes, mouth, nose or air ways). This risk increases the longer someone has close contact with an infected person. 2. Indirectly: by touching a surface, object or the hand of an infected person that has been contaminated respiratory secretions and then touching own mouth, nose, or eyes. Under most circumstances the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly in 72 hours. It is understood that people may pass on COVID-19 in the 48 hours before they start to develop symptoms and up to 10 days after the symptoms pass. **Control Measures:** Encourage and support all children, young people, staff and any others for whom it is necessary to enter the setting to maintain COVID-19 secure personal hygiene throughout the day and ensure continued rigour about hand hygiene. Frequent washing/sanitising of hands for 20 seconds and drying thoroughly. and always when entering/leaving the building, before/after eating and after using the toilet. Encouraging children, young people and staff to avoid touching their faces including mouth, eyes and nose. Using a tissue or elbow to cough or sneeze and use bins that are emptied regularly for tissue waste. Staff on rota to check and empty bins. Provide supplies of resources including tissues, soap and hand sanitisers. Ensure all staff have access to the most up to date guidance and advice on COVID-19 from Aberdeenshire Council/Government and that this is implemented. Ensure changes in Policies/Procedures are recorded and

						shared. Keep a register of who has been informed. Identified Lead: Dawn Anderson/Natalie Munro Assign coordinator to ensure effective staffing ratio & cover at short notice Identified Lead: Dawn Anderson/Natalie Munro Named Child Protection Officer in ELC Setting Identified Lead: Margaret Ferguson/Dawn Anderson Identify those staff or pupils who are, or who live with someone who is, symptomatic or a confirmed case of COVID-19. They cannot return to setting until self-isolation is over, or a negative test is received. Set up clear, repeated messaging to parents/carers that pupils must not attend if they, or a member of their household, has COVID-19 like symptoms or a positive test. ELC Settings will be able to register symptomatic staff as Cat 3 Key workers under the employer referral portal to ensure priority access to testing. Identified Lead: Dawn Anderson/Natalie Munro — Remind parents/carers frequently through Family App, email, signage Have a location where potentially symptomatic pupils can be located until they can be collected. ISOLATION ROOM is located: General Purpose Room		
Spread of infection	Staff Children & young people Visitors	Cross contaminatio n of infection. Infection of staff, children and visitors Contracting COVID-19 with High Risk of complicat	L	М	Н	Records of Staff and Children who are clinically extremely vulnerable are accurate and up to date. Identified Lead is: Dawn Anderson/Natalie Munro From 1 August advice on shielding and protecting people who are clinically extremely vulnerable changed. Identify (and record that this has been carried out for every individual) all staff and children who are clinically extremely vulnerable with the HT/EYSP prior to them entering the setting. https://www.gov.scot/publications/coronavirus-covid-19-tailored-advice-for-those-who-live-with-specific-medical-conditions/ Those who are at Highest Clinical Risk from Covid-19 (known as shielding) As the levels of COVID-19 in a local area changes, the proportionate advice for people on the shielding list in the area will change as well. People at the highest risk should follow the advice for the general public as a minimum. Protection Level 0-2 Children with the highest clinical risk can continue to attend Fishermoss Nursery, following the advice form general public.		

Staff with the highest clinical risk can continue to work in Fishermoss Nursery, following a dynamic risk assessment and appropriate social distancing. If 2m social distancing cannot be maintained then Fishermoss Nursery will assess the risk, taking account of all relevant clinical and occupational health advice. Protection Level 3-4 Enhanced measures apply to children, young people and staff, at the highest clinical risk. See Page 1 for Enhanced Protection Measures. Parents/guardians may wish to have a discussion with their child's healthcare team if they are unsure or have queries about returning to or attending school because of their own health condition. Workplace Risk Assessments: Workplace risk assessments should take account of age, sex, ethnicity, body mass index (BMI) as well as clinical conditions and recommended practical protective measures. Risk assessments should link with COVID-19 guidance on individual risk assessment for the workplace. https://www.nhsgg.org.uk/media/262073/covid19_scot_gov_occupational_risk_assessment_guidance.pdf	
Underlying Health Conditions Clinically vulnerable staff (including those who have underlying health conditions but who are not on the shielding list) can continue to work subject to a dynamic risk assessment. • Guidance for people with underlying health conditions is available. Pregnancy: Normal pregnancy risk assessment should be undertaking. Settings should try and keep exposure as low as possible especially in the third trimester. Support for Minority Ethnic Children, Young People and Staff: There is wider evidence that children, young people and adults from Minority Ethnic background who are infected with COVID-19 seem to be higher risk of sever disease. Settings should respond to requests for additional protection on an individual basis and ensure this is reflected in the 'Individual Risk Assessment'	

