

COVID-19 Policy

Updated September 2021

This information is taken from the government’s ‘Actions for early years and childcare providers during the COVID-19 pandemic’ guidance (updated 19th July 2021).

‘As the country moves to Step 4 of the roadmap, the government continues to manage the risk of serious illness from the spread of the virus. This marks a new phase in the government’s response to the pandemic, moving away from stringent restrictions on everyone’s day-to-day lives, towards advising people on how to protect themselves and others, alongside targeted interventions to reduce risk.

As COVID-19 becomes a virus that we learn to live with, there is now an imperative to reduce the disruption to children’s education - particularly given that the direct clinical risks to children are extremely low, and every adult has been offered a first vaccine and the opportunity for two doses by mid-September.

The Department for Education have worked closely with the Department of Health and Social Care (DHSC) and PHE to revise this guidance’.

**Our procedures this term**

The following procedures will be in effect from September:

* Parents, children and staff must not enter the preschool if they are showing symptoms of COVID-19 – high temperature, a new and continuous cough, loss or change to sense of taste or smell
* Parents, children and staff must not come into preschool if they have tested positive for COVID-19
* Parents will continue to drop off/collect their children from the front door.
* Children’s hands will be sanitised upon arrival, before eating, after visiting the toilet, after using a tissue and before home-time.
* Childrens’ temperatures will be discretely taken before entering the main hall.
* Face masks will no longer be required when queuing outside.
* Face-to-face meetings with staff may now be held inside the setting.

**Local outbreaks**

Our pre-school’s outbreak management plan outlines how we would operate if there were an outbreak in our setting or local area. Given the detrimental impact that restrictions on education can have on children, any measures in settings will only ever be considered as a last resort, kept to the minimum number of groups possible, and for the shortest amount of time possible. Our outbreak management plan covers the possibility that in some local areas it may become necessary to reintroduce keeping groups apart for a temporary period. Any decision to recommend the reintroduction of keeping groups apart would not be taken lightly and would need to take account of the detrimental impact they can have on the delivery of education and childcare.

If we have several confirmed cases within 14 days, we may have an outbreak and would therefore call the dedicated advice service. They will escalate the issue to our local health protection team where necessary and advise if any additional action is required, such as implementing elements of our outbreak management plan. The DfE helpline 0800 046 8687, selecting option 1 for advice on the action to take in response to a positive case.

**Staff who are clinically extremely vulnerable staff and children**

Clinically extremely vulnerable (CEV) people are advised, as a minimum, to follow the same guidance as everyone else. It is important that everyone adheres to this guidance, but CEV people may wish to think particularly carefully about the additional precautions they can continue to take.

Social distancing measures have now ended in the workplace and it is no longer necessary for the government to instruct people to work from home.

The government welcomes our support in encouraging vaccine take up and enabling staff who are eligible for a vaccination to attend booked appointments where possible, even during term time.

**Children who are clinically extremely vulnerable**

All children who are CEV should attend their setting unless they are one of the very small number of children under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.

**Children and staff travelling from abroad**

All children and staff travelling to England must adhere to [travel legislation](https://www.legislation.gov.uk/uksi/2021/582/contents), details of which are set out in [red, amber and green list rules for entering England](https://www.gov.uk/guidance/red-amber-and-green-list-rules-for-entering-england). Parents and carers should bear in mind the impact on their child’s learning and development which may result from any requirement to quarantine or isolate upon return.

**Tracing close contacts and isolation**

Close contacts will now be identified via NHS Test and Trace and education settings will no longer be expected to undertake contact tracing. As with positive cases in any other setting, NHS Test and Trace will work with the positive case to identify close contacts. Contacts from a setting will only be traced by NHS Test and Trace where the positive case specifically identifies the individual as being a close contact. This is likely to be a small number of individuals who would be most at risk of contracting COVID-19 due to the nature of the close contact. You may be contacted in exceptional cases to help with identifying close contacts, as currently happens in managing other infectious diseases.

From 16 August 2021, children under the age of 18 will no longer be required to self-isolate if they are contacted by NHS Test and Trace as a close contact of a positive COVID-19 case.

Instead, children will be contacted by NHS Test and Trace, informed they have been in close contact with a positive case and advised to take a PCR test. We would encourage all individuals to take a PCR test if advised to do so.

