

Department: Education and Children's Services		RISK 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 outbreak. Staff providing childcare and access to sites.			
Fishermoss School Nursery		General Purpose Room is our isolation area	

Hazard	Person/s Affected	Risk	Risk level before controls are in place. (Highlight as appropriate)			Control Measures	Risk level after controls are in place. (Highlight as appropriate)		
			LOW	MED	HIGH		LOW	MED	HIGH
Spread of infection	Staff Children & young people Visitors	Cross contamination 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 COVID-19 site: https://covid19.aberdeenshire.gov.uk/ Early Years Practitioners will have the opportunity to read the following: - Public Health Scotland Guidance - The strategic framework for reopening schools and ELC - The framework document COVID-19: framework for decision making – Scotland Route Map through and out of the crisis - Advice for the Coronavirus (COVID-19): Advisory Sub-Group on Education and Children's Issues	L		

						3.2 Fishermoss will welcome back children and their families and staff. Staff wellbeing must be protected. Staff will need time to reconnect, to meet, talk and 'check in' with each other. 3.3 • EYSP will communicate with staff to ensure they are clear and confident in implementing the required public health measures and processes in advance of settings reopening to all children. Email was sent to all staff 19.2.21 • Routine asymptomatic testing of ELC staff 3.4 All Nursery staff have access to the lateral flow twice weekly test kits. 3.5 Testing is voluntary, nobody is required to undergo testing without consent, or excluded from a setting, if they do not wish to be tested. Staff have been encouraged to participate, to contribute to the wellbeing of everyone in their setting. 3.6 If staff are working from home, and not attending Fishermoss they should not participate. Any person who has had a positive Covid result confirmed COVID diagnosis in the previous 90 days is exempt from further testing unless they develop symptoms, in which case they should stay at home and arrange a PCR test via the usual NHS inform route. 3.7 • All ELC staff within Fishermoss, along with children and their families should continue to be vigilant for coronavirus symptoms. • The asymptomatic testing programme using LFD testing does not replace the current testing policy for those with symptoms. If their symptomatic test is positive, the member of staff must isolate and access a confirmatory PCR (polymerase chain reaction) test as per their usual symptomatic testing channel, even if they are without symptoms.			
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						• If their symptomatic test is negative, they can remain at work unless symptoms develop but should not consider themselves free from infection and must adhere to all mitigations. • On the occasion that a symptomatic staff member has used a LFD test and has returned a negative result, they should still self-isolate and arrange a PCR test. 3.8 Anyone who experiences symptoms of coronavirus must self isolate and arrange a PCR test at www.gov.uk/get-coronavirus-test. People with symptoms must not rely on a negative LFD test to continue to attend Fishermoss. <u>PROTECTION LEVEL 4 – ENHANCED PROTECTIVE MEASURES</u> (from 5th January 2021) • Schools can open for children Cat 1 and 2 key workers, vulnerable children, with remote learning for all other children come January 11th • Children of key workers can attend 6th January for school age education and childcare during normal operating hours. Households where both parents or a single parent are cat 1 or 2 key workers are prioritised. <u>Staffing Ratios</u> • Within nursery we will now be working on a 1:4 ratio. Minimum of two EY adults needed for pre 5's to ensure cover for lunches, toilet break etc. • Two staff are the minimum requirement during opening hours. • As with all ratios – they are reflective of local circumstances, profile of needs of children and activities being undertaken. <u>Shielding</u> • Children on 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. This decision would be made by the secondary care (hospital) clinical team caring for the child.			
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						- Continued care and support for vulnerable pupils will be in place from 6th January. - If necessary, re-group vulnerable pupils and children of key workers. This should be kept to the minimum necessary to ensure effective, safe learning and teaching arrangements are in place. It should be done in a way which meets childrens needs and enables them to engage in learning and teaching which is age and stage appropriate. Upon a full return to nursery children may return to their original groupings. <u>Individual Risk Assessments</u> - Line managers (Natalie) will ensure that individualised risk assessment for clinically vulnerable school staff and pupils as set on in the reducing risks in school guidance should be followed. Staff should speak to their employer to ensure all appropriate protections are in place. Line managers (Natalie) should ensure clinical advice is taken fully into account when agreeing appropriate mitigations with employees. - Use individualised risk assessments to ensure appropriate protections are in place. For example – 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 they require a fit to work note. The letter will last as long as the level 4 restrictions apply. Being a receipt of a letter does not automatically mean staff should not attend work, but very careful consideration should be made as to how they can be protected if they do. <u>Testing</u> - Schools should be prepared to engage in enhanced testing, if recommended by incident management team. <u>Physical Education</u> - Physical education within school settings should only take place outside. If weather is extremely bad, then schools may use their judgement as to whether it is safe for children to be outside.			
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						• The provision of non-essential activities or clubs outside the usual school timetable should be paused. This does not include regulated childcare operating from school premises. <u>Face Coverings</u> • All staff and pupils should wear a face covering in classrooms during lessons in the senior phase where pupils are attending the school. <u>PROTECTION LEVEL 3 – ENHANCED PROTECTIVE MEASURES</u> • 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. <u>PROTECTION LEVEL 4 – ENHANCED & TARGETED PROTECTIVE MEASURES</u> • Children on 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			
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						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 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. <u>COVID-19 GUIDANCE:</u> Managers and staff must make themselves familiar with COVID-19 advice from Health Protection Scotland and review regularly. <u>SERVICE STATUS:</u> '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. <u>Identifying staff or pupils who are, or who live with someone who is symptomatic or a confirmed case of COVID-19</u> 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. <u>Identified Lead:</u> Natalie Munro			
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					<i>The general purpose room within the nursery is the isolation room where potentially symptomatic children can be located until collected.</i> Parents, carers, professionals, visitors, contractors will come on site by appointment only, unless in emergencies. Staff to adhere to health and safety guidelines. <u>Records:</u> 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. <u>First Aid:</u> 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. <u>GENERAL CONTROL MEASURES</u> <u>How Coronavirus Spreads:</u> 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.			
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					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. <u>Identified Lead: Dawn Anderson/Natalie Munro</u> Assign coordinator to ensure effective staffing ratio & cover at short notice <u>Identified Lead: Dawn Anderson/Natalie Munro</u> Named Child Protection Officer in ELC Setting <u>Identified Lead: Margaret Ferguson/Dawn Anderson</u> 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. <u>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.</u> <u>Identified Lead:</u>			
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						<u>Dawn Anderson/Natalie Munro – Remind parents/carers frequently through Family App, email, signage</u> Have a location where potentially symptomatic pupils can be located until they can be collected. ISOLATION ROOM is located: <u>General Purpose Room</u>			
Spread of infection	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors Contracting COVID-19 with High Risk of complicat	L	M	H	SPECIAL CONSIDERATION FOR CERTAIN GROUPS: Records of Staff and Children who are clinically extremely vulnerable are accurate and up to date. Identified Lead is: <u>Dawn Anderson/Natalie Munro</u> Important update 28.1.21 Due to what scientists have learned about the higher transmission rates with new variants. The chief medical officer will be contacting people on the shielding list, by letter, to advise if they cannot work from home they should not attend their workplace for as long as lockdown level 4 measures are in place. 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:	L		