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Support for Children with Additional Support Needs	L	
Every child will have different levels of support.		
There is guidance on supporting children and young people with		
Additional Support Needs from the Scottish Government.		
Fishermoss Nursery will carry out an individual risk assessment, considering		
the individual needs.		
Other:		
Advice is available for the education of children who are unable to attend		
nursery due to ill health.		
https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening		
-early-learning-and-childcare-services/		
HT/DHT/EYSP to review existing documentation for individual pupil (including		
behavioural/medical risk assessments, MAP, PEEP) with update considering		
current guidance.		
Sanon galacioo.		
Update the Fire Evacuation Procedure to reflect any changes and share		
information with all staff.		
information with all stall.		
Where manual handling/personal care is required, at least two members of		
appropriately trained staff should be available. PPE should be worn where		
providing direct personal care. Only essential staff should enter the designated		
room where personal care is being carried out.		
Toom where personal care is being carried out.		
Having a cleaning routine in place for specialist equipment for children with		
ASN to ensure they are safe to use.		
ASIN to ensure they are sale to use.		
EYSP/EYLP to ensure personal plans are in place for all children within 28		
days of starting Fishermoss Nursery, ensuring that they are shared with the		
team and Parent Carers.		
DOMESTICAL TO A TO		
COMMUNICATION		
Additional arrangements for sharing information between staff, families and	L	
between settings should be agreed to ensure there are clear lines of		
communication, where face to face contact is reduced. When settings		
communicate, electronically they must consider General Data Protection		
Regulations (GDPR) and update their privacy policies, where necessary. There		
face to face communication is preferred and suitable, ensure that the physical		

						distancing guidance is adhered to and appropriate risk assessments are in place.			
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contaminatio n of infection. Infection of staff, children and visitors	L	M	Н	BLENDED PLACEMENTS: (where a child attends two or more settings) See separate blended placement risk assessment if needed In order to minimise the number of contacts and risk of transmission, attendance at multiple ELC settings should be reduced as far as possible. A risk assessment will need to be created in consultation with the families and other setting concerned. All settings should have relevant contact details in order to share necessary information as required. For children who attend multiple settings, either ELC settings or childminders, consideration should be given to how they are supported to ensure good hygiene practices (washing hands, not sharing resources, etc.) when moving between settings. Where a child attends more than one setting, consideration should be given to record keeping of the other setting(s), to assist with any Test & Protect process Any records should be GDPR compliant. Guidance and Links: https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childcare-services/pages/blended-placements-provision-of-meals-and-snacks/	_		
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contaminatio n of infection. Infection of staff, children and visitors	L	M	Н	Staff and pupils reminded at each session of social distances rules. Consider the implementation of one-way systems to assist movement around your setting, school buildings and site. Clear signs displayed as reminders to staff and children regarding social distancing and handwashing. Review and update all Emergency Evacuation Plans (including PEEPS). Identify socially distanced Assembly Points.	show & soo dista challe main child asses	Ill cases sympticial incing enging tain wi ren so ised as edium.	to th risk

						https://aberdeenshire.sharepoint.com/sites/Arcadia/services/Pages/Business%20Services/HR%20 and%20OD/Health%20and%20Safety,%20Wellbeing%20and%20Risk%20Management/Health-an d-Safety,-Wellbeing-and-Risk-Management.aspx. Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings https://aberdeenshire.sharepoint.com/sites/Arcadia/services/Documents/Business%20Services/HR+OD/Health%20and%20Safety/Aberdeenshire%20Council%20Corporate%20H+S%20Policy/Aberdeenshire%20Council%20-%20General%20HS%20Policy%20Statement.pdf		
People with symptom s attending ECS sites	Staff Children & young people Visitors	Infection of staff, children and visitors	L	M	Н	Movement between settings should be kept to a minimum until further notice, e.g. temporary/supply staff, principal teachers, development workers, psychologists, nurses, and social workers. Consider lower risk methods for some input – digital/virtual means, or outdoor settings. Where movement across locations is necessary to deliver school operations the number of interactions should be minimised. (More information to follow on this area). Consideration given to emergency evacuation procedures/ fire drill & muster point – adjustments to be made locally to emergency evacuation procedures to keep 2m separation where possible for staff. Drill practice to be carried out with staff and pupils lead by the HT/EYSP. However, when not a drill all people occupying the site should evacuate as quickly as possible (without panic) and then when at assembly point they can revert to physical distancing. Consider suggesting that staff hair tied back where appropriate and clothes changed daily. Children encouraged to also tie hair back.	_	
People with symptom s attending ECS sites	Staff Children & young people Visitors	Infection of staff, children and visitors	L	M	Н	PEOPLE SYMPTOMATIC ATTENDING ELC ESTABLISHMENTS Remind staff, pupils and parents that they should not come the setting if they or someone in their household has developed symptoms (new persistent cough or increased temperature). Remind all staff and pupils of this each day. Guidance should be followed from NHS Inform and from Test and Protect here. Settings should ensure they understand this process and cases in settings, as complex settings, will be prioritised and escalated to specialist Health Protection Teams. https://www.nhsinform.scot/campaigns/test-and-protect	-	