Settings will continue to have a role in working with health protection teams in the case of a local outbreak. If there is an outbreak in a setting or if central government offers the area an enhanced response package, a director of public health might advise a setting to temporarily reintroduce some control measures.

**Face Coverings**

**In circumstances where face coverings are recommended**

The government has removed the requirement to wear face coverings in law but expects and recommends that they are worn in enclosed and crowded spaces where you may come into contact with people you don’t normally meet. This includes public transport. If we have an outbreak in our setting, a director of public health might advise that face coverings should temporarily be worn in communal areas by staff and visitors (unless exempt).

**Control measures**

Our setting will:

1. Ensure good hygiene for everyone.
2. Maintain appropriate cleaning regimes, using standard products such as detergents.
3. Keep occupied spaces well ventilated.
4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19.

#### **1. Ensure good hygiene for everyone**

#### **Hand hygiene**

Frequent and thorough hand cleaning will be regular practice. We will continue to ensure that children clean their hands regularly. This will be done with soap and water or hand sanitiser. Disposable paper towels will be binned after use.

#### **Respiratory hygiene**

The ‘catch it, bin it, kill it’ approach continues to be very important.

#### **Use of personal protective equipment (PPE)**

Staff will not require PPE beyond what they would normally need for their work e.g., nappy changing, First Aid etc.

### **2. Maintain appropriate cleaning regimes, using standard products such as detergents**

We have an appropriate cleaning schedule in place for the regular cleaning of areas and equipment, with a particular focus on frequently touched surfaces such as door handles, light switches, work surfaces, remote controls and electronic devices. When cleaning surfaces, it is not necessary to wear personal protective equipment (PPE) or clothing over and above what would usually be used.

**Principles of cleaning after an individual with symptoms of, or confirmed, COVID-19 has left the setting or area**

**Personal protective equipment (PPE)**

The minimum PPE to be worn for cleaning an area after a person with symptoms of COVID-19, or confirmed COVID-19, has left the setting, is disposable gloves and an apron. Wash hands with soap and water for 20 seconds after all PPE has been removed.

**Cleaning and disinfection**

Areas where a symptomatic person has passed through and spent minimal time but which are not visibly contaminated with body fluids, such as corridors, can be cleaned thoroughly as normal.

All surfaces that the symptomatic person has come into contact with will be cleaned and disinfected, including all potentially contaminated and frequently touched areas such as bathrooms, door handles, telephones etc.

Disposable cloths or paper roll and disposable mop heads will be used to clean all hard surfaces, floors, chairs, door handles and sanitary fittings – ‘one site, one wipe, in one direction’.

The following cleaning products will be used:

* a combined detergent disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm av.cl.) or
* a household detergent followed by disinfection (1,000 ppm av.cl.). Follow manufacturer’s instructions for dilution, application and contact times for all detergents and disinfectants

If an alternative disinfectant is used within the setting, it must be effective against enveloped viruses

Any cloths and mop heads used must be disposed of and should be put into waste bags.

When items cannot be cleaned using detergents or laundered, for example, upholstered furniture, steam cleaning should be used.

Personal waste from individuals with symptoms of COVID-19 and waste from cleaning of areas where they have been (including PPE, disposable cloths and used tissues):

1. Should be put in a plastic rubbish bag and tied when full
2. The plastic bag should then be placed in a second bin bag and tied
3. This should be put in a suitable and secure place and marked for storage until the individual’s test results are known

This waste should be stored safely and kept away from children. It should not be placed in communal waste areas until negative test results are known, or the waste has been stored for at least 72 hours.

If the individual tests negative, this can be disposed of immediately with the normal waste.

If COVID-19 is confirmed, this waste should be stored for at least 72 hours before disposal with normal waste.

If during an emergency you need to remove the waste before 72 hours, it must be treated as Category B infectious waste. You must:

* keep it separate from your other waste
* arrange for collection by a specialist contractor as hazardous waste

Other household waste can be disposed of as normal.

### **3. Keep occupied spaces well ventilated**

Our setting is well ventilated throughout session by opening external windows to improve natural ventilation. We open internal doors, to also assist with creating a through-flow of air and external doors are opened when it is safe to do so. We ensure a comfortable environment is maintained throughout by monitoring the room temperature, adjusting the windows, ensuring play spaces are away from drafts and adjusting the central heating when necessary.