					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 <u>Underlying Health Conditions</u> 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. Arrangements should be made to enable appropriate physical distancing. If they have to spend time within 2m of others, Fishermoss must carefully assess and agree with them whether this involves an acceptable level of risk. Where there are any concerns please see www.gov.scotland. Guidance has been prepared and will continue to be updated. Staff who have underlying health conditions will wish to be aware of this advice in order to inform discussions with their employer, trade union or health team. Guidance for people with underlying health conditions is available. <u>Pregnancy:</u> In line with the UK government www.gov.scotland advice for pregnant employees, pregnant staff or any gestation should only continue working if a risk assessment advice that it is safe to do so. ELC settings and LA should follow Royal College of Obstetricians and Gynaecologists advice to try keep the risk of exposure as low as is practically possible for pregnant employees, particularly in the third trimester. Normal pregnancy risk assessments should be undertaken and appropriate attention paid to mental health and wellbeing. <u>Support for Minority Ethnic Children, Young People and Staff:</u> 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' <u>Support for Children with Additional Support Needs</u> Every child will have different levels of support. It will be important as part of the risk assessment carried out to consider the individual needs of the child or			
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					young person. Where there is a need to work in close proximity with adults and children the appropriate measures should be in place, based on that risk assessment. 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. 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. PPE should be worn where providing direct personal care. Only essential staff should enter the designated room 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. 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. COMMUNICATION 3.28 • Consultation with all staff, parents, providers and trade unions on the reopening of ELC settings should be carefully undertaken when implementing this guidance, to ensure that all those concerned understand the changes that are required and are confident in the revised arrangements.	L		
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						• Inductions for new staff must include guidance on the setting's measures to ensure good infection prevention and control. 3.30 • Settings will need to communicate any new arrangements to parents and carers in advance of children returning, particularly where there are new routines and procedures that children and families will need to understand and follow. • This should reinforce the need for parents/carers to physically distance and wear face covering when dropping off/collecting children. • Setting should also include information risk mitigation measures in information for new families taking up places. Additional arrangements for sharing information between staff, families and 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. Where 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 contamination of infection. Infection of staff, children and visitors	L	M	H	BLENDED PLACEMENTS: (where a child attends two or more settings) See separate blended placement risk assessment if needed Blended placements should be reviewed on a case by case basis. Parents and carers should be encouraged and supported to limit the number of settings their child attends, ideally ensuring their child only attends the same setting consistently 28.1.21 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.	L		