Establishment to use existing methods and channels of communication with parents/carers to reduce the need for face to face meetings/contact: Expressions App; text; email; phone; Website; and other social media as used by the school. Remind all staff that if they or pupils develop symptoms, they should be sent home. Have a location where potentially symptomatic pupils can be located until they can be collected. Please access guidance here and see detailed information below. https://aberdeenshire.sharepoint.com/:w:/r/sites/covid-19childcarehubstaffinformation/_layouts/15/Doc.a spx?sourcedoc=%7B52A7F852-B8F6-485C-804F-265839BB5CEB%7D&file=School%20guidance%20on%20sy mptomatic%20or%20confirmed%20cases%20of%20Covid%2019.docx&wdLOR=c663CBE70-38B6-4FC5-9AF C-72A7C16515CF&action=default&mobileredirect=true Actions needed to be taken if a Case of COVID-19 has recently attended your Setting? Adults who begin to show mild symptoms should return home and self-isolate, where possible avoiding public transport. Children who begin to show symptoms during session should be taken to an isolation room, preferably with a closed door. Windows to be open for ventilation. Tissues and foot pedal bin to be provided. Room identified should be supervised to avoid unnecessary distress to a child/ young person. Child should avoid touching people, surfaces, and objects. Ensure child coughs into tissue and disposes in bin. Parents/Carers called to collect from entrance of setting. Adult supervising child should try to keep 2m apart from child. If not possible PPE to be worn. Isolation Area to be cleaned as per procedures below.

Spread of infection through attendin g setting	All Persons within Setting	Spread of Virus through person to person contact	LOW	MED	HIGH	Reducing the number of interactions that children and staff have a key part of reducing risks in settings. This will reduce likelihood of direct transmission and allow for more effective contact tracing. Limiting interactions reduces the overall number of those who will need to self-isolate in the event of a child or staff member becoming ill with covid-19. Contacts must be limited by managing children within groups. Children should stay in the same group wherever possible. More than one group can use a large space, but children should not mix freely with children in other groups (including open plan settings) In open plan settings, the layout of the playroom should be carefully considered to allow groups to remain separate (use of management approaches such as clearly allocated areas or physical barriers, such as furniture, should be used to separate. The management of the groups should reflect the circumstances of the setting). Large indoor groupings should be avoided and where possible minimise the size of group. The appropriate size of the group will depend on the age and overall number of children and layout of settings. ELC children should be managed in groups of 25 to 33 children. Setting must maintain adult to child ratios as stated in the National Standard. Large indoor groupings should be avoided. Children are not required to physically distance from each other or adults.		
						 ELC children should be managed in groups of 25 to 33 children. Setting must maintain adult to child ratios as stated in the National Standard. Large indoor groupings should be avoided. 		

						 A flexible approach to the use of existing spaces, within the setting, should be considered. Considerations should be given to the removal of unnecessary items in the setting to maximise capacity and decrease the number of items requiring cleaning. Settings should ensure that children still have adequate resources and furnishings to support quality experiences. STUDENTS The government expects that student placements will begin to be accommodated within settings for placements from the end of October break 2020 onwards, although timescales may vary across authorities. Fishermoss will not be taking on any students for the foreseeable future.		
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contaminatio n of infection. Infection of staff, children and visitors	LOW	MED	HIGH	There is an increased transmission risk associated with music and drama activities. Singing should not happen indoors, as an organised large activity If a child sings naturally in the course of an activity and play, they should not be discouraged to do so. Singing can be used to comfort young children, when necessary. PHYSICAL DISTANCING between adults in settings, including parents at drop off and pick up times. Physical distancing between adults remains a fundamental protective measure that should apply at all times: Individual physical distancing applies to staff, parents and other adults who may attend the setting or delivery people and contractors 02.11.20 Adults should stay 2m apart from other adults within the setting and outside the nursery building All staff rooms, bases and offices should be reconfigured t ensure that physical distancing 2m can be maintained. Where physical distancing of 2m cannot be maintained Risk Assessments should be undertaken and control measures implemented.	_	

