

Department: Education and Children's Services			RISK ASSESSMENT GUIDANCE (ELC Settings)			Aberdeenshire COUNCIL 					
Process/Activity: Infection Prevention & Control		Location: Meiklemill School Ellon			Date: 06.01.2021						
Describe activity: Location of staff at ELC establishments open during Covid-19 outbreak. Staff providing childcare and access to sites.											
*Establishment Name and Location: Meiklemill Nursery					*Isolation Room Location in Establishment: School Covid room						
Hazard	Person/s Affected	Risk	Risk level before controls are in place. (Highlight as appropriate)			Risk level after controls are in place. (Highlight as appropriate)					
			H	M	L	H	M	L			
Spread of infection	Staff/ Adults Children & Young People Visitors	Cross contamination of infection. Infection of staff, children, and visitors				https://www.gov.scot/publications/coronavirus-covid-19-early-learning-and-childcare-services/ 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/ ENHANCED LEVEL 4 CONTROL MEASURES FROM 06.01.2021 <ul style="list-style-type: none"> •Schools can only open to in-person learning for children of key workers (Cat 1 and 2) and vulnerable children, with remote learning for all other children and young people from 11 January. •Guidance available for parents and carers can be found here. •Children of key workers can attend school from 06.01.21 for school age education and childcare during normal school operating hours. Households where both parents are Category 1 or 2 key workers (or one parent in a single parent household) are prioritised. Please view Scottish Government guidance on key workers and Category 1 and 2 definitions. During the period of lockdown all school staff and staff 					

providing Daycare of children's services, including early learning and childcare, who are required to attend their work in person would qualify as category 1 or 2 key workers.

Staffing Ratios

•We are working based on a minimum 1:10 ratio for school aged children. For Early Years aged 3-5 year: we are aiming for 1:4 ratio where possible. Minimum of two EY adults needed for pre 5's to ensure cover for lunches etc.

•As with all ratios –they are reflective of local circumstances, profile of needs of children and activities being undertaken and a dynamic assessment by school staff will determine the ratios required in the setting/school.

•Two staff members are the minimum staffing requirement during opening hours.

Shielding

•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.

•Continued care and support for vulnerable pupils will be in place from the period of 6 January.

•If absolutely necessary re-group vulnerable pupils and children of key workers (i.e. move them into different groups to those they were in prior to the festive break). 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 children's needs and enables them to engage in learning and teaching which is age and stage appropriate. Upon a full return to school, children and young people may return to their original groupings.

•Information on shielding, including who would be considered within the highest risk group, is available in COVID-19: shielding advice and support. Where concerns exist, guidance for people with underlying health conditions has been prepared and will continue to be updated

Individual Risk Assessments

•Line managers should ensure that individualised risk assessment for clinically vulnerable school staff and pupils as set out in the 'reducing risks in schools guidance' should be followed. Staff should speak to their employer to ensure all appropriate protections are in place. Line managers should ensure clinical advice is taken fully into account when agreeing appropriate mitigations with employees.

					<p>•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 if they require a” fit to work” note. (The Chief Medical Officer will issue a letter, which is similar to a fit note. This 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).</p> <p>Testing</p> <p>•Schools should be prepared to engage in enhanced testing, if recommended by Incident Management Team.</p> <p>Physical Education</p> <p>•Physical education within school settings should only take place out of doors. If weather is extremely bad, then schools may use their judgement as to whether it is safe for children to be outside.</p> <p>•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.</p> <p>Face Coverings</p> <p>•All staff and pupils should wear a face covering in classrooms during lessons in the senior phase where pupils are attending the school</p> <p><u>PROTECTION LEVEL 3- ENHANCED PROTECTIVE MEASURES:</u></p> <ul style="list-style-type: none"> • Parent/Guardians should discuss with their GP whether children with the highest clinical risk should attend setting • The majority of workplaces can be made safe for staff. Employers should ensure that individualised risk assessment for staff with the highest clinical risk are in place & 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 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 require a” fit to work” note. • Peripatetic staff or staff who attend various settings, should only attend setting, in person, where it demonstrably supports the Health & Wellbeing of young children. 			
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- 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:

Updated 06/01/2021

- The current advice is that children on the shielding list should not attend in person. However, there will be further consideration of how individualised risk assessments can be used to maximise school attendance, and remove barriers to access to regulated childcare services, for children who continue to shield during Level 4 restrictions. It is expected that these should be informed by the secondary care (hospital) clinical team caring for the child.

- The majority of workplaces can be made safe for staff. To ensure this remains the case, employers should ensure that individualised risk assessments for school staff members with the highest clinical risk are in place and updated appropriately, and staff should speak to their employer to ensure all appropriate protections are in place.

At Level 4, to provide additional assurance, the Chief Medical Officer will issue a letter which is similar to a fit note that will last for as long as the local area is under Level 4 restrictions. This letter can be used in the few cases where, following updating of risk assessments and discussions with employers, it is not possible to make a workplace safe for staff. Being in receipt of one of these letters does not automatically mean that staff should not attend work if appropriate protections are in place. Staff should use the period covered by the letter to discuss any concerns further with their employer or an occupational health adviser, and if, following individualised risk assessments, action results in adequate protection in the workplace then they may continue to attend work.

- Decisions on appropriate protections should be informed by individual risk assessments, and may include protective measures in the workplace, mitigations such as working remotely (e.g. at home or in different settings) or carrying out different tasks within their usual workplace.

- Settings should be prepared to engage with enhanced testing responses to COVID-19 outbreaks, where recommended by the Incident Management Team. This may include more testing of people who do not have symptoms to support outbreak management, and address areas where we are concerned about transmission. This includes undertaking more testing of close contacts of confirmed cases when recommended by our local health protection teams and more intensive use of other asymptomatic testing.