						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 contamination of infection. Infection of staff, children and visitors	L	M	H	PROTECTION WHEN MOVING AROUND THE DESIGNATED SCHOOL 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. https://aberdeenshire.sharepoint.com/sites/Arcadia/services/Pages/Business%20Services/HR%20and%20OD/Health%20and%20Safety.%20Wellbeing%20and%20Risk%20Management/Health-and-Safety.-Wellbeing-and-Risk-Management.aspx 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 Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)	L	M	
People with symptoms attending ECS sites	Staff Children & young people	Infection of staff, children and visitors	L	M	H	GENERAL ADVICE -STAFF AND PUPILS 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	L		

	Visitors					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 symptoms attending ECS sites	Staff Children & young people Visitors	Infection of staff, children and visitors	L	M	H	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.aspx?sourcedoc=%7B52A7F852-B8F6-485C-804F-265839BB5CEB%7D&file=School%20guidance%20on%20symptomatic%20or%20confirmed%20cases%20of%20Covid%2019.docx&wdLOR=c663CBE70-38B6-4FC5-9AFC-72A7C16515CF&action=default&mobileredirect=true	L		

						<u>Actions needed to be taken if a Case of COVID-19 has recently attended your Setting?</u> 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 attending setting	All Persons within Setting	Spread of Virus through person to person contact	LOW	MED	HIGH	SPECIFIC CONTROLS: LIMITING CHILDREN'S CONTACTS 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).	L		

						● 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. ● 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, being comforted and reassured. Keyworkers will need to be close to the children and should feel confident to do so. ● Staff members should work with the same children where possible. Limit the number of children and the number of that staff is in contact with. ● If staff have to work with other groups, this should be for limited periods. ● Breaks, toileting etc should be covered by staff working with that particular group. ● Staff should ensure strict hygiene practices are carried out, if caring for other groups. ● Staff must physically distance by 2m at all times. ● 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.	Staff	Cross contaminatio	LOW	MED	HIGH	SINGING MUSIC AND DRAMA There is an increased transmission risk associated with music and drama activities.	L		

Infection of staff, children & visitors.	Children & young people Visitors	n of infection. Infection of staff, children and visitors				● 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. <u>Physical distancing between adults remains a fundamental protective measure that should apply at all times:</u> 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 to 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/carers ● Ensure both child and parents are comfortable in the handover. Make arrangements that if the child is distressed for the parent to comfort them without the parent coming into contact with the other children or staff.			
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						• Staff and children should 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.			
Spread of infection through attending setting	All Persons within Setting	Spread of Virus through surface contact	LOW	MED	HIGH	SPECIFIC CONTROLS: HANDWASHING AND OTHER HYGIENE 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 and dep 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.	L		

						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. https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-services/pages/infection-prevention-and-control/ https://creativestartlearning.co.uk/early-years-outdoors/hand-hygiene-outdoors/			
Spread of infection through attending setting	All Persons within Setting	Spread of Virus through surface contact	LOW	MED	HIGH	<u>INFECTION PREVENTION AND CONTROL CLEANING PRACTICES</u> All cleaning should be done in line with Health Protection Scotland COVID-19 Information and Guidance for General (Non-Health) Care Settings) Document: <u>General cleaning</u> ● Fishermoss will ensure regular (at least twice daily) cleaning of commonly touched objects and surfaces (desks, handles, dining tables etc) ● Toys and equipment that children access should be cleaned when group of children change (Morning and Afternoon sessions) ● Toys and equipment that children access should be cleaned at the end of each session using the standard detergent that are active against viruses and bacteria.	L		