	Drop off and Pick Up 02.11.20 The drop off/collection of children requires careful consideration to ensure that large gathering of people can be avoided and to ensure social distancing is adhered to. Most children can be placed in the care of staff whilst parents/carers maintain a 2m distance. In some cases a physical handover will be required. In these circumstances: Limit time staff spend in close proximity with parent/carer Ensure both child and parents are comfortable in the handover. Make arrangements that if the child is destressed for the parent to comfort them without the parent coming into contact with the other children or staff. Staff and children should not wash hands after the child is safely settled. Parents/Carers should not enter the building. Parents/Carers should be strongly encouraged to wear face coverings Stagger and allocate drop off and collection times Take account of start times of other children in the family to reduce multiple visits for parents. Utilise other access points Encourage parents using care to park further away from the setting and then walk with children to avoid congestion. Staff and parents should only share a vehicle with people from their own household. Consideration should be given to children with complex needs or disabilities, Escorting pupils by transport Do not work with more than two contacts in one day A contact is defined as one child, a group of children, a single member of staff, a group of staff, a parent or carer or a family group Employers should provide face coverings / PPE to pupil escort If child is over 5 a face covering must be worn on transport.	
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Spread of infection through attendin g setting	All Persons within Setting	Spread of Virus through surface contact	LOW	MED	HIGH	Provide supplies of tissues, soap, paper towels and hand sanitisers in all areas. Staff and children wash hands with soap and water for 20 seconds. Dry hands thoroughly with paper towels/kitchen rolls and dispose of in a foot pedal bin. Wash Hands: On arrival at setting. Before & after eating. After toileting. At regular intervals throughout the day. When moving between different areas e.g. between rooms or inside/outside. After blowing nose/sneezing. Anti-bacterial handwash is not recommended for children when soap and water is available. Anti-bacterial should not be used by children under 12mths. Settings should try to provide hand washing facilities outdoors. Encourage children not to touch face — use distracting methods rather than asking them to stop. Staff hair should be tied back where appropriate and clothes changed daily. Children encouraged to also tie hair back. Use a tissue or elbow to catch coughs or sneezes. Person to dispose of tissue in foot pedal bin. Staff should supervise and support of children wash hands effectively. There should be daily reminders/demonstrations of how to do this. Staff and children should decide on handwashing schedule for each session. Never share communal bowl to wash hands.			
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PPE – Disposable gloves, disposable aprons and Type IIR masks must be worn to carry out decontamination clean. PPE to be put on just outside of the contamination area and removed outside area of contamination Once a possible case has left the premises a thorough decontamination clean must take place Cleaning should include the persons immediate workstation for a radius of 2metres and any area the individual has spent more than 15minutes in. Investigations as to where the individual has been needs to be identified by the building management and reported to the relevant person. The Head of Establishment should decide who should carry out the cleaning depending on immediate availability of cleaning staff, site-based staff and or ability to isolate the area. Consideration should be given to isolate immediate and wider are until relevant staff have been briefed and have the appropriate PPE and equipment ready to use. Head of Establishment to contact Cleaning Services to advise if cleaning staff are to undertake the clean.
relevant staff have been briefed and have the appropriate PPE and equipment ready to use. Head of Establishment to contact Cleaning Services to advise if
Cleaning Staff are to undertake the clean. Cleaning Services will contact cleaning staff, directly to provide information as to cleaning requirement & arrange any additional training/guidance or support. Cleaning Services may also be contacted to provide guidance for site-based staff who are undertaking clean.
Disinfect ALL surfaces in the room/area the person was isolated/placed, including all potentially High Contact Areas such as handles, grab rails, bathrooms, telephones, IT equipment and service user equipment e.g. wheelchair.

 Ideally OXIVIR Plus should be used but SUMA BAC D10 can be used. Follow manufacturer's instructions for dilution, application and contact times. DISPOSABLE CLOTHS/PAPER ROLL MUST BE USED. Use blue and red mops as usual but dispose of after use. ALL disposable items used in decontamination/focused clean-Category 3, including cloths, paper roll and mophead, PPE or items which have been in contact with a suspected case, should be double bagged and tied. Double bag should be put in a secure location. Double bag should be stored for 72 hours and dated/labelled when the 72 hours starts and finishes. Double bags can be disposed of in normal waste after the designated 72 hours quarantine. HANDS MUST BE WASHED WITH SOAP AND RUNNING WATER Body Fluid – Deep Clean – (Major Infection Incident) – Category 4 (Aberdeenshire Cleaning Guidance - 26.11.20) Comfortable Areas Soft furnishings such as throws, if required, should be used by individual children and washed after use. Sleep – children should have individual bedding, stored in individual bags. Bedding should be laundered frequently. (currently no sleepers at Fishermoss). Clothing Parents should, where possible, provide clothing for outdoor play Children should not share outdoor clothes or footwear Clothing belonging to the setting should be allocated to one child, within the session and laundered/cleaned before being used by
another child Eating

ALL surfaces within snack/eating area must be wiped down and disinfected between group of children (e.g. tables, cupboards, microwave, kettle etc). Crockery, utensils and equipment in eating area/kitchen should be cleaned with general purpose detergent and dried thoroughly before being stored and reused. Staff should use their own cup/cutlery and ensure these are cleaned straight away. These should be dried thoroughly before stored and reused. Staff should not share communal areas if they cannot socially distance or if cleaning schedules not in place. General Advice: If building has been closed for many weeks, appropriate and thorough cleaning must take place before opening. Open doors and windows to encourage natural ventilation. Increase cleaning frequency of frequently touched surfaces, two hourly and before and after meals and snacks.
 Increase cleaning frequency of frequently touched surfaces, two hourly and before and after meals and snacks. Cleaning materials to be made available throughout the session for staff. These will be provided by Janitorial/Cleaning services.
 Staff to devise a cleaning schedule and identify procedures and cleaning products to be used. Cleaning schedule to be recorded. Cleaning materials to be stored for ease of use and to avoid cross contamination.
 Follow manufactures instructions for dilution, application, and contact times for surfaces. Avoid creating splashes when cleaning. Routine cleaning and disinfection of frequently touched objects and surfaces, e.g. telephone, chairs, keyboard, tables, desks, tables, light
switches, taps and door handles. Routine toilet cleaning, paying attention to touch surfaces – doors, flush handles, soap and paper product dispensers. Avoid leaving food stuff exposed and open for communal sharing unless individually wrapped.
When undertaking general cleaning, double glove and change top pair of gloves often. Cleaning equipment and spray bottles should be cleaned before use and thoroughly cleaned after use. 26.11.20