- Settings in areas in level 4 may be asked to implement additional public health measures that may affect capacity. These may include for example, consistent small cohorts, minimising contact between cohorts, restriction of blended placements. Moving to level 4 does not automatically require the use of these additional measures. The measures put in place in wider society at different levels of the Strategic Framework have been designed to reduce community transmission sufficiently to allow settings to continue to operate. However, there may be circumstances in which, based on clear evidence and public health considerations, these measures will be required. All such decisions will be made in line with the independent advice of local Directors of Public Health."

					<p><u>COVID-19 GUIDANCE:</u> Managers & Staff must make themselves familiar with COVID-19 Advice from Health Protection Scotland and review regularly</p> <p><u>SERVICE STATUS:</u> “Change to Service Delivery due to Coronavirus (COVID-19)” notification – This a new notification that settings must use to inform Care Inspectorate about operational changes that are specifically related to COVID-19. This available through eforms.</p>			
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Guidance

Hazard	Who	Risk	H	M	L	GENERAL CONTROL MEASURES	H	M	L
Spread of infection	Staff Children & young people Visitors	Cross contamination of infection. Infection of staff, children, and visitors				<p>How Coronavirus Spreads: Updated 09.09.20</p> <ol style="list-style-type: none"> 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. 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 but 72 hours. <p>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 start.</p> <p>Control Measures:</p> <ul style="list-style-type: none"> Encourage and support all children, young people, staff, and others to maintain COVID-19 secure personal hygiene throughout the day and ensure continued rigour about hand hygiene. Share procedures with all staff, parents, and children. Frequently wash/sanitise hands for 20 seconds and dry thoroughly. Always wash hands when entering/leaving the building, before/after eating and after using the toilet. Encourage children, young people, and staff to avoid touching their faces including mouth, eyes, and nose. Remind Daily Use a tissue or elbow to cough or sneeze and empty bins regularly for tissue waste. Provide supplies of resources including tissues, soap, and hand sanitisers. Spare resources in school office <p>Setting Should:</p> <ul style="list-style-type: none"> 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.] <p>Identified Lead:</p> <ul style="list-style-type: none"> Assign coordinator to ensure effective staffing ratio & cover at short notice <p>Identified Lead:</p> <ul style="list-style-type: none"> Named Child Protection Officer in ELC Setting <p>Identified Lead:</p>			

					<p><u>Identifying staff or pupils who are, or who live with someone who is, symptomatic or a confirmed case of COVID-19.</u> Staff/pupils 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. Update 14.08.20 All school/ Nursery staff/ children who feel they may have been infected can request a test even if not symptomatic. <u>Identified Lead:</u></p> <p>Have a location where potentially symptomatic pupils can be located until they can be collected. ISOLATION ROOM is located:</p> <p>Parents, carers, professionals, visitors, contractors will come on site by appointment only, unless in emergencies.</p> <p>Staff to adhere to health and safety guidelines.</p> <p><u>Records:</u> Plan to resume taking twice daily registration and record the appropriate absence 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 .</p> <p>Clear information about individual. circumstances and meeting need of children should be shared from current records on SEEMIS.</p> <p>Emergency contacts double checked and updated.</p> <p><u>First Aid</u></p> <p>Staff with relevant training in place: first aid, food hygiene etc to be identified and shared across setting.</p> <p>Ensure that there is always qualified First Aid Staff in ELC. If cover not available seek guidance from school SLT. Also available in school.</p>			
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Hazard		Risk	H	M	L	SPECIAL CONSIDERATION FOR CERTAIN GROUPS: SHIELDING & CLINICALLY AT RISK			H	M	L
Spread of infection	Vulnerable Staff, Young People & Children	Contracting COVID-19 with High Risk of complications				<p>Settings must: Have a record of Staff and Children who are clinically & extremely vulnerable. These must be accurate and up to date. <u>Identified Lead is:</u></p> <p><u>Those who are at Highest Clinical Risk from Coronavirus (known as shielding):</u></p> <p>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.</p> <p><u>Protection Level 0-2</u></p> <ul style="list-style-type: none"> • Children with the highest clinical risk can continue to attend the setting, following the advice for the general public. • Staff with the highest clinical risk can continue to work in settings, following a dynamic risk assessment and appropriate social distancing. • If social distancing cannot be maintained at 2m then setting must assess the risk, taking account of all relevant clinical and occupational health advice <p><u>Protection Level 3-4</u></p> <p>Enhanced measures apply to children, young people and staff, at highest clinical risk. See Page 1 for Enhanced Protection Measures.</p> <ul style="list-style-type: none"> • Parents/carers 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. <p><u>Workplace Risk Assessments:</u></p> <p>Workplace risk assessments should take account of age, sex, ethnicity, body mass index (BMI) as well as clinical conditions and recommended practical protective measures.</p> <ul style="list-style-type: none"> • Risk assessments should link with Coronavirus (COVID-19) – guidance on individual risk assessment for the workplace. 					

https://www.nhs.gov.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 undertaken. 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 at higher risk of severe disease. Settings should respond to requests for additional protection on an individual basis and ensure this is reflected in the “Individual Risk Assessment”

Support for Children with Additional Support Needs

Every child will have different levels of support.

- There is Guidance on supporting children and young people with Additional Support Needs – Scottish Government

Setting should carry out an individual risk assessment, considering the individual needs:

Other:

Advice is available [here](#) for the education of children who are unable to attend nursery due to ill health. Schools will wish to maintain plans for remote education for some pupils.