### **4. Follow public health advice on testing, self-isolation and managing confirmed cases of COVID-19**

#### **When an individual develops COVID-19 symptoms or has a positive test**

Children, staff and other adults should follow public health advice on [when to self-isolate and what to do](https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/when-to-self-isolate-and-what-to-do/). They should not come into the setting if they have [symptoms of coronavirus (COVID-19)](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/) or other reasons requiring them to stay at home due to the risk of them passing on COVID-19 (for example, they are required to quarantine).

If anyone in our setting develops [symptoms of coronavirus (COVID-19)](https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/), however mild, we will send them home and they should follow public health advice.

For everyone with symptoms, they should avoid using public transport and, wherever possible, be collected by a member of their family or household.

If a child is awaiting collection, appropriate PPE will be used if close contact is necessary. Any rooms they use will be cleaned after they have left.

The household (including any siblings) should follow PHE’s [stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection).

If someone you live with has COVID-19 symptoms, or has tested positive for COVID-19, you do not need to self-isolate if:

* you’re fully vaccinated – this means 14 days have passed since your final dose of a COVID-19 vaccine given by the NHS
* you’re under 18 years old
* you’re taking part or have taken part in a COVID-19 vaccine trial
* you’re not able to get vaccinated for medical reasons.

Even if you do not have symptoms, you should still take a PCR test and follow advice on ‘how to avoid catching and spreading COVID-19’ and consider limiting contact with people who are at higher risk from COVID-19.

#### **Asymptomatic testing**

Early years staff should undertake twice weekly home tests whenever they are on site until the end of September, when this will also be reviewed.

Early years children are not included in the rapid testing programme. PHE has advised there are limited public health benefits attached to testing early years children with [rapid lateral flow coronavirus (COVID-19) tests](https://www.nhs.uk/conditions/coronavirus-covid-19/testing/regular-rapid-coronavirus-tests-if-you-do-not-have-symptoms/). Young children may find the rapid lateral flow testing process unpleasant and are unable to self-swab.

**Confirmatory polymerase chain reaction (PCR) tests**

Staff and children with a positive rapid lateral flow test result should self-isolate in line with [COVID-19: guidance for households with possible coronavirus infection](https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance). They will also need to [get a free PCR test](https://www.gov.uk/get-coronavirus-test) to check if they have COVID-19.

While awaiting the PCR result, the individual should continue to self-isolate.

If the PCR test is taken within 2 days of the positive rapid lateral flow test, and is negative, it overrides the rapid lateral flow test and they can return to the setting, as long as the individual does not have COVID-19 symptoms.

**Admitting children back to the setting**

In most cases, parents and carers will agree that a child with symptoms should not attend the setting, given the potential risk to others. If a parent or carer insists on a child attending our setting, we can take the decision to refuse the child if, in our reasonable judgement, it is necessary to protect other children and staff from possible infection with COVID-19. Our decision would need to be carefully considered in light of all the circumstances and current public health advice.

**Side effects of children taking a routine vaccination or teething**

Vaccines may cause a mild fever in children. This is a common and expected reaction, and isolation is not required unless COVID-19 is suspected.

While teething can cause some known side effects such as flushed cheeks and sore gums, NHS guidelines on [baby teething symptoms](https://www.nhs.uk/conditions/baby/babys-development/teething/baby-teething-symptoms/) state that fever is not a symptom of teething.

Parents and carers should monitor side effects from a vaccination or teething, and if they are concerned about their child’s health, they should seek advice from their GP or NHS 111.

If COVID-19 is suspected the child should start isolating and get tested.

**Children’s wellbeing and support**

Some children may be experiencing a variety of emotions in response to the COVID-19 pandemic, such as grief, anxiety, stress or low mood. We will support and encourage the child to help them express and to understand their feelings. We will work with parents/carers to help us to identify the best approaches to help the child and their family.

**Reporting COVID-19 cases to Ofsted**

We will notify Ofsted, of any confirmed cases in the setting, whether a child or a staff member. We will also tell Ofsted if we have to close the setting as a result as this is a legal requirement as set out in paragraph 3.51 of the [statutory framework for the early years foundation stage](https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2). We will report as soon as we are able to, and in any case within 14 days.

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