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All disposable items should be double bagged and then placed in normal waste. 26.11.20
Enhanced Cleaning (Suspected COVID –19 Case)
Mops and clothes to be disposed of after use. These should double waste bags as outlined in Aberdeenshire PPE/Waste/Laundry Guidance.
Disinfect within quarantine area, where person was placed/isolated, including all potentially contaminated high contact areas such as door handles, rails and bathroom. Any public area that the symptomatic individual has passed through e.g. corridor. Canteen etc. should be cleaned as per normal routine, if not visibly contaminated.
Once a possible COVID-19 case has left the premises, the building management should immediately quarantine the work area and the area the individual has spent more than 15 minutes in.
These areas should be cordoned off to a 2-metre radius.
Building management should affix signage notifying of 72 hours exclusion.
Building management needs to investigate where the individual has been and report to the cleaning services.
Cleaning services will contact the cleaners within your setting to advise on what to do.
If areas have been quarantined for 72 hours, enhanced cleaning applies.
If you are unsure of any of the procedures necessary to carry out an enhanced clean or feel you don't have the necessary supplies STOP AND CONTACT YOUR LINE MANAGER. Or line manager who should contact the cleaning services.
Deep Cleaning - Spill Kits
If there is an actual physical, visible contamination such as a body fluid spill, then STOP AND CONTACT YOUR LINE MANAGER who should contact the cleaning services.

All cleaners and staff must be aware of individual schools Risk Assessments Extra cleaning hours provided during the ELC day School cleaners with clean surfaces and high frequency touch points (HFTPs). Surfaces will then be suitably disinfected and allowed to remain wet for the recommended contact time. Surfaces and HFTPs will be wiped to remove any residue. Cleaners will clean communal areas (defined as non-classroom educational areas such as corridors, stairwells, libraries, staffroom/kitchen area, staff toilets and changing room/pupil toilets which are used by the school during school hours. Areas or items used by individual staff or pupils are the responsibility of the individual to clean (e.g. keyboard, iPads etc). Individual offices, dining areas and school kitchens will not be cleaned. HFTPs should be cleaned regularly by staff, especially where it is observed that multiple people are touching a surface. Update 20.08.20 One use cloth if safe can be used more than once if they are laundered. These should be disposed of when they become worn. Non disposable mops can be used more than once for regular routine cleaning but should be cleaned through between uses. Where you have bodily fluids spills cleaning including suspected COVID-19 case use disposable mop/cloths, follow the guidance, and dispose of them immediately. Update 20.10.20 Advice from the Health and Safety team is that once a symptomatic person has left the premises the area/room where they have been needs to undergo an enhanced clean as soon as possible. Temperature and Ventilation Leave non-fire doors open to reduce the amount of contact with doors and also potentially improve workplace ventilation. Open windows to improve the flow of air where possible. Where centralised or local mechanical ventilation is present, systems should be adjusted to full fresh air. When changing filters enhanced precautions
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should be taken. Ensure systems do not automatically adjust ventilation levels due to differing occupancy levels. Janitorial Support Teams are able to support with the logging of any calls concerning window opening faults if detected. FES have been advised to prioritise any calls for windows that cannot open / are hard to open. Internal fire doors **must** be closed should an evacuation take place, when the space is not in use and a responsible adult must be present if propped opened and the Fire Risk Assessment updated. These temporary procedures are only allowed as a result of the need to ensure ventilation in all spaces where people are present and revised documents must be shared with all relevant parties. Balance of Ventilation and Internal Temperature - 2.11.20 • Partially open doors and windows to provide ventilation, while reducing draughts • Opening high level windows, in preference to low level windows to reduce draughts • Refreshing air in spaces by opening windows and external doors, at times which avoid user discomfort (e.g. between sessions or when children are outdoors). Minimum ventilation change is 2 air changed per hour Minimum temperature is 17*C Keep doors open (appropriate regard to safety and security) may also help reduce frequent touch contact. • Review Fire Risk Assessment before any internal doors are held open. Ventilation Systems – 2.11.20 • Where it is not possible to keep doors and windows open and mechanical ventilation systems (central or local) are in place, these should be set to full fresh air. (If this cannot be done systems should be operated to achieve statutory requirements, as a minimum). • If ventilation unit has filters, enhanced precautions should be taken when changing. Ventilation systems should be checked or adjusted to ensure that they do not automatically adjust ventilation levels to differing occupancy to the room/area. Aberdeenshire Council Ventilation and Heating Version 1.0 - 29.10.20 Mechanical Ventilation

It is anticipated that is will not be possible to maintain adequate temperatures with mechanical ventilation operating on full fresh air. As such colleagues in property will arrange for such systems to be returned to normal operation, which will allow statutory requirement to be met. **Guidance and Links:** https://hospubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-n on-healthcare-settings.pdf https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settin gs-day-care-and-childminding-settings/ https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childca re-services/pages/infection-prevention-and-control/#cleaning https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1_infection-preventio n-control-childcare-2018-05.pdf Guidance for School Staff on Personal Prot **ENHANCED HYGIENE** Handwashing - 2.11.20 Provide supplies of tissues, soap, paper towels in all areas. Staff and children wash hands with soap and water for 20 seconds. Dry hands thoroughly with paper towels and dispose of in a foot pedal bin. Where it is age appropriate, Hand dryers can be used. Anti-Bacterial handwash is not recommended for children when soap and water is available. Alcohol and non-alcohol-based gels/hand rubs should be discouraged in children under 5. If there is no running water, hand wipes can be used. If wipes are being used in this situation, it is recommended that hands are washed with running water as soon as possible.