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

					<p>HT / EYSP to review existing documentation for individual pupil (Inc. behavioural/medical risk assessments, MAP, PEEP) with and update considering current guidance.</p> <p>Update the Fire Evacuation Procedure to reflect any changes and share information with all staff.</p> <p>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.</p> <p>Establish a cleaning routine for specialist equipment for children with additional support needs, sensory rooms, to ensure safe use.</p> <p>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.</p> <p>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</p>			
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Guidance

Hazard	Who	Risk	H	M	L	2.4 COMMUNICATION:	H	M	L
						<p>Additional arrangements for sharing information between staff, families & 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 the 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.</p>			

Guidance

Hazard	Who	Risk	H	M	L	2.5 INFECTION PREVENTION & CONTROL CLEANING PRACTICES	H	M	L
						<p>SPECIFIC CONTROLS: CLEANING: ALL CLEANING SHOULD BE CARRIED OUT IN ACCORDANCE WITH-</p> <p>https://www.hps.scot.nhs.uk/web-resources-container/covid-19-guidance-for-non-healthcare-settings/</p> <p>https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/</p> <p><u>2.5.1 General Cleaning: 2.11.20</u></p> <ul style="list-style-type: none"> • Settings should ensure regular (at least twice daily) cleaning of commonly touched objects and surfaces (e.g. desks, handles, dining tables etc.) • Toys and equipment that children access should be cleaned when groups of children change (e.g. between sessions, if children changing) • Toys and equipment should be cleaned at the end of the day or in the morning before the session begins using standard detergent and disinfectant that are active against viruses and bacteria. • Careful consideration should be given to cleaning regimes for sensory rooms and soft play areas, to ensure safe use. • Toys and equipment should be easy to clean. • Resources such as sand, water & playdough can be used with regular cleaning of equipment/resources. Water & Playdough should be replaced on a daily/sessional basis or when groups change. <p><u>Toys & Resources going between Home & Setting-2.11.20</u></p> <ul style="list-style-type: none"> • Children should be discouraged from bringing 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 & setting (e.g. Story sacks) If resources from the setting are taken home, these should be quarantined for 72 hours on return to setting and must be cleaned before the next usage. Systems and procedures should be developed to ensure that containers for the resources from home are also quarantined and cleaned. 			

Comfortable Areas-2.11.20

- 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- at least once a week.

Clothing-2.11.20

- 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 & laundered/cleaned before being used by another child.

Eating – 2.11.20

- **All** surfaces within snack/eating area must be wiped down & disinfected between group of children (e.g. tables, cupboards, microwave, kettle etc.)
- Crockery, utensils & equipment in eating/snack area/kitchen should be cleaned with general-purpose detergent & 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 being stored & reused.
- Staff should not share communal areas if they cannot socially distance or if cleaning schedules not in place.
- **Avoid leaving food stuffs (e.g. crisps, open sandwiches) exposed and open in communal areas– 26.11.20**

Enhanced – High Frequency Touch Point Clean – Category 2 (Aberdeenshire Guidance for Cleaners – 26.11.20)

- 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. Cleaning schedule to be recorded.
- Cleaning materials to be stored for ease of use and to avoid cross contamination.

					<ul style="list-style-type: none"> • Follow manufactures instructions for dilution, application, and contact times for surfaces. • Avoid creating splashes and spays when cleaning. • Routine cleaning and disinfection of frequently touched objects and surfaces e.g. telephone, chairs keyboard, tablets, 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 & spray bottles should be clean before use and thoroughly cleaned afterwards- 26.11.20 • All disposable items worn should be double bagged and then placed in normal waste – 26.11.20 <p>Specific cleaning advice is available in 'Cleaners infection control procedures V1.1 21.04.20 produced Rab Birnie' please ask your HT to share this document with you. Please also see 'Suma Bac D10 – User's manual' produced by cleaning services Aug 2020. PowerPoint will be available for this soon. Updated 14.08.20 HT to share when received</p> <p><u>Decontamination and Focused Clean – Category 3 – (Aberdeenshire Guidance for Cleaners 26.11.20)</u></p> <ul style="list-style-type: none"> • 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. <p><u>PPE – Disposable gloves, disposable aprons and Type IIR masks must be worn to carry out decontamination clean.</u></p> <ul style="list-style-type: none"> • 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. 		
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					<ul style="list-style-type: none"> • 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. <p style="text-align: center;">HANDS MUST BE WASHED WITH SOAP AND RUNNING WATER</p> <p><u>Body Fluid – Deep Clean – (Major Infection Incident) – Category 4 (Aberdeenshire Cleaning Guidance - 26.11.20)</u></p> <p><u>Information Only:</u></p> <ul style="list-style-type: none"> • 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. • In the event of sharps needing to be dealt with, notify building management, cordon off the area and notify a suitably trained operative to deal with – 26.11.20 		
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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 COVIDguard

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

- 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.

Janitorial Contact:

					<p>Guidance and Links:</p> <p>https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf</p> <p>https://www.hps.scot.nhs.uk/web-resources-container/infection-prevention-and-control-in-childcare-settings-day-care-and-childminding-settings/</p> <p>https://www.gov.scot/publications/coronavirus-covid-19-guidance-on-reopening-early-learning-and-childcare-services/pages/infection-prevention-and-control/#cleaning</p> <p>https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2448/documents/1_infection-prevention-control-childcare-2018-05.pdf</p> <p>UPDATE 11.8.20/See also 26.11.20</p> <ul style="list-style-type: none"> • All cleaners and staff must be aware of individual schools Risk Assessments. • Extra cleaning hours provided during the primary/secondary day include ELC • Infection Control Refresh Clean will vary from setting to setting but will typically be done between 10:00-14:00 – 26.11.20 • School cleaners will 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. • HFTPs may need to be rinsed periodically to remove any residue – 26.11.20 • Different Products should NOT be used on the same surface at the same time. – 26.11.20 • 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. keyboards, 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. Add link to additional infection control refresh document. <p>Update 20.08.20/See also 26.11.20</p> <ul style="list-style-type: none"> • 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 fluid spills cleaning including a 			
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						<p>suspected COVID-19 case use disposable mop/cloths, follow the guidance, and dispose of them immediately.</p> <p>Updated 28.10.20/ See also 26.11.20:</p> <ul style="list-style-type: none">• Advice from the Health & Safety team is that once a symptomatic person has left the premises the area/room where they have been needs undergo an enhanced clean as soon as possible.			
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Guidance