						● Careful consideration will be given to cleaning regimes for sensory toys and soft play areas to ensure safe use ● Resources such as sand, water and playdough can be used with regular cleaning of the resources. Water and playdough should be replaced on a sessional basis. <u>Toys and Resources going between Home and Fishermoss Nursery</u> ● Children are discouraged to bring in toys from home ● Transitional objects, comforters or toys can be used but consideration as to how these are used and stored. These should not be shared with other children ● Restrict sharing resources between home and Fishermoss Nursery (Weekends with Mona Monkey and Jessie Zebra) if resources from Fishermoss are taken home they will need to be quarantined for 72 hours on return to the setting and must be cleaned before the next usage. 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.			
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						• Consideration should be given to isolate immediate and wider area 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. • 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)			
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						<u>Comfortable Areas</u> • 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). <u>Clothing</u> • 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 <u>Eating</u> • <u>ALL</u> 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. <u>General Advice:</u> • 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. • 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.			
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						● 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 ● All disposable items should be double bagged and then placed in normal waste. 26.11.20 <u>Enhanced Cleaning (Suspected COVID –19 Case)</u> 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.			
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					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. <u>Deep Cleaning - Spill Kits</u> 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. Only suitably trained personnel should use Spill Kits to clean blood or body fluid spillages. If no Spill Kit is available, the SLT should cordon off the area place paper towels over the spill and spray with disinfectant product. SLT to notify janitorial/cleaning services. If furnishing is heavily contaminated, you may have to discard it. • Products and Cloths - 26.11.20 SUMA BAC D10: Cleaner Disinfectant – suitable for all areas during an outbreak • SANI 4 in 1: Acidic based Cleaner Disinfectant (Accelerated Hydrogen Peroxide) – only suitable for use in toilets • OXIVIR: broad Spectrum Cleaner Disinfectant (Accelerated Hydrogen Peroxide) – suitable for all areas during outbreak. DO NOT use at same time as COVID guard Two Stage Cleaning – 26.11.20 Clean and then disinfect - for soiled surfaces • Clean until surfaces are visibly clean • Disinfect leaving products on surface as per manufactures contact time guidance One Stage Disinfection – 26.11.20 For visibly clean surfaces			
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						• Apply disinfectant leaving product on surface as per manufacturers contact time Spray Bottles & Non-Disposable Cleaning Equipment – 26.11.20 • Mop handles, spray bottles trigger mechanism and other frequently touched parts of cleaning equipment should be wiped with disinfectant and left to air dry at the end of cleaning shift. Microfibre Cloths/ Colour coded cloths -26.11.20 • To be laundered in Washing Machine at a minimum temperature of 60 degrees. Do Not use fabric conditioner. • If NO washing machine facilities are available disposable cloths should be considered • Disposable Cloths must be used for Category 3 cleans and above Laundry - 26.11.20 Any contaminated item of personal clothing used by an individual should be double bagged and tied and returned to the individual Contact: Arthur Pearson Update 11.8.20 • 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.			
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						- 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 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. <u>Balance of Ventilation and Internal Temperature – 2.11.20</u> - 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			
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					• 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. <u>Ventilation Systems – 2.11.20</u> • 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. <u>Aberdeenshire Council Ventilation and Heating Version 1.0 – 29.10.20</u> Mechanical Ventilation It is anticipated that it 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://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/ https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childcare-services/pages/infection-prevention-and-control/#cleaning https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1_infection-prevention-control-childcare-2018-05.pdf  Guidance for School Staff on Personal Prot			
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						ENHANCED HYGIENE <u>Handwashing – 2.11.20</u> 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 cleaning equipment and environment • Before and after eating • After toileting • At regular intervals throughout the day • When moving between different areas e.g. between rooms or inside/outside • After blowing your nose/sneezing • Use a tissue or elbow to catch coughs or sneezes. Person to dispose of tissue in foot pedal bin.			
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						• Staff should supervise and support of children washing 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. • Encourage children not to touch face – use distracting methods rather than asking them to stop. • Settings should try to provide hand washing facilities outdoors. • Staff hair should be tied back where appropriate and clothes changed daily. Children also encouraged to also tie hair back. Toothbrushing 2.11.20 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 attending setting	Staff	spread of Virus through person to person contact Spread of Virus through surface contact	LOW	MED	HIGH	SPECIFIC CONTROLS: USE OF PPE 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.	L		