All handwashing facilities should be able to be accessed by the child (e.g., provide step to reach sink etc). Antibacterial hand gel should be made available to everyone who has to enter Fishermoss Nursery. Staff should ensure enhanced hygiene measures are in place, including washing their own and the hands of all children. Wash hands: On arrival at setting Before and after putting on and removing PPE Before and after intimate and personal care Before and after etaining equipment and environment Before and after deaning equipment and environment After toileting Af	
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						Toothbrushing can continue where there are adequate facilities to do so. Fishermoss Nursery will start toothbrushing again in January 2021, after giving time to settle into our new build. Fishermoss will operate toothbrushing following updates from Childsmile.		
Spread of infection through attendin g setting	Staff	spread of Virus through person to person contact Spread of Virus through surface contact	LOW	MED	HIGH	No additional PPE measures are required for general use in ELC. 2.11.20 For the majority of staff PPE will not normally be necessary. Use of PPE in settings should be based on a clear assessment of the risk and need for an individual child, ie personal care. It is the responsibility of the Head Teacher to ensure that they have sufficient stocks of PPE within their school (inc EYSP in the ELC Setting) at all times – the current guidance from procurement is always having 4 weeks stock on site. PPE to be worn when supporting children with personal care involving close contact e.g. during nappy changing, feeding, toileting and medical interventions. SLT to ensure all staff have access to the correct PPE and that staff are trained to use it correctly. Types of PPE required for specific circumstances: ROUTINE ACTIVITIES – No PPE required SUSPECTED COVID-19 – Gloves, apron and a fluid-resistant surgical mask when direct personal care needed. Eye protection if a risk assessment determines there is a risk of splashes to the eyes. Gloves and aprons worn when cleaning the areas where suspected case has been. INTIMATE CARE – Gloves and apron. Risk of splashing mitigated with the wearing of fluid-resistant surgical mask and eye protection. Gloves and aprons worn when cleaning the area. GENERAL CLEANING – Disposable Gloves – 3.12.20 CLEANING TOILETS – Chemical Resistant Gloves -3.12.20		

If there is risk of spitting, eye protection will minimi eye protection will minimi First Aid trained staff to be All First Aid Kits to contain All toilet areas to contain routines. Where manual handling / members of appropriately be established if this add where providing direct pe use of Face Coverings. Face coverings and NOT requite ELC, including on the floor, suft toileting or as a result of being 2.11.20 Face coverings should be maintain a 2 meter distant and corridors) Face coverings should be with children, in offices, a and other confined common cannot be maintained. Some adults will be exent example and other confined common cannot be maintained. Some adults will be exent example and other visitors be strongly encouraged the parents/carers at drop off example. Can be a covering and the require supering experts and other confined common cannot be maintained. Adults were face covering example and other confined common cannot be an	Asks –change after every use (single use) Asks –change after every use (single use) or facial exposure to bodily fluids - then se risk. e informed of protocol and follow procedures in PPE: gloves, aprons, and masks. signage highlighting good handwashing personal care is required, at least two intrained staff should be available. It should tional support is needed and wear PPE rsonal care. The dwhen working directly with children in poporting children to move around setting, less than 2metres distant for children The worn, by adults, wherever they cannot the grown other adults (e.g. communal areas) as worn by adults when not working directly dmin areas, staff rooms (except when eating) and areas, where 2 meters distancing apt from wearing face coverings. Is (whether entering the building or not) should to wear face coverings. Including and pick up. port and reassurance about the reasons why
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	Instructions must be provided to staff on how to put on, remove, store, and dispose of face coverings must be provided to staff and pupils: • Face coverings should not be shared • Hands should be cleaned by appropriate washing or hand sanitiser before putting on or removing the face covering • Face covering of an appropriate size should be worn. It should cover mouth, nose and chin. • Where applicable, children should be taught how to wear the face covering properly, including not touching the front and not pulling it under the chin or into their mouth. • When temporarily storing face covering (e.g. during sessions) it should be placed in a washable, sealed bag or container. Avoid placing it on surfaces, due to the possibility of contamination. • Re-usable face coverings should be washed after each use at 60 degrees centigrade or in boiling water. • Disposable face coverings must be disposed of safely and hygienically. Children and young people should be encouraged not to litter and to place their face coverings in the general waste bin. They are not considered to be clinical waste in the same way that used PPE may be. Care inspectorate and Grampian HP Team state that face coverings (face coverings should not be confused with PPE including type IIR face masks) are not required for normal day to day activities within ELC settings but should be worn in the circumstances below: • Where adults cannot keep 2m social distancing and are interacting and working face to face with a child, a Type IIR face mask should be worn. Face covering should be worn in the follow circumstances (except where an adult or child/young person is exempt from wearing a covering). TYPE IIR Face Mask What is a Type IIR Face masks? Type IIR face masks / EN14683 are medical face masks made up of a 4-ply construction that prevents large particles reaching the patient or working surfaces. Type IIR face masks include a splash resistant layer protect against blood and other bodily fluids. Schools using ASN transport should provide Type IIR fac			
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A Type IIR face mask is not required for moving around communal spaces and corridors, where a standard face covering will suffice as contact with 1m is not face to face for one minute or longer. Where adults cannot keep 2m social distance and are interacting face to face a Type IIR face mask should be worn. SUSPECTED COVID-19 A fluid resistant surgical mask should be worn by staff if they are looking after a child or young person who has become unwell with symptoms of COVID-19 and 2m social distancing cannot be maintained.
Guidance and Links:
https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childcare-services/pages/infection-prevention-and-control/#ppe
covid-19-decontamination-in-non-healthcare-settings guidance.
https://aberdeenshire.sharepoint.com/sites/Arcadia/services/Pages/Business%20Services/HR%20 and%20OD/Health%20and%20Safety.%20Wellbeing%20and%20Risk%20Management/Health-an d-SafetyWellbeing-and-Risk-Management.aspx.
Guidance for School Staff on Personal Prot
 INTERNATIONAL TRAVEL – Self-Isolation Arrangements Children and young people returning to Scotland are not exempt from self-isolation (quarantine) rules. All those returning from non-exempt counties have to self-isolate at home or another appropriate location for 14 days. Those self-isolating should not go out to work or an ELC setting to visit public areas. Sector Advice Card should be displayed within Fishermoss Nursery. Fishermoss staff should ensure they are familiar with the most up to date list of exempt countries. Providers should engage with the children and their families to ensure adherence to the legal requirements. Local Health Protection Team can be available to offer further support.