Hazard	Who	Risk	H	M	L	2.5.2 TEMPERATURE AND VENTILATION	H	M	L
						<p>All settings must ensure the opening of doors & windows which increase natural ventilation are safe,</p> <p><u>ABERDEENSHIRE COUNCIL VENTILATION & HEATING Version 1.0 -29.10.20</u> Ventilation is an important factor in mitigating against the risk of aerosol transmission of the COVID-19 virus but schools are required to maintain internal temperatures and conditions in line with the School Premises Regulations.....therefore it will be unlikely to be able to keep external doors and windows open or open for as long in warmer periods, secure & maintain internal temperatures.</p> <p>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.</p> <p>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 open 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.</p> <p><u>Balance of Ventilation & Internal Temperature – 2.11.20</u></p> <ul style="list-style-type: none"> • 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 & external doors, at times which avoid user discomfort (e.g. between sessions or when children are outdoors). <p>https://hub.careinspectorate.com/media/3724/space-to-grow-indoor-outdoor-settings.pdf https://www.hse.gov.uk/pubns/books/l24.htm</p> <p>*In Local Authority Settings,</p> <ul style="list-style-type: none"> • Minimum ventilation change is 2 air changes per hour • Minimum temperature is 17C.* • Keep doors open (with appropriate regard to safety & security) may also help reduce frequent touch contact. • Review Fire Risk Assessment before any internal doors are held open. 			

						<p><u>Ventilation Systems – 2.11.20</u></p> <p>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).</p> <ul style="list-style-type: none"> • 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 of the room/area. <p><u>ABERDEENSHIRE COUNCIL VENTILATION & HEATING Version 1.0 -29.10.20</u></p> <p>Mechanical Ventilation</p> <p>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.</p>			
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Hazard	Who	Risk	H	M	L	2.5.3 ENHANCED HYGIENE	H	M	L
						<p><u>Handwashing -2.11.20</u></p> <p>Provide supplies of tissues, soap, paper towels in all areas.</p> <p>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.</p> <p>Where it is age appropriate, Hand dryers can be used.</p> <p>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. Anti-bacterial handwash should not be used by children under 12mths.</p>			

					<p>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.</p> <p>All handwashing facilities should be able to be accessed by the child (e.g. provide step to reach sink etc.)</p> <p>Antibacterial hand gel should be made available to parents & staff at the entrance to setting.</p> <p>Staff should ensure enhanced hygiene measures are in place, including washing their own and the hands of all children.</p> <p>Wash Hands:</p> <ul style="list-style-type: none"> • On arrival at setting. • Before & after Putting on & Removing PPE • Before & after Intimate & Personal Care • Before & after cleaning equipment & environment • 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. <ul style="list-style-type: none"> ▪ 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. ▪ 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 encouraged to also tie hair back. <p>https://www.gov.scot/publications/coronavirus-covid-19-phase-3-guidance-on-reopening-early-learning-and-childcare-services/pages/infection-prevention-and-control/</p> <p>https://creativestarning.co.uk/early-years-outdoors/hand-hygiene-outdoors/</p>			
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						<p><u>2.5.4 TOOTHBRUSHING-2.11.20</u></p> <p>Toothbrushing can continue where there are adequate facilities to do so. Settings operating toothbrushing should follow updated Childsmile Guidance:</p> <p>http://www.child-smile.org.uk/professionals/Coronavirus-Return-of-supervised-daily-toothbrushing-in-nursery-and-school-settings.aspx</p>			
Hazard	Who	Risk	H	M	L	<u>2.5.5 USE OF PPE</u>	H	M	L
						<p><u>No additional PPE Measures are required for general use in Early Learning & Childcare Settings. PPE – 2.11.20</u></p> <p>It is the responsibility of the Head Teacher to ensure that they have sufficient stocks of PPE within their school (including EYSP in the ELC Setting) at all times – the current guidance from procurement is always having 4 weeks stock on site.</p> <p>Use of PPE in ELC settings should continue to be based on a clear assessment of the risk and need for an individual child, i.e. personal care.</p> <p>If a risk assessment (individual or organisational) states that PPE is required, use HSE Personal Protective Equipment (PPE) at Work Guide to identify what PPE is required.</p> <ul style="list-style-type: none"> • PPE should be readily available to staff • Staff should be trained how to use it, including how to put on, take off and dispose of appropriately. • Waste Facilities should be provided. <p><u>Staff should continue to follow existing guidance on the use of PPE:</u></p> <p><u>Examples of this include:</u></p> <ul style="list-style-type: none"> • Staff carrying out intimate care should wear disposable, single-use plastic aprons and gloves • Staff should have access to disposable single use gloves for spillage of blood and other bodily fluids, disposing of dressing and equipment (Local infection control procedures and safety protocols should be stringently followed. Training should be provided). • Training to include putting on/taking off of PPE, disposal of soiled items, laundering of clothes- including uniforms & staff clothing, laundering of towels & linen, cleaning personal equipment, for children, such as hoists & wheelchairs. • Hand Hygiene is essential before and after all contact with a child receiving intimate or personal care, before putting on/removing PPE and after cleaning equipment and environment. Hands should be washed with soap and water. • 			