					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 PPE Equipment is: • Aprons -change after every use (single use) • Gloves - change after every use (single use) • Fluid Repellent Surgical Masks –change after every use (single use) • If there is risk of spitting, or facial exposure to bodily fluids - then eye protection will minimise risk. • First Aid trained staff to be informed of protocol and follow procedures • All First Aid Kits to contain PPE: gloves, aprons, and masks. • All toilet areas to contain signage highlighting good handwashing routines. • 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. Use of Face Coverings: Face coverings and NOT required when working directly with children in ELC, including on the floor, supporting children to move around setting, toileting or as a result of being less than 2metres distant for children 2.11.20 • Face coverings should be worn, by adults, wherever they cannot maintain a 2 meter distance from other adults (e.g. communal areas and corridors)	L			
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						• Face coverings should be worn by adults when not working directly with children, in offices, admin areas, staff rooms (except when eating) and other confined communal areas, where 2 meters distancing cannot be maintained. • Some adults will be exempt from wearing face coverings. • Parents and other visitors (whether entering the building or not) should be strongly encouraged to wear face coverings. Including parents/carers at drop off and pick up. • Children may require support and reassurance about the reasons why adults were face coverings. • Adults wearing face coverings may have an impact on children with additional support needs (which includes hearing loss, EAL, communication needs, children depending on visual cues) careful consideration should be given to key adults wearing face masks. • It is not recommended children under 5 wear face coverings in ELC settings. • Anyone (staff or children) who wishes to wear a face covering is free to do so. 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.			
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					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 Mask? 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 face covering/PPE to Pupil escort. 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%20and%20OD/Health%20and%20Safety.%20Wellbeing%20and%20Risk%20Management/Health-and-Safety-Wellbeing-and-Risk-Management.aspx.	L		
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						 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 Spread of Virus through surface contact	LOW	MED	HIGH	SPECIFIC CONTROLS: OUTDOORS 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. 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.	L		

						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.) <u>Offsite Provision</u> 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	SETTLING IN 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.	L		

					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). MOVING WITHIN AND BETWEEN SETTINGS 2.11.20 - Some approaches to circulation of children, staff and transitions between different parts of the settings indoor • <u>One way systems</u>: this may ease bottle neck and ease travel around the setting. • <u>External Circulation</u>: 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. • <u>Signage/communication</u>: appropriate signage or verbal communication about one way systems etc should be adopted and implemented. Signage should be used to remind all staff to wear a face covering when 2m social distancing can not be obtained and when passing through areas. <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. <u>Staff Employed in more than one childcare setting:</u> 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.			
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					<u>Use of agency or bank staff:</u> 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			
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						- 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 surface contact	Low	Med	High	SPECIFIC CONTROLS: FOOD PREPARATION AND SNACK 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. ELC providers may wish to consider the following potential approaches to minimising interaction between groups at dining times and dealing with associated logistical issues: - increasing the space for dining or implementing staggered dining arrangements, with children eating in their arranged groups - If there is a risk of cross contamination children should stay in their play area or eat outdoors. - Limit the number of staff using staffrooms or bases to eat. Social distancing to apply. All areas and surfaces should be kept as clear and clean; all dishes should be washed, dried, and tidied away for good hygiene. Safe, hygienic, and labelled food storage is necessary for shared fridges by staff. Safe hygienic and labelled food storage is necessary for main fridge. If setting using Aberdeenshire Catering Services, risk assessments should be discussed and carried out between the setting and service.	L		

						Payments should be taken by contactless methods wherever possible. Cash should be put in a sealed envelope and deposited in a collection box. Staff handling money should wear PPE and follow good hand hygiene. Children should not prepare, or self-serve snack, at this time. Communal bowls, dishes and jugs should not be used. Staff should always serve food and drinks to children. Staff should always make water available, but children must not self-serve. All rubbish and waste should be put straight in the bin by children/ staff (own)and not left for someone else to clear up. All areas used for eating must be thoroughly cleaned at the end of each sitting and session, including chairs, door handles, vending machines etc. Guidance and Links: website/nss/2448/documents/1_infection-prevention-control-childcare-2018-05.pdf 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	<u>SUPPORT FOR CHILDREN AND YOUNG PEOPLE WITH ADDITIONAL SUPPORT NEEDS</u> 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.	L		