							
Spread of infection through attending setting	Staff	Spread of Virus through person to person contact	LOW	MED	HIGH	Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for appropriate physical distancing between children. 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.	
		Spread of Virus through surface contact				Staff should consider how they can safely maximise the use of their outdoor space. 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, always, of the need to physically distanced and to keep groups of children distanced from any other children or adults who may be in the vicinity. Staff should take the necessary precautions to protect children from the elements and this should include suitable clothing, head coverings and sunscreen. Advice on sun safety is available from the NHS. Parents should provide all weather appropriate clothing to avoid children sharing items. Staff and children should not share outdoor clothing. Ensure that every person has their own designated jackets/wellies etc. These should be washed regularly and stored appropriately. (All changes of clothes should be kept in setting and should not go back and forwards from home.) Offsite Provision Specific consideration should be given to taking children out into the local community. Every offsite trip requires planning and a risk assessment should be created detailing the unique circumstances of that trip e.g. weather, ratios, location, staff, COVID prevention measures. 14.08.20	
						Guidance and Links:	

						https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening -early-learning-and-childcare-services/pages/outdoor-spaces/		
Spread of infection through attending setting	All attending setting	Spread of Virus through person to person contact Spread of Virus through surface contact	LOW	MED	HIGH	Children may need extra support and additional time to return to or start a setting. Settings where possible, should continue to use existing policies and procedures to settle children into settings. Where possible, settling in activities should happen outdoors with the parent and away from other children whilst adhering to current social distancing guidance. Ensure that plans for settling in are individualised to support the needs of families and children. For children with ASN, Fishermoss Nursery will work in partnership with parents, lead professionals and children to establish what support and plans need to be put in place to meet their needs. Enhanced transitions may be considered for children with ASN, such as, through visual representations and plans of physical distancing. Providers should consider how they will support staff, parents and children to familiarise themselves to the revised layout and movement patterns. They should be made fun for the children. A map could be displayed, detailing entry/exit points and new circulation patterns. Social stories and videos shared with children in advance Use clear signage and colour coding on walls and floors to help wayfinding. Use clear child friendly visuals – meaningful pictures or symbols (any signage which is directly touched by children will need to be cleaned regularly).		
						2.11.20 - Some approaches to circulation of children, staff and transitions between different parts of the settings indoor		

•	_One way sy	stems: t	his may	ease bottle	neck a	nd ease	e travel arc	ound
	the setting.							
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- External Circulation: Encourage the use of external areas to move between parts of the building. Safety in all weathers and security issues would be required to be considered.
- Signage/communication: appropriate signage or verbal communication about one way systems etc should be adopted and implemented.

<u>Peripatetic Staffing:</u> Staff, who by the nature of their role support multiple settings should only attend settings in person where it is demonstrably in the support of the health and wellbeing of children.

Staff Employed in more than one childcare setting:

Staff with a single employer should only work across more than one setting when it is absolutely necessary.

Staff where employed by more than one childcare provider should be risk assessed. A joint risk assessment should be created to reduce they number of children and other staff they come in contact with, in each setting. Fishermoss contact information is shared to support Test and Protect.

Use of agency or bank staff:

Where settings use agency/bank staff they should ensure that staff do not move between settings, where possible.

Travel restrictions between areas of different prevalence will be set out in guidelines. Expectations will apply for essential travel including work and education.

Restrictions on movement of staff between settings may impact on the ability of some practitioners to continue with their pattern of work. If appropriate the EYSP with staff who is affected could contact unions.

Movement between settings should be kept to a minimum until further notice, e.g. temporary/supply staff, principle teachers, development workers, psychologists, nurses, and social workers. Consider lower risk methods for some input – digital / virtual means or outdoor settings. Where movement across locations is necessary to deliver school operations the number of interactions should be minimised.