						<p>Types of PPE required for specific circumstances:</p> <ul style="list-style-type: none"> • 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. Surgical face masks and eye protection can be worn if there is a risk of splashing. Gloves and aprons worn when cleaning the area. • GENERAL CLEANING – Disposable Gloves – 3.12.20 • CLEANING TOILETS – Chemical Resistant Gloves -3.12.20 <p>PPE Equipment is: (specific PPE to be identified for each specific circumstance)</p> <ul style="list-style-type: none"> • 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 			
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Hazard	Who	Risk	H	M	L	INTERNATIONAL TRAVEL – Self-Isolation Arrangements	H	M	L
						<p>Children & young people returning to Scotland are not exempt from self-isolation (Quarantine) rules.</p> <ul style="list-style-type: none"> • 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 or visit public areas. • “Sector Advice Card” should be displayed in all settings. https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/08/scottish-covid-19-workbook-2020/documents/sector-advice-card-schools/sector-advice-card-schools/govscot%3Adocument/sector-advice-card-schools.pdf • Providers should ensure they are familiar with the most up to date list of exempt countries. • Providers should engage with children and their families to ensure adherence to the legal requirements. • Local Health Protection Teams can be available to offer further support. <p>Links:</p>			

						https://www.gov.scot/publications/coronavirus-covid-19-public-health-checks-at-borders/pages/exemptions/			
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Hazard	Who	Risk	H	M	L	2.6 STAYING VIGILANT & RESPONDING TO COVID-19 SYMPTOMS	H	M	L
						<p>ELC Settings should ask staff & parents/carers to be vigilant for the symptoms of COVID-19 and to understand what actions they should take if someone develops them within or out with their setting.</p> <p>NHS Grampian/Public Health- Coronavirus Guide for Schools in NHS Grampian Area - Version 3 (29.10.20) (FLOWCHARTS for Actions to be taken if person symptomatic can be found on Page7 & 8)</p> <p> NHS Coronavirus Guide Schools Aug 2020.docx</p> <p><u>SYMPTOMS</u></p> <ul style="list-style-type: none"> • New Persistent cough • High Temperature • Loss or change to taste and smell <p>In children under the age of 5 are vulnerable to Kawasaki disease, this is a strain of COVID-19. Updated 14.08.20</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> • High temperature that lasts for 5 days or more • A rash • Swollen glands in the neck • Dry cracked lips • Red fingers or toes • Red eyes <p><i>All staff and parents/carers should be advised that anyone with these symptoms, or who has contact with family/community member with symptoms should not attend or should be asked to return home and be tested.</i></p> <ul style="list-style-type: none"> • All staff working in and with the setting should be supported to follow up to date health protection advice on household or self-isolations. • All staff working in and with the setting should be supported to follow Test & Protect Guidance if they or someone in their household exhibits COVID-19 symptoms. • All staff working in and with the setting should be supported to follow Test & Protect Guidance if they have been identified by NHS Contact Tracers, as a close contact with the virus. <p><u>Common Cold & COVID-19 Symptoms -31.8.20</u></p>			

Parents/Carers and staff should be aware that COVID-19 Symptoms differ from Seasonal Infections:

- It is common for colds and similar viral infections to circulate in ELC settings.
- In many cases children will be well enough to attend school
- If children do not have COVID-19 symptoms but has other cold like symptoms, such as a runny nose, they do not need to be tested or self-isolate.

IF STAFF, CHILDREN OR FAMILIES ARE SYMPTOMATIC

- It is essential that people do not attend a setting if symptomatic. People who are in a household contact where someone who has tested positive for COVID-19 should not attend setting.
- Anyone who develops COVID-19 symptoms must self-isolate straight away. Stay at home and arrange a test.
- People who live in the same household as a person with COVID-19 symptoms must also self-isolate straight away and stay home. ONLY those developing COVID-19 symptoms should be tested.
- ELC staff who do not have COVID-19 symptoms but have undergone a test do not need to stay at home whilst waiting for results. (Unless they develop symptoms whilst waiting).
- If a person has a positive test, after having symptoms, must remain in isolation for 10 days after the symptoms started. The rest of the household must remain in isolation for 14 days after the person first showed symptoms, even if they don't have symptoms.
- Everyone who tests positive for COVID-19 will be referred to the Local Contact Tracing Team. Their Close Contacts will be identified and will be advised to self-isolate immediately.
- Everyone who is identified as a Close Contact of a confirmed case must self-isolate for 14 days, *even if they have a negative test.*
- Any person who has been advised by Test and Protect/Local Incident Management that they are a close contact of a confirmed case and do not have symptoms will be asked to self-isolate. Other people in the household will not be asked to self-isolate along with them.

BOOKING A TEST

- Staff can book a test:
- www.nhsinform.scot
- Employer Referral Portal (The portal will prioritise tests and appointments over the general public. Individuals will be directed to a Regional Test Centre or Mobile Testing Unit or possibly sent a home test if they cannot travel)
- 0800 028 2816
- Parents can book a test on a child's behalf.

Testing is not a requirement unless staff are symptomatic or have been advised to take a test by a Health Care Professional.

A member of staff can request a test, without being symptomatic but are concerned they have been at risk of infection.