						HT/EYSP to ensure Personal Plans are in place for all children within 28 days of starting setting, EYSP to ensure these 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%20Management/Health-and-Safety-Wellbeing-and-Risk-Management.aspx			
Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	OUTBREAK MANAGEMENT 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 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	L	M	H

Spread of infection. Infection of staff, children & visitors.	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	WHEN CONTRACTORS / VISITORS COME ONTO SITE <u>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.</u> 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. Contractors arriving at site are directed by signs to <u>main entrance</u> where possible. To follow same hand sanitising and handwashing rules as per other visitors and staff. Only essential maintenance to take place during normal school hours and social distancing must be adhered to at all times. Social distancing should be adhered to. Staff/ volunteer / visitor distance of 2m where possible. Face covering to be worn by adults where distancing of 2m cannot be achieved.	L		
Spread of infection. Infection of staff, children & visitors.	Staff Visitors	Cross contamination of infection. Infection of staff, children and visitors	L	M	H	STAFF AREAS/BASES The same social distancing and hand washing hygiene applies to all staff. Consider breaks being staggered as per children's breaks to avoid congestion/contact. Staff should ensure that they use their own eating and drinking utensils. All areas and surfaces should be kept as clear and clean; <u>all dishes should be washed in warm soapy water, dried and tidied away for good hygiene by individuals.</u>	L		

						Safe, hygienic and labelled food storage is necessary for shared fridges by staff. Universal signage should continue into any staff areas/bases and offices. Where there is a sink in the area, soap and paper towels should be available. Bin placed near sink. Areas to be kept well-ventilated where possible. Reduce the range of resources to be used. Reduce the sharing of resources as much as possible. Trays of equipment for individual should be created. Consider the provision of hand sanitiser in each area. OTHER <u>3.5 Staff Wellbeing and Professional Learning Support</u> • Practitioners may find it valuable to access support for their mental health and wellbeing in the lead up to settings reopening and once they reopen. • Scottish government/ Early Years Scotland to develop a new Team ELC Wellbeing Hub <u>3.6 Wellbeing, Nurture and Experiences</u> It is essential that ELC continues to be informed by the principles which underpin high quality provision. While aspects of practice may be delivered differently, practitioners will be working to meet the needs of their children and families. • Article 31 (1) UNCRC • 1.32 HSCS • GIRFEC • Realising the Ambition During COVID-19 Recovery Period, Fishermoss will have to adjust how we provide high quality provision. Best practice will: • Put the best interests of the child at the heart of decision making • Take a holistic approach to the wellbeing of the child			
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						• Work with children and their families on way to improve wellbeing. • Advocate preventative work and early intervention to support children, people, and their families. • Believe professionals must work together in the best interest of the child. 4.17 TEST AND PROTECT • ELC setting staff who opt to undertake asymptomatic testing do not need to self isolate while awaiting results, as long as no symptoms develop, unless they are a close contact of a symptomatic or confirmed case, in which case they will need to self-isolate. If their symptomatic test is positive, the member of staff must isolate until a confirmatory PCR is received, even if they are without symptoms. If their symptomatic test is negative, they can remain at work unless symptoms develop but should not consider themselves free from infection and must still adhere to all mitigations. • If the PCR test is positive the person must remain in isolation until 10 days from symptom onset, or longer if symptoms persist or 10 days from the test date if there are no symptoms. The rest of the household must remain in isolation for 10 days from symptom onset in the symptomatic person, even if they don't have symptoms themselves. These people should not attend Fishermoss. The date of onset of symptoms (or of test, if asymptomatic) is to be considered day 1 of 10. • Staff and Parents who have smart phones are encouraged to download the Protect Scotland Tracing App. • All staff should be aware of the test and protect arrangements, should someone become unwell. • ELCs are considered complex settings and therefore will be prioritised by the Local Health Protection Team, should they have suspected cases. • All parents/carers should mention their childcare arrangements, if contacted by or contacting Test and Protect services. • If a child or staff member tests positive, the contact tracer will consider the close contact that person has had within the setting. • ELC providers must keep clear records of children, adults and staff attending their setting.			
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						• ELC providers must keep records of which children and adults have been involved in group/bubble activities. These records will help ensure a rapid response if a positive case occurs. • ELC providers should maintain records of staffing capacity and plan as much as possible, to minimise the operational impact of individual staff or groups of staff being required to self-isolate.			
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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 2 nd February 2021	