						Peripatetic staff should only visit one setting and there should ideally be a period of 7 days between contact with another setting. There are individual circumstances. 18.08.20 2.09.20 Peripatetic staff (ASN) working location base school and one other location per week. • Follow school guidelines in their base school • Only visit one school per day when not in base school • No not work with more than 2 contacts per day in school that are not base school • A contact is defined as one child, a group of children (maybe a class), a single member of staff, a group of staff, a parent or carer or a family group. 2.09.20 Supply/relief staff working across various settings • Maximum of one setting per day • No limit on number of groups but staff advised to reduce the number of interactions • A risk assessment should be taken for each relief member of staff • Relief staff must adhere to social distancing, good hygiene and risk assessments within setting. • Ensure staff have signed in at school for trace and protect purposes. Face coverings must be worn on all public transport where children are aged over 5.		
Spread of infection through attending setting	All attending setting	Spread of Virus through person to person contact Spread of Virus through	Low	Med	High	Ensure that mealtimes are a relaxed and enjoyable time where children can socialise, while implementing practical approaches to prevent the spread of infection. 2.11.20 Staff should follow usual good hygiene practices when preparing or serving food or assisting children with packed lunches. There is no need for additional PPE at meal and snack times. Ensure all staff are aware of food allergies and intolerances and support children with these.	L	

						https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening -early-learning-and-childcare-services/pages/blended-placements-provision-of-meals-and-snacks/		
Risk of infection of children with additional support needs	Children & young people	Risk of not following existing procedures for pupils	LOW	MED	High	BUPPORT FOR CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL SUPPORT NEEDS HT / EYSP to review existing documentation for individual pupil (Inc. behavioural/medical risk assessments, MAP, PEEP) with and update considering current guidance. Update the Fire Evacuation Procedure to reflect any changes and share information with all staff. Where manual handling / personal care is required, at least two members of appropriately trained staff should be available. It should be established if this additional support is needed and wear PPE where providing direct personal care. Only essential staff should enter the designated room where personal care is being carried out. Establish a cleaning routine for specialist equipment for children with additional support needs, sensory rooms, to ensure safe use. HT/EYSP to ensure Personal Plans are in place for all children within 28days of starting setting, EYSP to ensure theses are shared with Team & Parent Carers. Guidance and Links: https://aberdeenshire.sharepoint.com/sites/Arcadia/services/Pages/Business%20Services/HR%20and%20OD/Health%20and%20Safety,%20Wellbeing%20and%20Risk%20Managemen thealth-and-Safety-Wellbeing-and-Risk-Management.aspx		
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contaminatio n of infection. Infection of staff, children and visitors	L	М	Н	Management of outbreaks in schools is led by local Health Protection Teams (HPTs) alongside local partners following established procedures . Ensure you know how to contact local HPT: Grampian Health Protection Office Hours Tel No. 01224 558520; Out of Hours Tel No. 0345 456 6000 (Ask for Public Health on Call) Email Address: grampian.healthprotection@nhs.net	M	H

						If schools have 2 or more confirmed cases of COVID-19 within 14 days they may have an outbreak. In this situation contact HPT and local authority. Increased of respiratory illness should prompt contacting HPT for advice. If outbreak confirmed schools should work with local HPT to manage with local authority. Actions may include: • Attendance at multi-agency incident management team meetings • Communications with pupils, parents/carers, and staff • Provide records of school layout / attendance / groups • Implementing enhanced infection, prevention and control measures. HPT will make recommendations on self-isolation, testing and the arrangements to do this. Any discussion of possible school closures should take place between school, local authority and local HPTs. Schools should maintain appropriate records. Early Years settings should inform their Care Inspectorate inspector about any adult or child COVID-19 outbreaks. https://www.careinspectorate.com/index.php/coronavirus-professionals		
infection. Infection of staff, children	Staff Children & young people Visitors	Cross contaminatio n of infection. Infection of staff, children and visitors	L	M	Н	All visitors to complete a compulsory track and trace QR Code data sharing procedure or sheet before gaining access to site. This is separate to signing in sheet to follow GDPR guidance. This information is retained by the school office. Please find guidance here for QR Code Set Up. Please find a copy of the Data Collection Sheet here & GDPR Template here. Guidance on Collection of Visitor Details here. Set up social distancing at reception areas. Minimise person to person contact by putting procedures in place for deliveries and facility management work. ALL visitors into the building, including delivery drivers MUST provide track and trace information. Reception windows should remain closed where possible. There is a legal duty to provide welfare facilities and washing facilities for visiting drivers. Establish what facilities visitors would be directed to for this activity in your setting.	L	

						Contractors arriving at site are directed by signs to
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Process/Activity: Infection Prevention & Control	Location: All ECS Establishments Date: 13/11/2020
Establishment RA Author: Natalie Munro EYSP in consultation with all EYPS and AEYP	Date of Review: 10 th August 2020 7 th September 2020

29 th September 2020 16 th October 2020 20 th November 2020 6 th January 2021

This is a generic Risk Assessment, as such establishments should tailor to suit the needs of their own premises and controls used. Existing Risk Assessments should be reviewed to highlight controls considering COVID -19 Guidance and how they aim to reduce risk as far as is reasonably practical.