					<p>COVID-19 SYMPTOMS IN SETTINGS</p> <ul style="list-style-type: none"> • Remind all staff that if they or pupils develop symptoms, they should be sent home. • Setting should have a location (Isolation Room) where potentially symptomatic pupils can be located until they can be collected. Please access guidance here and see detailed information below. <p>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</p> <ul style="list-style-type: none"> • 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. • The symptomatic individual may also be asked to wear a Type IIR face mask to reduce environmental contamination, where this can be tolerated • 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. • Children 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. <p><u>Returning to work / setting (Guidance for households with possible Coronavirus Infection)</u></p> <p>You may still have a cough or loss of, or change in, sense of smell or taste for several weeks after the infection clears. You can return to work and your usual activities if you haven't had a high temperature in 48 hours, without the need for medication to control fever.</p> <p>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.</p> <p>https://www.nhsinform.scot/campaigns/test-and-protect</p>			
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Hazard	Who	Risk	H	M	L	2.6.1 TEST AND PROTECT	H	M	L
						<ul style="list-style-type: none"> • Staff and Parent who have smart phones should be encouraged to download The Protect Scotland Tracing App to help suppress the spread of COVID-19. • All staff within the setting should be aware of TEST & 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 & Protect services. • If a child or staff member tests positive, the contact tracer will consider the close contact that person has had within that setting. • ELC providers must keep clear records of children, adults and staff attending their settings. • 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. 			

Guidance

Hazard	Who	Risk	H	M	L	2.6.2 OUTBREAK MANAGEMENT	H	M	L
						<p>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:</p> <ul style="list-style-type: none"> • 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 <p>(See flowchart NHS Coronavirus guide schools, NHS Grampian Aug 2020)</p> <ul style="list-style-type: none"> • Settings should contact their local HPT & Local Authority if there is a <u>single confirmed case of COVID-19.</u> • Settings should contact their local HPT & LA if there is any suspicion that there might be an outbreak of cases (e.g. an increase in rates of absences due to suspected or confirmed cases of COVID-19). • Settings should contact their local HPT if there is an increase in respiratory illness for further advice. <p>The Test and Protect contact tracing team will be in touch with the case (or case's parent/guardian) to identify any potential close contacts. The preliminary investigation by Test and Protect will identify that a school is involved. This will then lead to notification of the Health Protection Team who will undertake the relevant investigation.</p> <p>It is possible that the school may be the first organisation to be made aware of a new case of COVID19, either directly from the case (the person who tested positive) or from their parent or guardian. Schools are asked to maintain the confidentiality of the case where possible. If the school becomes aware of a confirmed case or cluster of cases of COVID-19 in associated with the school, they should contact the Health Protection Team for further advice before taking any public health action.</p> <p>If an outbreak confirmed the ELC should work with local HPT to manage with local authority.</p> <p>Actions may include:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <ul style="list-style-type: none"> • Early Years settings should inform their Care Inspectorate in the event of any confirmed or suspected outbreak of infectious disease and specifically COVID-19. • https://www.careinspectorate.com/index.php/coronavirus-professional 			

Hazard	Who	Risk	H	M	L	2.6.4 STUDENTS:	H	M	L
						The government expects that student placements will begin to be accommodated within settings for placement from the end of the October break 2020 onwards, although timescales may vary across authorities. Guidance and Toolkits are is being developed to support these placements.			

Hazard	Who	Risk	H	M	L	2.7 LIMITING CHILDREN'S CONTACTS:	H	M	L
						<p>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.</p> <ul style="list-style-type: none"> • 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 in 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 groups. 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 the settings. • ELC children should be managed in groups of up to 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 & the number of groups 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 2 metres 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. • Setting should ensure that children still have adequate resources and furnishing to support quality experiences. 			

						<ul style="list-style-type: none"> Sharing of resources should be minimised. Where resources are used by different groups (e.g. on rotational basis) they should be cleaned in accordance with most up to date guidance. 			
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Hazard	Who	Risk	H	M	L	2.8 MAXIMISING USE OF OUTDOOR SPACES:	H	M	L
						<p>Evidence suggests that outdoor environments can limit transmission, as well as more easily allowing for appropriate physical distancing between children and staff. ELC provisions should maximise opportunities for outdoor play and activities.</p> <ul style="list-style-type: none"> If outdoor equipment is being used, settings should ensure that multiple groups of children do not use it simultaneously, as well as considering appropriate cleaning between cohorts of children using it. For outdoor sandpits or mud kitchens, staff should clean equipment which the children use between groups using them. 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, if they can, 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.) <p><u>OFFSITE PROVISION</u></p> <p>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-19 prevention measures etc. Updated 14.08.20</p> <p>Guidance and Links: https://hub.careinspectorate.com/media/1157/delivering-play-and-learning-environments-outdoors-practice-note.pdf</p>			

Hazard	Who	Risk	H	M	L	2.9 SINGING, MUSIC AND DRAMA:	H	M	L
						<p>There is an increased transmission risk associated with music and drama activities.</p> <ul style="list-style-type: none"> • 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. <p><u>21.11.20- ADDITIONAL EVENTS- from Vincent Docherty (Head of Education, Aberdeenshire)</u></p> <ol style="list-style-type: none"> 1. In keeping with the guidance of having “no visitors, parents or carers beyond the front door where possible”, no performance activities with an indoor parental audience are permitted. 2. Any activity which would bring together the bubbles of pupils/staff within your school, whether to participate in performance or to form an audience should be avoided. This is the case regardless of whether the activity is planned indoors or outdoors. 3. Any performance type activity by either an individual or group (from within existing bubbles) which might encourage any gathering of parents to form an audience outside are not permitted. 4. In accordance with national guidelines published by Education Scotland there is no singing and no playing of brass or woodwind instruments (including bagpipes) permitted. Following guidance from the Heads of Instrumental Music Tuition Scotland, this applies to both indoors and outdoors. 5. In keeping with the guidance of having “no visitors, parents or carers beyond the front door where possible”, no visiting performers, whether individuals or groups are permitted. 6. In accordance with mitigating risk please note the information in relation to Christmas parties out with normal school hours. While this is keeping an individual class within its existing bubble, it is encouraging that bubble to meet for an extra hour unnecessarily! Additionally, there is also the potential of us being seen to encourage parents to have an additional drop of and collection of children and therefore gathering at the school which could lead to unnecessary parental close contact. As such we would not permit such Christmas parties. 			

						<p><i>If however, an individual class Christmas party is planned during the school day</i> and the school are keeping it within their existing bubble and not inviting additional adults to attend during the party or indeed at drop off or pick up points, then this activity suitably risk assessed is permissible following final discussion/agreement with the school's leadership team and QIO.</p> <p>Notwithstanding the above, activities or performances performed by pupils, whether individually or as part of a group, as part of their learning and teaching and where bubbles are maintained, are permitted.</p> <p>Consider the use of digital technology for celebration of learning, either by pupils in school or recorded at home, and where appropriate agreement has been sought and given regarding recording and/or sharing with parents then this would also be permitted.</p>			
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Hazard	Who	Risk	H	M	L	2.10 PHYSICAL DISTANCING between adults in settings, including parents at drop-off and pick-up times):	H	M	L
						<p><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 & contractors-2.11.20</p> <ul style="list-style-type: none"> • Adults should stay 2 metres apart from all other adults within the setting. • All staff rooms, bases & offices should be reconfigured to ensure that physical distancing of 2m can be maintained. Where physical distancing of 2 metres cannot be maintained Risk Assessments should be undertaken & control measures implemented. 			

Hazard	Who	Risk	H	M	L	2.11 USE OF FACE COVERINGS	H	M	L
						<p><u>Face Coverings are <i>not</i> 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 2 metres distant for children. -2.11.20</u></p> <ul style="list-style-type: none"> • <u>Face coverings should be worn, by adults, wherever they cannot maintain a 2-metre distance from other adults (e.g. in communal areas and corridors).</u> • Face coverings should be worn by adults when not working directly with children, in offices, admin areas, staff rooms, canteens (except when eating) and other confined communal areas, where 2 metres distancing cannot be maintained. • Some adults will be exempt from wearing face coverings. 			

- **Parents & 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/reassurance about the reasons for adults wearing 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 that children under 5 wear face coverings in ELC settings.
- **Anyone (staff or child) 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 must 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 & 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 a 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 day of 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.

Guidance and Links:

[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>.



Guidance for School Staff on Personal Prot

						<p>Face Coverings – Care Inspectorate & 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:</p> <ul style="list-style-type: none"> • Definition of face covering found here: https://www.gov.scot/publications/coronavirus-covid-19-phase-3-staying-safe-and-protecting-others/pages/face-coverings/ <p>Where adults cannot keep 2m distance and are interacting/working face-to-face with a child, a Type IIR face mask should be worn. Face covering should be worn in the following circumstances (except where an adult or child/young person is exempt from wearing a covering).</p> <p>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 from reaching the patient or working surfaces. Type IIR Face masks include a splash resistant layer to protect against blood and other bodily fluids.</p> <ul style="list-style-type: none"> • Schools using ASN transport should provide Type IIR face covering/PPE to Pupil Escort. • A Type IIR mask is not required for moving around communal spaces and corridors, where a standard face covering will suffice as contact within 1m is not face to face for one minute or longer. Where adults cannot keep 2m distance and are interacting face-to-face -a Type IIR face mask should be worn. <p>SUSPECTED COVID-19 – A fluid-resistant surgical mask should be worn by staff in they are looking after a child or young person who has become unwell with symptoms of COVID-19 and 2m distancing cannot be maintained while doing so.</p>			
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Hazard	Who	Risk	H	M	L	2.12 DROP OFF & PICK UP- 2.11.20	H	M	L
						<p>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.</p> <p>Most children can be placed in the care of staff whilst parents/carers maintain a 2metre distance. In some cases, a physical handover will be required. In these circumstances:</p> <ul style="list-style-type: none"> • 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 distressed for the parent to comfort them without the parent coming into contact with other children or staff. • Staff and children should wash hands after the child is safely settled. • Parents/Carers should not enter the building. 			

						<p><u>Drop Off & Pick Up -2.11.20</u></p> <ul style="list-style-type: none"> • Parents/carers should be strongly encouraged to wear face coverings. • Stagger and allocate drop off/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 cars to park further away from 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. <p>Updated 2.09.20 Escorting pupils by transport</p> <ul style="list-style-type: none"> • Do not work with more than 2 contacts in one day. • 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. • 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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Hazard	Who	Risk	H	M	L	2.13 SETTLING-IN	H	M	L
						<p>Children may need extra support and additional time to return to or start a setting.</p> <p>Settings where possible, should continue to use existing policies and procedures to settle children into settings.</p> <p>Where possible, settling in activities should happen outdoors with the parent and away from other children whilst adhering to current social distancing guidance.</p> <p>Ensure that plans for settling in are individualised to support the needs of families and children.</p> <p>For children with ASN, setting must work in partnership with parent, lead professionals and children to establish what support and plans need to be put in place to meet their needs.</p> <ul style="list-style-type: none"> • Enhanced transitions may be considered for children with ASN, such as, through visual representations and plans of physical distancing. <p>Providers should consider how they will support staff, parents & children to familiarise themselves to the revised layout and movement patterns. This should be made fun for the children.</p> <ul style="list-style-type: none"> • 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). <p>Guidance and Links:</p>			

						https://abcdoes.com/abc-does-a-blog/2020/05/30/what-now/			
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Hazard	Who	Risk	H	M	L	2.14 MOVING WITHIN AND BETWEEN SETTINGS:	H	M	L
						<p>Some approaches to circulation of children & staff and transitions between different parts of the setting's indoor; 2.11.20</p> <ul style="list-style-type: none"> • One-way systems: This may ease bottle necks and ease travel around the setting. • 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 system etc. should be adopted and implemented. <p>Peripatetic Staffing: 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.</p> <p>Staff Employed in More than One Childcare Setting:</p> <ul style="list-style-type: none"> • Staff, with a single employer, should only work across more than one childcare 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 the number of children & other staff they come in to contact with, in each setting. Setting contact information should be shared to support Test & Protect. <p>Use of Agency or Bank Staff: where settings use agency/bank staff they should ensure that staff do not move between settings, where possible.</p> <p>Travel restrictions between areas of different prevalence will be set out in guidelines. Exceptions will apply for essential travel including work & education.</p> <p>Restrictions on movement of staff between settings may impact on the ability of some practitioners to continue with their pattern of work. Where this is the case, employers/ head of centres should with staff who will be affected and unions, if appropriate.</p> <p>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).</p>			

						<p>Peripatetic staff should only visit 1 setting and there should ideally be a period of 7 days between contact with another setting. There are individual circumstances. Please check guidance for Peripatetic staff. 18.08.20</p> <p>Updated 2.09.20 Peripatetic staff (ASN) working location base school and one other location per week.</p> <ul style="list-style-type: none"> • Follow school guidelines in their base school • Only visit one school per day when not in base school • Do not work with more than 2 contacts per day in schools 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. <p>Updated 2.09.20 Supply / relief staff working across various settings</p> <ul style="list-style-type: none"> • 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 hand hygiene and risk assessments within setting. • Ensure staff have signed in at school for trace and protect purposes <p>Face coverings must be worn on all public and dedicated school transport where children are aged over 5.</p>			
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Hazard	Who	Risk	H	M	L	2:15 EVACUATIONS:	H	M	L
						<p>If the layout of the setting has changed and/ or circulation routes or entry/exit points are altered, consideration given to emergency evacuation procedure (e.g. in the event of a fire or other incident)</p> <ul style="list-style-type: none"> • Muster Points should be located to ensure social distancing (if child upset due to evacuation, they can be comforted by staff). • EVACUATION ARRANGEMENTS must be included in Risk Assessment. 			

						<ul style="list-style-type: none"> Evacuation arrangements for children with complex needs or disabilities should be reviewed and updated with latest evacuation guidance -2.11.20 Drill practice to be carried out with staff and pupils lead by the HT/EYSP. When not a drill all people occupying the site should evacuate as quickly as possible (without panic) and then when at assembly point. Review and update all Emergency Evacuation Plans (including PEEPS). Identify socially distanced Assembly Points. <p>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</p> <p>Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings)</p> <p>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</p>			
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Hazard	Who	Risk	H	M	L	2.16 SHARING PREMISES:	H	M	L
						<p>If services operate from a shared building but have their own entrance, exit and general facilities including toilets and kitchen then they should follow the most up to date ELC COVID-19 Guidance.</p> <p>If service share the above facilities, they should consider the following:</p> <ul style="list-style-type: none"> Discussion with the owner/operator of the space to agree the use of the premises before reopening. Consider and risk assess potential implications of the other services' operating model. Maintain physical distancing. Arrange use of outdoor spaces. 			

Hazard	Who	Risk	H	M	L	2.17 BLENDED PLACEMENTS:	H	M	L
						<p>In order to minimise the number of contacts and risk of transmission, attendance at multiple ELC settings should be reduced as far as possible.</p> <p>A dynamic risk assessment will need to be created in consultation with the families and other setting concerned.</p> <p>Guidance to follow on the completion of a dynamic risk assessment 18.08.20</p> <p>All settings should have relevant contact details in order to share necessary information as required.</p>			

						<p>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.</p> <p>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.</p> <p>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/</p>			
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Hazard	Who	Risk	H	M	L	2.18 PROVISION OF MEALS & SNACKS	H	M	L
						<p>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.</p> <ul style="list-style-type: none"> • 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. <p>ELC providers may wish to consider the following potential approaches to minimising interaction between groups at dining times and dealing with associated logistical issues:</p> <ul style="list-style-type: none"> • 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. • <i>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.</i> • Children can help prepare snack and bake as long as robust Risk Assessments are in place and fully implemented - Care Inspectorate Sept 2020 • 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. 			

						<p>If setting using Aberdeenshire Catering Services, risk assessments should be discussed and carried out between the setting and service.</p> <p>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.</p> <p>Guidance and Links: website/nss/2448/documents/1_infection-prevention-control-childcare-2018-05.pdf https://vimeo.com/212706575</p>			
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Hazard	Who	Risk	H	M	L	Other:	H	M	L
						<p>3.5 Staff Wellbeing & Professional Learning Support-2.11.20</p> <ul style="list-style-type: none"> 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 new Team ELC Wellbeing Hub <p>3.6 Wellbeing, Nurture & Experiences – 2.11.20</p> <p>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, practitioner will be working to meet the needs of their children and their families.</p> <ul style="list-style-type: none"> Article 31(1) UNCRC 1.32 HSCS GIRFEC Realising the Ambition <p>During the COVID-19 Recovery Period, settings will require to adjust how they provide high quality provision. Best Practice will:</p> <ul style="list-style-type: none"> Put the best interests of the child at the heart of decision making. Take a holistic approach to the wellbeing of the child. Work with children and their families on ways 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. 			

Hazard	Who	Risk	H	M	L	Other:	H	M	L

Hazard	Who	Risk	H	M	L	Other:	H	M	L

Process/Activity: Infection Prevention & Control	Location: All ECS Establishments	Date: 06/01/2021
Establishment RA Author: David Clarke	Date of Review: 06/01/2021	

Guidance